

Original Article

Psychosocial care and nutritional status of children aged 6-36 months among patrilineal (*Karo*) and matrilineal (*Minangkabau*) households in Jakarta

Judhiastuty Februhartanty MSc¹, Avita A Usfar Dr.sc.hum¹, Ermita Dianawati MSc², Duma O Fransisca MSc³, Airin Roshita MSc¹ and Umi Fahmida PhD¹

¹*Southeast Asian Ministers of Education Organization (SEAMEO), Tropical Medicine and Public Health (TROPMED), Regional Center for Community Nutrition (RCCN), University of Indonesia, Jakarta, Indonesia*

²*Currently self-employed*

³*Currently affiliated with Plan Indonesia – Kupang*

A study on psychosocial care among Karo (patrilineal kinship) and Minangkabau (matrilineal kinship) households who lived in Jakarta, Indonesia was aimed at investigating psychosocial care practices of mothers and the relation of psychosocial care to the nutritional status of children aged 6-36 months as indicated by Weight-for-Age (WFA), Weight-for-Height (WFH), and Height-for-Age (HFA) Z-scores. The study was a cross sectional study. The tool used to assess the psychosocial care was the Home Observation for Measurement of the Environment (HOME) inventory scale for infants and toddlers. Psychosocial care of 52 respondents from Karo and 87 from Minangkabau were generally good. Out of the total 45 items of the six sub-scales HOME inventory, 1 item in sub-scale I (Emotional and verbal responsiveness), 4 items in sub-scale II (Acceptance of child's behavior), 1 item in sub-scale IV (Provision of play materials), 1 item in sub-scale V (Parental involvement with child), and 3 items in sub-scale VI (Opportunities for variety in daily stimulation) were statistically different between the two ethnic groups. More Minangkabau children were underweight and wasting compared to Karo children. Within the Karo group, well-nourished children in terms of WFA and WHA tended to have greater total HOME scores than their underweight and wasting counterparts. Among Minangkabau group, well-nourished children in terms of WFA, WHA, and HFA tended to have greater total HOME scores than their underweight, wasting, and stunting counterparts. The total HOME score of well-nourished Karo children in terms of WFA, WFH and HFA were greater than that of well-nourished Minangkabau children.

Key Words: Indonesia, *Karo*, *Minangkabau*, nutritional status, psychosocial care

Introduction

Care is an important determinant of nutritional status. It determines the delivery of food and health care resources to the child by optimizing the existing resources to promote good health and nutrition in children.¹ There has been concern amongst nutritionists that food intake be understood as not only a matter of food availability, but also as the interaction between caregiver and the young child. The relationship of growth and food intake is critical. However, growth can also be influenced by how well a child is developing socially and psychologically and how the child and the caregiver are freed from stress. In other words, growth is influenced by the social and psychological health of the caregiver and child.²

Good psychosocial care in the first three years of life has a positive effect on nutritional status of the child³⁻⁴ and its cognitive performance.⁵ Psychosocial care is delivered through the provision of affection and attention to the child, and responsiveness to the child's cues. The specific ways that affection is shown and patterns of interaction with children depend on cultural norms and cultural goals for children, but the underlying purpose of these interactions is

consistent across cultures. Cultural factors will influence in ways the characteristic of psychosocial care are expressed as well as the extent to which particular child-care practices may be valued or discouraged.⁶

Cultural variation is also an important consideration for care practices because care giving practices and resources are substantially different in different culture and care behavior is likely to be determined by society perception on their goals toward the children.⁶ A study in two ethnic groups of Karo (patrilineal) and Minangkabau (matrilineal) had shown that the type of kinship system (as one indicator of culture) did influence family support to the caregivers and decision-making process of the caregivers in child feeding practices.⁷

Corresponding Author: Judhiastuty Februhartanty, SEAMEO-TROPMED, RCCN, University of Indonesia, Campus of UI Salemba, Salemba Raya no. 6, Jakarta 10430, Indonesia, PO Box 3852, Jakarta INDONESIA 10038.

