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THE EFFECT OF THE NUTRITION PROBLEM TODDLER ASSISTANCE PROGRAM IN THE DUKUH KUPANG HEALTH CENTER AREA, SURABAYA CITY

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Abstrak

Toddlers are the age when children experience optimal growth and development. The period of growth and development at this age is a period that occurs quickly and never repeats itself, so that the growth and development period in young children is often called the golden age. One form of support for toddler nutrition concerns, the Surabaya City Health Office initiated a flagship program related to toddler nutrition problems in Surabaya City, one of which is the toddler nutrition assistance program as an effort to support accelerated improvement in nutritional status in toddlers can be achieved immediately and prevent the occurrence of stunting toddlers in Surabaya City. The study aims to see how the impact of the toddler nutrition assistance program at Puskesmas Dukuh Kupang. The type of research is quantitative, namely by measuring the increase/comparison of eating patterns and nutritional status before and after the nutrition assistance program. The population in this study were all underweight toddlers in the Puskesmas Working Area. Dukuh Kupang as many as 26 people. The sample is all mothers who have undernourished toddlers in the Dukuh Kupang Health Center Working Area as many as 26 people using sampling techniques, namely total sampling. Data collection using observation sheets and interviews. Univariate data analysis using frequency distribution, bivariate analysis using Wilcoxon match paired test and multivariate analysis using logistic regression. The results of the logistic regression test obtained the value of Exp (B) in the logistic regression analysis of eating parenting has a value of 85.008 which means that eating parenting has a chance of 85.008 times to change. While the nutritional status variable has an Exp (B) value of 3.663, from these results it can be explained that nutritional status has an increased chance of 3.663 times.

Keywords: Dietary Parenting, Nutrition Assistance, Nutritional Status

Introduction

Toddlers are an age where children experience optimal growth and development. The period of growth and development at this age is a period that occurs quickly and never repeats itself, so that the period of growth and development in young children is often called the golden age or golden period [1].

Undernutrition is a condition of body weight according to age (BB/U) not in accordance with the age that should be [2]. Undernutrition conditions are prone to occur in toddlers aged 2-5 years because toddlers have adopted a diet such as family food and started with a high level of physical activity. Malnutrition in toddlers is related to brain development so that it can affect children's intelligence and have an impact on the formation of the quality of human resources in the future [3]. Undernutrition, known as underweight, is a condition where the body experiences a lack of nutritional intake at a mild level with the nutritional status of toddlers being far below the standard, namely -3 SD to < -2 SD [4].

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WHO (2013) states that the number of underweight children in the world reaches 104 million. In Indonesia, based on the Basic Health Research (Riskesdas), the prevalence of undernutrition target achievement tends to show an increase from 17.9% (2010), 19.6% (2013) and 21% (2016). The main results of the 2018 Riskesdas showed a decrease in the target achievement to 17.7%, indicating that the 2015-2019 RPJMN target of 17% has still not been met [5]. Indonesia is the second highest country after Timor Leste in the Southeast Asia region. In 2021, the slowdown rate will increase to 31.8 percent so this is a big concern for the government. The government finally issued a new regulation regarding the problem of stunting, namely Presidential Regulation Number 72 of 2021 which regulates the acceleration of stunting reduction in a comprehensive, integrative, and quality manner through coordination, synergy, and synchronization of stakeholders. Presidential Regulation No. 42 of 2013 National Movement for the Acceleration of Nutrition Improvement [6]. Government efforts to improve the nutritional status of toddlers according to the Presidential Regulation of the Republic of Indonesia number 43 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement are realized through growth and development monitoring activities carried out at posyandu. Integrated service post or often referred to as posyandu is a place for activities to develop the quality of human resources early in realizing family welfare [7].

The average percentage of toddlers aged 1-59 months who were weighed in Indonesia in 2019 was 73.86% of children per month. Whereas in 2020 in Indonesia there was a decrease in weighing toddlers in posyandu with a percentage of 11.6% and [8].

