



Mother's experience in caring for children with severe malnutrition

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ABSTRACT

It is a challenge for mothers to meet the need of children on nutrition. Failure in meeting this need causes malnutrition in children. This research is aimed to explore a mother's experience in caring for children with severe malnutrition. A qualitative design was applied using a descriptive phenomenology approach. The total of participants involved were eight persons selected purposively. Data were collected through in-depth interview. This research found that mothers did not realize that their children experience malnutrition, causing malnutrition condition is not their main priority. Aside from that, mothers got bad treatment from the health workers during the consultation. Mothers need to be supported and empowered, handling and preventing their children from malnutrition. Health workers need to change their attitude towards patients and develop their communication and counseling skills.

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Pengalaman Ibu Merawat Anak dengan Gizi Buruk

ABSTRAK

Merupakan tantangan bagi para ibu untuk memenuhi kebutuhan anak-anak akan nutrisi. Kegagalan dalam memenuhi kebutuhan ini menyebabkan kekurangan gizi pada anak-anak. Penelitian ini bertujuan untuk mengeksplorasi pengalaman seorang ibu dalam merawat anak-anak dengan gizi buruk. Desain kualitatif diterapkan menggunakan pendekatan fenomenologi deskriptif. Total peserta yang terlibat adalah delapan orang yang dipilih secara purposive. Data dikumpulkan melalui wawancara mendalam. Penelitian ini menemukan bahwa para ibu tidak menyadari bahwa anak-anak mereka mengalami kekurangan gizi, menyebabkan kondisi gizi buruk bukan prioritas utama mereka. Selain itu, para ibu mendapat perlakuan buruk dari petugas kesehatan selama konsultasi. Para ibu perlu didukung dan diberdayakan, menangani dan mencegah anak-anak mereka kekurangan gizi. Petugas kesehatan perlu mengubah sikap mereka terhadap pasien dan mengembangkan keterampilan komunikasi dan konseling mereka.

Kata kunci:

Pengalaman ibu

Anak

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Introduction

Malnutrition among children is a problem that often occurs in developing countries, including Indonesia. The prevalence of malnutrition among Indonesian under-five children in 2013 was increasing if compared to the previous years worth 5.4% in 2007 and 4.9% in 2010 (Kramer & Allen, 2015; Ministry Health of Indonesia, 2014a). Lampung Province is one of the provinces in Indonesia that has quite a high number of malnutrition. The malnutrition case in Lampung Province between 2003 – 2012 was amount 200 – 300 cases. The malnutrition prevalence in Lampung Province was not more than 5%, yet the number of malnutrition cases did not show a significant decrease (Dinas Kesehatan Provinsi Lampung, 2013).

Malnutrition causes growth and development disorders in children. The weakened body endurance of children causes them easily get any disease attacks, increases morbidity and mortality, extends treatment period, and increases treatment cost (Jones & Berkley, 2014; Prieto & Cid, 2011). Causes of malnutrition are inadequate food intake, socio-cultural differences, too much consumption of food that is not following body needs, diseases related to mastication, swallowing and absorption functions, poverty, bad health services, inadequate treatment, lousy sanitation, the lack of clean water supplies and low level of education, lifestyle as well as beliefs regarding health adopted in families (Bowden & Greenberg, 2010; Mizumoto et al., 2015; Scantlan & Previdelli, 2013).

Families, especially mothers, play an essential role in parenting children with malnutrition. Any risk of malnutrition may increase if mothers as the main sitters have depression and do not get any adequate support from the environment (Gulati, 2010; Marie, T A, 2012; Surkan et al., 2011). The health counseling provided for mothers of children with malnutrition showed a positive result accelerating recovery period, so the treatment cost decreased (Dido, Wakili, & Asekun-Olarinmove, 2011). Mothers needed some training and assistance, therefore they become confident in treating their children (Nahar et al., 2012).

Based on the above studies, mothers have an important role in the process of caring for children, especially children with malnutrition. Research on the experience of mothers caring for children with malnutrition, especially in Lampung province, has never been done before. Therefore, this study aimed to deeply depict the experience of mothers while giving treatment for children with malnutrition. This study depicted the way of a treatment process for children with malnutrition directly from mothers as the sitters in families. By understanding the experience of mothers while treating children with malnutrition, health workers will receive information to improve health services, so the health status of children with malnutrition can be increased.

