

Self Efficacy, Collective Efficacy and the Role of the Community on Mother Positive Deviance in Nutritional Fulfilment of Toddler

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Submission date: 26-Dec-2021 04:18PM (UTC+0700)

Submission ID: 1735689049

File name: Jurnal_Self_Efficacy,_Collective_Efficacy_and_the_Role.pdf (187.39K)

Word count: 5019

Character count: 27341



Self Efficacy, Collective Efficacy and the Role of the Community on Mother Positive Deviance in Nutritional Fulfilment of Toddler

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Received: June 21, 2017
Accepted: September 13, 2017

ABSTRACT

Family with low socioeconomic raises nutritional problems in their children. The purpose of this research identified self-efficacy, collective efficacy and the role of society towards the pattern of mother's nurture and the impact on the nutritional status of children. Qualitative and quantitative research methods. The qualitative research population is 6 people. Quantitative research population of two groups, namely the case of poor mothers who have toddlers of nutritional problems amounted to 40 people, poor mother healthy toddlers 80 people. The design of this research was cross sectional. The research was conducted in three areas of Public Health Center located in Mojerto regency of East Java. Sampling is done by multi stage random sampling method. Instrument data using questionnaires that have been tested the validity and reliability. The Analysis used descriptive analysis then using inferential analysis is Partial Least Square (PLS) with the help of Smart PLS software version 2 for window. The results showed that the collective efficacy relationship to t-statistic parenting pattern showed the result of 7.66, collective efficacy on t-statistic nutrition status showed result 6.648, Pattern of care to nutritional status showed result 2.746 and self-efficacy to t-statistic parenting 1.257. This means that self-efficacy does not affect mother's upbringing pattern, nutritional status is influenced by collective efficacy and mother care pattern. The involvement of fathers and family members and the role of the community more dominate the occurrence of good nutritional status because the concern for toddlers is very high so that the status of good nutrition.

KEYWORDS: self-efficacy, collective efficacy, role society, positive deviance.

INTRODUCTION

Nutritional problems are influenced by several factors and these factors are related to each other [1,2]. The Factor related to nutritional status namely; first, the direct cause of nutritional status is the intake of nutrients and infectious diseases, digestive problems both structure and function. Secondly, indirect causes are family level food availability, mother and child behavior / care, and health and environmental services. Third is the problem of poverty, low education, food availability and employment opportunities [3,4]. Fourth is the problem of political and economic crisis. According to the Department of nutrition and public health. FKM UI, 2011 community groups that are at risk of malnutrition are poor, elderly, Drinking alcohol and home visits, according to Gibney, Margetts, Kearney, Arab, less nutrition is caused by low income by family. In general, low-socioeconomic families have nutritional problems in their children, but in some areas there are also families with lower middle-income socio-economics who have healthy children without any nutritional problems [3,4]. Toddlers who are free from malnutrition problem is what eventually called positive deviance, deviant actors have other behavior from the surrounding environment that makes them free from Malnutrition problems. There have not been many theories that reveal why positive deviations can occur, despite several studies [4].

The result of Lisbet Rimelfni Sebataraja research, Fadil Oenzil, Asterina., obtained the nutritional status of elementary school students in the center of the city with good socio-economic level of 84.2% good nutritional status and 6% less nutritional status, while families with low socio-economic level it was found that 15,7% good nutritional status and 0% nutrient status was less. In suburban area with good economic status was found 15,8% good nutritional status and 64,7% less nutritional status, whereas in family with low economic status was 84,3% good nutritional status and 100% less nutritional status. From Chi-Square test the value of pearson Chi-Square (χ^2) = 71.004 is greater than the value of χ^2 table = 7,815 and the probability value (p) = 0,000 smaller than the meaningful probability value that is <0.05 means that there is a significant with the socio-economic status of the national healthcare in the city and the suburbs of Padang. The status of children nutrition also relates to the family's economic growth, the level of education of the father and the number of children in the family. However, in Sternin's research based on his work as Marian Zeitlin at Tufts University in the late 1980s did research in several hospitals in

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developing communities to find out why a small percentage of children suffering from malnutrition overcome the condition is better than most children with malnutrition [5].

