Nutritional Status and Family Background Analysis of Health Behavioral Factors

Radin Purnama Wuni[1], Endang Sri Wahjuni[2], Sapto Wibowo[3]

[1,2,3]Universitas Negeri Surabaya, Indonesia
radpuny1910@gmail.com

Abstract

This study aims to analyze the relationship between nutritional status and family background on health behavioral factors which include eating and drinking behavior, alcohol consumption behavior, drug consumption behavior, personal hygiene, physical activity, protective factors, smoking behavior, and violence and injury during the Covid 19 pandemic as it is today in teenagers in Pasuruan City. This study used a non-experimental research design with a survey method. Data collection uses the 2015 Indonesia Global School-Based Student Health Survey which was adopted from the World Health Organization (WHO) in 2015 and uses a descriptive quantitative approach with the aim of accurately describing the existing data. In this study, the population of this study were all high school students in Pasuruan City, and the respondents in this study were X grade students in 4 Pasuruan City Public High Schools with a total of 131 participants consisting of male and female students. woman. Analysis of the data used is the percentage, Chi-Square, and the Generalized Linear Model (GLM) gamma log ink. From the results of existing research, it can be seen that nutritional status does not have a significant relationship with health behavioral factors as evidenced by significant values, each of which is more than an alpha 0.05. Meanwhile, family background has a very complex relationship, such as the level of parental education has a significant relationship with students' physical activity, father's occupation has a significant relationship to alcohol consumption behavior, mental health, and protective factors. Overall, the description of the health behavior of students in Pasuruan City which is in the less category is 0.8% (1 person), the sufficient category is 62.6% (82 people), and the good category is 36.6% (48 people). Also, it can be seen that nutritional status and family background do not have a significant relationship with health behavior. But on the other hand, there is a variable that has the strongest relationship with the health behavior of students at SMAN Pasuruan City is the father's income.

I. Introduction

A pandemic is defined as an epidemic occurring worldwide, or over a very wide area, across international borders and usually affecting large numbers of people (Khetan, MS et al, 2021). disease novel coronavirus (Covid-19) is an acute respiratory infection caused by the SARS-nCoV-2 coronavirus, first identified at the end of 2019. During the Coronavirus Disease (Covid-19) Emergency Period, all schools are required to conduct online education and learning (online).) with the aim of reducing the spread of Covid-19. The Covid-19 pandemic caused everyone to behave beyond normal limits as usual. One of the behaviors that can change is deciding the decision to choose a college. The problem that occurs in private universities during covid 19 is the decrease in the number of

prospective students who come to campus to get information or register directly to choose the department they want. (Sihombing, E and Nasib, 2020)

To cope with the changes that have occurred to education during the pandemic, Oyediran et al (2020), hinted that e-learning is platform to disseminate knowledge and skills to learners cheaply, save time, have a wider reach, and also promote learning and team collaboration. All activities are always carried out online for all subjects, including the subjects of Physical Education, Sports and Health. The world health agency (WHO) has also announced that the corona virus, also called COVID-19, is a global threat worldwide. The outbreak of this virus has an impact especially on the economy of a nation and globally. These unforeseen circumstances automatically revised a scenario that was arranged in predicting an increase in the global economy. (Ningrum, P. et al. 2020)

Health education in schools is carried out through the School Health Business program or often referred to as UKS. Not only that, PJOK in Permendiknas No. 22 of 2006 also has a role to develop behavior, knowledge, and awareness about healthy life of students, both individually and in groups. The implementation of health education in schools has the goal of being able to carry out healthy living behaviors and applied daily with a view to being responsive, avoiding, and protecting ourselves from the dangers of disease around us.

Health behavior is a behavior related to health problems, health status, and health services (Notoatmodjo, 2012). Health behaviors need to be instilled from an early age so that when they grow up, children will get used to doing good and healthy things and behaviors. Health behavior is an activity carried out by an individual that affects his health, both with health-protective behavior and health-damaging behavior. Behaviors that damage health include (smoking, drinking alcohol, using drugs, illicit sex, and risky driving), poor nutrition, low utilization of medical services, and lack of physical activity are components of health damaging behaviors (Gultam, et al. 2021). Health behavior in this study is based on WHO, where health behavior factors are divided into 10 factors, namely eating and drinking behavior, alcohol consumption behavior, drug consumption behavior, personal hygiene, mental health, physical activity, protection factors, behavior sexual behavior, smoking behavior, and violence and injury (Tang, et al 2020).

