

Conference Paper

Toddlers' Eating Behavior in Slum Urban and Semi Urban Communities: Study in Kampung Melayu and Bantul, Indonesia

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Abstract

Toddlers' eating behavior is influenced by many factors. This study aimed to determine food consumption behavior of toddlers in the urban slum (Kampung Melayu) and semi urban slum (Bantul). The study used the Rapid Assessment Procedure qualitative approach. The informants were mothers or toddler sitters, health workers, and local community leaders. The results showed that in slum urban areas, there was a tendency for parents to give children options to decide for themselves how much and what foods they wanted. In addition, this condition was supported by habits of mothers who did not cook because of the narrow space at their home, therefore buying ready-to-eat food was practice, easier and relatively cheaper. In semi urban areas, mothers still cooked at home and occasionally bought food outside. However, the main reasons for cooking were efficiency, to reduce the use of flavorings and preservatives, as well as to control food hygiene. Milk was a complementary and given to children aged under three years. Eating in the dining room and at the dinner table was not a necessity due to space limitation in the slum urban area.

Keywords: Eating behavior, semi urban, slum urban, toddler

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1. INTRODUCTION

Malnutrition and overnutrition are two different things, but now many countries, including Indonesia are experiencing both. Health research (Departemen Kesehatan 2010) showed the percentage of LBW (Low Birth Weight) in Indonesia was 8.8%, children under five feet was 35.6%, underweight was 13.3%, children with malnutrition was 17.9%, and children with overnutrition was 12.2%. Nutritional problems originated from the household's inability to access food, either because of availability at the local level, poverty, education, food, and nutritional knowledge, as well as people's behavior

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[1]. Eating habits are formed from inside the womb to the age of five, which is a crucial period for a person's life.

Children aged 1-3 years are in the period when their bodies are so rapidly growing that they require thoroughly balanced nutrition, both in terms of quantity (portion) and nutritional content. It is the age group that most often suffers from malnutrition. Parents must decide what is to be eaten by this age group, because children at this age are passive consumers and vulnerable to nutritional diseases [6].

Consumption and household expense patterns generally vary between agroecosystems, income groups, interethnic groups, racial groups [5]. A mother's behavior in giving foods is instrumental in forming the eating behaviors of families. Another factor that determines eating behavior is household socioeconomic factors, maternal education, maternal occupation, family income, family size, knowledge of food and nutrition, the process of preparing and serving foods, information exposure, food prices, and tastes [7]. Parental food styles and less information exposure cause less varied food consumption.

The purpose of this study was to determine the behavior patterns of family food consumption, especially toddlers from poor families in urban and semi urban areas in Indonesia.

2. METHOD

This study used Rapid Assessment Procedure (RAP), a qualitative approach, with data collection using Focus Group Discussions (FGD), in-depth Interviews and observation. The location was categorized by geographic area, resulting in the inclusion cities: Kampung Melayu in Jakarta (slum urban representative) and Sewon in Bantul (representative semi urban areas).

The study was conducted over three months. The informants were mothers or caretakers of toddlers. The information was collected by a purposive sampling method based on participation in providing food and child care activities in the household in each of the districts that meet selected criteria. The total number of activities was 77 in-depth interviews and 9 FGD. Ethical approval to conduct this study was obtained from the research ethics committee, Faculty of Public Health, Universitas Indonesia.

3. RESULT

When the child is one year old, in both slum urban and semi urban areas, mothers begin distinguishing less between foods of children and of adults in the home. The exceptions were spicy and tangy foods, such as coconut milk, even if there was someone trusted who introduced it. Generally, both in slum urban and semi urban areas, children like “dry foods” that contain only a few vegetables or even no vegetables at all. The amount of intake of snacks, either in portion or frequency, often makes them full.

Some women in slum urban areas said they usually bought side dishes and vegetables cooked in a stall near the house while they cooked rice themselves. Street food vendors in semi urban areas are not as plentiful as in slum urban areas. Snack foods sold are relatively similar. The foods sold are fried foods such as tofu, tempeh, bananas, sweet potatoes, and manufactured foods such as biscuits, both home and factory (“chiki”), milk, and meals like meatballs and dumplings. In semi urban, most mothers do not expose their children to those type of food and limits their consumption of those food.

In slum urban areas, kids ate more snacks than the staple foods. It caused mothers to lose control of their children’s eating behavior, as children seem to think they have a right to determine their own foods. As a result, nutrient intake was less, causing a decrease in immunity, susceptibility to disease, and affecting the growth and development, as well as the intelligence, of the brain.

Unlike mothers in the slum urban areas, most of their children had regular times for breakfast, lunch, and dinner. Nearly all mothers cooked food for their children, even with a simple menu. Factors undermining a mother’s role in determining her children’s food consumption in slum urban areas were: the mother did not cook (because of having no kitchen in a narrow house), the mother was lazy to cook, and it was cheaper and more practical to buy food outside.

The condition in semi urban areas was slightly different. Mothers tried to cook at home and only occasionally bought food outside the home. Their reasons related to the lower cost, the control of flavorings and preservatives, the control of food taste and hygiene, the lack of access to street food vendors, and the wider space of kitchens.

