



FOOD MANAGEMENT FOR ORPHANS AND POOR CHILDREN IN INSTITUTIONAL CARE

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Abstract

Institutional care is a shelter or a safe place that accommodates children who have lost their mother, father, or both, neglect as a result of poverty and the inability of extended families to access basic needs for children. This study was conducted using a qualitative design through the distribution of questionnaires to 49 institutions in all districts in the state of Terengganu, Malaysia. This study used a qualitative research design consisting of structured interviews guided by a checklist on 49 institutional cares. The purposive sampling method was used in this study. The data obtained were analyzed using the frequency and percentages of the built-in-checklist. The findings show the frequency distribution of institutional streams of institutional care. There were 28 (57.1%) Tahfiz streams, 14 (28.6%) Academic and Tahfiz streams, and 7 (14.3%) Academic streams among the 28 (57.1%) institutions. The highest frequency of daily meals provided by institutional cares is 3-4 times a day which is 33 meals (67.3%). A total of 25 (51.0%) institutional cares received food donations every month. The most important source of water is tap water which is 45 pieces (91.8%). The results of the study found that 29 (59.2%) institutional cares have never experienced food poisoning. Institutional cares need to make more careful plans when managing the welfare of children living in institutional care. Institutions need to be careful when receiving any food aid from outside parties so that the problem of food poisoning does not occur. All parties also play an important role in ensuring the welfare of orphans and poor children living in institutional cares.

Keywords: Food Management, Institutional Care, Orphans, Poor Children.

INTRODUCTION

Institutional care is a shelter or a safe place that accommodates children who have lost their mother, father, or both, neglect as a result of poverty and the inability of extended families to access basic needs for children (AduGyamfi et al., 2019; Rogers & Karunan, 2020; Sabri et al., 2023). Most of the children placed in this institution are under the age of 18. However, for some institutional cares, they still accept adults due to certain factors. In Malaysia, institutional cares are located in all states and districts whether owned or managed by the government, NGOs, religious

institutions and privately owned or philanthropic individuals (Ashray, 2017; Ijon et al., 2021).

Residential care facilities and day institutional care are the two types of institutional cares in Malaysia. A residential institutional care is any facility that accepts four or more children as residents. However, a person who is a relative of the premises manager cannot be counted as a resident in determining the number of people accepted for care. According to UNICEF (2022), there are 2.2 million vulnerable children, or 120 children per 100,000, between the ages of 0 and 17 who are estimated to be in institutional care or other alternative care worldwide.

Nonetheless, Tan Sri Faizah Mohd Tahir, Chairman of the OrphanCare Foundation, and Datuk Hajah Azizah Haji Mohd Dun, former Deputy Minister of Women, Family, and Community Development, issued a joint statement arguing that children cannot be excluded from society. This is because this illness leads youngsters to experience a lack of stimulation at a young age, leading to long-term social, emotional, and psychological issues. Furthermore, when children leave the facility, this makes it harder for them (Browne, 2017; Shavit et al., 2018).

The problems that arise are not only related to newly created institutions, but existing institutions also face their problems. For example, a study by Nalasamy and Ah (2013) found that registered foster care facilities in Malaysia do not meet most of the provisions of the UNESCO Convention on the Rights of the Child. This point is supported by a study conducted by JKM in collaboration with several other institutions, which found that most welfare facilities in the country comply with the Universal Convention on the Rights of the Child (UNESCO) provisions. According to Nalasamy and Ah (2013), the Convention on the Rights of the Child does not state clearly and specifically how the rights of each child must be realized in the lives of children living in foster care. The question here is how this can happen when Institutional Care Act No. 506 of 1993 (Act 506) was established as the basis for provisions on registration, management and inspection of institutional care and related matters.

Since children have rights and roles not only to live to adulthood but they should also be given opportunities and space to develop their abilities in society (Sirriyeh & Raghallaigh, 2018). They also need to be given the opportunity to continue living physically, emotionally, get a basic education, be loved and be loved and be given protection so that they are not exploited. However, there are various problems that exist related to the management of homes for orphans and the poor, whether from aspects of governance, food management, education, health, guidance and counselling, security, physical and financial equipment (Ramaloo et al., 2018; Nordin, 2018; Kučera et al., 2020).