Method

This study used the qualitative method with a descriptive phenomenology approach directly exploring any experience of participants, analyzing and describing determined phenomenon through the researcher's intuition (Creswell, 2013).

Eight participants were selected using a purposive sampling technique. This research was conducted in Lampung Province. The criteria of participants are mothers domiciled in Lampung Province having 1 – 5 years old children suffering malnutrition, the children being or ever hospitalized in any health services agencies in Lampung

Province. The children did not suffer serious diseases, such as congenital heart disease, malignancy, etc.

The data-collecting process was conducted by an in-depth interview method using the Indonesian language. This study has used semi-structured interviews. Semi-structured interview employs a blend of closed- and open-ended questions. (Adams, 2015). Semi-structured interviews were executed in hospitals and houses of participants. The interviews were running for 40 – 60 minutes involving the researcher and participants only.

The received data was analyzed using the Moustakas approach, 1999 (Creswell, 2013). Data saturation occurred in the eighth participant. The researcher listened to the interview records repeatedly, then made the interview transcript. Transcript was returned to participants to ensure the validity whether the content was already in accordance with what the participants meant to. The transcript was then read repeatedly to collect any significant questions into a theme. The theme was analyzed to depict what occurred based on the experience of mothers treating children with malnutrition (textural description) and depict the way mothers treat the children with malnutrition (structural description). The last step was combining the textural description and structural description then finding out the essence of children with malnutrition for mothers and mothers' experience treating children with malnutrition.

This study passed an ethics test from the Faculty of Nursing Research Ethics Committee, University of Indonesia, by Number. 0254/UN2.F12.D/HKP.02.04/2015. The researcher explained the aims of the study, and then the participants signed the informed consent voluntarily and without compulsion as an approval form to be participants. The place and time of interviews were completed in accordance with the appointment between the researcher and participants.

Results and Discussion

Demographic Characteristics of Participants

The age of the participants was various between 21 – 44 years old. An explanation of the participants can be seen in the table 1.

Thematic Analysis Result

The theme obtained from the study was that malnutrition among children did not be mothers' priority for health consulting. Mothers accepted bad treatment from health workers, and mothers needed any social and financial supports while giving treatment for children.

Theme 1. Malnutrition as Non-Priority for Health Consulting

Mothers commonly did not realize that children suffered malnutrition, so they brought their children to health services agencies because the children suffered any affected diseases. The statements were depicted as follows:

"...Ga kepikiran sih mbak tadinya kalau sampe kurang gizi....ga tau mbak ciri-ciri gizi buruk, .Bawa kesini kemaren itu karena udah lemes, BAB terus.....ga tau di sini dibilang gizi buruk gitu." (P1)

"...I do not think if [my child] suffer malnutrition...[I do not know] the characteristics of malnutrition. [I] brought

[my child] here was because [my child] was already weak, nonstop defecating...I do not know that [my child] was said malnutrition here.” (P1)

Other participants said they did not understand that their children suffered malnutrition.

“...Anak saya ini lahir sekitar umur delapan bulan dia keluar, jadi prematur....Ya kita juga kan ga tau mbak, kan dia emang lahirnya kecil, kita sering nanya sama temen-temen yang lain yang lahirnya kecil, perkembangannya gimana ya emang perkembangan lambat, ya kita kirain

emang dari bobot lahirnya kecil naikin bobotnya juga lambat, ga tau kalau namanya sampe gizi buruk...” (P4)

“...My child was prematurely born at eight months...I do not know [that the child suffered malnutrition because indeed [the child] was born little. I often asked my friends whose children were also born little regarding the development [of their children] that indeed had slow progress. We thought that if [the children] were born little, it may cause their body weight to progress getting so slow. [We] do not understand a malnutrition problem...” (P4)

Table 1
Responden Characteristic

Characteristics	Participans							
	P1	P2	P3	P4	P5	P6	P7	P8
Age (y.o)	32	21	37	35	30	21	44	27
Marital status	married	married	married	married	divorce	married	married	married
Job status	working	housewife	working	Housewife	working	housewife	working	housewife
Number of children	2	1	4	2	2	1	4	1
Etnic	Lampung	Javanese	Betawi	Javanese	Sundanese	Javanese	Javanese	Lampung
Education level	Primary school	Junior high school	Junior high school	Diploma	Senior high school	Junior high school	primary school, grade fourth	Junior high school
Income/month (Rp)	600.000-800.000	1.000.000-1.500.000	2.000.000-2.500.000	2.500.000-3.000.000	500.000-600.000	600.000-800.000	800.000-1.000.000	800.000-1.000.000

