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Family Nursing Care Of The Family's Process Disruption in Handling Stunting at Patrang Health Center, Jember Regency

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A B S T R A C T

Introduction: *Stunting can be explained as a condition in which a child's height is less than normal based on age and sex. Families have an important role in fulfilling toddler nutrition. Disruption of the family process will lead to problems in fullfiling the nutrition of toddlers and will lead to stunting.* ***Purpose:*** *this case study aims to describe family nursing care for treating family process disorders in the treatment of stunting.* ***Method:*** *this study uses a case study approach. This case study used the family nursing care approach. The participants involved were two assisted families who experienced problems with family process disruption in the handling of stunting at Patrang Health Center.* ***Results and discussion:*** *after being given nursing interventions including health education related to stunting and toddler nutrition, nutrition management and PMT assistance involving the family. The result is an increase in body weight of 0.3 -0.6 kg and 1 cm in height in the two children of the assisted family.* ***Conclusion:*** *a good family process has an important role in fulfilling toddlers nutrient with family engagement in handling stunting.*

INTRODUCTION

One of the chronic nutritional problems that are still often experienced by toddlers in Indonesia is stunting (Rahmadhita 2020). Stunting can simply be explained as a condition where a child's height does not match his age and sex (Priharwanti and Amalia 2022). The family has a role in fulfilling the nutritional needs of stunted children, besides that the family also acts as a provider of emotional support and stimulation in the child's growth and development process (Putri 2020). This problem is supported by the high number of stunting. According to the World Health Organization (WHO) in the world in 2017 the number of stunted children reached 151 million (22%) (WHO, 2018). Data on the prevalence of stunting in East Java, one of which is Jember Regency, shows that in 2018 there was an increase in cases of stunting originally in 2018 from 17,344 to 19,870 in 2019 (Ulfah and Nugroho 2020). Data from the Patrang Health Center show that in the Patrang Sub-District the stunting rate from January to April was 37 cases (Patrang Health Center, 2023).

The family process involves the family structure consisting of five family functions, namely social functions, affective functions, health care functions, economic functions and reproductive functions (Wahyuni et al. 2021).. According to Friedman (2010), the processes used by the family are related to family functions which are used to achieve all goals including health goals. Social functions, affective functions, reproductive functions, economic functions and health care functions are included in family functions (Wahyuni et al. 2021).

The incidence of stunting in the family can be caused by several factors including health factors, policy aspects, low education levels and socioeconomic aspects (Ulfah and Nugroho 2020). The eating pattern of stunting toddlers can involve the role of the family which is divided into educators, motivators, and facilitators (Festi Wiliyanarti, Israfil, and Ruliati 2020). The role of parenting in the family is used to prevent stunting by changing habits such as hygiene habits, parenting habits, habits of getting health services and fulfillment of food to be able to meet the nutritional needs of children (Ilahi 2017). Feeding children through parenting with the required food frequency in accordance with the energy needs of each child and family knowledge of high protein food types to support children's growth (Noviana et al. 2022).

The results obtained from Posyandu Alamanda 2 RW 017 Patrang Village, Jember Regency found 2 toddlers with stunting. In families who experience toddlers with stunting, the problem they are facing now is misunderstanding due to a lack of information and an inability to deal with the problems they are experiencing. Therefore, the author wants to describe family nursing care related to the treatment of family process disorders in the handling of stunting in the working area of the Patrang Health Center, Jember Regency. The focus of treatment for families with stunted toddlers in this study is to overcome the problem of disruption of family processes so that families are expected to be able to handle children with stunting properly.

METHOD

This study uses a case study approach. The participants in this study were two families in the working area of the Patrang Health Center, Jember Regency, namely the family of Mr. A and the family of Mr. D. This study was conducted through fostering family nursing care for 2 weeks from June 24 2023 to July 5 2023, each assisted family was given family nursing care with 6 visits for 30 minutes. The instrument used in this study consisted of 2 questionnaires. The first questionnaire, as a pre-test and post-test instrument related to stunting health education and nutrition in toddlers. The second questionnaire, as a pre-test and post-test instrument for supplementary feeding (PMT).

RESULT AND DISCUSSION

Nursing Assesment

The process of family nursing in the assisted family, namely Mr. A and Mr. D with a stunting toddler which started on June 24 2023 which is located in RW 017, Patrang Village, Jember Regency.

1. Client Overview 1

A 7-month-old girl (An. A) comes from an extended family, namely Mr. D (27 years) and Mrs. N (26 years) who has a short height. This family is in a weak socioeconomic status. The family education level is junior high school with the daily activities of the plawang train guard while Mrs. N with the last degree of education with activities as a housewife. Family function Mr. D tends to be maladaptive, such as having difficulty meeting his child's food needs since An. A was born because his income was not sufficient for his family. Mrs. A also said that since his childhood, his son had often been sick and had difficulty eating. Mr. D and Mrs. A said that sometimes they often clashed when they both felt tired of the activities being carried out and had an impact on An. A upbringing. Anthropometric examination results, body weight 6 kg and body length 61 cm, Z-score weight/age = -2.375 (-3 SD to <-2 SD/underweight), PB/A = -3.7 (< -3 SD / very short).