Providing nutritious and appropriate food for toddlers by poor families is not an easy job considering the income they get every day or month cannot be interpreted adequately, given to get foods that have high nutritional value requires a lot of funds. But sometimes it does not make the problem by parents, as long as their child does not experience pain, it can grow and develop optimally. Mother as the closest to the toddler will really feel if the toddler is in need of everything related to nutrition and health, Mother is convinced that by giving the best food the child will grow optimally, even with the deprived economic condition, the mother will be willing and try to make the toddler not sick and have nutritional problem. This mother's belief is called self efficacy [6]. Bandura expressed confidence or self-expectations as its self efficacy, and hoping the result is called the result expectation. The efficacy here is self-assessment, whether able to perform good or bad action, right or wrong, can or cannot do according to the provisions. People whose expectations are of high efficacy (believe that he can work according to the demands of the situation) and expectations of realistic outcomes (estimate results according to self-efficacy), the person will work hard and endure to do the job until finished. Self-efficacy is very influential in one's behavior. Any behavior can be behavioral in work, academic, recreational, or social influenced by self-efficacy. Belief in self-efficacy affects the chosen action, effort given for a particular activity, persistence over obstacles and failures, and adaptability after failure [6,7].

Bandura argues that individual tries to control their lives dose not only through individual self-efficacy, but also collective efficacy. Collective efficacy That is the belief of society that their efforts together can produce certain social changes. Bandura argues, people try to control their lives not only through individual self-efficacy, but also through collective efficacy. For example, in the health field, people have high self-efficacy to quit smoking, but may have low collective efficacy in terms of reducing environmental pollution, workplace hazards, and infectious diseases. Both of these collective efficacies together complement each other to change the human lifestyle. Researchers categorize that called collective efficacy is the involvement of fathers in the provision of nutritional intake in toddlers [7].

As like research conducted in Mojokerto regency of east java about father involvement in giving nutritious food in toddler got result of its population is all father who have toddler counted 38 people, which taken entirely as sample by using total sampling. The research variables are father's involvement in giving nutritious food to children. Data analysis using percentage. The results showed most of the father's involvement in giving nutritious food to under-five children is not good as much as 23 people (60.5%). This is motivated by the status of a father who works as an entrepreneur or unemployed, elementary educated, 36-60 month old toddler and male sex, and working mother. Time-consuming employment as an entrepreneur with a basic education leads to toddlers may be financially fulfilled but emotional involvement and unfavorable behavior. Moreover, the status of unemployment and basic education leads to poor financial and emotional support and behavior. Toddlers 36-60 months old and male sex is an active toddler and tends to be closer to the mother so the father is less involved. Similarly the status of working mothers does not make the father more involved, because the father tends to require him to work that sacrifice togetherness with children [8].

The prevalence of malnutrition and lack of nutrition indicates that the increasing age of toddlers the higher the prevalence of nutritional problems. On the issue of obesity and obesity indicates that increasingly age decreases its prevalence. Very short and short prevalence is found in infants aged 24-35 months (43.9%). According to gender, it was found that the prevalence of severe malnutrition, malnutrition and stunting in under fives was higher than that of female under-fives of 19.7% and 36.8%, respectively. Meanwhile, according to place of residence, the prevalence of less weight and shortness in urban area is lower than that of children in rural area that is 17,1% and 31,6% respectively. In general, the prevalence of severe nutrition and lack of nutrition and prevalence of stunting in toddlers has a pattern consistent with the three characteristics of the respondents.

The prevalence of severe nutrition, under-nutrition, short and underweight children is lower as the education of the head of household increases. In addition to malnutrition in East Java also experienced short toddlers, from 2013 by 30.1 percent, fell to 29 percent in 2014 [9, 10].

The state of nutritional status in Mojokerto regency 2008 from 80,213 children, 64,168 toddlers underweight and malnourished (down the red line and malnutrition) was 1,590 children under five. While in 2010 from toddlers 84,214, weighed 65,709 children under five and malnourished (down the red line and malnutrition) was 1,626 children under five. In 2011 of the toddlers weighed 68,437 who suffered less than 7,750 children under five, malnutrition 1.388 toddlers. And in 2012 of the toddlers weighed 69,151 who suffered less than 1,049 children under five, malnutrition 149 children under five. the year 2013 of children weighing 71.379, less malnutrition is 1040 infants and malnutrition 139 children under five. As for the year 2014 of the weighing 64.124 children who suffered less than 1036 malnutrition and malnutrition 106 [9, 10].

Based on the explanation of preface above, so it can be made by some questions, ie how is the self-efficacy, collective efficacy and the role of the community in the positive deviance mothers in fulfilling the nutritional adequacy of toddlers of poor families?

