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Detention, Nepotism and Truancy as Predictors of Workplace Deviance in Service Organizations: India's Experience

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ABSTRACT

Objective: This study reconnoiters influence of Detention, Nepotism, and Truancy on workplace deviance of Service Organization employees with aim of ascertaining their relative and combined contributions.

Analysis: A descriptive survey analysis design was adopted for study. Using Proportionate sampling technique, a cluster of 600 respondents was selected for study. Four standardized instruments were used for information assortment. Using Pearson Product Moment Correlation Statistics and regression analysis, hypotheses generated for study were tested at 0.05 alpha (α) levels.

Findings: From this study, highlights are as follows:

1. Detention, Nepotism, and Truancy were found to ownconjointly contributed to employees' deviance conduct in service based organizations of India.
2. Also, nepotism was found to be foremost potent predictor of employees' deviance conduct.

Novelty: Its entreated that managers should not favor any employee, however, acknowledge and reward diligence supported job performance.

Keywords: *Detention, Nepotism, Truancy, Workplace Deviance, Service Organization Employees.*

INTRODUCTION

Employees are devices through which organizations will accomplish their objectives. Therefore, employees' association with their organization is significant since it will decide advancement of workplace deviance[1]. Conduct is called Deviant when "an individual or gathering of individuals damages organization's traditions, methods or inner controls, imperiling prosperity of organization or its natives"[2]. Deviant conduct speaks to acts bestowed by hierarchical people that have or are expected to own impact of harming associates, directors or organization itself[3].

Recent researches created enthusiasm for investigation of workplace deviance since its regular among employees and what is more poses very troublesome problems for organizations[4,5]. It was accounted for that 33% to 78% of all employees have occupied with one form of deviance conduct or other[6]. Therefore this study expects to seek out impact of Detention, Nepotism, and Truancy on deviance conduct of service organization employees in India.

DETENTION

Detention has been portrayed as "arriving late to work or leaving early"[7]. Coming late to work can be frightful to organization. When people don't show up on time, they are at risk of Detention. Detention is connected with exchanged off definitive efficiency which oppositely impacts creation. Diverse pros may endeavor to mimic late employees by coming to work late themselves if not particularly controlled by organization.

Maternal Preconception Body Mass Index and Gestational Weight Gain: AProspective Cohort Study Potentially to Prevent Low Birth Weight

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ABSTRACT

Pregnant is the most critical period of growth and development change. Low and high birth weight infant would be having in the future the risk of many health problems. Adequate gestational weight gain (GWG) based on preconception body mass index (BMI) is important for optimal birth weight infants.This study aimed to 1) assess the relationship between preconception BMI and totalGWG; 2) calculate proportion of mother who does not meet weight gain recommendation.The longitudinal prospective study conducted from February 2013 to June 2014. The total 37 preconception women enrolledas samples and only 18 samples can be measured for GWG in 3rd trimester. Exclusion criteria were: 1) no data weighing for more than 3 months, 2) no records of first day of last menstrual period (LMP), and 3) miscarriage. Data of GWG compared to weight gain recommendations based on preconceptionBMI issued by Institute of Medicine. Collected data were analyzed by using STATA v.11. T-test was used to analyze the mean differences of BMI among groups then regression analysis was operated to assess the RR of GWG and nutritional status.We found no significant associations between preconception BMI and GWG ($p>0.05$). Based on maternal nutritional status at preconception, the highest risk not reaching GWG recommendation were in underweight women in 3rd trimester (RR=1,43 [95%CI: 1,00-2,06]) ($p<0.05$).The lower nutritional status the higher total GWG even most of maternal did not meet IOM recommendation. Therefore, underweight maternal be required to be treated properly to avoid adverse pregnant outcomes.

Keywords: *Weight Gain, Preconception, Gestational, BMI, Trimester*

INTRODUCTION

Nutrition factor of maternal plays important role for health status and quality of life both mothers and their foetus. It also influences the quality of life of their children in the future[1]. Underweight in adolescent girl increase the risk of many health problems such lack of foetal nutritent intake, low birth weight (LBW), intrauterine growth retardation, and the risk of neonatal mortality[2]. Nutrition problems of maternal and child which has short term impact such as mortality, morbidity and defect, also has long term impact which influence in the later life, intelectual, productivity, and repoductive cycle as well as the cardiovascular and other metabolic diseases[3].