2. Client Overview 2

A 10-month-old boy (An. D) comes from a nuclear family, namely Mr. A (29 years) and Mrs. I (26 years) who experienced decreased height. In the socio-economic status of the family, Mr. A belongs to the lower middle class. The family gave An. D the food is sober and according to An. D wants to consume without paying attention to his nutritional status. Mrs. I and Mr. A said that he was still adapting to being a parent to his first child, An. D. In family functioning, there is an expression of difficulty in fulfilling An's food. D and weight loss due to difficulty eating. Mrs. I also said that his son often had colds and coughs and sometimes diarrhea. The relationship between Mr. A and Mrs. I sometimes get a little distracted because Mr. A who is busy working. Anthropometric results of body weight 6.5 kg and body length 67 cm, Z-score measurement results for BB/U = -2.7 (-3 SD to < -2 SD / underweight), PB/U = -2.7 (-3 sd < -2 sd/ short).

Nursing Diagnoses

Based on the results of the priority problems to be resolved and agreed upon with the managed family, the main problem of the two assisted families is family process disturbances related to actual problems showing the interpretation of children's Z-scores according to BB/U and PB/U showing underweight and very short and experiencing maladaptive family functions.

Nursing Intervention

Based on the main nursing diagnosis, namely disruption of family processes in Mr. D and Mr. A can be arranged nursing planning that will be carried out for 2 weeks with 6 visits for 30 minutes. By conducting

health education and discussions involving families regarding stunting and fulfilling nutrition according to the contents of my plate for children with stunting, providing a food schedule to monitor food consumed by children, providing additional food to support stunting children's nutritional fulfillment and implementing Family Psychoeducation Therapy or family psychoeducation. This therapy has a goal of changing attitudes and behavior with direct family involvement.

Nursing Implementation

Health education in the two assisted families consisted of two topics, namely stunting-related education and toddler nutrition education. Education related to stunting for the two assisted families was carried out on June 26 2023 for 30 minutes. Health education uses leaflet media which contains an explanation of the meaning of stunting, the causes of stunting, the characteristics of stunting, the impact of stunting on children and the prevention of stunting, and what is the role of the family in stunting children. Nutrition education for the two assisted families was held on June 28 2023 for 30 minutes. The material presented about the pyramid of balanced nutrition from the Ministry of Health of the Republic of Indonesia Before and after the family education was carried out, pre-test and post-test sheets were given which contained 10 questions to find out the knowledge of the family. Data can be seen in table 1.

Table 1. Results of Filling in the Pre Test and Post Test on Stunting and Child Nutrition (n=2)

Categories	Pre Test	Post Test	P value
Stunting			1,50
Family Mr. D	40	60	
Family Mr. A	30	60	
Nutrition			1,50
Family Mr. D	40	60	
Family Mr. A	30	70	

Source: Primary Data (2023)

The results of this study indicate that there are differences in scores on the post test and pre test, where the post test scores are higher but not significant. The choice of quality food can be influenced by the mother's high education in food selection (Sutarto, Azqinar, and Himayani 2020). Strengthening family knowledge is thought to be able to increase stunting prevention (Muhammad and Risnah 2021), so it is hoped that mother's awareness will arise regarding the importance of fulfilling nutrition and monitoring child growth and development. The health education that has been carried out influences the attitude of mothers in handling stunting in children (Suryagustina, Araya, and Jumielsa 2018).

Nutrition management was carried out for the two assisted families on June 28 2023 for 30 minutes, namely identifying the nutritional status of toddler An. A and An. D uses the z-score assessment and

assesses the calorie needs of toddlers based on the nutritional adequacy rate, Permenkes number 28 of 2019 where the age group 6-11 months needs energy that must be met by 800 kcal including 105 grams of carbohydrates, 15 grams of protein, 35 grams of fat, fiber 11 gr, and water 900 ml. In addition, the family is given an observation sheet related to monitoring balanced nutrition every day consisting of any nutritional components that have been consumed by toddlers. Data can be seen in table 2.

Table 2. Results of Observation of Nutrition in Children (n=2)

Categories	Calori Count	Fat	Carbohydrates	Proteins
Family Mr. D				
28 June 2023	353 kkal	7,65 gr	56,62 gr	12,58 gr
29 June 2023	328 kkal	7,11 gr	53, 52 gr	13,59 gr
30 June 2023	379 kkal	3,48 gr	80,46 gr	9,28 gr
01 July 2023	344 kkal	7,02 gr	56,55 gr	11,83 gr
02 July 2023	315 kkal	6,75 gr	55,76 gr	8,75 gr
03 July 2023	366 kkal	5,19 gr	71,15 gr	9,4 gr
Family Mr. A				
28 June 2023	379 kkal	3,48 gr	80,46 gr	9,28 gr
29 June 2023	273 kkal	3,16 gr	52,3 gr	9,54 gr
30 June 2023	366 kkal	5,19 gr	71, 15 gr	9,4 gr
01 July 2023	311 kkal	4,99 gr	57,42 gr	8,55 gr
02 July 2023	370 kkal	11,23 gr	54,4 gr	12,81 gr
03 July 2023	366 kkal	5,19 gr	71,15 gr	9,4 gr

