Parental Support in Nutrition Service Management Towards Integrative Holistic Early Childhood Education

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Abstract
Integrative Holistic Early Childhood Education (ECE) should be a must for ECE organizations to promote children's growth and development. Completion of robust and coordinated child development programs, including nutrition and wellness services, schooling, treatment, and safety. This research seeks to explain parental encouragement for the administration of nutritional resources. The critical study participants were 3 parents and source triangulation consisting of 2 teachers and 1 manager who fulfilled the inclusion and exclusion criterion at Jungle School. Determination of test subjects by way of quantitative sampling. Data processing methods involve the elimination, display, conclusion, and verification of data. The findings revealed that the three parents had guidance for administering nutrition programs, including preparation, delivery, and assessment procedures. Parental assistance at the preparation level involves consultations with teachers and administrators on assessing age-specific food consumption, dietary patterns, and children's history of allergies. In the implementation process, parental encouragement involves children's involvement in feeding together, monitoring body weight and height, and consuming vitamins periodically organized by the boss. During the assessment, parents have given guidance to school officials, including the need for a diet and wellness-related parenting programs involving qualified professionals or collaborators and the local Community Health Center's role in the supervision of children's nutrition and health. Study recommendations include the need for ECE organizations to include parents in ECE service administration to achieve Integrative Comprehensive ECE.

Keywords: growth and development, integrative holistic early childhood education, management, nutritional services, parental support

1. Introduction
Growth and development is a process that every child goes through. The needs for teasers, love, and foster care are priorities to support the child's growth and development process. Fulfillment of basic needs, which includes hone (stimulation needs, family, community, legal and social values), love (emotional and affection needs), caring (nutritional needs, immunization, health services, and housing), needs to be supported by everyone around children is no exception in the school environment. School is the second environment after families facilitate growth and development. A policy covers children's basic needs in Indonesia, namely Presidential Regulation No.60 of 2013 concerning Integrative Holistic Early Childhood Education (Mukminin et al.).

Fulfillment of nutritional services is one of the services in providing Holistic Integrative ECE. Nutritional services in schools can support children's nutritional needs to avoid nutritional disorders. Children are a group that is vulnerable to malnutrition. Basic Health Research (Riskesdas) from 2007 to 2018 related to the nutritional status of children under five showed a decrease in the proportion of malnutrition and malnutrition, a decrease in the proportion of very stunting and an increase in the proportion of stunting, a decrease in the proportion of very thin, thin and obese(Riskesdas). To optimize preschool children's nutritional status, it is necessary to support all parties in meeting children's nutritional needs.

A preliminary study shows that one of the Alam ECEs in the city of Semarang has provided care for children aged 3 months to 6 years. Care for the fulfillment of nutrition for children under five from working parents is a form of
coordinated care between ECE institutions and parents in fulfilling children's nutrition. Apart from nutrition care, ECE Alam's other services include nutrition, self-care, play, and recreation services. This shows that the implementation of holistic, integrative ECE in ECE Alam can fulfill children's basic needs.

Planning nutrition programs that can be used as local potential in the city of Semarang include citizenship (activeness and creativity of cadres), social organizations, especially from posyandu, supported by a nutrition house, and social support from families (H et al.). Another study showed parental feeding behavior was related to the nutritional status of children aged 2-5 years (Purnama et al.). Mother's attention and eating patterns are also related to children's nutritional status under five (Apriyanto et al.). Besides, the implementation of holistic, integrative ECE at Pelangi ECE Post cannot be separated from parental support, manifested in program planning, implementation, and supervision (Alfiana and Latina).

Research on the fulfillment of nutrition at preschool age continues to prevent nutritional disorders in children that can impact children's morbidity and mortality (How et al.), low cognitive and educational abilities (Grantham-McGregor et al.). Parental support is the main thing in meeting the basic needs of preschool children. This study aims to describe parental support in nutrition service management at ECE Alam Kota Semarang.