Health behavior is influenced by the individual himself and the environment of the individual such as parents. Both from behavior, income, and education from parents. Parents indirectly become an example for children because every day children will see their behavior. . According to Huston and Ripke in Yazeedi, et al (2020) in childhood, especially before adolescence, family factors are the most important factor influencing because home is the main environment for children. In addition, children's nutritional intake is quite significant and closely related to parents' education level, family income, family nutrition and physical activity patterns, while children's physical activity patterns are closely related to the Body Mass Index and parents' education level.

The Covid-19 pandemic has increased risk factors for obesity through increased stress and decreased physical activity related to environmental, academic, and social changes (Browne, et al. 2021). The current pandemic will not only impact the nutritional status of children around the world, but can disrupt the quality, quantity and diversity of diets that increase the risk of various forms of malnutrition, namely obesity, malnutrition, and hidden hunger due to micronutrient deficiencies. especially among vulnerable groups. According to Koletzko, et al (2021) nearly 30% of children gain weight, with a reported average increase of 3 kg. in addition, families experience stress due to increased job losses, leave, and layoffs, thereby limiting financial resources. At the same time, many societies have seen a significant increase in the cost of food. On the bright side, however, families

are spending more time at home (Lappan, Parra-Cardona, Carolan, & Weatherspoon, 2020).

II. Research Method

This study used a non-experimental research design and did not treat the sample with a survey method. Data collection using the Indonesia Global School-Based Student Health Survey 2015 adopted from the World Health Organization (WHO) in 2015 consisting of 10 factors, namely, eating and drinking behavior, alcohol consumption behavior, drug consumption behavior, personal hygiene, mental health, physical activity, protective factors, sexual behavior, smoking behavior, and violence and injury. However, due to conflict with the existing culture in Pasuruan City, the sexual behavior factor was omitted, leaving only 9 factors remaining. Furthermore, using the instrument to see the family background consisting of the education level of the parents, the educational background of the parents, the occupations of the parents, and the income of the parents. This study uses a descriptive quantitative approach with the aim of describing it clearly and accurately. In addition, the population of this study were all high school students in Pasuruan City, the research sample was taken using the custer random sampling, and the respondents in this study were class X students in 4 Public High Schools in Pasuruan City with a total of 131 participants. consisting of male and female students.

III. Result and Discussion

3.1 Analysis of Nutritional Status on Health Behavior Factors

Variable	Nutritional Status
Eating and Drinking	0.703
Alcoholic Beverage	0.525
Drug Consumption Behavior	0.368
Personal	0.405
Mental Health	0.702
Physical Activity	0.676
Protection Factor	0.717
Smoking Behavior	0.686
Violence and Injury	0.792

Nutritional status in this study was categorized based on the categories established by the Ministry of Health of the Republic of Indonesia, which was divided into 3 categories, namely having a thin nutritional status or with a BMI value <17-18.4, normal nutritional

status, namely a BMI of 18.5 – 25,0, and nutritional status category fat or BMI with 25.1 -> 27. From the data above which has been calculated using the *chi-square*, it can be concluded that nutritional status and health behavior variables do not have a relationship or correlation with each other. This can be proven through the values in the table above have a value greater than an *alpha* 0.05. In line with research conducted by Lee, et al (2019) where nutritional status does not have a significant relationship to health behavior. This is caused by multiple factors such as environmental factors, heredity factors, parental behavior, and the child's own unhealthy behavior.