Birth weight is used as an indicator to predict the growth and survival of infants in addition to the nutritional status and health of the infant. In Indonesia, the latest data showed the prevalence of LBW in 2013 about 10.2%. In addition, the proportion of large birth weight (>4000 g) in Indonesia as much as 4.8% are also at risk[4], since it might be associated with increased cesarean childbirth, bleeding, and other complications in the mother[5].The weight gain is the major causes of low and high birth weight[6].

Other studies also show that low gestational weight gain increases the risk of pregnancy outcome such as LBW, premature birth and cesarean delivery as well as other pregnancy complications that can lead to

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maternal and infant mortality, especially in underweight women during preconception[7,8].A study in Albania stated that women who do not meetweight gain recommendation are more likely to deliver prematurely than those who reached the healthy gestational weight gain[9].

Ex s pregnancy weight gain in those with higher BMI was associated with increased the risk of macrosomia birth, high risk of fetal death in line with increasing gestational age, and risk of placental sfunction[10]. Many evidenceconfirmed clearly that the body mass index (BMI) before pregnancy is an independent predictor of many adverse pregnancy outcomes through its effect on gestational weight gain[9].

AIMS AND OBJECTIVES

The study aims to

1) Assess the relationship betweenpreconception BMI and weight gain during pregnancy.
2) Calculate proportion of mother who does not meet weight gain recommendation

MATERIALS AND METHOD

This study was *part* of a *larger* research "The Effect of Periconceptional Multi Micronutrient Supplementation in Preventing Maternal DNA Damage in Makassar".Current research was longitudinal prospective study which was conducted in four subdistricts (Ujung Tanah, Biringkanaya, Bontoala and Tallo) from February 2013 to June 2014. From total 207 of population, 37 samples met inclusion criteria (recorded as samples enrolled previously in larger study). Exclusion criteria were no data weighing for more than 3 months, no records of first day of last menstrual period (LMP), and miscarriage. Drop out criteria was settle in a new place during the study. At the end of the study, only 18 samples can be measured for for GWG in 3rd trimester.

Data characteristics of respondents consisting of level of education, employment status, and the number of family members. Weight, heig and MUAC before pregnancy was measured to determine the preconception body mass index (BMI). Data on menstrual history and LMP of respondent were also observed. Weight measurement is performed each month at the health center (Puskesmas) during pregnancy. e data then is used to calculate the rate of increase of gestational weight and to predict the total gestational weig ain. Furthermore, these GWG data compared to the weight gain recommendations based on preconceptional BMI issued by Institute of Medicine.

Collected data was proc sed and analyzed by using STATA v.11 (StataCorp). T-test was used to analy the mean differences of BMI among groups then linear regression analysis was operated to assess the rate and total of gestaional weight gain.

FINDINGS

Table 1 shows the characteristic of respondent. Most of the respondent aged 20 to 30 years old (78.4%), high education (37.8%), from middle income level (43.2%), and und weight before pregnancy (16.2%). Table 2 indicates the association between preconception BMI and gestational weight gain based on the trimester period. In the 1st trimester, for u erweight BMI, weight gain was equal for all level of gestational weight gain. No significant difference between weight gain status and nutritional status in 1st trimester among groups (p=0.31). Begitu pula untuk 2nd trimester and 3rd trimester (p=0.53, p=0.49, respectively).