2. Literature Review
2.1 Nutrition in preschool children
Nutrition at the beginning of a child's life is an essential factor to optimize growth and development. The double burden of nutrition problems is a threat to the process of child development; both overnutrition and malnutrition and malnutrition in the long term can affect cognitive development and low education in the future (Grantham-McGregor et al.). Not fulfilling balanced nutrition in children can affect the immune system to become inadequate. An inadequate immune system makes children susceptible to gastrointestinal infections, repeated infections along with low nutritional status can inhibit growth (Septikasari; Kanto et al.; Nuraini et al.). Prevention of nutritional inadequacy in children can be done starting from the closest environment, namely the family. The family has an essential role in providing healthy eating patterns, both in the psychosocial dimension, which refers to the interactions that are built up between the mother/father and the closest caregiver in the process of daily eating; food preparation, and hygiene in the process of preparing healthy meals from preparation, cooking to serving. Apart from the eating process, a healthy lifestyle needs to be applied by the family. These three things are essential dimensions that families can support nutrition and health in children (Leily Amalia Furkon et al).

2.1.1 Needs and nutritional adequacy of children under two years
Nutritional requirements for infants are established for the first two six month periods and the following six months up to 12 months of age. Shortly after birth until the first six months of age, nutritional intake is obtained through breast milk (Alzaheb). Exclusive breastfeeding is proven to be sufficient to meet the needs of babies until the first 6 months of age carbohydrates in breast milk are in the form of lactose, the fat contains a lot of polyunsaturated fatty acids, the main protein is lactoalbumin, which is easy to digest, sufficient vitamin and mineral content and antibody substances. After six months, breastfeeding can be continued until 24 months with complementary foods (complementary foods). Stewart et al. (2013) argues that these community and social conditions underlie the practice of feeding infants and young children, which are a crucial pillar for healthy growth and development, and can serve to impede or enable progress.

At the age of 6 - 9 months, the quantity and quality of complementary foods need to be considered. MP-ASI is given according to the age of the baby, at least 3 times a day. The portions of MP-ASI at each meal are as follows:

a. At the age of 6 months, give at least 6 tablespoons
b. At 7 months of age, give at least 7 tablespoons
c. At the age of 8-9 months, give 8-9 tablespoons in a row. At the age of 8 months, a rather rough team can be given. At the age of 9 months, snacks are introduced once a day.
d. At the age of 10 months, the baby is gradually introduced to a thicker diet. The shape of the team's rice density may be close to the density of the family food.
e. At the age of 12 months, eat half the portion of adults with a family diet consisting of breakfast, lunch, and evening.
A snack can be introduced and can be provided between breakfast and lunch and between lunch and dinner. Snacks can help if the child does not receive enough food portions because the child has difficulty eating. The content of snack foods needs to be considered, avoiding foods high in fat, sugar, and salt (Leily Amalia Furkon et al).

2.1.2 Needs and nutritional adequacy of children under five years/preschool
Nutritional needs and adequacy of children under five years (toddlers) are divided into 2 groups, namely children aged 1-3 years and 4-6 years. The Nutrition Adequacy Rate in the form of energy at the age of 1-3 years is 1000 kcal, while at the age of 4 - 6 years, it is 1550 kcal. Parents and caregivers are role models for preschool children; if they eat a wide variety of foods, they will follow. The provision of meals and snacks must be timed according to their needs and to maintain appetite. The distance between the feeding and the interlude may vary for each child; what should be noted is that the interlude feeding time is not too close to the primary meal time. Toddlers tend to be careful about new foods and have suspicions about foods that are not yet known. There are many ways to get children to eat (Leily Amalia Furkon et al). The child's diet depends on their environment, both the environment in the family and the school environment. This school's role is to make children and parents aware of their healthy eating program (Aerin and Muqowim).