Surabaya is the second largest and most populous city in Indonesia after the capital Jakarta. The density of an area or region will certainly lead to more complex socio-economic problems. The Surabaya City Government is currently working to improve development in all fields, one of which is the health sector. The issue of toddler health has now become a concern of the Surabaya City government, especially in the case of stunting. Over the past four years, the overall stunting rate in Surabaya City has continued to experience a significant decline. In 2020, it was reported that stunting cases reached 12,788, and decreased to 6,722 cases in 2021. Furthermore, until the end of December 2022, it was recorded that it had dropped again to 923 cases. The latest calculation even states, in January 2023 the total number of stunting cases in the city of Surabaya dropped to 889 cases. This is inseparable from the role of the Surabaya city government by creating regulations to reduce the stunting rate, namely Surabaya Mayor Regulation Number 79 of 2022 which is contained in article 14 chapter VI concerning the Stunting Reduction Acceleration Team [9]. The results of secondary data search at Puskesmas Dukuh Kupang, Surabaya City show that the nutritional problems of toddlers in the coverage area of Puskesmas Dukuh Kupang are underweight toddlers. Based on the results of the March 2024 report from the posyandu in the Dukuh Kupang Health Center area, in the Dukuh Pakis village it is known that there are still several toddlers with underweight nutritional status. Due to the large percentage, the priority nutrition problem is underweight toddlers (according to the BB/U z-score indicator <-2.5 SD). Based on the background description, the assistance program for toddlers with nutritional problems in the Surabaya City Puskesmas Dukuh Kupang area is carried out as an effort to support the acceleration of nutritional status improvement in toddlers can be achieved immediately and prevent the occurrence of stunting toddlers. The results of food intake recall in the subject group showed that 100% of toddlers had energy intake that was less than needed. It is known that one of the influential factors in the incidence of underweight toddlers can be caused by incorrect feeding practices in children which are included in the parenting of mothers of toddlers. This mentoring program aims to support the development of knowledge of mothers of toddlers about exclusive breastfeeding and proper complementary feeding for toddler nutrition, maternal awareness to monitor the growth and development of toddlers through posyandu, maternal skills in feeding diverse, balanced nutrition, and varied.

Method

This study is a quantitative study, which measures the increase/comparison of eating patterns and nutritional status before and after the nutrition assistance program. The population in this study were all toddlers with malnutrition or underweight in the Dukuh Kupang Health Center Working Area as many as 26 people. The sampling technique used Total Sampling. The sample is all mothers who have undernourished toddlers in the Dukuh Kupang Health Center Working Area as many as 26 people. Data collection using observation sheets and interviews. Univariate data analysis using frequency distribution, bivariate analysis using wilcoxon match paired test and multivariate analysis using logistic regression. For the toddler assistance period from February to June, and for data collection was carried out in April 2024.

Result

Frequency Distribution of Eating Patterns Before the Nutrition Assistance Program.

Table 1.1 Frequency Distribution of Eating Patterns before the Nutrition Assistance Program

FOOD PARENTING	Frequency	Percentage
DEFICIT	5	19,2
LESS	8	30,8
MEDIUM	6	23,1
GOOD	7	26,9
TOTAL	26	100,0

Based on table 1.1, it is known that before the nutrition assistance program, parenting eating deficits were 5 people (19.2%), and good eating patterns before the assistance program were 7 people (26.9%).

Frequency Distribution of Nutritional Status Before the Nutrition Assistance Program.

Table 1.2 Frequency Distribution of Nutritional Status Before the Nutrition Assistance Program

NUTRITIONAL STATUS	Frequency	Percentage
NORMAL BB	2	7,7
BB LESS	16	61,5
VERY LESS BB	8	30,8
TOTAL	26	100,0

Based on table 1.2, it is known that before the nutrition assistance program, there were 8 toddlers who were severely underweight according to BB/U (30.8%).

Frequency Distribution of Eating Patterns After the Nutrition Assistance Program.

Table 2.1 Frequency Distribution of Eating Patterns Before the Nutrition Assistance Program

FOOD PARENTING	Frequency	Percentage
DEFICIT	0	0
LESS	6	23,0
MEDIUM	7	26,9
GOOD	13	50,0
TOTAL	26	100,0

Based on table 2.1, it is known that after the nutrition assistance program, there are no deficit eating patterns (0%), and good eating patterns after the assistance program as many as 13 people (50.0%).

Frequency Distribution of Nutritional Status after the Nutrition Assistance Program.

Table 2.2 Frequency Distribution of Nutritional Status after the Nutrition Assistance Program

NUTRITIONAL STATUS	Frequency	Percentage
NORMAL BB	3	11,5
BB LESS	18	69,2
VERY LESS BB	5	19,2
TOTAL	26	100,0

Based on table 2.2, it is known that after the nutrition assistance program, there is a decrease in toddlers with very less weight, namely as many as 5 toddlers who experience very less weight according to BB / U (19.2%), and there is an increase in normal weight as many as 3 toddlers (11.5%).

