

# Comparison Of The Nutritional Status Of Cikoang Community Maudu Practitioners And Non-Practitioners In Mangarabombang Regency

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**Abstract:** Culture and beliefs of a society has been proven and is believed to affect the nutritional status of a community. The uniqueness of the local tradition Cikoang Maudu ritual 'every year which is the collection and distribution of food and food ingredients (even clothing and money) in relatively large quantities and is run by all citizens without exception may affect the system of production, distribution, processing and consumption of food, even the livelihood of the wider impact on public nutrition. This study aimed to compare the nutritional status of the community of maudu practitioners and non-practitioners. The method used is a combination of cross sectional quantitative paradigm. Research strategy is conducted by survey method. The results indicate that, maudu' ritual is mandatory for every follower of Maudu' Cikoang in the form of a minimum amount of offerings of rice, chicken, coconut and eggs, which are then distributed by Pa'rate'. Existence of Maudu rituals' has the potential to be developed to improve the nutritional status of the community. Eventhough the nutritional status of Maudu practitioners is no better than non-practitioners.

**Index Terms:** nutritional status, *Maudu' Cikoang* ritual, Mangarabombang

## 1 INTRODUCTION

Nutrition is a human issue for each individual human being as it is directly related to physical health and even life safety. Therefore, nutrition is always an important issue even considered a complicated problem for the world community, prosperous developed nation and especially first nation communities living below the poverty line. Many nutritional problems are associated with the economic problems in addition to other social issues. In fact, according to Khomsan and Dwijayanthi (2012)[1], poverty is the root of the problem of nutrition. Therefore, this problem may not be solved only by nutritionist (dietician). The rate of malnutrition will be controlled when poverty is reduced and more equitable justice. Even so, at one moment or a particular community and socio-cultural aspects can be equally important factor may even be a dominant factor to the problem of the public nutrition. The above implies that socio-cultural factors including those related to a religious community very may determine the choice of food in terms of quantity, type, method of procurement, processing and presentation / distribution and will affect the nutritional status of the people concerned.

While the macro-level relationship between poverty and child malnutrition is well established, the concept of 'poverty' and operationalization in terms of socioeconomic status size shed little or no light on the mechanisms through which malnutrition is made and / or prevented. The social power of women, is one of the mechanisms that may mediate the effects of poverty on child nutrition. This micro-level factor known to use survey data on 402 children aged 5 years and younger and their 261 Fulbe mothers in rural Mali. A conceptual model of social power is developed and used to test the hypothes that the social power of a mother can predict her child's nutritional status (Simon, D., Adams, AM, & Madhavan S. (2002)[2]. Health of a nation refers to the physical and mental condition of the population. Residents in a nation are considered healthy if the mental and physical needs of the masses are adequately met. Better health conditions naturally contribute to higher productivity, labor, economic and social development in all aspects and welfare of all citizens in general. Population health is determined by factors of socio-economic, locational, and different cultures within a society. Internal and external factors that affect the state of health of the population, among others: 1) economy, 2) food and nutrition, 3) social, 4) politics, 5) environment, 6) health facilities and 7) international factors (M, RR, & Hashem, F. (2000) [3] In addition, in the perspective of the eating habits of a culture or society, reinforces the likelihood of occurrence or onset of an undesirable health condition that have a negative impact on health (WHO Expert Consultants 2004)[4]. According to Gualdi-Russo, E., Manzoni, VS, Masotti, S., Toselli, S., Albertini, A., Celenza, F., & Zaccagni, L. (2012)[5], the cultural and behavioral factors associated with ethnic plays an important role in children's nutritional status, body image and perceived ideal. Food Consumption and Identity, explores the diverse food consumption patterns in developed societies, and how the variability associated with the use of food choices to define themselves as different from others or as part of various social groups (Raine-Travers, K. (2000)[6]. Children's diet is an important marker of identity for children moderate income, a western setting, but the significance of a broader cross-cultural remains understudied, especially among households with food insecurity. Kids meals include rice-based dishes modified in response to the limits of pediatric nutrition and food preferably produced commercially, pre - processed and available for

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immediate consumption. Children’s diet plays a regional role as a marker of group identity and introduce the potential for food choice as a form of expression of the child - eventually occupy a conceptual space that brings together food and can be divided (Cooper, Elizabeth Elliott, PHD, MPH (2013)[7]. Therefore, one of the forms of culture-related behavior in the community as well as the process of collecting and distributing food is Maudu ‘. Maudu’ is one of the rituals performed by the Cikoang community, is quite unique and there is a need to study it related to the role or influence the nutritional status and nutritional improvement of society, especially in CHILDREN.