Tel: +62-21-31930205; Fax: +62-21-3913933

Email: jfebruhartanty@seameo-rccn.org

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Karo is one of Batak sub ethnics who apply a patrilineal kinship system in which each child becomes a member of his or her father's domestic family at birth. Karo males have more entitlement than Karo females, especially in family share.⁸ Minangkabau is a matrilineal society where the family line is inherited from mother and grandmother⁹ and each Minangkabau person belongs to his or her mother's family. The woman position in Minangkabau is higher than man since she has a big role in the household tasks and maintaining the welfare of the family.¹⁰

Interaction with other cultures, introduction of new education systems brought by modernization and deeper understanding about their religion has an impact on the kinship system of Karo and Minangkabau society. Ethnicity of the parents and living situation in Jakarta somewhat impact on the characteristic of the caregiver i.e. no longer keeping their strong tradition of utilizing natural ingredients and methods in feeding care practices,¹¹ and on the support system for the caregiver and resource constraints, which in turn will influence the quality of psychosocial care practices and later to the nutritional status of the children.

The objective of the study was to investigate the psychosocial care practices and its relationship with nutritional status of children aged 6-36 months among Karo and Minangkabau households who lived in Jakarta.

Materials and methods

The study was done in Jakarta and its surrounding areas from February to May 2004. The design of the study was a cross sectional quantitative study in order to reveal the psychosocial care practice indicated by total HOME (Home Observation and Measurement of the Environment) score.

Subjects

The respondents were mothers and their children aged 6-36 months. Population under survey was households, which fulfilled the inclusion criteria as the following: (1) both of parents were from Karo ethnicity or Minangkabau ethnicity; (2) had children aged 6-36 months; and (3) lived in Jakarta or the surrounding areas. To further define the ethnicity of the parents, the following criteria were used: (1) other people's recognition; (2) self-perceived definition; (3) use of local dialect; and (4) cultural habits that they still practice.¹² At least the parents fulfil 2 out of 4 inclusion criteria of ethnicity to state the ethnicity status of the parents.

Permission and other administrative requirements for conducting the study were obtained from Jakarta local government. Ethical clearance was obtained from the Human Ethics Committee of Faculty of Medicine at the University of Indonesia. Prior to the study, the respondents were informed about the purpose of the study and requested to give written consent showing their approval for participating in this study. Identity of all respondents was held confidential.

Methods

The sample size was calculated based on the 20.8% of households with low HOME score.¹¹ The minimum sam-

ple size was 44 respondents for each ethnic group (with confidence level of 95% and 12% of anticipated precision). Since more respondents could be reached, the final data set consisted of 52 Karo and 87 Minangkabau mothers.

Sampling procedure was done consecutively by assessing the entire respondents on the list. The respondents were gathered based on the contacts from Karo churches or Minangkabau community organizations. Then the respondents were chosen using a snowball method (based on a reference from the previous respondent). This method was chosen because of the difficulty in finding respondents who fulfilled the inclusion criteria of the study.

Data collection was done using these following methods: interview using structured questionnaire, observation using HOME inventory and anthropometric measurement for mothers and their 6-36 months old children. Before data collection, the questionnaire as well as HOME inventory had been pre-tested for their applicability in the field in households that represented 5% of total sample size required.

The interview and observation were done in the respective house of the mothers. Observation was done to behavior of the mother during interview, environment of the house and children's playing area. Anthropometric measurements consisted of mother's weight and height as well as child's weight and height/length.

Interview, HOME observation and anthropometric measurement were done in one-time visit by two enumerators. The first enumerator interviewed the mother while a second enumerator observed the mother, the child and the environment. Anthropometric measurements were done by both enumerators, but scale reading was done consistently by one enumerator. Inter observer and intra observer errors were minimized during training. There were six enumerators, divided into three teams, who did the data collection. All enumerators had passed one week training of interview using questionnaire, HOME inventory and anthropometric measurement. Three enumerators who had minimum inter and intra observer errors with the golden standard were chosen to do anthropometric measurement and HOME assessment.

Data analyses

Psychosocial care was assessed using Home Observation for Measurements of the Environment (HOME) inventory for infants and toddler (0-3 years), which consists of 45 items of psychosocial care practices in six subscales (i.e. emotional and verbal responsiveness of the mother, acceptance of child's behavior, organization of environment, provision of play materials, maternal involvement with child and opportunities for variety in daily stimulation.⁵ Data on psychosocial care practices were converted into continuous data (total HOME score) and categorical data (low, medium and high quality of psychosocial care). The anthropometric data was analyzed to the proportion of underweight, wasting, and stunting children using below -2 standard deviation of Weight-for-Age (WFA), Weight-for-Height (WFH), and Height-for-Age (HFA) Z-scores respectively.¹³

Data was analyzed using SPSS 11.5 for Windows

(SPSS Inc., Chicago, IL). Parametric and non-parametric tests were used to analyze normally distributed and not normally distributed data respectively. EpiNut in EPI-Info 2000 (CDC, Atlanta, GA) was used to calculate the WFA, WFH, and HFA Z-scores of the children.