MATERIALS AND METHODS

In this research there are two methods that the first method is qualitative research. The research processes are doing observation toward mother in her daily life, interaction with her and trying to understand the mother in giving nutrition sufficiency in infants [11]. The number of respondents is 8 mothers consisting of 4 Positive deviance mothers and 4 mothers from poor families who have toddlers with nutritional problems. How to obtain the information through participant observation, in-depth interviews and other methods that generate descriptive data to reveal the cause and process of the occurrence of the events which is studied. This first stage of the research will serve as a further basis for the second stage of research. The second step in this research is used quantitative approach. The design of this research is cross sectional because independent variable and dependent variable are measured in one time [12]. There are two groups of this population study, they are: poor mother who has toddler with nutrition problem amount to 40 people and poor mother with healthy toddler amount to 80 people. The research was conducted in three areas of Public Health centers located at Mojokerto regency in East Java. Sampling is done by multi stage of random sampling method. Instrument data is retrieval by using questionnaires that have been tested by the validity and reliability. The first analysis is done by descriptive analysis and then by inferential analysis, Partial Least Square (PLS) with Smart PLS version 2 for window.

ETHICAL CLEARANCE

This research has passed the Ethical Clearance Test by Ethical Review Committee of the Faculty of Public Health Airlangga University , by Number: 34-KEPK

RESULTS

a. The First Term

In the first term, the informant is a resident of the working area of Dlanggu Village, Tumapel Village, Mojokerto Regency. The number of informants is 6 people consisting of 3 positive deviance mothers with healthy toddlers which do not experience nutritional problems and 3 poor mothers with toddlers who have nutritional problems. Characteristics of informants include maternal age, education, income and number of children. The age of the six mothers varies between 23 and 30 years. Educational background, 3 participants completed their study until Junior High School, 3 participants finished their study up to High School. From the status of the sixth job the mother in this first stage is housewife. Most of husbands' occupations are factory workers and farm laborers and odd employees with average monthly income between 750,000 up to 1,500,000 rupiah per month. The religion of the participants is Islam. A number of children from six participants is mostly 2 children and toddlers aged between 2 till 5 years.

Internal factors of mother

Internal factor of toddler's mother in the first term is self efficacy of positive deviance mother with healthy toddler and do not have nutrition problem. Self efficacy of positive deviance mother with healthy toddler and poor mother with toddler that have nutrition problem is about feeding habits. Feeding by positive deviance mother with healthy toddler is a child often getting snack but eating still given, feeding is provided specifically for toddlers, 3 times a day, breast milk given until the age of 2 years, while for poor mothers with toddlers have nutrition problems is often getting snack so they do not like to eat and mother gives up not to give food, the food for toddler is the same as the parents, eating pattern sometimes 2 or 3 times in a day, breast milk given until 2 year, Weaning food is given at age 2 month, weaning food is given at age 4 months. The second is about the parenting habit of positive deviance mother with healthy toddlers. There is interaction with children when eating, as well as poor mothers with nutritional toddler problem. The third is about hygiene habits, for positive deviance mother with healthy toddler is a child looks clean and health. The environment inside the house is dirty and untidy, the outside environment is clean, and children wear slippers inside and outside the home, the children are not used to wash hands and feet before eating and sleeping. The fourth is the problem of health care habits on positive deviance mother with healthy toddlers. Immunization is complete, Vitamin A is given, card to health (KMS) is present and good, If the hidren get ill, mother will visit public health center or midwife. For poor mothers with malnourished toddlers, Immunization is complete, Vitamin A is given, Card to health (KMS) is present, and bellow the yellow line (BGK), bellow the red line (BGM), If the get sick, they will visit public health center or midwife.

External factors of mother**1) Collective efficacy (Dad's involvement)**

The father's involvement from positive deviance mother with healthy toddler explains that the father is very close to the toddler, the child is often invited to go for a walk, while eating the father also helps feed and participates in the cooking process for his child, but in terms of menu settings and planning food for toddlers, the father never helps. In everything father hands it over to the mother especially in choosing the food and the type of menu to be cooked. If the child is sick or it is time to visit the posyandu, the father often accompanies the mother to the Public health center or Posyandu for his child's health. For poor mothers with toddlers with nutritional problems father did not ever help in the purchase of food to be bribed to toddlers, it is because the father is busy on working from morning to evening. Father is only occasionally carrying and taking the streets of the toddlers. If the child is sick or it is time for the visit posyandu father rarely accompanies the mother to the public health center or posyandu for the health of his child.

2) Collective efficacy (involvement of family members)

For positive deviance mother with healthy toddlers, grandmother, grandfather or other family members are often involved in feeding, giving input to the mother about child hygiene and a good menu for children. For poor mothers with malnutrition toddlers, grandmother, grandfather or other family members are rarely involved in feeding, never feeding children, never giving mother feedback on child hygiene and a good menu for children.

3) The role of society.