Table 1. Characteristic of respondent

Characteristic	n=37	%
Age		
<20 yo	4	10,8
20-30 yo	29	78,4
>30 yo	4	10,8
Education		
mentary School	6	16,2
Junior High School	7	18,9
Senior High School	14	37,8
Diploma	5	13,5
University	5	13,5
Employment		
Unemployment	1	2,7
Enterpreneur	4	10,8
Civil servant	4	10,8
Private employer	3	8,1
Housewife	23	62,2
Others	2	5,4
Income		
Low	9	24,3
Middle	16	43,2
High	12	32,4
Nutritional Status		
Underweight	6	16,2
Normal	27	73,0
Overweight	4	10,8
Chronic energi deficiency status		
No	27	73,0
Yes	10	27,0

Table 2. Association of nutritional status before pregnancy and gestational weight gain

Nutritional Status	Gestational weight gain			n (%)	p
	Lown (%)	Middlen (%)	Highn (%)		
1st trimester (n=37)					
Underweight	2 (33,3)	2 (33,3)	2 (33,3)	6 (16,2)	0,311
Normal	17 (63,0)	8 (29,6)	2 (7,4)	27 (73,0)	
Overweight	2 (50,0)	2 (50,0)	0 (0)	4 (10,8)	
Total (n)	21 (56,8)	12 (32,4)	4 (10,8)	37 (100)	
mean±SD (kg)	1,18±1,54	1,33±1,58	2,39±2,28	1,18±1,51	
2nd trimester (n=25)					
Underweight	3 (75,0)	0 (0)	1 (25,0)	4 (16,0)	0,537
Normal	8 (40,0)	5 (25,0)	7 (35,0)	20 (80,0)	
Overweight	1 (100)	0 (0)	0 (0)	1 (4,0)	
Total (n)	12 (48,0)	5 (20,0)	8 (32,0)	25(100)	
mean±SD (Kg)	2,93±2,13	3,36±2,08	3,68±2,13	3,44±2,20	
3rd Trimester (n=18)					
Underweight	1 (50,0)	1 (50,0)	0 (0)	2 (11,1)	0,490
Normal	3 (20,0)	3 (20,0)	9 (60,0)	15 (83,3)	
Overweight	0 (0)	0 (0)	1 (100,0)	1 (5,6)	
Total (n)	4 (22,2)	4 (22,2)	10 (55,6)	18 (100)	
mean±SD (kg)	4,69±2,60	5,02±2,27	5,58±2,56	5,57±2,41	

Total weight gain during pregnancy based on preconception BMI is shown in Table 3 (n=18). In underweight status, the gestational weight gain was equal to less and sufficiency compare to recommendation (50%). In line result with the normal status in which 46.7% met recommendation whereas 13.3% respondent were in excessive gestational weight gain status. The mean of total weight gain during pregnancy in underweight status was higher than normal and overweight status (12,65±3,32, 10,81±3,82, 7,9±0, respectively). There was no difference significantly among groups for the total of gestational weight gain based on preconception pregnancy. Only 1 respondent has overweight status before pregnancy.

Table 3. Total gestational weight gain based on preconception BMI

BMI	Total of gestational weight gain(n=18)						mean±SD (kg)	p
	Low		Middle		High			
	n	%	n	%	N	%		
Underweight1	1	14,3	1	11,1	0	0	12,65±3,32	0,846
Normal2	6	85,71	7	77,8	2	100,0	10,81±3,82	
Overweight3	0	0	1	11,1	0	0	7,9±0	
Total	7	38,9	9	50,0	2	11,1	10,81±3,82	18 (100)

[1]= recommendation GWG for underweight; low (<12,7 kg), middle (12,7-18,1 kg), high (>18,1 kg)

[2]= recommendation GWG for normal; low (<11,3 kg), middle (11,3-15,8 kg), high (>15,8 kg)

[3]= recommendation GWG for overweight; low (<6,8 kg), middle (6,8-11,3 kg), high (>11,3 kg)

Table 4. Regression analysis of nutritional status before pregnancy and GWG

BMI	1st trimester RR (95% CI)	2nd trimester II RR (95% CI)	3rd trimester RR (95% CI)	Total RR (95% CI)
Underweight	1,02 (0,58-1,76)	1,20 (0,99-1,47)	1,43 (1,00-2,06)*	1,83 (0,33-9,92)
Normal	1 (ref.)	1 (ref.)	1 (ref.)	1 (ref.)
Overweight	0,47 (0,093-2,41)	-	-	-

* p= 0.049

Table 4 demonstrated the women those underweight before pregnancy were not reaching weight gain recommendation in 1st, 2nd, and 3rd trimester (RR= 1.02; 95% CI: 0.58-1.76, RR=1.20; 95% CI: 0.99-1.47, RR=1,43; 95% CI: 1.01-2.06, respectively), while RR=1.83 (95% CI: 0.33-9.92) for total gestational weight gain recommendation. Only in 3rd trimester showed result significantly the regression analysis result conducted between preconception nutritional status and GWG recommendation (p=0.049).

