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STUNTING TODDLER EATING PATTERNS IN THE POTA HEALTH CENTER CARE WORKING AREA EAST MANGGARAI DISTRICT

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Abstract

Inappropriate feeding practices could be a major cause of stunting. Stunting was one of the problems in the growth process because it was associated with an increased risk of morbidity, mortality, and suboptimal brain development. Based on data obtained from the electronic data collection of community-based nutrition recording and reporting in East Manggarai district at August weighing in 2023 from 24,427 toddlers there were 2195 stunted toddlers or 9. 0%. Pota health center was one of the health centers in East Manggarai Regency with a high number of stunted toddlers, namely 107 children or 10. 9%. The purpose of this study was to determine, describe and analyze the feeding patterns of stunted toddlers at Pota health center, East Manggarai regency. Methods: this study used a qualitative method with phenomenological research approaches. The informants in this study consisted of 7 main informants, namely mothers who had stunted toddlers in the pota puskesmas working area who were taken by purposive sampling technique. Results: mothers' perceptions of stunting tended to be the physical signs of children without knowing the long-term effects. The pattern of exclusive breastfeeding was still not good where most children were not given exclusive breastfeeding and the pattern of complementary feeding was still inadequate from the age of administration, frequency, amount, texture, variety and not knowing the complementary feeding of breast milk. Conclusion: mothers' perceptions of stunting were only related to the physical signs of the child and most informants did not gave their children exclusive breastfeeding and the pattern of complementary feeding was still inadequate from the age of administration, frequency, quantity, texture, variety and did not knew complementary feeding of breast milk.

Keywords: stunting, toddler, eating patterns, exclusive breastfeeding, complementary feeding

Introduction

Stunting in toddlers requires special attention because it could hinder the child's physical and mental development. Stunting was closely related to the risk of delays in the growth of motor and mental abilities and increases the risk of morbidity and death in children and one of the factors that played a role in contributing to its high the stunting rate was due to inappropriate parenting and feeding practices (Adji et al., 2019). Continuous deficiencies in food intake, both in quality and quantity, cause children to be susceptible to infectious diseases and hinder children's growth. (Mboi et al., 2022). The mother's role in the caregiving and giving process feeding children played a very important role in the process of children's growth, health, and intelligence. If the eating patterns of toddlers were not achieved properly, the growth of the toddler would also be disrupted, the body had been thin, poor nutrition and even short toddlers (stunting) could occur, so a good diet was also

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important. needed have been developed to avoid malnutrition (purwarni and mariyam, 2013).

Based on data from the Indonesian nutrition status surveyed (2021), the prevalence of stunting nationally had decreased from 24. 4% in 2021 to 21. 6% in 2022. This shows that the implementation of government policies encouraging the acceleration of stunting reduction in Indonesia had provided sufficient results. Good. Currently, the prevalence of stunting in Indonesia was better than Myanmar (35%), but still higher than Vietnam (23%), Malaysia (17%), Thailand (16%) and Singapore (4%). East Nusa Tenggara province was one of the provinces where the stunted toddler's prevalence rate in 2021 was in the highest position, namely 37. 8%. (ministry of health research and development agency, 2021).

East Manggarai regency was one of the districts in East Nusa Tenggara province where the prevalence of stunting in toddlers was still high. Based on data obtained from community-based electronic recording and reporting of nutrition data in East Manggarai regency at the weighing in august 2023, there were 24,427 toddlers. 2195 children under five were stunted or 9. 0%. Pota community health center was one of the community health centers in East Manggarai regency with a high number of stunted toddlers, namely 107 children or 10. 9% (pota community health center eppgbm data, 2023).

