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The Effect of Family Health Tasks on the Nutritional Status of Children Under Five Years Old with the Family-Centered Nursing Model Approach

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Abstract

The fulfillment of family health duties is essential to improve the nutritional status of children under five years old. This study contributed to determining the influence of family health tasks on the nutritional status of children under five years old with the Family Centered Nursing (FCN) model approach. The Quasi-Experimental research design with the Pretest Posttest Nonequivalent Control Group Design approach with a sample of 150 people divided into 75 people in the intervention group and the control group. Data collection by measuring nutritional status (BB/U) from the Ministry of Health in 2020. Pre-test through measurement of nutritional status of children under five years old. The intervention was given for 8 weeks through a family health task intervention with the FCN model approach in the intervention group, and independent learning through modules in the dick group. Furthermore, a post-test is carried out through the measurement of the nutritional status of children under five years old. Data processing includes editing, coding, scoring, and tabulating, and then statistical tests are carried out for the Wilcoxon Rank Test. Results: There was a difference in the nutritional status of children under five years after being given the intervention in family health tasks. Family health tasks are effective in improving the nutritional status of children under five years old (P-v 0.025). Optimizing family health tasks with the FCN model approach is a strategic solution in public health programs that focus on improving the nutritional status of children under five years old.

Keywords: *Children; Family; Health; Nursing; Nutritional*

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1. Introduction

Rapid growth and development occur during under five years old. After the child is born, brain growth will be achieved at 75% at the age of 3, and 90% at the age of 6. After that, brain growth slows down until adulthood. Brain maturation provides the foundation for language, learning, and behavioral development (Hockenberry, Wilson, 2016).

Good nutrition is the basic ingredient to help children grow strong, fit, and healthy (Edelman, Kudzma, 2014). Under five years old need nutrients from various sources for their growth and development. Toddlers are not yet able to consume or digest the food available and they tend to experience malnutrition due to their very high need for nutrients (Hockenberry, Wilson, 2016).

Nutritional problems in under five years old are caused by poor diet and care and exacerbated by diseases (UNICEF., 2023). The family is the basic unit of behavior including health values, life habits, and perceptions. The family also becomes a role model for other family members positively and negatively. Incorrect eating habits can affect the nutritional status of those under five years old, therefore special attention is needed in feeding under five years old (Edelman, Kudzma, 2014).

Families have a responsibility to ensure adequate nutrition. The role of families who do not pay attention to the diet of their children under five results in the provision of food that does not meet the nutritional needs of children (Dewi & Aminah, 2016). A family's understanding of the implementation of family health duties is needed so that families can appropriately meet the nutritional needs of under-five children. Family independence is oriented towards family health tasks in overcoming nutritional problems including: 1) recognizing problems, 2) making decisions, 3) the ability to provide care for family members who

have health problems, 4) the ability to modify the environment, 5) the ability to take advantage of health facilities (Ariyanti, Sri & Rahmawati, 2023).

One of the health indicators assessed for the success of its achievement of the SDGs (Sustainable Development Goals) is the nutritional status of toddlers (East Java Provincial Health Office, 2024). Nutrition contributes to more than a third of all deaths in children under five in the world. Poor nutrition can reduce children's immunity to disease attacks and worsen the disease. UNICEF reported that the nutritional status of children under five years old in 2022 was (22.3%), including stunting, 13.7 million children were malnourished, and 5.6% of children were overweight or obese. In 2022, it is estimated that 45 million children under five years old (6.8%) will be affected by malnutrition, of which 13.6 million (2.1%) suffer from malnutrition. More than three-quarters (75%) of all malnourished children live in Asia and another 22% live in Africa (UNICEF et al., 2023).

According to the results of the 2018 Basic Health Research, 17.7% of children under five still experience nutritional problems. This figure consists of 3.9% of toddlers who experience malnutrition and 13.8% who suffer from malnutrition (Ministry of Health of the Republic of Indonesia, 2018). The results of the 2023 Indonesian Nutrition Status Survey (SSGI) stated that the stunting rate in Indonesia decreased in 2022 by 21.6%, whereas in 2021 it was 24.4. In 2022, the stunting rate in Indonesia will decrease by 2.8%, while the target to reduce the stunting rate in Indonesia is 14% by 2024, so a decrease of 3.8% is needed to achieve the desired target. Meanwhile, children under five years old with malnourished status with short bodies increased by 7.7%, whereas in 2022 the increase in children under five years old with malnourished was 0.6% from the previous year in 2021 by 7.1% (SSGI, 2023).

