



Analysis of Family Support to Compliance of Additional Food Consumption of Additional Biscuits Mothers of Chronic Energy Deficiency in the City Pare-Pare South Sulawesi Province Indonesia

Agustina Uta^{a*}, A. Razak Thaha^b, Suriah^c

^aStudent Master Program in Public Health Postgraduate School of Hasanuddin University, Makassar, South Sulawesi, Indonesia

^{b,c}Department of Nutrition, Faculty of Public Health Hasanuddin University, Makassar, South Sulawesi Indonesia

^aEmail: agustinauta79@gmail.com

^bEmail: arthaha@gmail.com

^cEmail: suriah74@yahoo.com

Abstract

In general, non-adherence may lead to increased risk of developing health problems or prolonging or aggravating the ongoing illness. Non-compliance with therapeutic regimens is strongly associated with morbidity, mortality, health deterioration and increased spending. By that, patient compliance in medication or therapy is an important step in improving the status of care and can achieve optimal health status. Assessing the effectiveness of a health program can be attributed to the patient's compliance level in implementing the intervention program. An accurate assessment of compliance behavior is required for effective, efficient treatment planning, therapy and to ensure results of treatment and therapy are provided. The objective of the study was to assess family support for adherence to supplementary food consumption of pregnant women Biscuits Chronic Energy Deficiency in Pare-Pare City.

* Corresponding author.

Type of qualitative research, using a phenomenological approach. Informants are Pregnant Women and Nutrition Officers. Data collection was conducted using in-depth interviews. The results of the study showed that generally Pregnant Women get support from family but not maximal yet. Family support provided with various forms of support such as instrumental support for example leads to health services, information support such as giving advice to informants want and remember to eat Food Supplement biscuits, emotional support such as empathy, affection and attention. Conclusion; Family support in the implementation of Supplementary Food Feeding biscuits pregnant women Chronic Energy Deficiency is still lacking because of knowledge and understanding of the family about the consumption suggestion and the importance of consumption of Food Supplement biscuits according to the number and frequency of recommended less good. Recommendation; The need for an active role of family members through the improvement of family members' knowledge of the interventions program of Supplementary Food Feeding biscuits.

Keywords: Supplementary Food; Pregnant Mother; Compliance; Family Support.

1. Introduction

One of the intervention programs for nutrition improvement of pregnant women is supplementary feeding. When pregnant, the mother needs more nutrients and increased certain nutrients than when she is not pregnant, this is caused by the changing physiological conditions of the mother, such as increased red blood cells, increased plasma, uterine and enlarged breasts and development of the fetus and placenta, so during pregnancy a mother must increase the amount and type of food consumed to meet the needs of infant growth and the needs of pregnant mothers, as well as to produce breast milk [1].

Although additional food supplement interventions have been implemented throughout Indonesia, optimization of additional food programs is lacking. This is illustrated through the results of the Nutrition Status Monitoring (2017), that pregnant women lacked chronic energy received a very low supplementary diet of 37.4% [2]. This data also only describes the distribution of supplementary biscuit foods, has not yet described the consumption of supplementary biscuits of pregnant women. Chronic energy reduction as recommended by health workers. The consumption of supplementary foods in accordance with the recommendations is closely related to the level of obedience of pregnant women in carrying out the intervention. Compliance of pregnant women in the program of additional food interventions of biscuits in accordance with the recommendations, a program challenge in solving nutritional problems in pregnant women Energy Shortage Chronic energy reduction. The supplementary food provided initially to supplement the nutritional needs was used as the main food, although from the beginning it was informed that the benefits of supplementary food were merely an additive rather than a substitute for food [3]. Research conducted by Nugrahini and his colleagues (2014), on the Supplementary Food Supplemental Feedback program at the Surabaya city health center indicates that additional food is able to change the nutritional status of pregnant women with less chronic energy to normal even though it is not statistically significant. This is due to excessive workload of pregnant women, poor nutrition knowledge of pregnant women and compliance with pregnant women in the consumption of supplementary food [4].