The role of neighbors, cadres and the role of local health officials both for positive deviance mother with healthy toddlers and poor mothers with malnutritional toddlers is to provide input on how to optimize the nutritional status of toddlers, encourage to seek treatment if they are getting sick and socializing with peers. The society is also enthusiastic in providing information related to the right foods for toddlers and personal hygiene in toddlers.

b. Second Term**Table 1. Validity Test Results**

Variable	Loading(λ)	Average	Standart	T-Statistics	Information	
		Sub Sample	error			
Collective Efficacy	Father's involvement	0,849	0,849	0,028	30,058	Valid and significant
	Other family member involvement	0,888	0,887	0,021	41,997	Valid and significant
	Society involvement	0,814	0,811	0,033	24,402	Valid and significant
Mother's parenting	Nutritional parenting	0,790	0,790	0,032	24,657	Valid and significant
	Health parenting	0,791	0,787	0,052	15,117	Valid and significant
	Pattern of love	0,814	0,809	0,037	21,636	Valid and significant
	Pattern of act	0,849	0,848	0,038	22,099	Valid and significant

Source: Smart PLS Prepared Data

The results of the first stage are used as the basis of the research in the second stage. The results of research in the second stage are: In the validity test results collective efficacy obtained results for the involvement of the father, Loading (λ) 0.849 means father involvement is valid and significant to the fulfillment of nutritional needs in infants by the mother. In the result of collective efficacy validity test results obtained for the involvement of other family members, Loading (λ) 0.888 means the involvement of other family members is valid and significant to the fulfillment of nutritional needs in infants by the mother. In collective efficacy validity test results obtained results for community involvement, Loading (λ) 0.814 means the involvement of the community is valid and significant to the fulfillment of nutritional needs in infants by the mother. In the test results of the validity of mother's parenting patterns obtained results for the diet, Loading (λ) 0.790 means that the mother's feeding patterns are valid and significant to the fulfillment of nutritional needs in infants by mothers. The validity of mother's parenting pattern is obtained results for health care pattern, Loading (λ) 0.791 means mother's health care pattern is valid and

significant to the fulfillment of nutritional needs in infants by the mother. The validity of mother's parenting pattern is obtained results for the pattern of love, Loading (λ) 0.814 means the mother's pattern of love is valid and significant to the fulfillment of nutritional needs in infants by the mother. The validity of mother's parenting pattern obtained results for the pattern of grinding, Loading (λ) 0.849 mean mother's pattern is valid and significant to the fulfillment of nutritional needs in infants by the mother.

2 Results Of The Reliability Test

In this research, a variable is said to be quite reliable if the variable has a *construc reliability* value greater than 0.7. Here are the results of testing the reliability of each latent variable with the help of *SmartPLS software*.

Table 2. Reliability Test

Variables	Composite Reliability	Information
Collective efficacy	0,887	Reliable
Mother Care Pattern	0,885	Reliable

Source: Smart PLS Prepared Data

In this research, a variable is said to be quite reliable if the variable has a *construc reliability* value greater than 0.7. Here are the results of testing the reliability of each latent variable with the help of *SmartPLS software*.

For Collective efficacy the value of Composite Reliability is 0.887 means that the Collective efficacy variable is reliable enough, while for mother's upbringing the value of Composite Reliability is 0.885 means that the mother pattern variable is reliable enough.

Structural model evaluation results

Table 3. Test Result of Causality Relationship of Structural Model

Relationship Causality	Coefficient Parameter	Standart error	T-statistics
Collective efficacy ->Mother Care Pattern	0,557	0,072	7,66
Collective efficacy -> Nutritional status	0,520	0,078	6,648
-> Nutritional status	0,247	0,090	2,746
Self Efficacy -> Mother Care Pattern	0,134	0,107	1,257

Based on path analysis, the significant result between Collective efficacy on Maternal Care Pattern with parameter coefficient is 0,557 means Collective efficacy influence mother's parenting pattern. The path analysis obtained a significant result between Collective efficacy on nutritional status with parameter coefficient is 0,520 means Collective efficacy affects the nutritional status of children. The path analysis got significant result between mother parenting pattern to nutritional status with parameter coefficient is 0,247 mean mother care pattern influence nutrient status . The path analysis, there was no significant result between self efficacy to mother parenting with parameter coefficient is 0134 means that efficacy selft does not affect mother's parenting pattern.

Based on the path analysis, the path that is not significant is Self efficacy to the mother's parenting means that self-effectiveness does not affect mother's parenting. Nutritional status is influenced by collective efficacy and mother care pattern.