Weight Gain After the Nutrition Assistance Program

WEIGHT GAIN ACCORDING TO BMI	Frequency	Percentage
UP	13	50,0%
STAY	12	46,2%
DOWN	1	3,8%
TOTAL	26	100,0

In the results of the table above related to weight gain after the nutrition assistance program in toddlers, only 1 person experienced weight loss (3.8%).

Bivariate Analysis

Cross tabulation of food parenting before and after the nutrition mentoring program.

Table 3.1 Cross-tabulation of eating patterns before and after the nutrition assistance program

Effect of Nutrition Assistance Program on Eating Patterns and Nutritional Status	Eating Parenting									
	Good		Medium		Less		Deficit		Total	
	F	%	F	%	F	%	F	%	F	%
Before Nutrition Assistance	7	26,9	6	23,1	8	30,8	5	19,2	26	100,0
After Nutrition Assistance	13	50,0	7	26,9	6	23,0	0	0	26	100,0

P= 0,00 α = 0.05

Based on table 3.1 above, it is known that there is no deficit dietary parenting (0%), poor dietary parenting as many as 6 respondents (23.0%), moderate dietary parenting as many as 7 respondents (26.9%), which became good dietary parenting as many as 13 respondents (50.0%). The results of the Wilcoxon match paired test between the nutrition assistance program and eating parenting patterns obtained a p value of 0.000 < α 0.05, then ha is accepted so that there is an effect of the nutrition assistance program on eating parenting patterns.

Cross tabulation of nutritional status before and after the nutrition assistance program.

Table 3.2 Cross tabulation of nutritional status before and after the nutrition assistance program.

Effect of Nutrition Assistance Program on Eating Patterns and Nutritional Status	Nutrition Status							
	NORMAL BB		BB LESS		VERY LESS BB		TOTAL	
	F	%	F	%	F	%	F	%
Before Nutrition Assistance	2	7,7	16	61,5	8	30,8	26	100,0
After Nutrition Assistance	3	11,5	18	69,2	5	19,2	26	100,0

P= 0,01 α = 0.05

Based on Table 3.2 The cross table shows that after nutritional assistance the nutritional status of very underweight toddlers is as many as 8 (30.8%), decreased after the nutritional assistance program to 5 people (19.2%). The results of the Wilcoxon match paired test between the nutritional assistance program and nutritional status obtained a p value of 0.001 < α 0.05, then ha is accepted so that there is an effect of the nutritional assistance program on nutritional status.

Multivariate analysis

Based on the results of multiple logistic regression analysis between the nutritional assistance program on food parenting and nutritional status.

Table 4 Results of multiple regression analysis multiple regression analysis

Variables	Sig	Exp (B)	CI (95%)
Dietary Parenting	0,000	85,008	9,292-777,737
Nutritional Status	0,333	3,663	0,267-49,356

Based on table 4, it can be understood that eating parenting has a sig value of 0.000 <0.05, which means that nutritional assistants have an effect on eating parenting. Nutritional status has a sig value of 0.333> 0.005 which means that nutritional assistants have no effect on nutritional status. The magnitude

of the Exp (B) value in the logistic regression analysis of eating parenting has a value of 85.008 which means that eating parenting has a chance of 85.008 times to change. While the nutritional status variable in multiple logistic regression has an Exp (B) value of 3.663, from these results it can be explained that nutritional status has an increased chance of 3.663 times.

Discussion

The results of the study on whether there is an effect of nutrition assistance programs with eating parenting patterns and nutritional status of toddlers obtained a meaningful relationship with parenting has a sig value of 0.000 <0.05 which means that nutritional assistance affects eating parenting. Nutritional status has a sig value of 0.333> 0.005 which means nutritional assistance has no effect on nutritional status.