Results

The terms of mother and father in the result refer to married woman and man who are parents of the child. One hundred thirty nine mothers were interviewed. Fifty-two of them were from Karo ethnicity and 87 respondents were from Minangkabau ethnicity.

The proportion of male and female children in the two groups was similar. The average age of the children was 22 months, while the average age of mothers was 30 years. Most mothers of both groups attended 9 -12 years of schooling. However, more Karo mothers had greater than 12 years of schooling and none had less than 6 years of schooling compared to Minangkabau mothers. Most of the mothers were housewife, but there were more working mothers in Karo than those in Minangkabau group. Most of the Minangkabau fathers worked as entrepreneur while

most of the Karo father worked as public transportation driver or private employee. Most households had family expenditure of Rp. 1,000,000 per month or above. However, the proportion of Karo households with monthly expenditure greater than Rp 2,000,000 was nearly double than that of the Minangkabau households. Percentage of Karo respondents who owned their house was higher than Minangkabau respondents. In both groups, most houses were made from permanent materials. There were more extended families among Karo respondents than those among the Minangkabaus (Table 1).

Based on observation and interview using HOME inventory for infants and toddlers aged 6-36 months, the psychosocial care practices between Karo and Minangkabau families were not much different. The total HOME score of Karo and Minangkabau groups were similar. In general, the psychosocial care of Karo and Minangkabau mothers were similar in all sub-scales in terms of their emotional and verbal responsiveness, acceptance of child's behavior, organization of physical and temporal environment, provision of appropriate play materials, parent involvement with child, and opportunities for vari-

Table 1. Household socio-demographic characteristics

Characteristic	Karo (n=52)	Minangkabau (n=87)	Total (n=139)
Sex of the child (%)			
Male	42.3	49.4	46.8
Female	57.7	50.6	53.2
Child's age (months)	20.3 ± 7.78	22.3 ± 8.31	21.6 ± 8.15
Mother's education (%) *			
Elementary (3-6 yr)	0	16.1	10.1
Junior high (6-9 yr)	5.8	12.6	10.1
High school (9-12 yr)	55.8	55.2	55.4
Diploma/undergraduate	38.4	16.1	24.4
Mother's age (years) **	31.1 ± 4.10	28.6 ± 4.80	29.6 ± 4.69
Mother's occupation (%) *			
Housewife	63.5	83.9	76.3
Entrepreneur	11.5	13.8	12.9
Others (teacher, government employee, private employee, professionals)	25.0	2.3	10.8
Father's occupation (%) *			
Entrepreneur	19.2	88.5	62.6
Private employee	23.1	8.0	13.7
Driver	30.8	3.4	13.7
Others (teacher, government employee, professionals, military)	26.9	0	10.0
Family expenditure per month (%)			
< Rp. 1,000,000	13.5	16.1	15.1
Rp. 1,000,001 – Rp. 2,000,000	46.2	58.6	54.0
> Rp. 2,000,000	40.4	25.3	30.9
House ownership (%) *			
Own the house	36.5	24.1	28.8
Rent	46.2	71.3	61.9
Own by other (lend without paying, live together with the owner)	17.3	4.6	9.3
House materials			
Wall, tile, roof are made from permanent materials	90.4	97.7	95.0
Either wall, tile or roof are made from semi or non permanent materials	9.6	2.3	5.0
Family structure			
Nuclear family	53.8	70.1	64.0
Extended family	46.2	29.9	36.0

* Significant difference between ethnicities; Chi-square test; ** Significant difference between ethnicities; Mann-Whitney test.

ety and daily stimulation. However, statistical difference was found in sub-scale II i.e. the acceptance child's behavior, in which the score of Karo mothers was higher than that of Minangkabau mothers (Table 2).