Stunting data in East Java in 2021 was 23.5%, in 2022 it was 19.2% (SSGI, 2023). Data on the prevalence of nutritional problems in children under five years old in Mojokerto Regency in 2023 are children under five years old with underweight 2%, severely underweight 2%, wasted 3%, and severely wasted 1% (Dinkes Provinsi Jawa Timur, 2024). The achievement has not been able to achieve the target of achieving the Sustainable Development Goals (SDGs) for the second sustainable development that ends all forms of malnutrition by 2030 (Susanto, Yunanto, Rasny & Nur, 2019).

The results of observations and interviews with 10 families who had children under five years old with malnutrition on January 12, 2024, in Karangdiyeng Village, Kutorejo District, Mojokerto Regency found that the family said that their children were not malnourished, families thought that their children were thin or slim because of heredity. This is in line with the results of research which states that many families are unaware of the stunting problem, and many associate it with the problem of genetic factors (Suhardin et al., 2024). The results of the preliminary study through interviews also found that most mothers complained that their children had difficulty eating, eating irregularly, and eating only certain foods. Mom provides an average breakfast by cooking rice or instant noodles without vegetables. Children eat 3-4 mouthfuls in one meal, children like snacks, like only certain vegetables, and rarely eat fruit. The family cannot refuse if the child has snacks, candy, ice, and chocolate. The family said that it is rare to go to the Integrated service post for children under five years old after their children go to school in PAUD/TK. Based on this phenomenon, data was obtained that families with children under five years of malnutrition, have not been able to carry out family health tasks in meeting the nutritional needs of children under five years old.

Efforts to handle stunting in children should be focused on the role of parents and families in the growth of child development and nutritional knowledge (Putri & Rong, 2021; Vaughn et al., 2016; Wahyudi et al., 2023). The results of the study showed that there were differences in mothers' ability to meet nutrition after being given family empowerment interventions in families with stunted children aged 6-24 months, namely food preparation and processing ($p = 0.000$), complementary breastfeeding ($p = 0.000$), and responsive feeding ($p = 0.000$) (Hastuti et al., 2024). Implementing family functions must be optimized to improve the nutrition of children under five years old (Febrianti et al., 2022).

Family-centered nursing is a family nursing model that focuses on how families who have sick members can fulfill family health duties (Ariyanti, Sri & Rahmawati, 2023). The purpose of this study is to determine the influence of family health tasks on the nutritional status of under five years old with the Family Centered Nursing (FCN) model approach. Optimizing family health tasks through the Family Centered Nursing model approach can be a strategic solution in public health programs that focus on improving the nutritional status of those under five years old.

2. Method

The quasi-experimental research design uses the pretest-posttest nonequivalent control group design approach. The population used in this study is all families under five years old in Karangdiyeng

Village, Kutorejo District, Mojokerto Regency totaling 157 people. This study has used purposive sampling with inclusion criteria, including: 1) If there is more than one under five years old in the family, the respondent is the smallest under five years old; 2) under five years old live with their families in one house, 3). Cooperative family. Meanwhile, the sample exclusion criteria in this study are 1). Respondents who are unable to attend; 2). During the data collection process; the respondent was not at the location; 3) Under five years old who are sick or have comorbidities since birth or low birth weight. Based on these criteria, the number of samples of 150 respondents was divided into 75 respondents in the intervention group, and the control group was randomly selected.

This study used a questionnaire of respondent characteristics which contained parental identity data (age, address, number of family members, occupation, last education, and income per month) as well as characteristics of children under the age of five (name, age, gender). The measurement of the variable nutritional status characteristic of children under five used a standing weight measure compared to age to obtain a Z-Score value. The results of the measurement were then classified using the quality standards from the Ministry of Health of the Republic of Indonesia in 2020 based on Weight-for-Age Z-Score (WAZ) so that it can be divided into four categories, namely Severely Underweight, Underweight, Normal Weight, Risk of Overweight.

The researcher was assisted by a research team (2 students) in the data collection process. The researcher met with midwives and officials of the Kutorejo Health Center who had data related to children under the age of five and cadres of each Posyandu, then the researcher went to the cadres of each Posyandu to find out the characteristics of the families of children under the age of five and asked for the names and addresses of families that have children under the age of five to be researched using home visits.

The research protocol has been approved by the Ethics Committee of the University of Bina Sehat PPNI Mojokerto. Information regarding the purpose of the study was read to the participants, and verbal consent was given. Ethical behavior is applied throughout the research process. The researcher has obtained formal permission from each participant in the form of written permission listed on the consent sheet.

Data collection by measuring nutritional status by comparing weight versus age (WAZ) from the Ministry of Health in 2020. The pre-tests have been conducted by measuring the nutritional status of children under the age of five. Treatment was given for 8 weeks through family health task intervention with the FCN model approach in the intervention group, and independent learning through modules in the control group. Family health task interventions in the treatment group include 1) recognizing problems; 2) making decisions; 3) the ability to provide care for family members who have nutritional problems; modifying the environment; and 5) Taking advantage of the facilities. Furthermore, a post-test is carried out through the measurement of the nutritional status of children under the age of five. The data obtained was then analyzed using SPSS 25. The categorical data type in this study has been presented in the form of percentages, to determine the influence of family health tasks on the nutritional status of children under five using the Wilcoxon Rank Test statistical test with a significance level ($p<0.05$).