For breakfast, in general, children in slum urban areas ate chicken porridge bought from mobile food vendors. Conversely, children in semi urban areas generally ate breakfast items such as rice mixed with spinach or other vegetable soups, fried tofu and tempeh or, sometimes, fried egg. These foods were cooked by the mother. According to most mothers, spinach or other vegetable soups were important for children.

Menus for lunch and dinner were usually the same. In slum urban areas, mothers exposed their children to eating rice with vegetable soup. The composition of that vegetable soup was considered to meet the nutritional needs of children. Vegetable soup was a cheap and nutritious food. Its taste was not tangy, and the price was affordable. In addition to vegetables, most mothers in semi urban areas also bought fruits for their children. Meanwhile, in the slum urban areas, it was hard to find street vendors that sold fruits, but many sold other snacks.

In slum urban areas, none of the families had a private dining room with a table and chairs at which to eat because of the narrow space of the house. Dining tables and chairs were not available, so the food was placed on the floor. In the semi urban areas, it was slightly different. The settlement building was relatively wider and not too attached, but the mothers who had a dining table and chairs were rarely found. If there was a dining table, a variety of goods and equipment was placed on top of it and its function was lost. This condition made children and babies unable to eat at the table or at home, but rather at the terrace or at the playground.

The manner by which mothers give foods to children was varied. In general, children were given food by means of force-feeding while playing inside or outside the home. Yet, there were some children who were not fed but ate by themselves.

Furthermore, mothers' indicated that they believed most children aged 1-3 years still needed to consume milk for growth. Milk consumption in children aged 1-3 years was a combination of breast milk with infant formula (GUM) or sweetened condensed milk (SCM). In urban slums, mothers generally stopped breastfeeding children before the age of two, and sometimes as early as six months old. However, in semi urban areas, most mothers breastfed their children up to the age of two years.

4. DISCUSSION

For the diet of children aged 1-3 years, the tendency was that mothers began to give adult foods to children (except spicy and tangy foods). This was in line with a research conducted by Harinda (2012), which showed that almost all mothers (98.9%) introduced family meals, food that was prepared for all family members, to children.

Based on the results of this study, parents gave children options to determine what they want to eat, when they want to eat, and how much they want to eat. This was in line with research conducted by Birch and Fisher (1998), where children aged 1-3 years may experience food neophobia, or the rejection of the new food, which is a normal phase in a child's early development stages.

Parents' inability to regulate their children's food intake causes children to miss out on a balanced and nutritional diet. Ignorance and carelessness of mothers can increase the risk of stunted growth and poor development in their children. The case above mostly happens in slum urban areas, where mothers prefer to buy snack foods for daily consumption. This is contrary to their perception of fast food purchased from stalls and packaged foods. In general, mothers in slum urban and semi urban areas had the same perception that home-cooked foods were better in quality. However, that perception did not change mothers' practice in slum urban areas. The reasons were various, such as more practical, easy access, low cost (for a small family), variety of foods, and minimal space for a kitchen.

In contrast to mothers in urban slums, those in semi urban areas showed a tendency to value their perceptions into practice. For them, cooking was important to avoid exposure to chemicals and preservatives. Also, it was more secure in term of cleanliness, better taste, and saving money, as well as being preferred by other family members. Their perception about healthy foods for children aged 1-3 years, in general, were home-cooked meals (vegetables and fruits) which contains elements of four or five perfectly healthy. However, mothers in slum urban considered packaged foods as healthy foods.

Based on observations in both slum urban and semi urban areas with regard to space or a formal place to eat, the study found that children did not usually have a special room in which to eat. Harinda's study (2012) found unsafe practice of feeding in that 27.7% of mothers fed their children while they were walking around and playing. As related to the scheduling and provision of staple foods, children in urban areas did not have a specific meal time. This did not happen in semi urban areas, where there was a more regular schedule of food consumptions.

This study found that infant formula was considered vital to the health of children and was given when asked by children. While some mothers argued that milk formula was an alternative meal, others considered it as snack. Milk was provided in the form of powdered and condensed milk. Mothers believed that these two types of milk were slightly different in texture and nutritional contents as compared to. In general, powdered milk has more nutritional contents compared to condensed milk.

Most mothers in slum urban areas gave sweetened condensed milk to children over two years old. Some reasons a mother gave condensed milk to her child were that it was cheaper, widely sold in markets, available in sachets, and able to be consumed for several times. Fortified powdered milk also could be easily found.

5. CONCLUSION

Generally, food consumption behavior of families in slum urban and semi urban areas was the same in that mothers did not distinguish foods between toddlers and adults. The manner by which food was served the same in both regions, where food was not served at the dining table either due to limited space (slum urban areas) or space dysfunction (semi urban areas).

Mothers in semi urban areas were better able and better equipped than mothers in urban slum areas to control meals for their children, to cook their own meals, to have regular feeding schedules, to provide fresh fruits and vegetables, and to supervise snack consumption.

In semi urban areas, generally speaking, the better a mother's perception of home-cooked food, the better her practice of provisioning healthy food for her children and family. However, the same was not true of mothers in slum urban areas.

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