Accordingly, food is an item that needs to be taken seriously for these poor orphans. It is at the highest level just like education, housing and basic needs. Food is also a basic need that will be provided by child institutional cares. This is because child institutional cares are the most suitable and best place if a family fails to provide nutritious food to these children. So, the best care and protection is in child institutional cares. In general, the relationship between poor orphans and nutritional status is still weak. Food provides essential nutrients to the body to support all functions (Reber et al., 2019; Crowe et al., 2022). A study conducted by Alwi & Gupta (2020) found that food is the most important need for poor orphans.

LITERATURE REVIEW

Food Preparation

According to the Institutional cares Act 1993 in the regulations of the Institutional cares 1994 part V which is health and hygiene stipulates that each center must provide at least one toilet for five occupants; toilet facilities and cleanliness must be maintained at all times; water supply should be sufficient. In addition, the manager has to provide food to the orphans 3 times a day, clothes and a comfortable bed (Kasavan, Ali & Masarudin, 2020).

While in terms of health, the Institutional cares Act 1993 insists that all cooks must undergo a medical examination at least once a year; the operator of the institutional care shall make arrangements for the examination of the residents; operators also need to ensure that children under 16 years of age must ensure that inoculation programs are followed according to time and age; report immediately to a medical officer if suspecting any infectious disease problem; providing a sick room; and report to the authorities if there is a death of a resident or staff member.

In addition, there are also issues raised by the residents of child institutional cares. Among them is the type and quality of food provided. In terms of food, 68% of residents revealed that their institution was unable to provide the main food they liked (Eliansu, 2017). They also stated that food such as rice, spaghetti and others that they saw on television were not given. The case of insufficient food supply is a major challenge.

Food Poisoning

While food poisoning is any type of illness caused by consuming contaminated food or drink (Ministry of Health Malaysia, 2022). The causes of food poisoning are bacteria or toxins (toxins) of those bacteria and viruses; chemicals such as insecticides and herbicides; heavy metals such as copper, mercury and lead; and poisonous plants and seafood such as fungi, mushrooms and shellfish such as mussels.

According to KKM (2020) again, the cause of food poisoning is food left at room temperature for a long period (more than 4 hours); food is not cooked perfectly; food is not stored well (raw food is stored together with cooked food); food is not heated perfectly; frozen meat and poultry are not fully defrosted before cooking; unsanitary food handling practices; and food prepared by sick people or carriers of foodborne diseases.

According to Delacey et al., (2020), children's nutrition and health outcomes determine the type of malnutrition and their health. The results of the study found that orphans and poor children experience more health problems and malnutrition based on statistical data which is 31 672 children aged 0-17 years (6753 aged under 5 years) selected from the 2004 Zimbabwe OVC Baseline Study. They are more tending to suffer from diarrhea, acute respiratory infections, become stunted and underweight. After further research was conducted, the study found that the cause of their health problems was due to extreme poverty and chronic malnutrition.

In addition to the lack of food, most poor orphanages are also exposed to the problem of getting a clean water supply. Water is a basic facility needed for life.

Human life depends on clean water and air. According to Behnke et al., (2018), access to water, sanitation, and hygiene services for residents is an important component of the goal of a institutional care. The Water Institute at the University of North Carolina (UNC) at Chapel Hill and World Vision hosted a side event at the 2017 UNC Water and Health conference to discuss barriers and opportunities related to improving environmental conditions in orphanages. The purpose of the study is to help childinstitutional cares have clean water for their residents. Maslow considered that water and food are the basic needs for humans to continue living. Lack of water and food will threaten a person's life. Most orphans get water from wells, but they have to walk long distances to get water (Smiley & Stoler, 2020). Some water is not safe to use because they take water from unprotected wells.

RESEARCH METHODOLOGY

This study received research ethics approval from the Sultan Zainal Abidin University Faculty Evaluation Committee (UniSZA) to conduct the study, and a qualitative approach was used with secondary data and structured interviews based on checklists. To obtain information about institutional care in Terengganu, the researcher referred to the institutional care of the Ministry of Health, the Social Registration Office (ROS), the Malaysian Companies Commission (SSM), the Islamic Religious Council, and the Malay Customary Council (MAIDAM). The list of institutions was also identified through a review of social media, official websites, newspapers, and magazines and input from the public.

The purposive sampling method was used in this study, with the inclusion criteria that institutional care was established in Terengganu, Malaysia, and was institutional care for orphans and poor children. Qualitative research in the form of checklist-based interviews was used to get a deeper picture of the institution's profile. The checklist includes questions about things to do, should do, and things to consider, designed to see everything that might happen.