DISCUSSION

Current study shows that the association of nutritional status of women before pregnancy and gestational weight gain was not significant. The lower nutritional status in preconception period the more weight gain during pregnancy although not to fulfill the weight gain as recommended. In line with the previous results of other studies that also observed changes in weight gain during pregnancy according to preconception BMI. Weight gain in underweight subject was significantly higher than in normal and overweight (P <0.001)[11].

Actually, weight gain during pregnancy is strongly influenced by various environmental and individual factors of the mothers. A longitudinal cohort of pregnant women (N = 1100) that completed research questions about weight gain during pregnancy also shows significant result about relationship between pre-pregnancy factor and gestational weight gain[12]. Other studies, A retrospective cohort study, in Peruvian pregnant women found that premature birth independently relates to the gestational weight gain and the relationship varies by pre-pregnancy BMI. Pre-pregnancy BMI and gestational weight gain were correlated inversely and also related to many factors such as parity, miscarriages, and maternal age[13].

Furthermore, adequate maternal nutrition plays pivotal role during pregnancy especially in 1st trimester. Excessive nutrition may affect the fetal growth like shown in a study that found the obese women tended to have pre-term birth[14]. Similarly, in lack of nutrition, women who suffering from insufficient nutrition cannot support healthy weight gain[15]. Based on the theory of fetal programming, nutrition is the main factor to contribute expression of the fetal genome. In addition to, retardation of placenta and fetal growth are influenced by maternal undernutrition. These condition absolutely increase the risk of low gestational weight gain[16]. Limitations of the study were no food intake control so that it could be a confounding factors. In addition to, the number of subject is small possibly affect the result.

This study conclude that the nutritional status before pregnancy, even it was not significant, affected gestational weight gain. Maternal undernutrition before pregnancy increase the risk mother have low gestational weight gain in 3rd trimester, while for maternal overweight in 1st trimester.

CONCLUSION

Although the study did not show an association between preconception BMI and gestational weight gain, but based on the results of other studies, nutritional status in preconception is need to be concerned because it affects weight gain. In current study, eventhough appeared that higher weight gain occured in the lower the nutritional status, but still did not reach the IOM recommendations. Therefore, underweight maternal be required to be treated properly to avoid adverse pregnant outcomes.

Conflict of Interest: There was no conflict of interest within this study.

Source of Funding: This research also was self funding study.

Ethical Clearance: The ethical clearance taken from ethical committee of Medical Faculty Hasanuddin Universitas.

REFERENCES

1. Butte NF, Ellis KJ, Wong WW, Hopkinson JM, Smith EO. Composition of gestational weight gain impacts maternal fat retention and infant birth weight. Am J Obstet Gynecol. Elsevier; 2003;189:1423–32. Available from: http://dx.doi.org/10.1067/S0002-9378(03)00596-9
2. Bhutta ZA, Black RE. Global Maternal, Newborn, and Child Health — So Near and Yet So Far. N Engl J Med [Internet]. Massachusetts Medical Society; 2013;369:2226–35. Available from: http://dx.doi.org/10.1056/NEJMra1111853
3. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, De Onis M, Ezzati M, Grantham-Mcgregor S, Katz J, Martorell R, et al. Maternal and

child undernutrition and overweight in low-income and middle-income countries. Lancet. 2013;382:427–51.

