

The determinant factors of mothers' ability to choose healthy food

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ABSTRACT

This study aims to reveal: 1.) The size of the capital city in consuming healthy food; 2.) Selection of healthy food between working and non-working mothers; 3.) Choosing mothers in healthy food between families with a budget for food costs per person per day; and 4.) Choosing mothers in healthy food according to the number of family members. This research is a quantitative survey. The population was the research of PKK mothers in Delta Pawan and Benua Kayong districts, Ketapang, West Kalimantan. Samples of 90 can be responsive using cluster area random sampling. Validity is based on content validity. The reliability of the instrument was calculated using the Guttman Split-half. Data analysis used descriptive and comparative analysis of K sample one way ANOVA. The results showed that: 1.) The choice of mothers in healthy food consumption was seen from the high category knowledge with a frequency of 58.8%. Attitude category is sufficient with a frequency of 52.2%, high category skills with a frequency of 54.4%; 2.) There is a positive and significant difference in the selection of mothers who lack healthy food in terms of working and non-working mothers $0.003 < 0.05$; 3.) There is a positive and significant difference in the choice of mothers in healthy food consumption in terms of family income, namely the budget for food costs per day per person of $0.000 < 0.05$; and 4.) There is a positive and significant difference in the choice of mothers in healthy food consumption in terms of family type, namely the number of family members of $0.003 < 0.05$.



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INTRODUCTION

Food has an important role in the survival of a person. Good food can maintain health while bad food can cause disease. The phenomenon seen in the Ketapang Regency area is that there are still many people who do not consume enough water, vegetables, and fruit. Riskesdas 2013 data show 93.5% of the Indonesian population over the age of 10 years consume less vegetables and fruit (Claudina et al., 2018). The consumption of unbalanced/unfavorable food causes various sources of disease or interferes with daily activities.

The role of housewives in providing healthy food is needed to fulfill the nutritional needs of each family member. Mothers who do not work have more time to provide food for the family at home than mothers who work. The diet of a family whose mother does not work should be better than the diet of a family whose mother works. Mothers in choosing healthy food consumption can be classified based on their knowledge, attitudes, and actions. The research conducted by Johnson et al. (2011) and Hasibuan et al. (2019) found that a mother is responsible for providing healthy and

nutritious food for family members and the need for mothers to improve knowledge and attitudes in food selection ([Fuada et al., 2019](#); [Martiyana et al., 2018](#); [Setyani et al., 2019](#)). The importance of the mother's ability to provide healthy food is to protect the body from degenerative diseases. Research conducted by [Hasibuan et al. \(2019\)](#) and [Savage et al. \(2007\)](#) found that healthy food is good to eat to prevent the body from degenerative diseases. Maintaining a good diet is expected to prolong a person's life and prevent degenerative diseases. Knowledge of the right diet prevents degenerative diseases and can be a capital in choosing healthy foods. The Bureau of Research and Health Development of Ketapang Regency conveyed that the results of measuring cases of primary hypertension in Ketapang Regency increased from 13,253 in 2018 to 15,290 in 2019 ([Dinas Kesehatan Kabupaten Ketapang, 2017](#)).

Based on Riskesdas data in 2018, Ketapang Regency has a prevalence of diabetes mellitus, according to a doctor's diagnosis of 1.01% of the population. More accurate data based on blood tests of residents aged 15 years show the prevalence of diabetes mellitus has increased from 0.40% cases in 2013 to 1.44% cases in 2018. This is due to a declining healthy lifestyle, abandoned exercise habits and irregular eating habits. Based on the type of respondents work, it was found the risk of heart disease and stroke. The prevalence of heart disease, based on doctor's diagnosis in terms of age characteristics in West Kalimantan Province in 2018, showed the people above 75 years old were at 4.01%. According to job characteristics, civil servants, TNI, Polri, BUMN, BUMD are at the highest percentage compared to people having other occupations, which is 2.30% at risk of heart disease and 13.22% at risk of stroke ([Kementerian Kesehatan Republik Indonesia, 2018](#)). Foods that contain excess oil and sugar result in degenerative diseases such as stroke and heart disease.