2.2 Integrative Holistic ECE
2.2.1 Integrative Holistic ECE Implementation
Integrative Holistic Early Childhood Development (IH ECD) is early childhood development to meet the essential needs of diverse and interconnected children simultaneously, systematically and integrated. The principles of implementing HI ECD in the ECE Unit are as follows (Kemdikbud):

a. Comprehensive and integrated service. The ECE unit is a forum for providing services to fulfill children's growth and development, which includes education, health, nutrition, care, protection, and child welfare.

b. Continuous service, namely services carried out in all ECE services, is carried out continuously from birth to age 6.

c. Non-discriminatory services are services provided by various parties without discriminating against gender, socioeconomic status, conditions for growth and development, ethnicity, religion, and race.

d. Services that are available, accessible and affordable, and accepted by community groups.

e. Community participation, namely involving the community in planning, implementing, monitoring, and evaluating the HI ECD program

f. Based on a constructive culture, namely the provision of education, health, nutrition, care, protection, and child welfare services, utilizing the local potential and paying attention to local cultural values aligned with IH ECD services principles.

g. Effective, efficient, transparent, and accountable governance

The implementation of IH ECD is flexible. According to each region's needs and capabilities, IH ECD implementation can be carried out in an integrated or separate manner. Usnawati et al. (2016) state that adjustments to the time and place of implementation are needed for service effectiveness to monitor child development. Examples of integrated services include health services by bringing in health workers in the ECE unit. In contrast, for respective services, health checks' implementation follows the Integrated Service Post (Posyandu) schedule, and parenting activities are integrated through the Bina Keluarga Balita (BKB) activity. Integrated HI ECD implementation can be seen at figure 1, while separated implementation of HI ECD can be seen at figure 2.

![Figure 1. Integrated HI ECD implementation](image-url)
2.2.2 Integrative Holistic ECD Service Management
IH ECD services in the ECE Unit include education services, health services, nutrition and care, care services, protection services, and welfare services (Kemdikbud). Ulfah (2019) described the management of IH ECD services in KB TK 'Aisyiyah Nyai Ahmad Dahlan Yogyakarta, including planning, implementing and evaluating all services.

Integrated holistic approach planning involves all parties, both schools, and families, who are members of the School Committee. This holistic, integrative activity planning is conveyed to all parents during routine early semester meetings. This does the planning that has been determined to be consistent and sustainable with education in the family. The implementation of nutrition services in schools involves parents' role, including bringing supplies, instilling nutritious food consumption habits, and supervising nutritionists' role in supervising nutrition programs in schools. (Ulfah; Aerin and Muqowim). Evaluation of the holistic, integrative approach is carried out by monitoring and reporting in writing to realize the annual work plan. Every mid-semester, the principal and teachers hold a meeting to find out what programs have been implemented. Through this meeting activity, principals and teachers can share about program improvements, administrative completeness, and increased supervision of children. Each teacher is expected to provide input for the holistic, integrative approach implemented (Ulfah).

2.2.3 Parental Support in Integrative Holistic ECD Service Management
Family is a determining factor in children's growth and development, starting before pregnancy and during pregnancy (Stewart et al.). Parents are responsible for being the principal caregivers in care, including fulfilling nutritional needs for children's growth and development (Anita Chandra Dewi Sagala et al., 2018; Purnama et al., 2015). The first five years of a child's life are a period of eating behavior that is important for future eating patterns. Parents' behavior in controlling children's eating behavior is related to the nutritional status of children aged 2-5 years in thin, average, and obese children. The more often parents allow children to control their own food choices and intake, the higher their nutritional status. Forms of parental support include avoiding feeding behavior that uses food as a reward to regulate children's emotions and exert pressure when children eat (Purnama et al.).

In addition to core care in the family, parents are also motivated to send their children to early childhood education institutions, playgroups, and kindergartens to get educational and joyful services. (Saputri and Tasuah). Parental support is proven to be related to preschool children's activeness in playing. Parents' forms of parental support include meetings, monitoring children when playing, providing transportation, and providing physical activity information (Schary et al.). Nyberg G et al. I (2011) suggested a parental support program to promote healthy eating habits and physical activity in six-year-olds at school in several steps; 1) distributing brochures related to healthy lifestyles, 2) giving motivation to parents, and 3) class activities for children who will be projects with parents at home.