According to Brannon and Feist (2010), to measure compliance there are six things that can be used to ask healthcare practitioners, ask clients, ask others, monitor drug use, biochemical examination and combination of all the ways [5]. Feeding intervention program additional biscuits of pregnant women chronic energy deficiency can be evaluated by looking at the compliance of pregnant women's consumption. Target compliance in following the supplementary feeding interventions of the biscuits was measured by the daily number of biscuits, 5 pieces per day for 90 days [6].

Family support is a form of providing support to other family members experiencing problems, which provide emotional maintenance support to achieve the welfare of family members and meet psychosocial needs [7,8,9]. Lack of discipline in diet, lack of information, the perception that exercise can aggravate disease, lack of sports partners, home away from home, lack of emotional support from spouses, friends and family members can be a factor of non-adherence to diet and exercise of type 2 Diabetes mellitus patients [10]. A preliminary study conducted in the town of Pare-pare, of 29 pregnant women responding to chronic energy deficiency received additional food biscuits, there were 10.3% of respondents who consumed all the additional food biscuits provided, there were 62% of respondents who did not consume all the additional food biscuits given and there were 27.5% of respondents who did not consume additional food given biscuits. The results also show that 100% of respondents are not obedient in eating additional food biscuits.

The purpose of the study to assess family support for compliance of supplementary food consumption of pregnant mother biscuits chronic energy deficiency in the city of Pare-Pare South Sulawesi Province.

2. Materials and Methods

This type of qualitative research, using Phenomonology approach. Informants are Pregnant Women and Nutrition Officers. Data collection using in-depth interviews. Data analysis is done interactively and continuously until complete, so the data is saturated [11].

3. Results

The findings of in-depth interviews obtained that the informants received support from families with various forms of support. Although not yet the maximum but there are informants who have received support from the family such as instrumental support such as delivering to the public health center, support information such as giving advice to informants want and remember to eat Food Supplement biscuits, emotional support such as empathy, affection and attention.

The following is an excerpt from interviews with informants who have family support.

... If sleeping, keep my husband open again, husband order to eat it biscuit .. he inter me also to the public health center .. I alone eat .. do not want my husband to eat .. husband say food pregnant people (Dnr, 16 years)

... Good attention of my husband ... always husbands say eat biscuits ... because my husband is also afraid because I am so thin so always husbands say eat lots of biscuits to ride the body '.. let alone yesterday 2016 I was diagnosed TB .. so afraid if children also the taxable .. he is a husband who check inter .. husband a little (Nhf, 26 years)

The following is an in-depth interview quote with informants who only received instrumental support in the form of facilitating by escorting to a community health center taking biscuits but never reminding them to eat.

... never reminds .. Husband just deliver it (Hsr, 30 years old, Mft, 24 years old, Edg, 25 years old, Hri, 20 years old)

There are informants doing this intervention on their own, without the support of the family. Like the following informant statement.

... my husband never give attention ... enough husband know it .. to get involved never .. never also reminds ... i own to the public health center ... his biscuits are at family meals with children at home .. (Crt, 33 years old)

... my husband is not the type of standby husband .. although I go check, my own ... my husband just say good he is now, there is food aid for pregnant women I eat because I want because I myself who knows what it's worth ... never remind her ... My own mother, never ... (Haz, 32 years old)

4. Discussion

Family support is one of the factors that has a very close relationship with patient compliance in carrying out medications, therapies and dietary programs provided so that family support cannot be ignored. According to Friedman in 2010; the family is the main support system for problems that occur in family members. People who feel the comfort, attention and help they need from a person or group usually tend to be easier to follow medical advice than those who do not feel the support of the family. There are three types of family support: informational support, instrumental support and emotional support [12].