4. MoH. Laporan Nasional Riset Kesehatan Dasar (RISKESDAS) [Internet]. 2013. Available from: www.depkes.go.id/resources/download/general/Hasil Riskesdas 2013.pdf
5. Ng S-K, Olog A, Spinks AB, Cameron CM, Searle J, McClure RJ. Risk factors and obstetric complications of large for gestational age births with adjustments for community effects: results from a new cohort study. BMC Public Health. 2010;10:460.
6. Haugen M, Brantsæter A, Winkvist A, Lissner L, Alexander J, Oftedal B, Magnus P, Meltzer H. Associations of pre-pregnancy body mass index and gestational weight gain with pregnancy outcome and postpartum weight retention: a prospective observational cohort study. BMC Pregnancy Childbirth [Internet]. 2014;14:201. Available from: http://www.biomedcentral.com/1471-2393/14/201
7. Hauger MS, Gibbons L, Vik T, Belizán JM. Prepregnancy weight status and the risk of adverse pregnancy outcome. Acta Obstet Gynecol Scand. 2008;87:953–9.
8. Han Z, Lutsiv O, Mulla S, Rosen A, Beyene J, McDonald SD. Low gestational weight gain and the risk of preterm birth and low birthweight: A systematic review and meta-analyses. Acta Obstet Gynecol Scand. 2011;90:935–54.
9. Xinxo S, Bimbashi A, Z Kakarriqi E, Zaimi E. Association between maternal nutritional status of pre pregnancy, gestational weight gain and preterm birth. Mater Sociomed [Internet]. 2013;25:6–8. Available from: <Go to ISI>://MEDLINE:23678333\nhttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3650563&tool=pmcentrez&rendertype=abstract
10. Dietz PM, Callaghan WM, Sharma AJ. High pregnancy weight gain and risk of excessive fetal growth. Am J Obstet Gynecol [Internet]. Elsevier; 2009;201:51.e1–51.e6. Available from: http://dx.doi.org/10.1016/j.ajog.2009.04.051
11. Takamagi S, Yamabe H. Relationship between body mass index and course of pregnancy in women. 2013;5:1976–82.
12. Brawarsky P, Stotland NE, Jackson RA, Fuentes-Afflick E, Escobar GJ, Rubashkin N, Haas JS. Pre-pregnancy and pregnancy-related factors and the risk of excessive or inadequate gestational weight gain. Int J Gynecol Obstet [Internet]. Elsevier; 2005;91:125–31. Available from: http://dx.doi.org/10.1016/j.ijgo.2005.08.008
13. Carnero AM, Mejía CR, García PJ. Rate of gestational weight gain, pre-pregnancy body mass index and preterm birth subtypes: A retrospective cohort study from Peru. BJOG An Int J Obstet Gynaecol. 2012;119:924–35.
14. Heude B, Thiébaugeorges O, Goua V, Forhan A, Kaminski M, Foliguet B, Schweitzer M, Magnin G, Charles M-A, group the EM-CCS. Pre-pregnancy body mass index and weight gain during pregnancy: relations with gestational diabetes and hypertension, and birth outcomes. Matern Child Health J [Internet]. Kluwer Academic/Plenum Publishers; 2012;16:355–63. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3472402/
15. Samura T, Steer J, Michelis LD, Carroll L, Holland E, Perkins R. Factors Associated With Excessive Gestational Weight Gain: Review of Current Literature. Glob Adv Health Med [Internet]. 2016;5:87–93. Available from: http://www.gahmj.com/doi/full/10.7453/gahmj.2015.094\nhttp://www.ncbi.nlm.nih.gov/pubmed/26937318\nhttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC4756783
16. Wu G, Bazer FW, Cudd T a, Meininger CJ, Spencer TE. Recent Advances in Nutritional Sciences Maternal Nutrition and Fetal. Amino Acids [Internet]. 2004;2169–72. Available from: http://jn.nutrition.org/content/134/9/2169.full.pdf

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in relation to exposure to ambient air toxics in pregnancy and early childhood", International Journal of Hygiene and Environmental Health, 2014
Publication

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9	Xinxo, Sonela, Astrit Bimbashi, Eduard Kakarriqi, and Edmond Zaimi. "Association Between Maternal Nutritional Status of Pre Pregnancy, Gestational Weight Gain and Preterm Birth", Materia Socio Medica, 2013. Publication	<%1
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outcomes of GWG", Journal of Obstetrics and Gynaecology Research, 2013.
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