More Karo (34.6%) than Minangkabau (25.3%) mothers had high quality care, while more Minangkabau mothers (8.0%) were categorized as giving low quality care compared to 1.9% of Karo mothers. No statistical difference was found on quality of psychosocial care between Karo and Minangkabau ethnicity. However as shown in Table 3, out of 45 items in the HOME inventory list, there were 10 items that were found to be statistically different be-

tween these two ethnics. More Karo mothers had initiation to do verbal interchanges with the observer, such as asking questions and make spontaneous comments compared to Minangkabau mothers. Minangkabau mothers tended not to express their disappointment or hostility towards their children in verbal compared to Karo mothers. Although Karo mothers were easy to express their disappointment or hostility toward their children during the visit, they rarely punished their child in the past week or scolded or gave critics to their child during the visit. Based on the availability of reading materials, more Karo households had reading materials than Minangkabau

Table 2. Psychosocial care based on HOME score

	Score Range ¹	Karo ² (n=52)	Minangkabau ² (n=87)	P ³
Total HOME score	0 – 45	34.5 (25 – 43)	34 (18 – 42)	0.17
Sub-scales:				
Emotional and verbal responsiveness of the parents (items no. 1-11)	0 – 11	10 (7 – 11)	9 (5 – 11)	0.08
Acceptance of child's behavior (items no. 12-19)	0 – 8	6 (3 – 6)	5 (2 – 6)	0.01*
Organization of physical and temporal environment (items no. 20-25)	0 – 6	5 (3 – 6)	5 (2 – 6)	0.38
Provision of appropriate play materials (items no. 26-34)	0 – 9	7 (3 – 9)	6 (1 – 9)	0.14
Parent involvement with child (items no. 35-40)	0 – 6	4 (1 – 6)	5 (0 – 6)	0.13
Opportunities for variety in daily stimulation (items no. 41-45)	0 - 5	3 (0 – 5)	3 (0 – 5)	0.23

¹ Based on the six sub-scales. ² Presented in median (min – max). ³ Mann-Whitney test. * Significant difference between ethnicities

Table 3. Distinctive psychosocial practices among Karo and Minangkabau mothers (%)*

Item no.	Positive practices based on observation or interview	Karo (n=52)	Minangkabau (n=87)
Sub-scale I. Emotional and verbal responsiveness			
5	Mother initiates verbal interchanges with the observer – asks questions, makes spontaneous comments.	96.2	80.5
Sub-scale II. Acceptance of child's behavior			
13	Mother does not express overt annoyance with or hostility toward child, neither with verbal nor non-verbal response.	36.5	54.0
15	Mother reports that no more than one instance of physical punishment occurred during the past week.	82.7	58.6
16	Mother does not scold or criticize or make the negative remark directly toward the child during the visit.	90.4	67.8
18	At least ten books of magazines or newspaper, etc. are present and visible at home.	48.1	28.7
Sub-scale IV. Provision of play materials			
29	Mother provides toys or interesting activities for child during the interview.	86.5	58.6
Sub-scale V. Parental involvement with child			
40	Mother provides new toys that challenge the child to develop new skills, compared with available toys.	32.7	58.6
Sub-scale VI. Opportunities for variety in daily stimulation			
41	Father provides some care giving everyday.	69.2	88.5
42	Mother tells stories to child at least three times weekly.	40.4	23.0
43	Child eats at least one meal per day with mother or father or adult family member.	50.0	71.3

* Significant difference between ethnicities at p<0.05; Chi-square test

households. Although fewer Minangkabau mothers provided toys or playing activities for their child during the visit, more of them tended to provide toys that could challenge their children to develop new skills compared to Karo mothers. Less Karo fathers were involved in child-care activities such as providing care giving everyday. The proportion of Karo mothers who did story telling at least three times per week was almost twice as much as the percentage of Minangkabau mothers who did the same activity. Less Karo fathers ate their meals together with the child at least once a day compared to Minangkabau fathers.

In general the nutritional status of the children was quite well. The proportions of underweight and wasting were significantly lower in Karo children compared to those of Minangkabau children (Table 4). Within the Karo group, the well-nourished children in terms of WFA and WHA tended to have greater total HOME scores than their underweight and wasting counterparts. While within the Minangkabau group, the well-nourished children in terms of WFA, WHA, and HFA tended to have greater total

Table 4. Relationship between total HOME score and nutritional status of the children¹