**2. MATERIAL AND METHOD**

**Material**

Determination and measurement of samples in the two villages of Maudu practitioners and two villages of non-practitioners in below five-year age groups (CHILDREN). A total of 82 children aged between 2.5 and 5.0 years representing CHILDREN were observed in two villages of Maudu practitioners. Meanwhile, at the same time and for the same purpose observation was also conducted on 99 children in two villages of non-practitioners.

**Method**

People’s nutritional status was measured by the method of anthropometric examination which was carried out on groups of children under the age of five years (CHILDREN) through various parameters of the anthropometric indices of height to age (H/U), the weight to age (W/A).

**3. RESULT AND DISCUSSION**

The function of the Maudu ritual for people’s nutritional status is assessed by comparing the nutritional status of CHILDREN in the community of Maudu Practitioners (MP) with CHILDREN in the community of Non-Practitioners (N-MP) through data collection of nutritional status. The results are described as follows. The results of the analysis of CHILDREN’s nutritional status based on height for age (H/A) and weight for age (W/A) and the amount of data associated with the community of Maudu Practitioners (MP) and CHILDREN in the community of Non-Practitioners (N-MP) are presented in Table 1. The results show the function or effect of Maudu. More in-depth assessment was carried out on the nutritional status based on height for age (H/A). This is because the nature of these parameters that provide nutrition information of the past impact and long-term, not just as nutritional parameters based on weight for age (W/A). From the above two parameters it can be generally observed that the meter indication of H/A tends to give a better status compared to the W/A parameter. Nevertheless the pattern seen from both parameter has a matching pattern. This means an individual person or a good sample based on the criteria of H/A tends to be also better in criterion based on W/A. There is no conflict of the two (matching). Nonetheless there is a tendency outcome criteria of H/A (long-term) that is 78 percent better than the W/A criteria (short-term) that only reached 50 percent. There is no explanation on the matter, but it should be assumed that the successive low nutritional status experienced by the CHILDREN are short, and soon returned in good condition (recovering) in a relatively longer time.

**Nutritional status of CHILDREN in the community of Maudu Practitioners based on H/A and Gender**

Nutrient distribution of CHILDREN in the community of Maudu Practitioners based on H/A is shown in Figure 1. It is apparent CHILDREN in the community of Maudu Practitioners are well-nourished predominantly namely 78 percent, followed by the middle status (18 percent). Although there is no malnutrition but there are four percent underweight, especially in female. There is no noticeable difference between male and female, but cumulatively good nutrition and being slightly better with the numbers 97 percent in male compared to 95 percent in female.

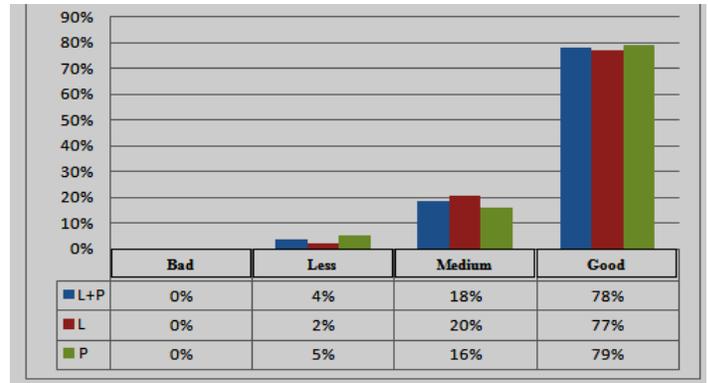


Figure 1. Nutrient distribution of CHILDREN in the community of Maudu Practitioners based on Gender

**Nutritional status of CHILDREN in the community of Maudu Practitioners based on W/A and Gender**

Nutrient distribution of CHILDREN in the community of Maudu Practitioners based on W/A is shown in Figure 2. It is apparent CHILDREN in the community of Maudu Practitioners only half (50 percent) are well-nourished and less well-nourished over a third (34 percent) middle status. There is 11 percent malnutrition and even 4 percent severe malnutrition. In contrast to the criteria based on H/A, nutritional status of male CHILDREN tend to be lower than in female CHILDREN. Malnutrition is not found in female, while there are seven percent in male; or in other words four percent of malnutrition CHILDREN entirely sourced from the male. Similarly, the obese status; there are three percent in female while the male in the group only one per cent of each gender.