The data show that the average daily consumption of fatty foods in Ketapang Regency is 28.52% while in Sintang Regency it is only 6.89% ([Kementerian Kesehatan Republik Indonesia, 2018](#)). A diet that contains too much fat and sugar can lead to obesity. Food consumed can be a source of energy but if excessive can cause degenerative diseases. [Dinas Kesehatan Kabupaten Ketapang \(2017\)](#) research findings showed that 38.27% of the respondents were obese from the number of respondents who were examined for obesity in Ketapang Regency ([Dinas Kesehatan Kabupaten Ketapang, 2017](#); [Pebriyandini et al., 2015](#)).

The phenomenon that occurs in Ketapang Regency is that many people consume food without paying attention to the element of balanced nutrition, buying food at food stalls for geprek chicken, instant noodles, fried chicken, and others. Flour-fried chicken has a high salt and fat content, while rice contains high carbohydrates so that it lacks a balanced nutritional content. The geprek chicken dish only consists of rice and chicken, no vegetables and lots of seasoning, so the food contains only carbohydrates and protein but lacks minerals, vitamins, and dietary fiber. Attitude is an evaluation response. [Kuswardinah \(2016\)](#) writes that this response can occur if the individual is stimulated by a personal response. [Utami et al. \(2017\)](#) writes that Indonesia is ranked second in instant noodles consumption with a total of 14.9 billion packs. According to [Utami et al. \(2017\)](#), awareness of the Indonesian people in consuming healthy food is still lacking, seen from the consumption of instant noodles in Indonesia which surpasses Japan, which only consumes 5.66 million servings.

The types of food that people are interested in include fast food or often known as junk food. Junk food has an unbalanced nutritional content, and is high in sugar, salt, and fat. If junk food is consumed continuously, it can apprehensively interfere with digestion. The results of [Palupy's et al. \(2020\)](#) showed that 80% of Indonesians prefer to eat at fast food outlets, followed by hawker centers or food courts which rank second with 61%, and middle-class restaurants or cafes with 22%. There is still a high percentage of the population in West Kalimantan who consume junk food, which has an unbalanced nutritional content and is high in sugar, salt, and fat ([Palupy et al., 2020](#)).

Degenerative disease is a disease that arises due to the decline in cell function from normal conditions that can occur in old age. Several degenerative diseases such as coronary heart disease, hypertension, diabetes mellitus, and ulcers ([Minsanis, 2019](#)) can be prevented with a healthy diet. [Setyawati and Rimawati \(2016\)](#) presented findings that fast food generally contains high protein, high calories (especially fat and simple sugars), high salt, cooking spices, preservatives, dyes, and low fiber ([Setyawati & Rimawati, 2016](#)). Meanwhile, according to [Atmarita \(2014\)](#), foods that can cause degenerative diseases include fatty meats, junk food, soft drinks, butter/margarine,

creamer/coconut milk/oil, alcohol, and sugar. The Ministry of Health Regulation (Permenkes) No. 30 of 2013 stipulates the inclusion of information on the content of sugar, salt, fat, and health messages for processed food and ready-to-eat food. [Kementerian Kesehatan Republik Indonesia \(2018\)](#) data show that based on research findings, in West Kalimantan there are several characteristics of different patterns of sugar, salt, and fat consumption. In Sekadau Regency, 78.99% of the population consume sweet foods more often, in North Kayong 29.22% of the population often consume salty foods, in Singkawang City 35.77% of the population consume fatty foods 26.23% and 85.25% of the population like to consume seasonings ([Kementerian Kesehatan Republik Indonesia, 2018](#)).

The work that is usually the responsibility of the mother at home includes providing food, clothing, housing, and household management, as well as educating children. According to [Pratiwi \(2015\)](#), the task of children at home is to learn and help parents. The phenomenon that occurs shows that many working mothers have dual roles, namely as career women and as caretakers of the household. Many factors can affect mothers in providing daily food for the family. Housewives or non-working mothers have more time to provide food for the family at home than working mothers. Housewives are expected to provide a more complete menu with varied processing techniques. [Kuswardinah \(2016\)](#) conveys that one of the aspects of family formation is that food in the family is an activity ranging from preparing to daily food dishes. According to observations from several families with non-working mothers, it turns out that the cooked food menu is still simple and incomplete because the purchasing power of food ingredients is still low.

The budget for food per person per day can affect the mother in providing food for family members. Families with high economic status can provide more and more quality food than families with incomes below the minimum wage. Food consumed by rich families (high economy) does not necessarily guarantee health in old age. According to the results of [Wynalda and Hidayat \(2017\)](#), the subject's food preferences are significantly related to the region's per capita income ($p < 0.05$).