3.2 Analysis of Family Background on Health Behaviors

	Pend Father's	Education Mother	LBPend Father	LBPend Mother	Pkrjn Father	Pkrjn Mother	Salary Father's	Salary Mother
Eating and Behavior Drinking	0.719	0.394	0.979	0.813	0.563	0.670	0.621	0.908
Consumption Behavior Alcohol	0.319	0.481	0.949 0.980	0.019	0.994	0.001	0.865	Consumption
Behavior Drugs	0.069	0.804	0.939	0.138	0.129	0.935	0.010	0.708
Personal	0.020	0.657	0.591	0.560	0.316	0.473	0.292	0.832
Mental	0.819	0.927	0.954	0.621	0,000	0.976	0.545	_
Physical	0.037	0,038	_	_	_	0.073	0,037	_
Factors	0.076	0.56	_	0.599	Illicit	Activity	Hygiene	Health
Smoking Behavior	0.802	0.517	0.229	0.505	0.054	0.221	0.366	Hardness
and Injury	0.756 0.712	0.197	0.296	0.798	0.000	0.742	0.725	Based

Based on the data above, there is no relationship between eating behavior and family background. This is also in line with research conducted by Gultam et al (2021) which has summarized from several reference journals and their research shows that there is no significant relationship to family background and eating and drinking behavior. The level of parental education has a significant relationship with students' physical activity. Father's occupation has a significant relationship with alcohol consumption behavior, mental health, and protective factors and mother's occupation has a significant relationship to violence and injuries experienced by students.

3.3 Analysis of Nutritional Status and Family Background on Health

		Behavior Health Behavior			
Total	Number of	Less	Enough	Good	Total
		1	82	48	131
	%	0.8%	62.6%		36.6% 100.0%

Overall, the health behavior of students at SMAN Pasuruan City which is in the poor category is 0 ,8% (1 person), sufficient category is 62.6% (82 people), and good category is 36.6% (48 people).

Omnibus Test		
Likelihood Ratio Chi-Square	df	Sig.
.795	9	5.430

Based on the data and calculations that have been carried out, it can be seen that the variables of nutritional status and family background do not have a significant relationship with health behavior. This is evidenced by a significance value of 0.795 which is much greater than the *alpha* 0.05.

Correlation of Parameters Estimates	
	(Intercept)
(Intercept)	1,000
fathers -.315	-.076
Parents	-.266
Fathers	-.388
Mothers	Mothers
jobs -.083	' jobs -.465
Fathers	' salaries .023
Mothers	,
Overall	nutritional
from	' salaries -.474 BMI -.390

Status and family background consisting of parents' education level, parental background, parents' occupation, and parent's income, which has the strongest relationship with the health behavior of students at SMAN Pasuruan City is father's income.

IV. Conclusion

From the results of the analysis that has been carried out, it can be seen that in high school students in Pasuruan City, nutritional status does not have a significant relationship with health behavioral factors. Family background owned by high school students in Pasuruan City has varying results, namely parental background does not have a significant relationship with eating and drinking behavior. Father's education has a relationship with personal hygiene and physical activity of students. Meanwhile, mother's education level has a significant relationship with students' physical activity. The educational background of the father has a close relationship with students' physical activity and the educational background of the mother does not have a significant relationship with other health behavioral factors. Father's occupation has a significant relationship with alcohol consumption behavior, mental health, and protective factors. And for the mother's work has a significant relationship to violence and injuries experienced by students. Father's income has a close relationship with the consumption of alcohol and drugs. Meanwhile, mother's income has a significant relationship with students' physical activity.

The description of the health behavior of students in Pasuruan City as a whole is in the less category of 0.8% (1 person), the sufficient category is 62.6% (82 people), and the good category is 36.6% (48 people). Based on the data and calculations that have been done, for high school students in Pasuruan City, it can be seen that nutritional status and family background do not have a significant relationship with health behavior. a variable isthat has the strongest relationship with the health behavior of students at SMAN Pasuruan City is the father's income.

In the future, there are various limitations in this study that should be considered in future research. First, although the sample size is sufficient to meet the study objectives (a total of 131 respondents), it is considered insufficient to represent the entirety of senior high school students in Pasuruan City. This self-reporting survey research may have led to a misunderstanding of the question. The researcher used the anonymity and privacy guaranteed of the data in the informed consent statement which was read and explained by the researcher before the respondent filled out the questionnaire himself to promote honesty and reduce the tendency of socially acceptable answers. However, the researcher was not able to guarantee that the respondents answered with their honesty.

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