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## Description of Mother's Behavior and Nutritional Status of Toddlers After the Nutrition Recovery Program in Makassar City, South Sulawesi

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### ABSTRACT

The nutrition recovery program is one of the efforts to overcome malnutrition in children by involving mothers or families. Mothers are provided with knowledge so that they can become independent in caring for and providing additional food that has been provided or recommended by the health center. During the three months, there were still children who did not experience changes in nutritional status, namely very thin, and only a few children experienced changes in nutritional status to become thin and normal. This type of research is a survey with a cross-sectional research design and aims to determine the description of maternal behavior and the nutritional status of toddlers after the nutritional recovery program in Makassar City. The method used is descriptive analysis. Data was collected by direct interviews with mothers using questionnaires. The child's weight was measured using a step scale and the child's height using a measuring board and microtoise. Nutritional status is measured by the BB/TB indicator. The research results showed that most of the mothers' knowledge was in the sufficient category, the mothers' attitudes were in the sufficient category, and the mothers' actions were in the sufficient category. Officers are expected to further increase mothers' knowledge through disseminating information about nutrition recovery centers, conducting outreach regarding malnourished children, MP-ASI, Nutrition Aware Families and providing motivation to increase mothers' knowledge and awareness of the nutritional status of toddlers.





**Keyword** : Overview, Mother's Behavior, Nutritional Status of Toddlers, Post-Nutrition Recovery Program, Makassar City, South Sulawesi

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## 1. Introduction

In Indonesia, the number of malnourished toddlers found based on weighing of toddlers at posyandu was 26,518 toddlers. If we estimate the target number of toddlers registered at posyandu who report (21,436,940), the estimated number of malnourished (very thin) toddlers is around 1.1 million (Indonesian Health Profile, 2015).

Based on the results of the South Sulawesi Riskesdas, it shows that toddlers were very thin in 2007 (9.1 %), in 2010 (5.6%), and increased again in 2013 (7.5%). Meanwhile, children under five were thin in 2007 (7.9 %), in 2010 (8.4%), and experienced a decline in 2013 (7.4%). Overall, the prevalence of underweight children (very thin and underweight) in South Sulawesi province decreased from 17.0 % in 2007, 14% in 2010, but increased again to 14.9% in 2013. Judging from District/City data, the results The 2013 South Sulawesi Riskesdas showed that as many as 24 districts/cities in South Sulawesi had a prevalence of wasting (very thin and underweight) above the provincial prevalence rate, one of which was Makassar City at 15.3% ( South Sulawesi Provincial Health Profile, 2014).

To handle cases of malnutrition, especially in Makassar City, the government has prepared 39 main health centers and 41 supporting health centers in 21 sub-districts of Makassar City. Apart from that, the government created a PPG (Nutrition Recovery Center) program in 10 Makassar City health centers, namely Tamalanrea Jaya Health Center, Mamajang Health Center, Batua Raya Health Center, Dahlia Health Center, Barrang Lompoa Island Health Center, Minasa Upa Health Center, Jongaya Health Center, Bara - Baraya Health Center, Minasa Upa Community Health Center Ujung





Pandang Baru and Patingalloang Community Health Center (Makassar City Health Office, 2016).

The results of the explanation from officers at the Community Health Center and officers who handle the Makassar City PPG program stated that the Nutrition Recovery Center in Makassar City was carried out with inpatient care and without comorbidities. In practice, the Nutrition Recovery Center is carried out on an outpatient basis, this is because often mothers do not want their children to be treated at the related health center because the mother has to stay behind to care for her child while the mother still has other children, has to take care of the house, and has work that cannot be left behind. For this reason, in restoring children's nutrition, mother's involvement is more dominant. Mothers who have malnourished toddlers who receive outpatient care are still equipped with knowledge through nutritional counseling at the community health center which provides PPG so that the mother becomes independent when she returns home in caring for and providing additional food that the community health center has provided to the mother. Apart from that, after toddlers received Supplemental Recovery Feeding (PMT-P) from these four PPGs, there were still many children who did not experience changes in nutritional status, that is, they were very thin, and there were only a few children who experienced changes in nutritional status to become thin and normal.

## 2. Research Methods

This type of research is survey research with a cross sectional design with the aim of describing maternal behavior and changes in the nutritional status of toddlers who take part in the Nutrition Recovery Center program in Makassar City. Based on regional sampling techniques, 4 Nutrition Recovery Centers in Makassar were selected. The population in this study were all children under five who took part in the Nutrition Recovery Center program in Makassar City with a total of 120 children under five as seen from monitoring reports of malnourished toddlers being cared for at the Nutrition Recovery Center. Sample According to Sugiyono (2011), the sample is part of the number and characteristics of the population. If the population is large and it is not possible for the researcher to take everything in the population, for example due to





limited funds, energy and time, the researcher can use samples taken from that population. For this reason, samples taken from the population must be truly representative.

### 3. Results and Discussion

#### a. Results

##### 1) Characteristics of Malnourished Toddlers. Mother's Knowledge about the Nutritional Status of Toddlers

Results Research shows that mothers' knowledge about the nutritional status of children under five is still found to be low, especially in the age item when children are given additional food, where 17 people (30.4%) answered correctly that children should be fed at the age of 6 months and the remaining 39 people (69, 6%) mothers answered less than 6 months or more than 8 months. Apart from that, there are still many mothers who do not know about malnutrition, especially about the signs toddler not enough nutrition that is as many as 31 people (55.5%), meaning not enough 26 people (46.4%) were malnourished and 25 people (44.6%) were malnourished as a result of under-five children. Furthermore, more than half of the mothers, namely 30 people (53.6%), were still inaccurate in answering questions regarding the meaning of daily food diversity and as many as 26 mothers (46.4%) still did not know examples of foods containing protein. Following This is Frequency distribution table of mothers' knowledge about the nutritional status of toddlers participating in the Nutrition Recovery Center Program in Makassar City.