An extended family with more than five family members is likely to cook their own food because it saves money for shopping. The findings of the research conducted by [Septianasari et al. \(2015\)](#) show there is a significant relationship between the number of family members and the provision of food for the family. Through this research, it is necessary to know whether the food provided by the nuclear family is healthier than the food provided by the extended family, or vice versa. Based on the description above, in this study the author wants to know what factors affect the mother's ability to provide food for the family. The title that will be researched is "A study of the differences in determining factors of mother's skills in providing healthy food".

The definition of the ability to provide healthy food in this study is the ability of a mother to find and process information, face problems in the household courageously, namely providing safe food products, then proactively and creatively, and provide food responsibly. For example, for people with sensitive digestion, limited food can be consumed by elderly family members. With good life skills, housewives are expected to be able to provide healthy and balanced nutritious food for the body needs of family members. The Ministry of National Education of the Republic of Indonesia divides life skills in the Law of the Republic of Indonesia No. 20 of 2003 concerning the National Education System article 26, paragraph 3, which states that there are four types, namely: (a) personal skills which include self-awareness and rational thinking skills, (b) social skills, (c) academic skills, and (d) vocational skills ([Corliana & Giyanti, 2016](#); [Ferazona, 2020](#); [Fitrihana, 2008](#); [Fluerentin, 2012](#); [Marwiyah, 2012](#)).

Healthy food must consist of main food and supporting food and it includes other nutrients; it meets health requirements that the body needs and if eaten does not cause disease and poisoning. [Ferazona \(2020\)](#) conveys Permenkes No. 41 of 2014 concerning balanced nutrition guidelines. Food intake is obtained from a variety of foods and beverages as a source of energy, growth, and replacement of damaged cells so that the body becomes healthy. According to [Kusumawati and Yudhastuti \(2013\)](#), food is a very important need for human life and it provides the energy and materials needed to build and replace tissues, carry out activities, and maintain the body from disease. According to [Rismayanthi \(2010\)](#), basically, everyone needs food that contains enough carbohydrates, proteins, fats, enough vitamins, and minerals. The balanced nutrition policy is regulated in Health Law number 36 of 2009 which states the improvement of food consumption

patterns in accordance with balanced nutrition. The logo for balanced nutrition guidelines, is in the shape of a cone/tumpeng, known as food ingredients that are categorized based on the function of nutrients, namely three uses of food ([Rismayanthi, 2010](#)). The Ministry of Health conducted a campaign regarding the reference for one-serve meals, namely “fill my plate” or “4-star concept” ([Minsanis, 2019](#)), and has been promoting it since 2017.

Various physical and psychological demands arise when choosing to become a career woman or a working mother to become an entrepreneur, civil servant (PNS), private sector, or housewife ([Apreviadizy & Puspitacandri, 2014](#)). According to [Wardyaningrum \(2010\)](#), the impact of the type/number of family members on the provision of healthy food, namely the habit of consuming food type, extended families have obstacles in determining food consumption because of the large number of family members. On the other hand, families with less than four members have difficulty communicating about food habits ([Wardyaningrum, 2010](#)). A nuclear family consists of husband/father as head of the family, wife/mother as executor of housekeeping and children with family members of < 3 people, 4-6 people or extended family with > 7 people in one house.

The research problem can be formulated as follows: How big is the level of mother's choice of healthy food? The novelties of this study include: differences in the choice of healthy food between working and non-working mothers, differences in mothers' choice of healthy food between families with a food budget per person per day, differences in a mother's choice of healthy food as seen from the number of family members.

The hypotheses in this study include: There is a difference in the choice of healthy food between working and non-working mothers. There is a difference in a mother's choice of healthy food between families with a food budget per person per day. There is a difference in a mother's choice of healthy food seen from the number of family members. The purpose of this research is to reveal the level of mother's choice of healthy food, the choice of healthy food between working and non-working mothers, a mother's choice of healthy food between families with a food budget per person per day, and a mother's choice of healthy food seen from the large number of family members.