According to WHO, the impacts caused by stunting could be divided into short-term and long-term impacts. Short-term impacts include: 1) increased incidence of morbidity and death, 2) children's cognitive, motor, and verbal development was not optimal, 3) health cost increase. Meanwhile, the long-term impacts include: 1) shorter body posture compared to their adult age, 2) increased risk of obesity and other diseases, 3) decreased reproductive health, 4) learned capacity and performance at school were less than optimal, 5) productivity and worked capacity not optimal (data and information center, 2018). Apart from the impacts mentioned by the data and information center, stunting also had an impact on the economy of a country in the future, including indonesia. This was since stunting had quite a long-term impact (Sari et al., 2021). Thus, state funding for children experiencing stunting could increase. The potential economic losses due to stunting were also very large. By knowing the factors that caused stunting, one solution to directly prevent stunting was by means of specific nutritional interventions targeting pregnant women. This intervention includes providing additional food (pmt) to pregnant women to overcome chronic energy and protein deficiencies, overcome iron and folic acid deficiencies, overcome iodine deficiencies, treat worm infections in pregnant women and protect pregnant women from malaria (Murcittowati et al., 2023). A specific nutritional intervention targeting breastfeeding mothers and children aged 0-6 months was this intervntion was carried out through several activities that encouraged early initiation of breastfeeding/imd, especially through the provision of plain breast milk/colostrum as well as encouraging exclusive breastfeeding. Specific nutritional intervention targeting breastfeeding mothers and children aged 7-23 months was this intervention includes activities to encouraged the continuation of breastfeeding until the child/infant was 23 months old and then after the baby was over 6 months old accompanied by giving mp-asi, providing worm medicine, providing zinc supplementation, fortifying iron in food, providing protection against malaria, providing complete immunization, and preventing and treating diarrhea. Efforts to indirectly prevent stunting, namely through sensitive intervention efforts, include various development activities outside the health sector targeting the public, activities include providing clean watered, sanitation facilities, various poverty reduction, food security and nutrition, food fortification, education and kie nutrition, education, and health kie, gender equality, and others in collaboration with crossed sectors. The combined impact of specific and sensitive activities was long-lasting and long-term

Previous research conducted by ridha cahya prakhasita (2018) in the tambak wedi kenjeran area, surabaya also showed that there was a significant relationship between feeding patterns and the incidence of stunting in toddlers aged 12-59 months.

According to Pota health center ecologically working area had the potential for abundant marine natural resources because it was located on the coast. Seafood was an important source of protein for children, pregnant women, and women of childbearing age, because of the important role of micronutrients and two types of omega-3, namely docosahexaenoic acid (dha) and eicosapentaenoic acid (epa) in the growth and development of fetuses and children (un nutrition; 2021). Even though the Pota health center was located near the sea and beach areas, there were still many stuntinng toddler. Therefore, researchers were interested in analyzing and further researching the stunting toddlers feeding patterns in the Pota health center working area. The aimed of this research was to found out, describe, and analyze the feeding patterns of stunting toddlers at the pota community health center, East Manggarai regency used a phenomenological approach.

Research Methods

This research used qualitative methods with phenomenological research approaches. This research was conducted in the working area of the Pota health center, East Manggarai regency, East Nusa Tenggara province. The informants in this study consisted of 7 informants, namely mothers who had stunted toddlers in the Pota health center working area. The data collection method in this research used primary data obtained directly by conducting semi-structured interviews. Data analysis in this researched used the miles and huberman model of data analysis, namely data collection, data reduction, data presentation and conclusion drawing/verification (Rahayu et al., 2023).

Results and Discussion

Perceptions about stunting

From the interview results, it was found that most informants had the same perception about stunting, namely children who were small, short and had stunted growth without knowing the causes and impacts on children. Here is the quote:

" What I knew was that stunting was a child who was small and short, ma'am (informant 01, 04, 05, 06, 07).

There were also those who said that stunting in children occurs due to hereditary factors from parents.

" When it came to stunting, i knew that children were short, but my child seems have been short because his father was also short, hehehe (informant 02). Another informant also said that children who were stunted only when they were toddlers, when they reached school age, the child would grow taller and bigger and compare with his older siblings.

" Well, I knew, mother, they often explained that stunting was a small and short body, and said that the school does not win. My eldest child was also small, but at school, thank God, he could read and write fluently, ma'am, so I thought that it was normal for him to have been small like this, but when he grows up, he would be tall like his older brother (informant 03).