Figure 2. Nutrient distribution of CHILDREN in the community of Maudu Practitioners based on W/A and Gender

**Nutritional status of CHILDREN in the community of Non-Practitioners based on H/A**

Nutrient distribution of CHILDREN in the community of Non-Practitioners based on H/A is shown in Figure 3. It is apparent CHILDREN in the community of Non-Practitioners dominantly show 86 percent of the well-nourished and the remaining 14 percent of middle status. There is no malnutrition. There is no difference at all between male and female CHILDREN. In the good nutritional status of male and female have a 86 percent rate. Similarly, the middle nutritional status was 14 percent. In this perspective the nutritional status of children are very good and evenly distributed between gender.

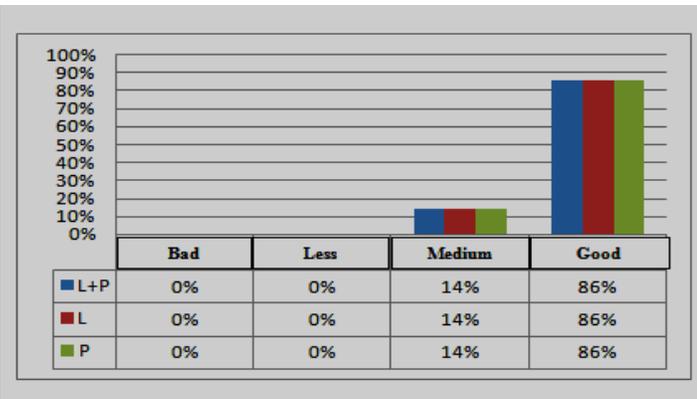


Figure 3. Nutrient distribution of CHILDREN in the community of Non-Practitioners based on H/A

**Nutritional status of CHILDREN in the community of Non-Practitioners based on W/A**

Nutrient distribution of CHILDREN in the community of Non-Practitioners based on W/A is shown in Figure 4. It is apparent CHILDREN in the community of Non-Practitioners just over half (56 percent) have good nutrition followed by 22 percent with middle status. There is a 17 percent malnutrition and even 5 percent malnutrition. In good nutritional status, although male were worse compared to female (64 peresen compared to 47 percent), but overall good and middle nutrition male relatively higher which was 82 percent compared to 74 percent because middle nutrition is predominantly male. Malnutrition is found more in female. Which means, poor nutrition and malnutrition are more apparent in female.

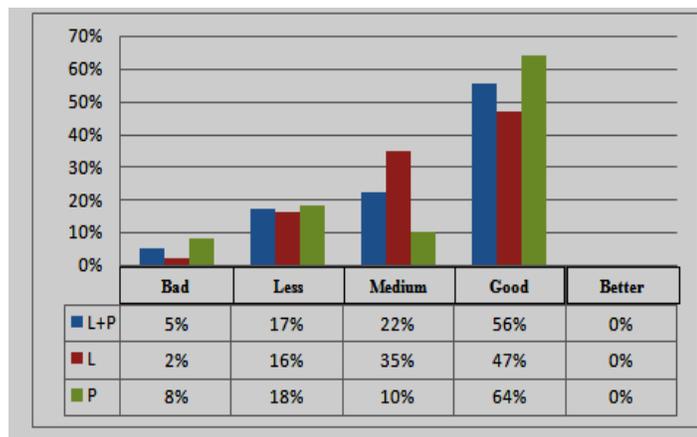


Figure 4. Nutrient distribution of CHILDREN in the community of Non-Practitioners based on W/A and Gender

**Comparison of Nutritional Status of Children in MP and N-MP based on H/A**

The results of comparative analysis of the nutritional status of the CHILDREN in the community of practitioners (MP) and non-practitioners (N-MP) is shown in Figure 5. It can be clearly seen that the relative level of nutrition in the MP practitioner community is not higher and tend to be lower than the community of N-MP practitioner. It can also be seen that the percentage of MP community CHILDREN of normal nutritional status and height are 18 and 78 percent or 96 percent less than the 14 and 86 percent (100 percent) in the N-MP community. After all the MP community also have four percent malnutrition.