3. Methods
The research approach uses a qualitative approach with this type of research is phenomenology. Respondents in this study were 3 parents, 2 teachers, and 1 manager of ECE Alam. The inclusion and exclusion criteria in determining the main informant (parents) include:

a) Inclusion Criteria: The research subjects were parents who were willing to be informants. These parents had enrolled their children in the care program for at least 3 months and participated in parenting activities.

b) Exclusion Criteria: Parents who are passive in activities related to parenting at ECE Alam

The inclusion criteria in determining triangulation informants (caregivers and managers) include:

a) Caregivers who have provided care to the child for at least 3 months
b) Caregivers who are currently studying at the S1 level in the PGECE study program  
c) The manager is the owner of ECE as a decision-maker regarding policies at ECE Alam Jungle School

Exclusion criteria in determining the triangulation informants (caregivers and managers), among others:

a) Caregivers who work part-time at ECE Alam Jungle School  
b) The manager who serves as an advisor to ECE Alam Jungle School

4. Data Collection

Data collection methods in this study include observation, documentation, and in-depth interviews. Content information regarding the willingness to be an informant has been carried out on all informants. Data collection was carried out from July to September 2019 at ECE Alam Jungle School, Semarang City. Observation and documentation are carried out during parents' meetings, snack activities, and meals together. Interviews were conducted with 3 parents who agreed to be informants. Interviews with parents were conducted through WhatsApp media to consider time effectiveness, while interviews with caregivers and managers were conducted face-to-face according to the agreement. Interview transcripts, field notes, and documentation were then analyzed through the stages of data reduction, data display, and conclusions and verification. (Ralf Bohnsack, Nicolle Pfaff). To more detailed, it can be seen at table 1.

<table>
<thead>
<tr>
<th>No.</th>
<th>Informant Name</th>
<th>Profession</th>
<th>Data collection time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mrs. NW (32 years)</td>
<td>Lecturer</td>
<td>14 July - 05 August 2019</td>
</tr>
<tr>
<td>2</td>
<td>Mrs. CO (27 years)</td>
<td>General employees</td>
<td>14 July - 05 August 2019</td>
</tr>
<tr>
<td>3</td>
<td>Mrs. BM (33 years)</td>
<td>Civil servants</td>
<td>14 July - 05 August 2019</td>
</tr>
<tr>
<td>4</td>
<td>Ms. EY (21 years)</td>
<td>ECE caregivers</td>
<td>20 July - 12 August 2019</td>
</tr>
<tr>
<td>5</td>
<td>Ms. D (20 years)</td>
<td>ECE caregivers</td>
<td>20 July - 12 August 2019</td>
</tr>
<tr>
<td>6</td>
<td>Mr. R (40 years)</td>
<td>ECE manager</td>
<td>15 August - 03 September 2019</td>
</tr>
</tbody>
</table>

5. Results and Discussion

5.1 School Profile ECE Alam Jungle School

Vision: To create future generations of leaders with environmental character and culture  
Mission: 1) To make early childhood education a model in Central Java in 2025, 2) To create a generation with good character, faith, knowledge, and noble character according to its stages and development, 3) Guiding and developing aspects of intelligence at a golden age through playing while learning in a conducive and pleasant environment

Objectives: 1) Synergize children's interests and talents, children's aspirations and parents' expectations, 2) Assist and direct aspects of the development of children's interests and talents to achieve the life skills of each child, 3) Create a future generation of leaders who are the development-oriented character.

Today, schools are now luxurious and magnificent, but educational practitioners offer an alternative school model. Nature has a meaning as being and nature like experience. Natural schools are like mushrooms in the rainy season, which will continue to grow and attract many people. Nature school will become a trend of a different school model; it will help people with the aging of the earth and its various kinds of problems through direct learning that goes into the field (Mughniati and Waluyo).