Based on the results of in-depth interviews, it is known that there are informants who have received support from the family in the form of emotional support, information support and instrumental support. However, such support is not enough to make the informant obedient in consuming Food Supplement biscuits. This is closely linked to family understanding and knowledge of the instruction or consumption suggestion should be. When viewed in terms of the number of biscuits consumed, it was found that informants who received emotional support and information support had higher consumption coverage compared to informants who did not have family support. This is not in line with Rai and his colleagues research results. (2014) that compliance with the consumption of nutritional supplements is strongly influenced by the availability of supplements and family support as a reminder. The involvement of the husband from the beginning will be very useful for keeping emotionally calm and confident [8]. The same is stated by Rizani and his colleagues (2014) that there is a meaningful relationship between family support and dietary adherence of Diabetes Mellitus patients [9].

There are informants who claim to have less support from their husbands or other family members. The form of support provided by the husband just to take to the public health center to take biscuits, there are even pregnant women who do it all themselves without any support from the family. The results of this study are in line with research conducted by Harniati and his colleagues (2018) showed that most patients did not adhere to taking drugs with less support from their families [13]. If the family did not provide support to the patient, then the patient would likely not adhere to the supplementary feeding of the biscuit. Studies in southern Africa reveal that they lack emotional support from partners, friends and other family members who are factors of diet and exercise disability for type 2 diabetes [10]. Saputri and his colleagues in 2017 showed a significant relationship between emotional support, information support, and the instrumental support of the family with compliance with leprosy medication [14]. A study conducted in Karangasem found that 61.6% of patients with hypertensive treatment failed to receive support from the family during treatment of hypertension [15].

The family is the closest party to the patient, the family being one of the keys to a person behaving. The role of the family is very important in providing support and motivation to the patient so that patients are obedient in therapy. Emotional support such as paying attention, reminding the treatment schedule, or accompanying patients during treatment can improve patient compliance. Family support can be a very influential factor in determining the beliefs and values of an individual's health and can determine what therapy or treatment they can receive [16].

Based on the results of qualitative research conducted by Ramawati and his colleagues in 2008 that family participation, especially husbands, influences maternal compliance in consuming iron tablets [17]. Similarly, research by Riris Andriati in 2015 that family support can improve medication adherence in hypertensive patients [18]. Families such as children, wives, husbands, is the closest person who motivates the success of taking the drug, which according to family informants a reminder when forgetting to take medicine. This is in line with research by Sheba and his colleagues in 2018 that primary support that directly poses a positive or negative attitude to medication adherence is from the nearest person especially the spouse [19].

In this study, other husbands or relatives of pregnant women simply know that there is a given biscuit intervention. While knowledge about the benefits and the content of biscuits is still less so they also do not always remind pregnant women to obey in eating biscuits. In fact some family members of the informants also took biscuits. This is because health workers only provide information to pregnant women, other family members are not counseled.

According to Riris Andriati, the support of family members should not be forgotten, so health workers may ask the patient to invite a family member while counseling for both counseling [18]. In Parepare has not yet been applied this concept so there are still many pregnant women who are not obedient in eating Food Supplement biscuits

Limitations of this study are some of the respondents and informants have a limited time to provide detailed information at the time of the interview.

5. Conclusions and Recommendation

Conclusion; Family support in the implementation of supplementary feeding of pregnant women's biscuits lacking chronic energy is still lacking because of family knowledge and understanding of consumption suggestions and the importance of consuming additional biscuits as recommended quantities and frequencies are poor. Recommendation; The need for an active role of family members through the improvement of family members' knowledge of interventional food supplement feeding programs

Conflict of Interest

Author declare no conflict interest.