RESEARCH METHOD

This research used the survey method. It was conducted in 2019-2020 in the Districts of Benua Kayong and Delta Pawan, Ketapang, West Kalimantan. The population in this study is mothers of Family Welfare Empowerment (PKK) in Delta Pawan District and 90 people in Benua Kayong District consisting of representatives from each village. The research sample was established using the cluster area random sampling technique. The data collection used a test (Guttman scale), questionnaire (Likert scale), and a closed family food menu quality form. The validity test used content validity and construct validity. Reliability test used Cronbach's Alpha formula. Reliability means that it has a level of constancy even though it has been tested many times. The instrument is declared reliable if it has rxy coefficient 0.80 (greater or equal to 0.80) ([Novahadi et al., 2013](#)). The data analysis technique used descriptive analysis and the hypothesis testing analysis used a one-way ANOVA.

RESULT AND DISCUSSION

The results of the analysis of 90 respondents show that 53 respondents are in the high category with a relative frequency of 58.8% and 37 respondents in the moderate category with a relative frequency of 41.1%. Based on the analysis of the data above, it can be explained that the knowledge of mothers in choosing healthy food in all sub-districts under study is in the high category, with a frequency of 58.8%. This result can be seen in [Figure 1](#). [Figure 2](#) shows that of the 90 respondents, 43 respondents are in the high category with a relative frequency of 47.8%, and 47 respondents are in the moderate category with a relative frequency of 52.2%. Based on the analysis of the data above, it can be explained that the mother's attitude in choosing healthy food in all sub-districts under study is in the sufficient category with a frequency of 52.2%.

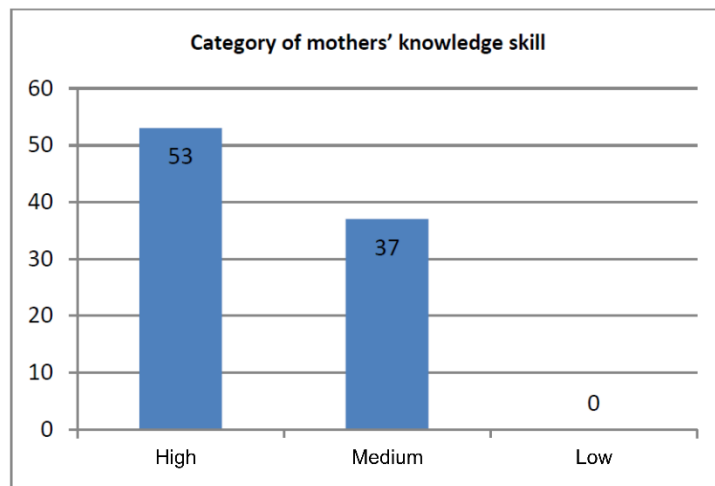


Figure 1. Category of mothers' knowledge skill

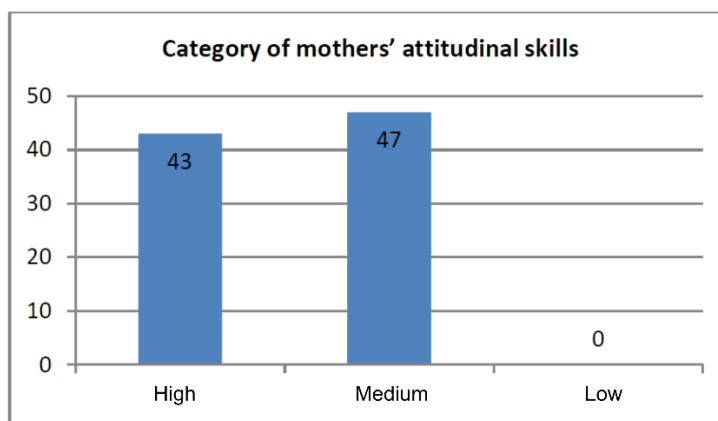


Figure 2. Category of mothers' attitudinal skills

Figure 3 shows that out of 90 respondents, 49 respondents are in the high category with a relative frequency of 54.4%, and 41 respondents are in the moderate category with a relative frequency of 45.5%. Based on the analysis of the data above, it can be explained that the actions of mothers in choosing healthy food in all sub-districts under study are in the high category with a frequency of 54.4%.