Source: Primary Data (2023)

This implementation is in accordance with recommendations from the Ministry of Health which mentions efforts to reduce and maintain the nutritional status of the community with the fill my plate method. Specifically, it consists of 2/3 carbohydrates, 1/3 protein or side dishes, 2/3 vegetables, and 1/3 fruits (Kemenkes RI 2014). Efforts to prevent and reduce stunting rates by promoting education about the "fill my plate" movement as a reference for food to obtain good nutritional status (Hasriani, Pratiwi, and Asnuddin 2023). At the next meeting on July 1 2023 for 30 minutes by monitoring the child's length and weight and monitoring the results of the child's food observation sheet.

At the next meeting on July 3, 2023, education was carried out for 30 minutes regarding supplementary feeding (PMT) to families by assessing the pre-test and post-test before and after education and assistance in making PMT made from corn so as to produce corn pudding as PMT to fulfill nutrition for toddlers. Data can be seen in table 3.

Table 3. Results of Filling Pre Test and Post Test About PMT (n=2)

Categories	Pre Test	Post Test	P value
PMT			1,50
Family Mr. D	50	70	
Family Mr. A	40	80	

Source: Primary Data (2023)

Giving PMT to toddlers shows a change in nutritional status in toddlers (Astuti, Utami, and Sulastri 2020). Assistance in making PMT also utilizes local food ingredients as a source of fulfilling stunting toddler nutrition (Deka et al. 2023).

The next meeting was held on 05 July 2023 for 30 minutes to educate families regarding how to manage finances in meeting children's food needs by providing tips on how to manage finances including making a daily shopping list. The daily shopping list that is taught must meet food needs in the form of carbohydrates, protein, fat, fiber and vitamins. Governance of finances in the household helps create families who care more about stunting in children (Wuryanti, Listyaningsih, and Alansori 2023). The next implementation that is applied to assisted families is related to family participation in carrying out activities to fulfill toddler nutrition. Psychoeducational therapy has a role in supporting families in their ability to care for children with stunting, besides that it is thought to be able to help increase the height of stunted children (Yuniati and Narullita 2020).

Monitoring of weight and height of the two children of the assisted family is carried out at every family visit. Data can be seen in table 4.

Table 4. Results of Monitoring Weight and Height (n=2)

Categories	Monitoring Date	Weight (kg)	Height (cm)
Family Mr. D (An. A)	28 June 2023	6,2	62
	01 July 2023	6,4	62
	03 July 2023	6,4	63
Family Mr. A (An. D)	28 June 2023	6,6	67
	01 July 2023	6,6	68
	03 July 2023	6,8	68

Source: Primary Data (2023)

Based on table 4. in An. A experienced a weight gain of 0.6 kg and an increase in height of 1 cm. Whereas in An. D there is a weight gain of 0.3 kg and a height gain of 1 cm. Apart from that, in the

cognitive aspect, both families were able to understand the concept of the method of filling my plate and knowing about the provision of additional food. Apart from that, from the psychomotor aspect, the family is able to serve food by fulfilling the nutritional components needed by toddlers by utilizing the potential or resources owned by the family so that nutrition for toddlers can be fulfilled. Activities to check weight and height regularly for children will be useful in controlling toddler growth as an indicator of preventing malnutrition in children (Kusumasari et al. 2022).

Nursing Evaluation

The overall evaluation of the two assisted families with stunting problems is based on the achievement of five family health tasks including, families are able to recognize the problems faced in the form of the nutritional status of their children who are classified as stunting and families are able to convey the difficulties they face in caring for their toddlers, families are able to determine treatment interventions namely fulfilling proper nutrition for stunting toddlers, families are able to take appropriate care measures for stunting toddlers by providing nutritious food, families are able to modify the type of nutrition distributed to stunting toddlers and are able to increase family participation in fulfilling nutrition and understand the pattern of child growth and development together.

A. 

B. 

Fg. 1 (a) Health Education; (b) Assistance in Making PMT

Source: Primary Data (2023)

CONCLUSION

The results of the study obtained data from the two assisted families, namely low family income, low education level, and poor communication between family members. With a nursing diagnosis of family process disorders. Nursing interventions that have been prepared as an effort to overcome the problems of the fostered family include stunting education, nutrition education, and nutrition management by involving family participation. This intervention can be modified according to the needs of the family.

Nursing evaluations related to problems in the two assisted families can be resolved as evidenced by an increase in knowledge about the problem of stunting, nutrition in children, filling my plate and making PMT for children and families being able to present a food menu according to the fill my plate method and demonstrating practice of making PMT corn pudding. There is an increase in weight and height body in the two children of the fostered family. Families are able to be actively involved in every implementation that is carried out. The level of family independence increases at the third level of independent families.

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