5.2 Management of Nutrition Services for ECE Alam Jungle School

Based on the research results, the services that have been available at ECE Alam Jungle School are initiated with planning, followed by implementation and evaluation as the final stage for each ECE service. At the planning stage, managers and caregivers conduct interviews related to children's health history, children's eating habits, history of allergies, willingness to attend catering at school, and giving multivitamins. In line with Peeler et al. (2012), (Vandermaas-Peeler et al.) suggested the need to raise parents' awareness about opportunities to support and encourage children's activities. Nutrition services are carried out every day through morning snacks, lunch, and afternoon tea time. During snack time, the caregiver only gives the child directions to take out the snack, starts the
snack time by praying and sitting together in a circle, giving the children 15 minutes after that is finished, and ends with a prayer.

Nutrition services have also been implemented in the Alam Jungle School ECE curriculum. In addition to the manager's support, parental support has also been implemented in the implementation stage, including bringing various snacks, including packaged snacks, market snacks, fruit, milk, etc. The manager also facilitates one type of market snack during snack time. Lunch is made together on a large table to be motivated to finish their food, even though the children are still learning to be independent in spending their food. Carers provide children facilities when nutrition services are taking place, such as preparing cutlery, providing food portions on each plate for each child, and providing flexibility if they want to increase their portion. A third party, namely catering carry out the selection of menus at lunch. In the afternoon, the nutritional service provided is a tea time activity, which is when children consume tea or fresh fruit juice in the afternoon. The fulfillment of nutritional intake for children emphasizes that sensitive nutrition interventions in agriculture, social welfare, early childhood development, and education in schools are indirectly determining nutritional status. The nutritional status is reflected in various determinants that influence each other over time, either acute in the short term or long term, or chronic. Fulfilling nutritional intake for children emphasizes that sensitive nutrition interventions in agriculture, social welfare, early childhood development, and education in schools indirectly determine nutritional status. The nutritional status of a person is reflected in various determinants that influence each other over some time, either acute in the short term or long term or chronic. The fulfillment of nutritional intake for children emphasizes that sensitive nutrition interventions in the fields of agriculture, social welfare, early childhood development, and education in schools are indirectly a determining factor for nutritional status. The nutritional status is reflected in various determinants that influence each other over a while, either acute in the short term or long term or chronic. (Kemenkes RI; Yusuf et al.).

Nutritional status is also influenced by diet, which is how a person or group chooses food and consumes it as a general physiological, psychological, cultural, and social reaction. A child under 5 years of age has difficulty regulating himself, especially in eating. Children under 5 years of age are more dependent on the caregiver (Mahmudah et al.). as it presented in the figure 3.

![Figure 3. Nutritional services implemented in the Alam Jungle School ECE curriculum](image)

Evaluation is carried out by parents to the management at the end of the semester, evaluating nutrition services (Shofwan et al.). Both parents, caregivers, and managers have felt the fulfillment of nutritional intake for children. Support from parents, managers, and carers makes nutrition services run according to children's needs. Still, nutritional status monitoring has not been carried out optimally, so parents think there is a need to monitor Puskesmas officers or health workers' nutritional status. Children need parental attention in personal hygiene, immunization, nutritional conditions, and health access when they are sick (Apriyanto et al.).

Wiyani (2018) conveyed that ECE service management's overall implementation aims to be competitive and achieve holistic, integrative ECE. The management stages are (1) analyzing the wants and needs of the parents concerning their children's growth; (2) formulating the vision and mission of the ECE institution; (3) determine the profile of the graduates and the motto of the ECE institutions; (4) formulating indicators of success in ECE activity programs; (5) formulating strategies for achieving indicators of success in ECE activity programs; (6) formulating ECE activity program; (7) determine the implementer of the ECE activity program; (8) preparing SOP for ECE
activity program; (9) implementing ECE activity programs following SOPs; and (10) evaluating the ECE activity program.

6. Conclusion
Based on the preliminary study, children have received nutrition services while in ECE Alam Jungle School. Fulfillment of child nutrition includes three stages, namely planning, implementing, and evaluating nutrition services. The three stages can run with the support of parents, caregivers, and managers. Parents provide support in the planning, implementation, and evaluation processes, namely providing information about the child's health history, attending catering, selecting snacks, and providing input on monitoring nutritional status. Parents always support the manager as the determinant of school policy to help children grow optimally and realize HI ECD services.

References


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