A mother's knowledge about child nutrition and parenting is related to her education, as well as family and community habits. This insight can also be obtained through local health workers during visits to the posyandu and nearby health services [10]. Less parenting results in less nutritional status as well due to a lack of family or caregiver awareness about the importance of good parenting for toddlers. But less parenting can also produce good and moderate nutritional status for toddlers because in terms of meeting good nutrition for toddlers is not always expensive food but it depends on a mother in terms of utilizing existing natural products and choosing food ingredients that are cheap but have high nutritional value. Therefore, at the household level the mother has an important role in terms of determining the food in the household. Based on table 3.1 related to parenting patterns, it is known that there are no deficit eating parenting patterns (0%), poor eating parenting patterns as many as 6 respondents (23.0%), moderate eating parenting patterns as many as 7 respondents (26.9%), which are good eating parenting patterns as many as 13 respondents (50.0%). This is because respondents in this study have good knowledge about fulfilling their children's nutrition as evidenced by the results of interviews that respondents diligently come to the posyandu to weigh their children's weight and cadres and health workers who actively provide information about health including child nutrition. Mothers' knowledge about child nutrition and parenting is related to their education, as well as family and community habits. These insights can also be obtained through local health workers when visiting the posyandu and nearby health services. These results are in accordance with Masithah et al's research which states that the provision of adequate food parenting is related to the good quality of children's food consumption, which in turn will affect the quality of children's nutritional status [11].

Table 2.2 Frequency Distribution of Nutritional Status After the Nutrition Assistance Program Based on table 2.2 it is known that after the nutrition assistance program, there is a decrease in toddlers with very less weight, namely as many as 5 toddlers who experience very less weight according to BB / U (19.2%). How to recognize or detect toddlers with malnutrition status is by monitoring child growth by knowing the level of participation and awareness of the community to weigh their toddlers regularly during posyandu in their respective villages [12]. Changes in the nutritional status of children under five in families applying parenting patterns that are in accordance with the knowledge gained and are expected to bring long-term benefits to the family and surrounding community. Families with the knowledge gained can be an example for the surrounding community who have the same problem. For this reason, in the future the role of the family can be further optimized so that families who succeed in bringing their children's nutritional status to good can really become an extension of the government to provide examples for other assisted families [13].

Nutrition assistance is a support and service activity for families to prevent and overcome nutrition problems (undernutrition and malnutrition) of their family members. Assistance is provided by paying attention, delivering messages, encouraging, inviting, providing thoughts/solutions, delivering services/assistance, providing advice, referring, mobilizing and cooperating. Nutritional care

assistance for toddlers is an assistance activity on how to feed, how to nurture, how to care for, how to assess children's growth and development carried out by a nutritionist assistant (TGP) to mothers or caregivers of toddlers in the form of home visits, counseling, directed discussion groups (KDT) conducted for each individual or group in a predetermined fostered area.The purpose of this assistance is in line with existing programs and implemented by the Puskesmas to reduce the number of toddlers and children who are malnourished and malnourished. This assistance is also one of the preventive interventions for toddlers and children to avoid undernutrition and malnutrition.

Based on table 4, it can be understood that eating parenting has a sig value of 0.000 <0.05, which means that nutritional assistants have an effect on eating parenting. Nutritional status has a sig value of 0.000> 0.005 which means that nutritional assistance has an effect on nutritional status. The purpose of this assistance is in line with existing programs and implemented by the puskesmas to reduce the number of toddlers and children who experience malnutrition and malnutrition. This assistance is also one of the preventive interventions for toddlers and children to avoid malnutrition and malnutrition. The mentoring program is aimed at providing care to underweight children. Therefore, information for parents should pay more attention to parenting in terms of adequate and balanced nutrition [14]. The role of parenting in child growth can be seen from their nutritional status. Various factors that result in parents (caregivers) who pay less attention to the nutritional status of their toddlers, namely the lack of information obtained, low education levels, the work of the majority of housewives, making parents not too concerned about the parenting needed when they are toddlers. There are also many parents who think that children who are rarely sick are healthy and good children. Therefore, mothers as primary care who have direct involvement in the care, parenting, and provision of nutrition for toddlers and have a very important role in fulfilling the nutrition of toddlers because the main function of the mother is as a housewife and as an important actor in household life [15].

Conclusion

Before the nutrition assistance program, parenting eating deficits as many as 5 people (19.2%), and parenting eating well before the assistance program as many as 7 people (26.9%). After the nutrition assistance program, the parenting pattern of eating controls 13 people so that there is no deficit eating parenting (0%), and good eating parenting after the assistance program as many as 13 people (50.0%). Before the nutrition assistance program, there were 8 toddlers who were severely underweight according to BB/U (30.8%). After the nutrition assistance program, there was a decrease in toddlers with very less weight, namely as many as 5 toddlers who experienced very less weight according to BB / U (19.2%), and there was an increase in normal weight as many as 3 toddlers (11.5%). The magnitude of the Exp (B) value in the logistic regression analysis of eating parenting has a value of 85.008 which means that eating parenting has a chance of 85.008 times to change. While the nutritional status variable in multiple logistic regression has an Exp (B) value of 3.663, from these results it can be explained that nutritional status has an increased chance of 3.663 times. The local government in collaboration with the health department to detect the occurrence of undernutrition and malnutrition in toddlers and its countermeasures, and health workers should further maximize their role in providing health education to parents about the importance of good eating parenting because it can affect the status of children.