Theme 2. Accepting Bad Treatment from Health Workers

Mothers often accepted bad treatment from health workers when they brought their children to health services agencies. Mothers became the party blamed for the condition of children suffering from malnutrition. The statements were as follows:

“...Waktu posyandu itu dimarahi, “gimana sih ini apa ga dikasih makan?” ya saya itu bukannya kurang apa mbak udah dicoba kasih makan gimana...ya anaknya susah makan... jadi males ke posyandu, malu mbak, males dibilang-bilang...(intonasi tinggi)” (P8)

“...When [I was at] Posyandu (Integrated Services Post), [I got] offended [by the Posyandu worker], “How was [the child] not fed?” well I have been trying to feed the child, but unfortunately, the child did not want to eat...So that, I am not willing to come back to Posyandu, I feel shame, fear of those sayings...(high intonation)” (P8)

“... saya minta rujukan dari Puskesmas, di Puskesmas saya disalahkan mbak, terus terang aja, kenapa ga pernah lapor, anaknya kecil banget,... sampe sini (RS) bapaknya juga dimarah....trus kami suruh gimana,anak emang udah begini, kan bukan mau kita juga anak kayak gini mbak...kita sudah usaha...” (P4)

“...I requested a referral letter from Puskesmas (Primary Health Care), but Puskesmas blamed me why [I] never made a report, why my child was very little...Even when [I] arrived here [at the hospital], the father [of my child] was also offended...So then we asked them what we should do for our child considering the condition was already like this. It is sure not our expectation of seeing our child like this. We had tried [to give the child a health care]...” (P4)

Theme 3. Normal Growth of Children, Obtaining Social and Financial Supports are Mothers' Needs

The normal growth of children is mothers' hopes for their children. The statements were depicted as follows:

“...Saya ingin walaupun kecil begini yang penting dia ini kaya anak lain juga normal perkembangannya.” (P2)

“...I expect that although [the child] is little like this, the more important thing is that the child can grow normal like other children.” (P2)

Moreover, mothers needed social and financial supports.

“...Ya selama ini inginnya saya dibantu apa gitu, bukan dipojokkan...orang enak ngomong aja, kita yag jalanin...saya kan anak pertama ini Almira ya...belum punya pengalaman...” (P2)

“...During this time, I want some helps, not want to get offended...people may say anything they want, but we are who suffer...Almira is my first child, so [I] do not yet have any experience...” (P2)

“...Orang susah mbak, ga punya duit, berobat mahal.maunya dijamin gitu berobat sampe anak bisa sehat...sembuh...” (P1)

“...I am poor, not having some money, the medical treatment [cost] is so expensive...I hope there is any medical treatment guarantee until the child may get recovered...” (P1)

Malnutrition as mothers' non-priority for children's health consulting is caused by the lack of mothers' understanding of malnutrition status on children. Mothers do not realize that the children suffer malnutrition, so they

only bring their children to health services agencies when their children suffer some affected diseases, such as fever, diarrhea and cough (de Onis & Branca, 2016).

During this time, procedure of treatment for children with malnutrition has been differentiated based on whether any affected diseases exist (Department Of Child And Adolescent Health And Development, 2009; Direktorat Jenderal Bina Gizi dan KIA, 2014; Ministry Health of Indonesia, 2014b). Children with malnutrition without any affected diseases are not hospitalized in health services agencies. This condition commonly causes mothers not to become focus on malnutrition among children. The study result showed that mothers only brought their children to health services agencies when their children suffered some affected diseases, such as cough, diarrhea and fever, not because of malnutrition problem suffered by the children.

One of nutrition status screenings in communities was conducted through Integrated Management of Ill Under-Five Children (*Manajemen Terpadu Balita Sakit/MTBS*). MTBS has been executed in Indonesia since 1997 (Husni, Sidik A.D., Ansar, 2012). The study showed that MTBS execution was not yet maximum. Malnutrition-handling procedure during this time has emphasized treatment for affected diseases suffered by children, meanwhile, malnutrition problem that becomes the main problem has no proper and intensive interventions.