The type of checklist used in this study is dichotomous questions and multiple nominal responses to obtain organized and systematic data. Data collection procedures include obtaining consent from respondents using a consent form that contains information about the purpose of the study, the respondent's right to withdraw, the right not to answer questions, information about the researcher, and the purpose of the study.

Respondents who agree to participate in this study must sign a consent form. After signing informed consent, respondents were interviewed by the researcher for about 60 minutes using a structured interview based on a checklist. All information from respondents was recorded through an audio recorder and a checklist form. An integrated checklist analyzed. The data obtained according to frequency and percentage.

A debriefing session was conducted between the researchers to ensure the accuracy of the data collected. Peer debriefing is used as a technique where the researcher analyzes the data and compares the responses to ensure the accuracy of the responses. Table 1 shows the childcare facilities in Terengganu used as a study sample.

Table 1: Institutionals care of orphaned and poor children in Terengganu, Malaysia

No	District	Institutional cares of orphaned and poor children
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1.	Kuala Nerus	3
2.	Kuala Terengganu	12
3.	Besut	6
4.	Setiu	1
5.	Marang	6
6.	Hulu Terengganu	2
7.	Kemaman	13
8.	Dungun	6
Total		49

ANALYSIS AND DISCUSSION

Table 2 shows the frequency distribution of the institutional streams of institutional cares that house poor orphans. Of the 28 (57.1%) institutions were Tahfiz streams, 14 (28.6%) institutions were Academic and Tahfiz streams and 7 (14.3%) institutions were Academic streams.

Table 2: Institutional Streams of Institutional cares

No	Institutional Stream	Frequency	Percent (%)
1.	Tahfiz	28	57.1
2.	Academic & Tahfiz	14	28.6
3.	Academic	7	14.3
Total		49	100.00

While the results of the study on food management in institutional cares studied in the State of Terengganu, Malaysia consisted of the frequency of resident meals, the receipt of donations and the form of donations, water sources, food supply interruptions and food poisoning.

Table 3: Eating Frequency of Institutional care in Terengganu, Malaysia

Institutional Stream	Frequency of meals per day (Number)		
	1-2	3-4	5-6
Akademik	0	4	3
Akademik & Tahfiz	0	10	4
Tahfiz	1	19	8

Total	1	33	15

The table below shows the frequency of meals of residents in institutional care studied in the State of Terengganu. The highest frequency of daily meals provided by institutional cares is 3-4 times a day which is 33 meals (67.3%). Of this total, 19 (38.8%) Tahfiz institutional cares, 10 (20.4%) Academic and Tahfiz institutional cares, as well as four Academic institutional cares that provide meals 3-4 times a day to its residents, consisting of breakfast, lunch, dinner and dinner. However, there are also 15 (30.6%) institutional cares that provide food to residents 5-6 times a day, namely the Tahfiz stream (8), the Academic and Tahfiz stream (4), and the Academic stream (3). The frequency of meals recommended by the Nutrition Division of the Ministry of Health Malaysia (2010) is as many as six times a day, namely breakfast, morning tea, lunch, afternoon tea, dinner and evening drink. This is to ensure that children have active and healthy bodies (Mwaniki et al., 2014; Siswanto & Fanani, 2017; Alias et al., 2018; Bedaso et al., 2018; Scaglioni et al., 2018).

FREQUENCY OF RECEIPT AND FORM OF DONATION

While Table 4 below shows the frequency of receiving donations and the form of food donations received by the researched institutional cares in the State of Terengganu. A total of 25 (51.0%) institutional cares receive food donations every month. A total of 16 (32.7%) institutional cares that were studied received food donations every week. While there are eight (16.3%) institutional cares that receive food donations every year. The institutional cares are Madrasah Mazahirul Ulum, Madrasah Ta'alim Wattarbyyah, Madrasah Ad-Diniah Al-Islamiah, Asnaf As-Solehah Orphanage, Pondok At Taqwa, Madrasah Hafizah Khadijatulkubro, Madrasah Tahfiz Al-Quran Darul Ulum and Madrasah Tahfiz Al-Quran Darul Ulum Lil Banat. In terms of flow, the Tahfiz Flow Management Institution received a lot of food donations, 16 pieces. However, there is an academic institutional care that receives the least amount of food donations, which is the Asnaf As-Solehah Orphanage because the institutional care was only established in 2018.

In addition, all institutional cares receive food donations in the form of dry food. The dry food in question consists of rice, sugar, oil, biscuits, bread, canned food, and so on. While only 39 (79.6%) institutional cares received donations in the form of wet food. Overall, most of the Tahfiz institutional cares received a lot of donations of wet food and dry food, namely 23 pieces and 28 pieces.