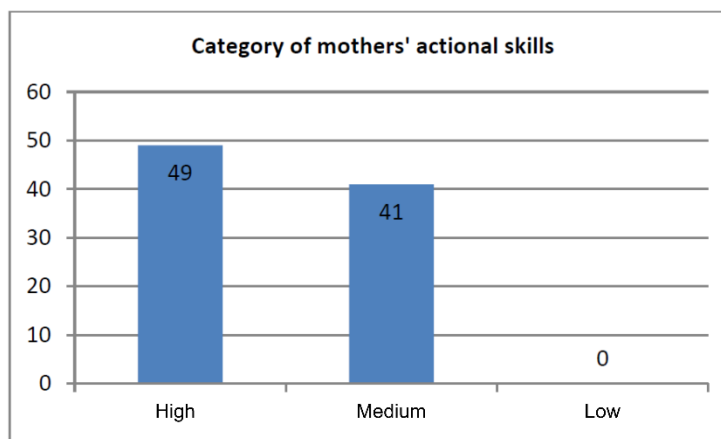


Figure 3. Category of mothers' actional skills

Differences in mothers' choice of healthy food in terms of work, family meal budget, and family type can be seen in [Table 1](#).

[Table 1](#). Cross tabulation of mother's choice of healthy food viewed from occupation, family food budget, and family type

		Knowledge		Attitude		Action	
		n	Mean	n	Mean	n	Mean
Mother's Job	Work (private)	14	52.21	14	88.00	14	62.00
	Work(self-employed)	29	64.41	29	99.17	29	65.86
	Work (PNS)	18	86.11	18	110.6	18	64.22
	Does not work	29	98.31	29	120.38	29	64.86
family type	3 people	45	61.36	45	96.07	45	64.56
	4 – 6 people	39	92.95	39	113.78	39	64.57
	7 people	6	100.00	6	113.00	6	65.00
Meal budget	Low	52	64.38	52	97.87	52	64.44
	Currently	28	94.71	28	114.07	28	64.79
	Tall	7	100.00	7	127.86	7	64.14
	Very high	3	100.00	3	134.00	3	67.00

The results of the analysis above can explain the choice of healthy food by mothers in Ketapang, West Kalimantan. These skills are measured by looking at the mother's knowledge, mother's attitude, and mother's actions. Mothers' knowledge in choosing healthy food consumption in all sub-districts understudy is in the high category with a frequency of 58.8%. This means that mothers in the selection of healthy food in all sub-districts are classified as high because mothers are able to choose healthy food for their families with academically good knowledge. Mothers have a good understanding of healthy food, consisting of consuming a variety of foods; eating food to meet energy adequacy; eating foods that are a source of complex carbohydrates; limiting the consumption of sugar, salt, fat, and oil; consuming side dishes that contain high protein; getting used to breakfast; drinking enough clean and safe water; doing activities regularly; eating foods that are safe for health; reading labels on packaged foods.

Mother's attitude in choosing healthy food in all sub-districts understudy is in the sufficient category with a frequency of 52.2%. This means that mothers' attitudes to healthy food in all sub-districts understudy are quite positive because they are quite able to choose healthy food for their families in a rational way. Attitude is measured as the mother's response to choosing healthy food which consists of consuming a variety of foods; eating food to meet energy adequacy; eating foods that are a source of complex carbohydrates; limiting the consumption of sugar, salt, fat, and oil; consuming side dishes that contain high protein; getting used to breakfast; drinking enough clean and safe water; doing activities regularly; eating foods that are safe for health; reading labels on packaged foods.

Actions/skills measured by looking at the mother's actions in choosing healthy food which was studied are in the high category, with a frequency of 54.4%. Mothers' skills in choosing healthy food were obtained from interviews or recording meal menus using food recall for 3x24 hours which were distributed to 90 respondents. Data processing was done by recording the food consumed by the respondent, then the existing food ingredients were converted into grams and analyzed using Nutrisurvey. The assessment was carried out by comparing food consumption per day with the rubric for assessing the quality of the food consumed. Food consumption was analyzed in the form of proportions of balanced nutrition, variety of food ingredients, processed side dishes, sweet dishes, the taste of food, salty/preserved foods, vegetables, and fruits that lack vitamin C.