The monitoring of malnutrition in communities was not really felt by participants. This condition was caused by mothers passively bringing their children to Integrated Services Post (Posyandu) in every month. The reason why mothers did so was that they held the feeling of shame due to any unpleasant response from health workers. Mothers also became the party blamed when their children's body weights were decreasing, so this matter caused mothers not willing to bring their children to Posyandu. This study result is following the study conducted in 2012 stating that mothers having children with malnutrition were less active coming to Posyandu because they were not confident related to the condition of their children (Husni, Sidik A.D., Ansar, 2012).

Professional sitters have a central role in doing treatment for children with malnutrition. Besides being such nannies, sitters also take a role as counselors (Hockenberry, M.J. & Wilson, 2009; Hockenberry & Wilson, 2015; Potts & Mandleco, 2012). Mothers will not feel blamed if health workers can take a role as effective counselors. The role as effective counselors can be achieved if health workers are open, accepting the condition that the clients have their values influencing daily activities and able to show empathy that means understanding people from their perspectives (Ilmonen, Isolauri, & Laitinen, 2012; Lesmana, 2008).

Participants faced any feelings during taking a role as mothers who have children with malnutrition. Such feelings included feeling surprised, distrusted, sad, shamed, blamed, and finally accepting the condition of their children. The feeling of acceptance occurred when mothers were already able to create a way to solve problems (*koping*) of children's health. Parents commonly will suffer emotional distress then develop solutions and family supports to increase the health status of children (Hockenberry, M.J. & Wilson, 2009).

Proper *koping* may happen if social support is adequate. The social support can be obtained from families, such as husband, parents, children, and other relatives. Social support from health workers is needed, too. Such support can be in the form of direct counseling and assistance. Active listening skill is needed as an effective counselor (Heron, 2012; Hockenberry, M.J. & Wilson, 2009; Nahar et al., 2012).

The effective counselor will be able to facilitate mothers for merely telling the problems they face in order to decrease emotional distress and develop their self-confidence in giving treatment for children.

Financial support can be executed through efforts to increase the accessibility of health services (Carlson, Kordas, & Murray-Kolb, 2015; Sapountzi-Krepia et al., 2006). Mothers domiciled in remote areas said that their families were difficult to access health services for improving the children's health status. So, the government needs to expand health services coverage (Kandala, Madungu, Emina, Nzita, & Cappuccio, 2011). Financial support executed by the government during this time is by providing additional food to children. However, this method, in the mothers' perspective, is less effective. Mothers said that children were not willing to consume the provided additional food.

Mothers said that during the time of treatment for children, training, and assistance where needed. This statement mainly told by mothers just having a child for the first time, so they were not yet experienced. Mothers just having a child for the first time needed supports to increase ability and knowledge in treating children, especially related to nutrition compliance. This is following the study stating that mothers needed supports in forms of training and assistance in order to be more confident in doing treatment for children with malnutrition (Alvarez Morán, Alé, Rogers, & Guerrero, 2018; Holmberg Fagerlund, Helseth, Owe, & Glavin, 2017; Nahar et al., 2012).

This study has several implications to health services, especially to children with malnutrition. Mothers as the leading sitters need any social support while treating the children with malnutrition in forms of direct counseling and assistance among mothers. This study result becomes such input for health workers, especially children sitters, to provide treatment not only focusing on children but also on mothers as the primary key of children parenting in the family (Harrison, 2010).

This study depicted how the treatment of children with malnutrition ever being hospitalized in hospitals directly from mothers as the sitters. Any following study may involve participants who have children with malnutrition that have not yet been hospitalized. Therefore the result of the study is expected to complement information to improve health services for children with malnutrition.

This study has several limitations that are only one participant coming from an upper-middle family and a higher level of education, so there is none of the comparator data for this variant of participants. Moreover, this study only involved participants who have children with malnutrition ever being hospitalized only.

Conclusions and Recommendations

The experience of mothers in treating children with malnutrition was depicted in the study results, namely malnutrition as non-priority for health consulting, accepting unpleasant treatment from health workers, and the healthy growth of children, obtaining any forms of social and financial supports are the needs of mothers. Mothers need adequate supports for treating children with malnutrition. Such supports can be delivered by health workers, especially sitters, by providing treatment not only focusing on children but also concerning on mothers as the main child-sitter.

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