References

- [1] Patimah S. *Gizi Remaja Putri Plus 1000 Hari Pertama Kehidupan*. Bandung: Refika Aditama; 2017.
- [2] Kementerian Kesehatan RI. *Buku Saku Pemantauan Status Gizi (PSG) Tahun 2017*. Jakarta: Direktorat Gizi Masyarakat; 2018.
- [3] Yuliasuti E. Faktor-Faktor yang Berhubungan dengan Kekurangan Energi Kronisurangan Energi Kronis pada Ibu Hamil di Wilayah Kerja Puskesmas Sungai Bilu Banjarmasin. *An Nadaa*. 2014;1(2):72-76.
- [4] Nugrahini EY, Effendi JS, Herawati DMD, Idjradinata PS, Sutedia E. Asupan Energi dan Protein Setelah Program Pemberian Makanan Tambahan Pemulihan Ibu Hamil Kurang Energi Kronik di Puskesmas Kota Surabaya. *IJEMC*. 2014;1(1):41-48.
- [5] Brannon L, Feist J. *Health Psychology: An Introduction to Behavior and Health (7th Ed)*. USA: Wadsworth Cengage Learning; 2010.
- [6] Kementerian Kesehatan RI. *Pedoman Gizi Ibu Hamil Dan Pengembangan Makanan Tambahan Ibu Hamil Berbasis Pangan Lokal*. Jakarta: Direktorat Gizi Masyarakat; 2010.
- [7] Potter PA, Perry AG. *Buku Ajar Fundamental : konsep, proses, dan praktik*. In: 4th ed. Jakarta: EGC; 2005.
- [8] Rai SS, Ratanasiri T, Thapa P, et al. Effect of knowledge and perception on adherence to iron and folate supplementation during pregnancy in Kathmandu, Nepal. *J Med Assoc Thail*. 2014;97:S67-S74.
- [9] Rizani HK, Suroto, Rizani A. Hubungan Dukungan Keluarga Dengan Ketaatan Pola Makan Penderita Diabetes Mellitus Di Wilayah Kerja Puskesmas Sei Besar Banjarbaru. *J Skala Kesehat Vol*. 2014;5(2):1-5.

- [10] Ganiyu AB, Mabuza LH, Maletle NH, Govender I, Ogunbanjo GA. Non-adherence to diet and exercise recommendations amongst patients with type 2 diabetes mellitus attending Extension II Clinic in Botswana. *phcfn*. 2013;5:1-6.
- [11] Sugiyono. *Metode Penelitian Kominasi (Mixed Methods)*. Bandung: Alfabeta; 2017.
- [12] Friedman M., Bowden J. *Keperawatan Keluarga Teori Dan Praktik*. 3rd ed. Jakarta: EGC; 2010.
- [13] Harniati A, Suriah, Amqam H. Non-Compliance Participants Bpjs Health In Following Activity Program Of Chronic Disease Management (Prolanis) At Puskesmas. *JKMM*. 2018;1(1):1-6.
- [14] Saputri YP, Thohirun, Luthvatin N. Hubungan antara Dukungan Sosial Keluarga dengan Kepatuhan Minum Obat Penderita Kusta (Studi di Kecamatan Puger dan Balung Kabupaten Jember). *e-Jurnal Pustaka Kesehatan*. 2017;5(3):549-556.
- [15] Nanurlaili SW, Sudhana IW. Gambaran Kepatuhan Minum Obat dan Peran Serta Keluarga pada Keberhasilan Pengobatan Pasien. *e-jurnal Med udayana*. 2014;4(4):1-6.
- [16] Gama J, Zliobaite I, Bifet A, Pechenizkiy M, Bouchachia A. A Survey on Concept Drift Adaptation. *ACM Comput Surv*. 2013;1(1):1-35.
- [17] Ramawati D, Mursiyam, Sejati W. Faktor-Faktor Yang Mempengaruhi Kepatuhan Ibu Hamil Dalam Mengonsumsi Tablet Besi Di Desa Sokaraja Tengah, Kecamatan Sokaraja, Kabupaten Banyumas. *Soedirman J Nurs*. 2008;3(3):114-124.
- [18] Andriati R. Studi Fenomenologi; Kepatuhan Minum Obat Pada Pasien Hipertensi Di Kabupaten Tangerang. *J Ilm STIKes Widya Dharma Husada*. 2015;1(2):1-10.
- [19] Sheba SH, Djuhaeni H, Setiabudiawan B, Sunjaya DK, Mutyara K, Rinawan F. Kepatuhan Minum Obat Pada Pasien Lupus Eritematosus Sistemik di RSUP Dr . Hasan Sadikin Bandung. *Maj Kedokt Bandung*. 2018;50(369):21-28.