Nutritional status indicator	Karo (n= 49)	Minangkabau (n=84)
Weight for Age		
Prevalence of underweight*	14.3	36.9
	Total HOME score (mean \pm SD)	
Underweight	31.6 \pm 3.95	32.2 \pm 5.39
Well-nourished	34.2 \pm 4.66	32.8 \pm 4.90
Weight for Height		
Prevalence of wasting*	6.1	22.6
	Total HOME score (mean \pm SD)	
Wasting	33.0 \pm 2.65	31.6 \pm 5.03
Well-nourished	33.9 \pm 4.73	32.9 \pm 5.07
Height for Age		
Prevalence of stunting	4.1	10.7
	Total HOME score (mean \pm SD)	
Stunting	34.5 \pm 6.36	30.2 \pm 6.50
Well-nourished	33.8 \pm 4.62	32.9 \pm 4.84

¹ After exclusion of some extreme values. * Prevalence in *Karo* children are significantly lower $p < 0.05$ than *Minangkabau* children, Chi-square test

HOME scores than their underweight, wasting, and stunting counterparts. Interestingly, the total HOME score of well-nourished Karo children in terms of WFA, WFH and HFA were greater than that of well-nourished Minangkabau children. These differences in total HOME scores were not statistically significant (Table 4). However, further analysis on association between each of HOME sub-scale with proportion of underweight, wasted and stunted children within the ethnic groups found that among Karo children, underweight children had significantly lower HOME score on sub-scale V (parent's involvement with child) compared to the normal children. Within Minangkabau children, wasted children had statistically lower HOME score on sub-scale IV (provision of appropriate play materials) and also among stunted children on HOME score sub-scale II (acceptance of child's behavior) compared to their normal counterparts.

Discussion

This study showed that kinship system of the parents was not a factor that was associated with the quality of psychosocial care delivered to the children. Ethnicity of the parents was not statistically associated with psychosocial care as indicated by total HOME score and HOME subscales, except HOME subscale II i.e. acceptance of child's behavior (Table 2). There were four HOME items under HOME subscale II that were significantly associated with the ethnicity of the parents: disappointment expression of mother towards their children (HOME item no.13), punishment gave by mother (HOME item no.15), negative remark of mother toward children (HOME item no.16), and availability of reading materials at home (HOME item no.18) (Table 3). However, after controlling for education level of the mother, only HOME item number 16 and HOME item number 42 about story telling activities of the mother had significant association with ethnicity of the parents.

Variety of social and economic factors of the family and community may either support or limit the primary caregiver's ability to provide good psychosocial care.⁶ Several barriers for adequate psychosocial care that have been explored are maternal beliefs and confidence, stress and depression, social support, and autonomy and control of resources.⁴ In this study, other distinctive HOME

Table 5. Psychosocial care practices needed improvement in both groups

Sub-scale HOME	Practiced by <1/3 of <i>Karo</i> mothers	Practiced by <1/3 of <i>Minangkabau</i> mothers
I. EMOTIONAL AND VERBAL RESPONSIVENESS OF THE MOTHER	(no. 7) Mother permits the child occasionally to engage in "messy" types of play (e.g. on soil, wet place, mud, etc.)	(no. 7) Mother permits the child occasionally to engage in "messy" types of play (e.g. on soil, wet place, mud, etc.)
II. ACCEPTANCE OF CHILD'S BEHAVIOR		(no. 18) Books or magazines or newspaper, etc. are present and visible at home. (no. 19) Family has a pet that the family takes care of and the child can play with, i.e. dog, cat, etc.
V. MATERNAL INVOLVEMENT WITH THE CHILD	(no. 40) Mother provides new toys that challenge the child to develop new skills, compared with available toys.	
VI. OPPORTUNITIES FOR VARIETY IN DAILY STIMULATION		(no. 42) Mother tells stories to child at least 3 times a week.

items practiced by mothers from both ethnicity such as mother initiation to do verbal interchanges (HOME item 5), provision of toys or interesting activities during interview (HOME item 29), provision of “challenging” toys (HOME item 40), provision of child care giving by father (HOME item 41) and child having meals together with both parents (HOME item 43) seemed to be more influenced by education level of the mothers. Among respondents with the same education level, these items were not statistically different between Karo and Minangkabau respondents. This is as stated by Engle *et al.*⁶ that within the ethnicity of the parents there were unique psychosocial care practices which differ with the other ethnicity.