In this study, it was found that all informants already knew the term stunting, however, the informants' perceptions of the meaning and characteristics of stunting tended to be about the child's physical signs. According to the informant, children were said to

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have been still normal if their development was active, spoke fluently and walked according to their age, without knowing the long-term effects of stunting such as affecting the child's intelligence leveled and ultimately reducing the economic productivity of individuals and the country collectively. Perception would determine a person's choice, collection, arrangement and giving meaning which would influence the behavior (response) that emerges from within a person. Perception influences the mother's parenting style, namely the care given by the mother to the child in the form of the mother's attitudes and behavior (Indah, 2020).

Research by Putri mm, Mardiah, yulianita (2021) found that 95 respondents (51. 1%) had low knowledge about stunting. This was due to the lack of information obtained by mothers of toddlers, which should have been obtained through counseling by health workers at integrated healthcare center (Posyandu), which had an impact on mothers' attitudes in caring for toddlers. Another study conducted by (Nurbaya et al., 2023) stated that mothers who received knowledge from professional health workers had a more accurate understanding of stunting, compared to mothers who received information from friends or neighbors. The method of conveying information was very important in increasing mothers' knowledge and perceptions. Extension methods in the form of lectures and discussions have been proven to increase parents' knowledge about nutrition. In-depth knowledge about stunting in mothers could help them provide optimal care for babies and toddlers. With this knowledge, mothers could choose the right types of food and provide appropriate nutritional intake with the needs of children's growth and development. In addition, improving maternal beliefs, behavior and education was the key to overcoming stunting. Research shows that consistently increasing maternal education could reduce children stunting rates (Hall et al., 2018). the community's perspective found out on the meaning of stunting. This information about community perceptions was useful in selecting intervention activities to change perceptions so that they did not only focus on the child's physical signs but also other aspects, including the long-term impact of stunting. With this change in perception, it was hoped that there had been increased community involvement in efforts to overcome stunting. Exploration of the perception components in this research was still limited to informants from mothers whose children were stunted. The government needed to carry out further outreach or education to correct the perception of mothers who only focus on the child's physical signs.

Exclusive breastfeeding

From the results of in-depth interviews, it was found that most informants did not give exclusive breast milk to their children for various reasons, namely because of working, fussy children, feeling that breast milk was not enough and pressure from their in-laws. Here is the quote:

" That is what i wanted, ma'am, to just gave him breast milk for up to 6 months, but i had to worked and went to school, so he started drinking formula milk from the age of 4 months," (informant 02)

" If I was not mistaken, i gave him breast milk for up to 5 months, because i knew, living in a village, if a child was fussy and cries, the neighbors would say it was because there was not enough breast milk, so at 5 months i gave him starch watered (informant 05. 06)

In this research, it was found that most informants did not give exclusive breast milk to their children for various reasons, namely because of working, fussy children, feeling that there was not enough breast milk and pressure from their in-laws. When children were 4-5 months old, they were given liquid food such as starch watered, formula milk and soft porridge.

Exclusive breastfeeding was giving only breast milk without giving other food and drinks to babies until they were 6 months old, except for medicines and vitamins (who, 2017). Breast milk was a nutritional intake that was in accordance with needs and would help children's growth and development. Babies who did not get enough breast milk had poor nutritional intake and could cause malnutrition, one of which could cause stunting.

This was in accordance with researched conducted by (Umiyah & Hamidiyah, 2020) in the worked area of the selo public health center, Boyolali regency, namely that there was a relationship between exclusive breastfeeding and the incidence of stunting, namely that babies who were not given exclusive breast milk had a 3,154 times risk of experiencing stunting in the future compared to babies who were given exclusive breast milk.

In the researched it was also found that informants gave formula milk when their children were 4 months old because the mother was gone to worked, other informants gave starch watered and porridge before the children was 6 months old because they felt there was not enough breast milk and the parents was forcing them. According to research by (Aulia & Dafit, n.d.) in malang, the mother's level of knowledge had an influence on the success of exclusive breastfeeding. It was believed that knowledge influences a person's thought patterns or actions. Adequate maternal knowledge about breast milk had the potential to improve maternal behavior in breastfeeding her baby. Evidence shows that breastfeeding was beneficial for improving the baby's immune system.