This shows that the community in Terengganu State and from outside Terengganu State, whether individuals or NGOs are always ready to contribute to help institutional cares in meeting the food needs of orphans and the poor. The level of community involvement in contributing food to the institution can help the institutional care provide food every day to the children (Norzuraida & Asmak, 2012; Varekhina, 2016; Siswanto & Fanani, 2017).

Table 4: Acceptance of Donations and Forms of Food Donations Received by Institutional Cares

Institutions	Frequency of receiving food donations			Form of food donation received	
	Every week	Every	Every year	Wet foods	Dry foods

Stream		month			
Akademik	2	4	1	6	7
Akademik & Tahfiz	7	5	4	10	14
Tahfiz	7	16	3	23	28
Total	16	25	8	39	49

The Main Source of Water

Table 5 below shows the main water sources in the institutional cares studied in the State of Terengganu. The most important source of water is tap water which is as many as 45 (91.8%) institutional cares that were studied. While there were as many as four (8.2%) institutional cares that were studied using well or tube well water for daily use to obtain clean water supply. The institutional cares are from the Tahfiz school, namely Madrasah Mazahirul Ulum, Madrasah Ibtidai, Madrasah As-Sirotol Mustakim and Madrasah Miftatul Huda.

Tap water is a basic need in institutional cares. However, the findings show that there are still many institutional cares that use wells because there are institutional cares that have financial problems to provide wells and the decision for the application to get a well by the parties involved has not been decided.

Table 5. Main Water Sources in Institutional Cares

Institutional Streams	Main Water Source	
	Water pipes	Well /Tube Well Water
Akademik	7	0
Akademik & Tahfiz	14	0
Tahfiz	24	4
Jumlah	45	4

The Frequency of Food Poisoning and Food Shortages

The table below shows the frequency of food poisoning and food supply interruptions. The results of the study found that 29 (59.2%) institutional cares have never experienced food poisoning. However, there are 19 (38.8%) institutional cares that experience food poisoning less than 5 times a year.

Among the causes of food poisoning in institutional cares is caused by food provided by outside parties instead of food provided by the institution. The food that is usually given to the residents is like a side dish from a feast held by an outside party.

Incidents of Poisoning and Cut off Food Supply at Institutional cares in Terengganu, Malaysia Table 6. Incidents of Poisoning and Food Supply Cut Off

Institutions Streams	Food Poisoning Incidents			Food Supply Cut Off	
	<5 times a year	6-10 times a year	Never	Yes	No
Akademik	6	0	1	1	6

Akademik & Tahfiz	4	0	10	0	14
Tahfiz	9	1	18	1	27
Jumlah	19	1	29	2	47

Meanwhile, as many as two (4.1%) institutional cares have had their food supply cut off. The institutional cares are Madrasah Ibtidai and Pertubuhan Asrama Anak Anak Saudara Kita. While the remaining 47 (96.0%) institutional cares have never experienced a food supply cut. This is because the incident of food supply interruption is because their institution has just been established and the institution is experiencing financial problems and the local community still does not know about the existence of the institution. However, the institutional cares did not just let this happen. They tried their best to get food supplies to the residents. Once the community became aware of the existence of the institutional care, they never stopped receiving food aid.

How Institutional cares Ensure That Food Supplies can be Provided Continuously

Whereas, based on the results of the interviews obtained on how the institution ensures that food supplies to the residents can be provided continuously is by managing finances well, asking for donations from NGOs, individuals, or any company willing to provide food assistance to orphans and this poor. The informant said that the institution would separate expenses for food so that they could minimize expenses. In addition, they also request help from outside parties by spreading the word on social media. There are also institutions that apply from large companies such as KFC, McDonalds, private companies, or any agency that is willing to help.

CONCLUSION

Food is the main need for children living in institutions apart from other needs such as love, self-esteem or safety. Institutional cares need to make a more thorough plan when managing the welfare of children living in institutional cares. Institutions need to be careful when receiving any food aid from outside parties so that the problem of food poisoning does not occur. This will affect the health of orphans and poor children who live in the institutional care. In fact, it can have negative implications for orphan and poor institutional cares. The planning of institutional care food management practices implemented is a key factor in determining the successful performance of a institutional care. All parties also play an important role in ensuring the welfare of orphans and poor children living in institutional cares.

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