Kinship system of the patrilineal and matrilineal households who have been residing in Jakarta seemed no longer be strongly adhered. This was shown by father’s involvement in daily childcare. In matrilineal family, where women had more power than men and the involvement of father in child care and household matters were lower, was not shown in this study. Minangkabau father were more involved in many family decision-making, such as management of income and daily childcare compared to Karo fathers. On the other hand, in Karo households, which represent the patrilineal kinship system, mother had bigger role in providing daily childcare, making decision on childcare and managing family income. This was probably influenced by the fact that most Minangkabau fathers were entrepreneurs who most probably had more time also to share some daily child caring activities with the mothers. In the opposite, most Karo fathers worked as drivers or private employees. These types of job required them to stay away from home for quite some time, thus involvement in child caring was minimal. These changing practices might be the result of urbanization and modernization as well as interaction with other culture and deeper understanding of their religion.¹⁴

To be able to provide good psychosocial care for their children, mother needs enough resources (i.e. access to knowledge and information, time availability, and resources in the community such as health resources); as well as enough capability (i.e. education and economic status). Education of mothers and total HOME score was statistically associated for both ethnic groups. However, no statistical association was found between household monthly expenditure and total HOME score. Further discussion on the influencing factors of psychosocial care is to be elaborated in a different paper.

Generally, the Karo children were better-off in all three nutritional status indicators compared to the Minangkabau children. The cultural habit of Karo and Minangkabau might be the cause of the difference. Based on information from mothers during interview, Karo people had belief that no matter their socio-economic condition, food and education come first. They make sure that there is enough food (especially for children), even if they had to borrow money from others. Another possible factor was genetic of the parents (mean height/weight of the mothers: Karo = 154.6 cm/61.9 kg; Minangkabau = 150.5 cm/52.4 kg) although the contribution of genetic of the parents to the growth of the child is still in debate.¹⁵⁻¹⁶

Table 4 shows that the psychosocial care had no significant association with the children’s nutritional status. This is probably due to the fact that psychosocial care has also an indirect association with the children’s nutritional status which goes first through improved food intake and health status of the children.⁶ This could also be due to the relatively small sample size that may have not been sufficient to detect the significant association between nutritional status and total HOME score. Furthermore, it is worth investigating in the future that such an association is addressed between psychosocial care and developmental outcomes (i.e. mental and psychomotor), instead of growth outcome (i.e. nutritional status).^{4,17} This is particularly obvious when further analysis was performed to assess the association between each of HOME sub-scale with the nutritional status (i.e. underweight, wasting, and underweight) of the children. The significant relationships found still need to be further confirmed as to avoid misleading interpretations. However, it may be true that in this study the association between the psychosocial care and the growth outcome is not direct, so it is irrelevant to associate these two variables, specifically with each of HOME sub-scale.

One-time home visit to measure psychosocial care and anthropometric measurements were the limitations of this study. Observations of psychosocial care practices are best done in several times. The observer should stay with the family, thus becomes part of the family, so that the real practices are more observable. Because this method was not feasible due to unwelcome gesture of the urban respondents, a one-time visit was done. In order to make the respondents felt comfortable during interview and observation, the researcher made approach through cadre or local government in the community. Other limitation of the study was the difficulty in finding respondents who fulfilled the inclusion criteria and their residing location. Thus, sample size was quite different between the two groups. There were not many of Karo families who had 6-36 months old children and their place of living spread over Jakarta. Many Minangkabau families, on the other hand, had 6-36 months old children and their place of living was also close to each other.

In conclusion, psychosocial care of Karo and Minangkabau households in Jakarta was generally good. In general, responses to each item within the HOME sub-scales were similar between the two ethnic groups. The children’s nutritional status was quite good in both groups. However, more Minangkabau children were underweight and wasted. Psychosocial care was not statistically associated with nutritional status of children, although the total HOME score of well-nourished Karo children in terms of WFA, WFH and HFA were greater than that of well-nourished Minangkabau children. Parent’s involvement with child in Karo group; provision of appropriate play materials and acceptance of child’s behavior in Minangkabau group were associated with children’s nutritional status in terms of underweight, wasting, and stunting respectively.