References

[1] Kementerian Kesehatan RI. (2019). Kebijakan dan Strategi Penanggulangan Stunting di Indonesia. Jakarta: Gerakan Masyarakat Hidup Sehat

[2] Departemen Gizi dan Kesehatan Masyarakat Fakultas Kesehatan Masyarakat Universitas Indonesia. Gizi dan Kesehatan Masyarakat. Jakarta: PT Raja Grafindo Persada. 2010.

[3] Marimbi, H. Tumbuh Kembang, Status Gizi, dan Imunisasi Dasar Pada Balita. Yogyakarta: Nuha Medika. 2010.

[4] Permenkes. Peraturan Menteri Kesehatan Republik Indonesia Nomor 2 Tahun 2020 Tentang Standar Antropometri Anak., (2020).

[5] Bappenas. (2019). Kajian Sektor Kesehatan: Pembangunan Gizi Di Indonesia (Cetakan I). Jakarta: Direktorat Kesehatan dan Gizi Masyarakat

[6] Romadhona, P. J. (2019). Fasilitas Keselamatan Pada Halte Transjogja. Warta Penelitian Perhubungan. https://doi.org/10.25104/warlit.v23i4.1093

[7] Bkkbn. (2012). Hubungan sumber daya alam ekologi dan kesejatraan manusia, https://opac.perpusnas.go.id/DetailO pac.aspx?id=466222.

[8] Kementerian Kesehatan RI. (2021). Laporan Kinerja Kementerian Ksehatan Tahun 2020. Jakarta: Kementerian Kesehatan RI.

[9] Putri, S. E., & Puspaningtyas, A. (2024). IMPLEMENTASI PROGRAM SEKOLAH ORANG TUA HEBAT DALAM MEWUJUDKAN BALITA TANPA STUNTING DI KELURAHAN KARANGPOH KOTA SURABAYA. *Jurnal Administrasi Publik (JAP), 10*(1), 12-23.

[10] Natalina, dkk. 2015.Hubungn Pola Asuh dengan Status Gizi Balita Di Posyandu Tulip. Jurnal Kesehatan Masyarakat Vol 1 No19, 957-964.

[11] Pratiwi, dkk. 2005 Hubungn Pol Asuh Dengan Status Gizi Blita Di Wilayah Kerja PuskemasBlimbing Kota Padang. JurnalKesehatan Andalas Vol 5 No 3 2016 661-665

[12] Adhi,dkk. 2016. Pemberdayaan Kader Desa Dan Tokoh Masyarakat Dalam Implementasi Strategi Deteksi Dini Kasus Malnutrisi Anak Balita Di Desa Bukit Karangasem. Jurnal Udayana Mengabdi, Volume 15 Nomor 1, Januari 2016

[13] Arika,dkk. 2016. Peran Pendampingan Dalam Program Pemberdayaan Masyarakat (Studi Pada Program Pendampingan Keluarga Balita Gizi Buruk Di Kecamatan Semampir Kota Surabaya). Wacana, vomule 19, no 3, tahun 2016.

[14] Jabbar, dkk. 2017. Pendampingan Upaya Perbaikan Gizi Balita. Riset Aksi Partisipatif Desa Sehat Berdaya [14] Lahinda J, Jamlaay FS, Sumarsono A, Betaubun M, Keguruan F, Pendidikan I, et al. SURVEI TINGKAT PEMAHAMAN SISWA TERHADAP USAHA KESEHATAN SEKOLAH (UKS) DI SMK SE-KOTA MERAUKE. 2022;2(3):327–226.

[15] Hidayati, T., Sary, Y. N. E., & Hanifah, I. (2019, September). Pengaruh Progam Pendamping Gizi Terhadap Pola Asuh Makan Dan Status Gizi Balita. In *Prosiding Conference on Research and Community Services* (Vol. 1, No. 1, pp. 497-504).