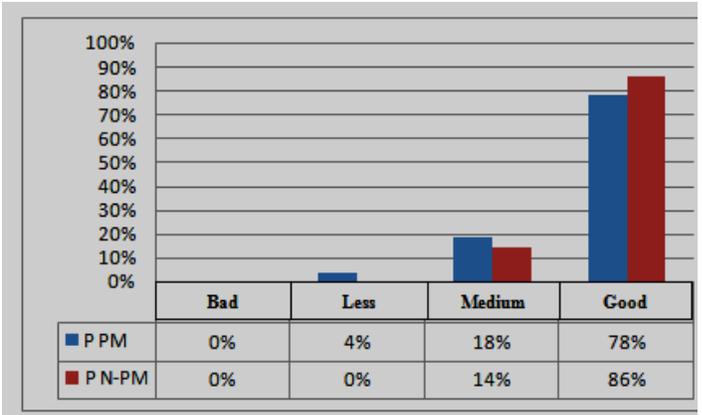


Figure 5. Comparison of Nutritional Status of Children in MP and N-MP based on H/A

**Comparison of Nutritional Status of Male Children in MP and N-MP based on H/A**

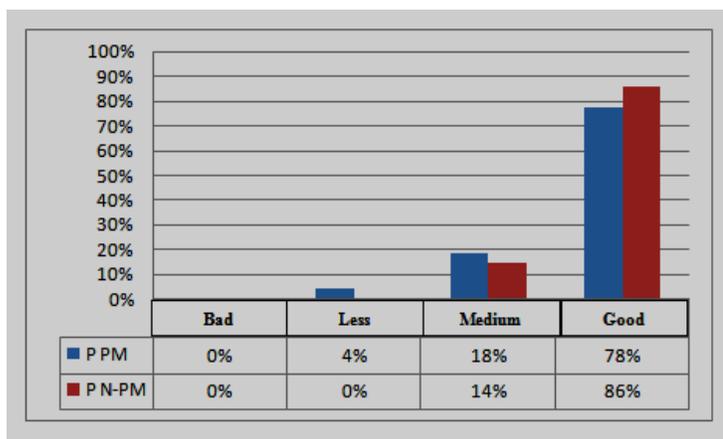
The results of comparative analysis of the nutritional status of male CHILDREN in the community of practitioners (MP) and non-practitioners (N-MP) is shown in Figure 6. It can be clearly seen that the relative level of nutrition in the MP community is not higher otherwise inclined lower than the N-MP community. It can also be seen that the percentage of male CHILDREN in the MP community of normal nutritional status and height are 20 and 77 percent or 97 percent less than the 14 and 86 percent (100 percent) in the N-MP community. After all the PM community also contained two percent malnutrition.



Figure 6. Comparison of Nutritional Status of Male Children in MP and N-MP based on H/A

### Comparison of Nutritional Status of Female Children in MP and N-MP based on H/A

The results of comparative analysis of the nutritional status of male CHILDREN in the community of practitioners (MP) and non-practitioners (N-MP) is shown in Figure 7. It can be clearly seen from the analysis of total CHILDREN (combined male and female) that relatively the level of nutrition of female CHILDREN in MP community is not higher on the contrary tend to be lower than the N-MP community. In CHILDREN from MP community, the percentage of male of normal nutritional status and height are 18 and 78 percent or 96 percent, less than 14 and 86 percent or 100 percent of the N-MP community. After all the MP community have four percent malnutrition and are not found in the N-MP.



**Figure 7.** Comparison of Nutritional Status of Female Children in MP and N-MP based on H/A

### CONCLUSION

From different perspectives or points of view of analysis on the age group of the community of Maudu Practitioners (MP) and Non-Practitioners (N-MP), which is the age group under five years of age (CHILDREN) are represented by children aged 2.5 years (30 months) to five years (60 months), can be summarized as follows. In general, the nutritional status of the community of practitioners is not higher (not better) than the nutritional status of the community of non-practitioners. It is with respect to the average state of nutritional status were relatively low in CHILDREN. In addition, the gap appears to be sharper on the nutritional status of the community of practitioners. This is reflected in the relatively high percentage figure of malnutrition status also coupled with high numbers of obese nutritional status in the community of Maudu practitioners compared to CHILDREN of non-practitioners.

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