Giving Weaning food (MPASI))

The feeding pattern in this study included providing complementary breast milk food with the principle of paying attention to the age or time of giving mp asi, frequency, quantity, texture, and variety of food to meet the child's nutritional needs and the nutritional content of the weaning food (MPASI) consumed. Based on the results of interviews conducted with informants, it was found that most informants did not give weaning food (MPASI) to their children on time. Here is the quote:

" Because he has been on milk since he was 4 months, so around 5 months i gave him soft porridge mixed with vegetable sauce and small pieces of fish and even then, just a little, i was afraid his intestines would be disturbed. " (informant 02)

" My in-laws said i had to feed him porridge so he would grow up quickly, even though he was still 4 months old (informant 03)

" My breast milk had not last until 6 months because he was fussy, cried all the time, finally my mother-in-law said that my breast milk was not good, so i should gave him starch watered with a little banana ," (informant 05)

" It should have been 6 months, the midwife said, but my child kept crying ma'am, he was fussy, finally at 5 months I gave him soft porridge " (informant 06).

Based on the results of interviews, in terms of the texture of weaning food (MPASI) given to toddlers, it was known that all informants started giving weaning food (MPASI) to their toddlers with foods that had a liquid texture such as breast milk. The choices of liquid textured foods given were starch watered and soft porridge accompanied by vegetable sauce. Here is the quote:

"First i gave you starch watered and then i gave you moringa vegetable soup " (informant 03,05,07)

" Well, at first i cooked the porridge until it was very soft, then after that i mixed in moringa left (informant 01,02,04)

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Regarding the frequency and amount of giving weaning food (MPASI) to their children, all informants answered that their children ate 2-3 times a day, 5-6 spoonfuls to ½ cupped at a time. Here is the quote:

" 2-3 times ma'am, she ate 5-6 spoonfuls, sometimes when she was really hungry, she finishes 1 scooped or ½ bowl, but sometimes when she was hungry she'll definitely asked for food " (informant 01,03,04,05)

“2 -3 x ma'am, he finishes ½ bowl, sometimes 1 bowl if there were side dishes that he liked, but sometimes if he had snacks, only 2 meals in the morning and afternoon. But i still asked for food if i'm hungry” (informant 02,06,07).

Regarding food variety, based on the results of interviews with informants, it was known that when giving food to their children there was rarely a variety of food. Here is the quote:

" Sometimes I waited for good luck, ma'am, who always had moringa and lettuce, eggs and fish every day, sometimes too " (informant 01, 05. 07)

" There was also a lady who often gave me moringa left and gave her carrots and green beans. When there was helped from the sub-district, she had carrots, but she was also picky when it went to eating, most often also tofu because she liked tofu mixed with soy sauce" (informant 03)

" The routine was moringa left and fish, ma'am, but i tried with tempeh because he liked eating tempeh mixed with tomatoes and soy sauce " (informant 06)

When interviewed regarding the content of weaning food (MPASI) provided, all informants did not know regarding the nutritional content of mp asi. What they knew was that if the food given consisted of rice, vegetables, fish, eggs, or meat then the food contained nutrients without knowing what nutrients they contained. contained. Here is the quote:

" I knew that if you had rice with vegetables and side dishes, it already contains nutrients, especially since it was said that moringa left had lots of nutrients. (informant 01,05,06)

" As far as I knew, vegetables, fish, meat, eggs were nutritious foods, especially if there was milk, but my child often ate fish but his body was still small. " (informant 02. 07).

The feeding pattern in this study includes providing complementary breast milk food with the principle of paying attention to the age or time of giving mp asi, frequency, quantity, texture, and variety of food to met the child's nutritional needs and the nutritional content of the weaning food (MPASI) consumed.

In this study, the informant had not given weaning food (MPASI) to his child on time. WHO recommendations for providing appropriate food to infants and children were early initiation of breastfeeding (imd) immediately after birth, exclusive breastfeeding for 6 months and providing complementary breast milk according to need from the age of 6 months and continued with breastfeeding for up to 2 years or more (who , 2003).