The proportion of balanced nutrition was measured by looking at the consumption of staple foods, side dishes, vegetables, and fruits. Variations in food ingredients were seen from the source of nutrients. Sources of staple food are carbohydrates derived from foodstuffs such as rice, corn, sweet potatoes, potatoes, wheat flour, tea, and fruit. The main source of protein comes from foodstuffs such as mackerel, chicken eggs, salted fish, and tempeh. The main source of fat comes from foodstuffs such as palm oil, mackerel, and chicken eggs. Processing techniques by not using a lot of oil help reduce fat consumption in providing healthy food. For example, boiling, steaming,

burning, baking, etc. can reduce the consumption of fat in the body. Good food processing is also useful for limiting the consumption of sugar, salt, fat, and oil that enters the body. While vitamins and minerals can be obtained from vegetables and fruits.

The high level of activity can be seen from the quality of the food consumed according to the body's needs per day. It can be seen that the proportion of food consumed is not balanced. For example, there are still many respondents who consume enough vegetables and fruit per day. Various food ingredients are found on the menu that is consumed a day. In addition, the food ingredients are also more than nine variations. The technique of processing the side dishes consumed is also diverse. However, there were still respondents who still liked to eat salty/preserved foods such as salted fish, sardines, meatballs, and instant sausages in reasonable quantities. Based on the explanation above, a mother's choice of healthy food is a mother's ability to develop knowledge (academic), attitudes (rational), and actions (vocational) dealing with problems in the household, namely choosing healthy foods. The ability to find food information and to understand the content of oral and written information or mothers' skills in choosing good quality food that is needed by the body for family members in Delta Pawan and Benua Kayong Districts, Ketapang, West Kalimantan is very important.

The result of the first hypothesis testing shows that the hypothesis is accepted, which means there is a positive and significant difference in the choice of healthy food between working and non-working mothers, at the significance level of $0.003 < 0.05$, and thus it is declared "different" significantly. The result of the second hypothesis testing shows that the second hypothesis is accepted hypothesis, which means there is a positive and significant difference in the mother's choice of healthy food in terms of family income, namely the daily food budget per person of $0.000 < 0.05$, and thus it is declared "different" significantly. The result of the third hypothesis testing shows that the third hypothesis is accepted, which means that there is a positive and significant difference in the mother's choice of healthy food in terms of family type, namely the number of family members of $0.003 < 0.05$, and thus it is declared "different" significantly.

The research that supports this research findings includes the research conducted by [Febryanto \(2017\)](#), which aims to analyze the relationship between knowledge and attitudes with the behavior of consuming healthy snacks. The results showed that there was a significant relationship between the respondents' knowledge and attitudes and their behavior of choosing healthy snacks. Another supporting study was conducted by [Johnson et al. \(2011\)](#) which aimed to reveal the daily food choices of mothers. The results showed that mothers with more dietary criteria were set to make healthy food choices for themselves and similar food choices for their children. In addition, they exhibited behaviors that positively affected their children's food choices.

Other supporting studies are as follows. The research conducted by [Putri and Sudhana \(2013\)](#), [Astuti \(2012\)](#), and [Pariyanti \(2017\)](#) reported that mothers who did not work were women or mothers who did not work outside the house and women who tried to carry out their roles as housewives and took care of household management. The research conducted by [Antwi et al. \(2019\)](#) reported that low income families lacked nutritional food, unsafe food, or participation in nutritional assistance programs. The research conducted by [Tondang \(2017\)](#) on the effect of family income level and food intake on the nutritional status of kindergarten children. The research conducted by [Sanjaya and Dewi \(2017\)](#) reported that there was a positive and significant effect of income, family type, and education on consumption patterns of poor households.

CONCLUSION

The choice of healthy food made by PKK mothers living in Delta Pawan and Benua Kayong Districts, Ketapang, West Kalimantan is affected by mothers' knowledge, attitude, and actions. Knowledge affects the most. It is in the high category, with a frequency of 58.8%. Attitude is in the sufficient category, with a frequency of 52.2%. Skill is in the high category, with a frequency of 54.4%. There is a positive and significant difference in the choice of healthy food between working mothers (private, self-employed, civil servants) and non-working mothers in Ketapang, West Kalimantan. This means that the choice of food made by a working mother is different from that by a non-working mother. There is a positive and significant difference in the choice of healthy food among families with a low, medium, high, and very high food budget per person per day in Ketapang,

West Kalimantan. This means that the mother's choice of healthy food for families is different depending on the budget for the cost of eating per person per day for the low, medium, high, and very high-income groups. There is a positive and significant difference in the choice of healthy food among the mothers with three family members, 4-6 family members, and seven family members. In other words, the more the number of family members, the more a mother in choosing healthy food consumption.

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