3. Results and Discussion

This study was conducted on 150 families with children under five years old in Karangdiyeng Village, Kutorejo District, Mojokerto Regency which was divided into 75 respondents for the intervention group and 75 respondents for the control group. In this research, 3 families refused to be respondents, 3 respondents were not at the research location, and 1 family moved their place of residence; So the total sample is 150 families. The number of samples of 150 respondents was divided into 75 respondents in the intervention group and the control group was randomly selected.

Based on Table 1, the results of the study showed that the characteristics of the family in the intervention group were obtained by most of the respondents with young adult age (54.7%), secondary education (68%), high income (57.3%), the number of extended family members (62.7%), and employment as private employees (40%). In the characteristics of the family in the control group, most of the respondents were young adults (56%), secondary education (65.3%), high income (53.3%), the number of small family members (50.7%), and self-employed jobs (41.3%).

The results showed that the characteristics of toddlers in the intervention group were obtained by most respondents with the age of 25-36 months (40%) and female gender (52%). The characteristics of toddlers in the control group were obtained by most respondents aged 25-36 months (33.4%) and male sex (50.7%).

Based on Table 2, the results of the study in the intervention group before the intervention were obtained from the nutritional status of children under five years old with malnutrition, namely 15 respondents (20%) including Severely Underweight 2 respondents (2.7%), Underweight as much as 7 respondents (9.3%), Risk of Overweight as much as 6 respondents (8%). The results of the P-value of $0.025 < 0.05$ mean that there is an effect of family health tasks on the nutritional status of those under

five years old using the FCN model in the intervention group.

Based on Table 3, the results of the study in the pre-test of the control group obtained the nutritional status of children under five years old with malnutrition, namely as many as 13 respondents (17.3%) including Severely Underweight 2.7%, Underweight as much as 9.3%, Risk of Overweight as much as 5.3%. Meanwhile, in the control group, the P-value was 0.025 < 0.157, which means there was no effect of family health tasks on the nutritional status of those under five years old using the FCN model in the control group

Table 1. Socio-Demographic Characteristics of Respondents

Socio-Demographic Characteristics of Respondents	Intervention Group		Control Group	
	f	%	f	%
Family Characteristics				
Age				
Young Adult (20-44 years)	41	54,7	42	56
Middle Age (45-59 years)	34	43,3	33	44
Education				
Primary Education (SD, SLTP)	18	24	18	24
Secondary (SLTA)	51	68	49	65,3
High (PT)	6	8	8	10,7
Income				
Low Income (≤ UMR)	32	42,7	35	46,7
High (above UMR)	43	57,3	40	53,3
Number of family members				
Small (≤ 4 people)	47	62,7	37	49,3
Large (> 4 people)	28	37,3	38	50,7
Employment				
Private employees	30	40	27	36
Self-employed	28	37,3	31	41,3
Civil servants	5	6,7	5	6,7
Farmers	5	6,7	5	6,7
Others	7	9,3	7	9,3
Characteristics of Children				
Age				
12-23 months	25	33,3	23	30,6
24-35 months	30	40	25	33,4
36-47 months	12	16	18	24
48-59 months	8	10,7	9	12
Sex				
Male	36	48	38	50,7
Female	39	52	37	49,3

Based on Table 1, the characteristics of the research sample reviewed from the characteristics of the family (age, education, occupation, number of family members, income) and the characteristics of the child (age, gender) were not much different between the intervention group and the control group, so it can be said that in terms of the characteristics of the research sample is homogeneous.

Based on Table 2, the results of the study in the pre-test of the control group obtained the nutritional status of children under five years old with malnutrition, namely as many as 13 respondents (17.3%). Based on Table 3, the results of the study in the intervention group before the intervention were obtained from the nutritional status of children under five years old with malnutrition, namely 15 respondents (20%). The results of the study showed that the prevalence of malnutrition in children under five years old in Krangdiyeng Village, Kutorejo District, Mojokerto Regency exceeded the prevalence of malnutrition in Mojokerto Regency. One of the health indicators assessed for the success of its achievement of the SDGs (Sustainable Development Goals) is the nutritional status of children under five years old. Data on the prevalence of nutritional problems in children under five years old in Mojokerto Regency in 2023 are children under five years old with underweight 2%, severely underweight 2%, wasted 3%, and severely wasted 1% (East Java Provincial Health Office, 2024). The achievement

has not been able to achieve the target of achieving the Sustainable Development Goals (SDGs) for the second sustainable development that ends all forms of malnutrition by 2030 (Susanto, Yunanto, Rasny & Nur, 2019). Promotive and preventive efforts must continue to be carried out and improved to accelerate and reduce malnutrition in under-five children.