Due to no data on quality of psychosocial care in urban areas of Indonesia, this study provided valuable information to the caring aspect of the nutrition framework. Food together with the health aspect and caring capacity shape

the nutritional status of the children as formulated by UNICEF in 1990.⁶ Furthermore, childcare beliefs and practices evolved to meet the needs of children within changing families and societies.¹⁸ Although interventions highly focus on the other two aspects, more and more topics of "caring" are integrated into the programs. Thus, knowing specific items of the HOME scales eases the intervention focus. Since, Indonesia consists of more than 300 ethnic groups,¹⁹ understanding differences between groups would ease targeting. The psychosocial care of respondents in urban areas were better than their rural counterparts. While in this study 8% of the respondents were categorized having low psychosocial care, 21% of respondents in rural Karo and Minangkabau¹¹ and 40% in rural Lombok²⁰ had low scores.

Finally, there are some psychosocial practices that could be improved by the mothers, especially sub-scales I (Emotional and verbal responsiveness of the mother), II (Acceptance of child's behavior), V (Maternal involvement with the child), and VI (Opportunities for variety in daily stimulation) as shown in Table 5. These practices were carried out by less than one-third of mothers in both groups. A total of five items are suggested, of which four is to the Minangkabau and two to the Karo mothers. For both groups, mothers should permit their children more to occasionally engage in "messy" types of play, such as playing with sand, mud, water, finger paints, or, for young babies, food. Visibility of reading materials such as books, magazines, newspaper should be more in Minangkabau households, as well as a possibility of provision house pet that the family takes care of and the child can play with or look at e.g. dog, cat, bird, turtle, goldfish, or hamster. Karo mothers should provide toys that challenge the child to develop new skills while Minangkabau mothers should tell stories regularly every week.

It is important that the books are in readable condition and the sole property of the child, although may be shared with other siblings. The intention is for the child to value books and like reading. Reading books should be more than merely turning the pages and saying words. As with books, toys should also be available to the child and serve as learning materials e.g. nuts and bolts, logs and logos. The toys should be according to age, but not limited to that. Maturing toys, or those which, the first time the child is introduced to them, call for abilities a little bit beyond what he has demonstrated to date, should also be provided. Assistance and participatory methods, including excitement and encouragement, by the mothers are recommended for these toys.

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Original Article

Psychosocial care and nutritional status of children aged 6-36 months among patrilineal (*Karo*) and matrilineal (*Minangkabau*) households in Jakarta

Judhiastuty Februhartanty MSc¹, Avita A. Usfar Dr.sc.hum¹, Ermita Dianawati MSc², Duma O. Fransisca MSc³, Airin Roshita MSc¹ and Umi Fahmida PhD¹

¹*Southeast Asian Ministers of Education Organization (SEAMEO), Tropical Medicine and Public Health (TROPED), Regional Center for Community Nutrition (RCCN), University of Indonesia, Jakarta, Indonesia*

²*Currently self-employed*

³*Currently affiliated with Plan Indonesia – Kupang*

雅加達父系(Karo)及母系(Minangkabau)家庭中 6-36 個月兒童之心理社會照護與營養狀況

研究印尼雅加達 Karo(父系親系)及 Minangkabau(母系親系)家庭的心理社會照護，目的為探討母親的心理社會照護行為及心理社會照護與 6-36 個月的兒童營養狀況之相關，以年齡別體重(WFA)、身高別體重(WFH)及年齡別身高(HFA)之 Z 分數作為指標。本研究是一個橫斷性研究。心理社會照護採用嬰幼兒家庭環境評估量表(HOME)為評估工具。52 名 Karo 及 87 名 Minangkabau 受試者受試者其心理社會照護普遍良好。在 HOME 量表中共有 45 題及 6 個次量表，次量表 I 的 1 題(情感及言語應答)、次量表 II 的 4 題(小孩行為舉止的接受度)、次量表 IV 的 1 題(遊戲材料的提供)、次量表 V 的 1 題(父母親參與小孩)及次量表 VI 的 3 題(日常刺激變化的機會)在兩個氏族有統計上的差異。Minangkabau 兒童比起 Karo 的兒童有較多體重過輕及耗損之現象。在 Karo 組中，以 WFA 及 WHA 而言，良好營養狀況的兒童比起體重過輕及耗損傾向的兒童有較高的總 HOME 分數。在 Minangkabau 組，以 WFA、WHA 及 HFA 而言，良好營養狀況的兒童比起體重過輕、耗損及有發育遲緩傾向的兒童有較高的總 HOME 分數。以 WFA、WFH 及 HFA 而言，Karo 營養狀況良好的兒童，其總 HOME 分數較營養狀況良好的 Minangkabau 兒童高。

關鍵字：印尼、Karo、Minangkabau、營養狀況、心理社會照護。