DISCUSSION

The first term

In the first term, obtained self efficacy mother in giving nutrition adequacy in toddler less than the maximum shown in the explanation of how to choose and processed the ingredients as well as the food menu is sometimes mixed with the menu of his parents, and there is no special food for toddlers, although occasionally the mother cooks specifically for toddlers but this is rarely done. One's beliefs are influenced by success experiences, because they provide authentic evidence of whether a person will succeed. Thus, the individual's success experiences increase the individual self-efficacy while failure lowers self-efficacy. Success produces strength and confidence. According to Bandura success experiences produce a relative strength to reinforce self-confidence compared to other models such as modeling strategies, cognitive simulations, successful performances, tutorial instruction. In addition to personal experience self-efficacy is also influenced by the experience of others, the physical condition, stress and information gained [14].

According to the researcher, the mother's self-efficacy can not be maximized to provide nutrition sufficiency for toddlers due to some conditions such as lack of experience in the past so that in giving toddlers's food are not adequate even though healthy toddler is obtained. Other conditions that support a healthy toddler are the involvement of father and grandmother or aunt in providing nutrition adequacy in toddlers.. The involvement of father in the family in the past is rarely discussed because it is not considered to affect the growth and development of children. The processes that occur in a family are more likely to use the interaction approach between mother and child, family analysis as a system, and other types of approach globally. Subsequent developments indicate an interest in knowing how outcomes (outcomes) of growth and development of children in the care of the father. Various research proves that father involvement is very important [20]. Plleck states the involvement of the father is the behavior of participating positively by the father in the care of his child [20,21].

Second Term

In the second term, it was found that self-efficacy had no significant correlation with the nutritional status of toddlers t-statistic 1.627, the nutritional status of toddlers influenced by environmental factor that is collective efficacy in this case the involvement of father and the involvement of other family members (grandmother, grandfather or aunt), as well as community involvement in this case neighbors, cadres or local health workers.

According to the researcher, the nutritional status of toddlers are not directly influenced by the mother's self-efficacy because to provide the nurturing pattern of toddlers takes sufficient time and experience, while the average mother does not get a good and proper experience to take care of her first child, first done in the first child still done also in the next child. Judging from the age, the mother is 25-30 years old. In general, young and inexperienced mothers will behave less in nutritional care in toddlers. Bandura argues that people try to control their lives not only through self-efficacy individual, but also through collective efficacy. For example, in the health field, people have high self-efficacy to quit smoking, but may have low collective efficacy in terms of reducing environmental pollution, workplace hazards, and infectious diseases [6,7,17]. Both of these collective efficacies together complement each other to change the human lifestyle. In this case the collective efficacy is the involvement of the father, the involvement of other family members and the role of the community. In the research also found that the involvement of father and family members involvement there is a significant influence with nutritional status of toddlers namely t-statistic 7,66 and 6,468. This means that the nutritional status of children affected by the involvement of father and other family members. The lack of good dad's involvement in nutritious feeding in toddlers, based on previous theories, indicates a lack of good dad's ability in financial support to provide nutritious food and / or the presence of fathers at home to interact during feedings, both emotionally and behaviorally. Present theory that shows the aspect of fathering (parenting that emphasizes the father as a model) and parenting (parenting) is not very discussed in this research. The involvement of respondents is motivated by several factors, such as father's job, father's education, toddler age, sex of toddlers, and mother's job. Dad's education makes it easy to find jobs that demonstrate financial ability to support the growth and development of children [15,16].

Participation or the role of the community in this case is the participation of neighbors, cadres or Public Health Center officers participate in motivating, supporting mothers to be able to do the nutrition of toddlers so that children grow optimally [18,19]. Participation is the involvement of a person in a situation both mentally, mind or emotion and feelings that encourage him to contribute in an effort to contribute in an effort to achieve a predetermined goal and take responsibility for the activities of achieving that goal [14,22].

CONCLUSION

In this reseach Self-efficacy Mother does not affect the pattern of child nutrition in toddlers, collective efficacy and the role of society influence on maternal care pattern in toddlers, collective efficacy and the role of society also influence the nutritional status of toddlers, while mother care pattern influence to nutritional status of children. Self-efficacy does not affect mother's upbringing as well as on nutritional status of toddlers because Self-efficacy will be good if influenced by many things, such as personal experiences and experiences of others, in addition to physical factors, stress and information provided by the mother. In this research the involvement of fathers, other family members and the role of the community that significantly affect the pattern of care and nutritional status of children.

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ACKNOWLEDGMENT

This research is funded by Directorate of Research and Community Service Directorate General Strengthening Research and Development Ministry of Research, Technology and Higher Education In accordance and there is no conflict of interest.

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