Findings made by (Waqiyah et al., 2023) who examined factors such as timeliness, frequency, and types of mp-asi on the nutritional status of toddlers, also showed that the nutritional status of toddlers could be influenced by these factors. In this study, it was found that informants tended to have mp-asi to children with a liquid texture, such as breast milk. However, guidelines from the ministry of health recommend that giving complementary foods to babies aged 6-8 months should have a thick or creamy texture. Theory also supports that mp-asi should be given gradually according to the baby's

age, because this was adjusted to their physiological condition (Anggryni et al., 2023). Babies who were not given food textures appropriate to their age would easily get diarrhea, which could indirectly affect their growth, including linear growth (Mufida et al., 2015).

Regarding the frequency and amount of giving mp asi, all informants said that their children ate 2-3 times a day, 5-6 spoonfuls to ½ bowl at a time. According to unicef, giving additional food to children aged 12-24 months was 5 times per day. Meanwhile, according to Soetardjo (2011), feeding children 5 to 6 times per day was better because toddlers had small stomachs. Children who ate less than 4 times per day had less nutritional intake compared to the average of other children who ate 4 times a day or more. Meanwhile, the frequency of giving mp-asi should be as frequent as possible, because children could consume small amounts of food gradually, while the need for calories and other nutrients must be met.

Research conducted by Wangiyana (2020) indicates that there was a significant relationship between the frequency of giving mp-asi and the risk of stunting, with children receiving mp-asi with an inappropriate frequency. If toddlers were inadequate in providing food portions, it could result in a lack of energy intake, which would cause the body to conserve energy, which would result in obstacles to weight gained and linear growth (Hidayat, 2023).

Regarding food variety, it was known that when giving food to children there was rarely a variety of food. Apart from rice as the staple food, children were also more often given one typed of side dishes and vegetables for each meal, such as eggs and tofu mixed with soy sauce, tempeh, fish. , or chicken. Lack of variety in the food menu for children was also a factor that influences children's difficulties in eating. A variety of foods was very necessary in feeding children because no one type of food contains all the nutrients the body needs. Regarding the content in the weaning food (MPASI) given, all informants did not know the nutritional content in the weaning food (MPASI) given to children.

According to the infant and child feeding guidelines (ministry of health, 2019) weaning food (MPASI) must contain enough carbohydrates, protein, fat, vitamins, and minerals. Carbohydrates could be obtained from staple foods such as rice, grains, corn, wheat, sago, and tubers. Animal protein could be obtained from poultry, liver, eggs, fish, beef, milk, and other processed products. Vegetable protein could be obtained from nuts such as soybeans, green beans, peas, peanuts, tempeh, tofu, etc. Fat as an efficient energy source. Using/adding a certain amount of fat during processing, for example oil/coconut milk in mp asi, would provide additional energy content without increasing the volume of mp asi. Fruit and vegetables were sources of vitamins (vitamin a and vitamin c), especially yellow, orange, and green, but they contain high fiber (Trumbo et al., 2002).

The key to success in teaching healthy eating patterns to children really depends on the mother's knowledge and understanding of nutrition. (prosperous, 2009). The mother's willingness to overcome this problem appeared have been poor, which could be seen from the little effort made by the mother to deal with this problem (Oktaviani et al., 2022).

Conclusion

The pattern of exclusive breastfeeding was still not good where most children were not given exclusive breast milk for various reasons, namely because of working, fussy children, feeling that there was not enough breast milk and coercion from in-laws. The pattern of providing complementary breast milk was still inadequate based on the age at which it was given, frequency, quantity, texture, variety and not knowing the contents of the complementary breast milk that was given. Health centers community needed to develop innovative activities related to stunting and strengthen promotion of exclusive

breastfeeding and patterns of providing complementary foods to children.The mother's active role was needed in providing appropriate and adequate feeding in terms of feeding time, frequency, quantity, texture, variety, and content of wealing food (MPASI).

Bibliography

Adji, A., Asmanto, P., & Tuhiman, H. (2019). Priority regions for prevention of stunting. *Tim Nasional Percepatan Penanggulangan Kemiskinan: Jakarta Pusat, Indonesia*, 28.