The results of the study in the intervention group and the control group were obtained by most of those who have undernourished children under five with middle education. This is to the research that nutrition for under five children can be influenced by the level of education, this is related to the ability to understand knowledge. Nutrition knowledge can later affect food consumption in under five children which has an impact on the nutritional status of children under five (Purwanti et al., 2016). Studies have shown that parents with higher levels of education have better knowledge about nutritional care for their (Ghaida Yasmin et al., 2014; Suratri et al., 2023).

Table 2. Nutritional Status Of Children Under Five Years Old Before And After The Implementation Of Family Health Tasks In The Intervention Group

Nutritional Status	Before		After		P-value
	f	%	f	%	
Severely-Underweight	2	2,7	1	1.3	
Underweight	7	9,3	4	5.4	
Normal weight	60	80	64	85.3	0.025
Risk of Overweight	6	8	6	8	
Total	**75**	**100**	**75**	**100**	

Table 3. Nutritional Status Of Children Under Five Years Old Before And After The Implementation Of Family Health Tasks In The Control Group

Nutritional Status	Before		After		P-value
	f	%	f	%	
Severely-Underweight	2	2.7	2	2.7	
Underweight	7	9.3	5	6.7	
Normal weight	62	82.7	64	85.3	0.157
Risk of Overweight	4	5.3	4	5.3	
Total	**75**	**100**	**75**	**100**	

The results of the study in the intervention group and the control group were obtained by most of those who have undernourished children under five with low income (below the UMR). The causes of stunting in developing countries are often related to economic instability (Bahar, 2023). Socioeconomic factors, especially household income, are the factors that play the most role in influencing the incidence of stunting in children under five. Families with incomes below the regional minimum wage are 6.625 times more likely to have stunted children than those who earn higher than the regional minimum wage (Utami et al., 2019).

Based on Table 2, the results of the study showed that in the intervention group after carrying out family health tasks, there was an increase in nutritional status with normal weight by 5.3%. The intervention group based on the Wilcoxon Signed Ranks Test obtained a positive change, namely an increase in nutritional status in 5 respondents. The results of P-value 0.025 < 0.05 mean that there is an effect of family health tasks on the nutritional status of children under five years old using the FCN model in the intervention group. Based on Table 3, in the control group, the P-value was 0.025 < 0.157, meaning that there was no effect of family health tasks on the nutritional status of children under five years old using the FCN model in the control group.

Inadequate feeding practices in families are one of the factors that contribute to the incidence of stunting in children (Dewi & Aminah, 2016; Sanin et al., 2018). Food parenting practices can impact children's diet and eating habits (Vaughn et al., 2016). Family is one of the indirect factors that can affect the nutritional status of children under five years old. Families must actively participate in monitoring the nutritional status of children under five years old. Therefore, the implementation of family functions in a large family environment must be optimized to improve the nutrition of children under five years old (Febrianti et al., 2022). The Family Centered Nursing Model emphasizes the importance of families in recognizing health problems and engaging in effective health management strategies. Family empowerment through the Family Centered Nursing Model has an important role in preventing and handling stunting problems (Fajar et al., 2023).

The results of the study showed that there were differences in mothers' ability to meet nutrition after being given family empowerment interventions in families with stunted children aged 6-24 months, namely food preparation and processing (p = 0.000), complementary breastfeeding (p = 0.000), and responsive feeding (p = 0.000) (Hastuti et al., 2024). Research revealed that family coaching with the Family Centered Nursing model has succeeded in increasing family knowledge and attitudes about the prevention of malnutrition in children under five years old (Heryyanoor et al., 2022).

Research states that family empowerment based on the Family Centered Care model can increase the prevention of stunting for children

under five years old (Januarti et al., 2020). Study in Vietnam suggests that supporting healthy eating habits in the family and managing limited resources are used as a tool in reducing malnutrition in Vietnam (Anna et al., 2019). Optimizing family health tasks can be a strategic solution in public health programs that focus on improving the nutritional status of those under five years old. by supporting healthy eating habits, and optimizing local wisdom in managing family limited resources through guidance and assistance from health workers.

4. Conclusions and Suggestions

Family health tasks affected the nutritional status of children under five years of age using the FCN model in the intervention group. Implementing optimal family health tasks affects improving the nutritional status (normal weight) of children under five years old. Health workers, especially Public Health Nurses, are expected to optimize the development of families with children under five years old who are at high risk of nutritional problems through routine and continuous family-centered nursing.

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