Anggryni, M., Tiwery, I. B., Goha, M. M., & Tiwery, D. S. (2023). *Pencegahan Stunting dengan Pola Asuh Pemberian Makan pada Golden Age Period*. Penerbit NEM.

Aulia, Y., & Dafit, F. (n.d.). Implementation Of A Character Education Program Through 5s Activities (Smile, Greetings, Sapa, Popular, Courteous) At State 100 Primary School Pekanbaru. *Primary: Jurnal Pendidikan Guru Sekolah Dasar*, *12*(5), 1375–1387.

Hall, C., Bennett, C., Crookston, B., Dearden, K., Hasan, M., Linehan, M., Syafiq, A., West, S., & West, J. (2018). Maternal knowledge of stunting in rural Indonesia. *International Journal of Child Health and Nutrition*, *7*(4), 139–145.

Hidayat, R. (2023). The relationship between feeding patterns and stunting incidence in toddlers aged 12-59 months in the working area of Pembina Health Center, Plaju, Palembang, Indonesia. *Scientific Journal of Pediatrics*, *1*(1), 1–4.

Indah, R. (2020). Parenting Patterns and Perceptions of Mothers in Rural Areas regarding Stunting Incidents in Toddlers. *HIGEIA (Journal of Public Health Research and Development)*, *4*(Special 3), 671–681.

Mboi, N., Syailendrawati, R., Ostroff, S. M., Elyazar, I. R. F., Glenn, S. D., Rachmawati, T., Nugraheni, W. P., Ali, P. B., Trisnantoro, L., & Adnani, Q. E. S. (2022). The state of health in Indonesia's provinces, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Global Health*, *10*(11), e1632–e1645.

Mufida, L., Widyaningsih, T. D., & Maligan, J. M. (2015). Basic Principles of Complementary Foods for Mother's Milk (MP-ASI) for Infants 6–24 Months: Literature Review. *Journal of Food and Agroindustry*, *3*(4).

Murcittowati, P. A. S., Dharmawan, N. K. S., Kartika, I. G. A., Yunawati, N. P. L., & Perwira, K. Y. (2023). Nutrition Training Policy among Health Professionals in Community Health Centers and Sub-Centers in Indonesia. *Jurnal Penelitian Pendidikan IPA*, *9*(12), 10923–10928.

Nurbaya, N., Najdah, N., Sukardi, S., & Rahman, K. (2023). Knowledge of Posyandu Cadres and Mothers of Toddlers About Providing Breast Milk During the Covid-19 Pandemic in the Campalagian Community Health Center Work Area. *Jurnal Kebidanan Malakbi*, *4*(1), 66–73.

Oktaviani, N. P. W., Trisnadewi, N. W., & Adiputra, I. M. S. (2022). Strategies of Health Workers in Tackling Stunting in Rural Areas during the Covid-19 Pandemic. *Indonesian Journal of Global Health Research*, *4*(1), 61–68.

Rahayu, Y., Sandriani, S., Ameliasari, N., & Hayati, E. T. (2023). The Relationship Between Mother's Knowledge About Nutrition Provision With An Improvement Of Stunting Children's Weight. *Asy-Syifa: Journal of Science and Technology Nursing*, *1*(1), 7–16.

Sari, L. T., Renityas, N. N., & Sari, I. N. (2021). Determinants Analysis of the Incidence of Stunting in Children 1-2 Years. *Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery)*, *8*(2), 190–195.

Trumbo, P., Schlicker, S., Yates, A. A., & Poos, M. (2002). Dietary reference intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein and amino acids.(Commentary). *Journal of the American Dietetic Association, 102*(11), 1621–1631.

Umiyah, A., & Hamidiyah, A. (2020). Exclusive Breastfeeding With Stunting. *STRADA Jurnal Ilmiah Kesehatan*, *9*(2), 471–477.

Waqiyah, H., Maineny, A., & Nurfatimah, N. (2023). The Relationship between the Timing of Complementary Feeding and Maternal Knowledge of Responsive Feeding and the Incidence of Stunting in Children Aged 6-24 Months. *Poltekita: Jurnal Ilmu Kesehatan*, *17*(1), 147–154.