The results of the study showed that mothers' knowledge about the nutritional status of toddlers found that there were still many mothers who lived in Makassar City who had less specific knowledge about the nutritional status of toddlers, namely 17 people (30.4%) and most of the mothers' knowledge was already in depth. category Enough that is As many as 30 people (53.6%) mean that there is still low knowledge of mothers who have malnourished children





Which stay in City Makassar regarding the nutritional status of toddlers, where information, services and access to obtain information are actually easier to obtain.

## 2) Mother's Knowledge about the Nutrition Recovery Center

The results showed that mothers' knowledge about nutrition recovery centers was still found to be low, where 35 (62.5%) mothers did not really know about nutrition recovery centers, and as many as 28 (50.0%) mothers did not know for sure where the recovery centers were held. nutrition. Apart from that, there were 56 mothers who did not know how many times a week cooking demonstrations or practices were carried out (100%). The knowledge that most mothers answered correctly was the purpose of the nutritional recovery center, the frequency of weighing and the frequency of checking their children's health, which was known by all mothers, namely 56 people (100%). The following is a frequency distribution table of mothers' knowledge about nutrition recovery centers.

The distribution of mothers' knowledge about nutrition recovery centers can be seen that the majority of mothers' knowledge about nutrition recovery centers is in the sufficient category, namely 32 people (57.1%), while the mothers' knowledge is still in the insufficient category, namely 14 people (25%), and only a few mothers were in the good category, namely 10 people (17.9%). The difference in mothers' knowledge about the recovery center was due to the fact that the information provided was not comprehensive. Apart from that, differences in the mother's education level also determined whether it was easy for the mother to absorb and understand the information obtained.

## 3) Mother's Knowledge Based on Toddler's Nutritional Status After Participating in the Nutrition Recovery Program

The results of the study showed that mothers with good knowledge were found to have children with thin and very thin nutritional status, namely 75.0% of children had thin nutritional status and 25.0% were very thin. Apart from that, mothers in the adequate category have children who experience more changes in nutritional status when compared with the knowledge of mothers who are classified





as adequate and inadequate, namely thin at 31.1%, normal at 28.9%, and 40.0% still have the status very poor nutrition. Mothers in the deficient category also experienced an increase in nutritional status to thin and normal, namely 42.8% respectively.

4) **Mother's Attitude Based on Toddler's Nutritional Status After Participating in the Nutrition Recovery Program**

The results of the study showed that mothers who had a moderate attitude had more children whose nutritional status improved, namely 32.5% were thin and 29.7% were normal. However, apart from the many children whose nutritional status has improved, there are also children whose nutritional status has not changed, namely 37.8%.

5) **Mother's Actions Based on Toddler's Nutritional Status After Participating in the Nutrition Recovery Program**

The results of the study showed that mothers with sufficient action had children whose nutritional status had improved, namely 36.4% were thin and 21.2% were normal. However, many mothers who take sufficient action do not experience an improvement in their nutritional status, namely they remain very thin at 42.4%. Apart from that, there were also mothers who performed well who did not experience an increase in nutritional status, namely 37.5%. Among mothers who were classified as having insufficient action, there were also those who experienced an increase in nutritional status, especially becoming thin and normal, namely 35.6% and 42.9%.

## **b. Discussion**

1. **Description of the Nutritional Status of Toddlers After Participating in the Nutrition Recovery Program in Makassar City**

Based on research conducted at four Makassar City Nutrition Recovery Centers, there was a change in the nutritional status of children which became better than before, of which 28.6% had normal nutritional status, 35.7% had thin nutritional status, and 35.7% had very poor nutritional status. thin. This is possibly





because there is a change in the mother's behavior which is better than when the mother participated in the program so that with a change in the mother's behavior it is hoped that there will be a change in the child's nutritional status and the child's health condition will improve which will cause the child's appetite to increase. The same research conducted by Amra (2004), stated that there was a significant difference ( $p < 0.05$ ) in changes in body weight between the treatment group and the control group after being given additional food. Apart from the improvement in several children's nutritional status, there are still many children whose nutritional status has not changed. This may be caused by other factors, namely comorbidities. In children under five who are malnourished, they are easily attacked by infectious diseases, causing a lack of appetite which results in the toddler's weight loss.

## 2. Description of Mother's Knowledge After Participating in the Nutrition Recovery Program in Makassar City

Description of mothers' knowledge based on research results at four nutrition recovery centers in Makassar City, of the 56 mothers who were respondents, only 7.1% had poor knowledge, the rest had sufficient knowledge, namely 80.4% and 12.5% had good knowledge. %. The knowledge of mothers who take part in this program consists of maternal nutritional knowledge about the nutritional status of toddlers, maternal knowledge about nutritional recovery centers, and maternal knowledge about providing additional food. Mother's Knowledge about the Nutritional Status of Toddlers.

Based on the research results, of the 56 mothers who were respondents, 30.4% of mothers had poor knowledge of nutrition and food, mothers' knowledge was in the sufficient category, namely 53.6% and in the good category, namely 16%. Based on the 8 questions in the questionnaire, mothers' knowledge was lowest regarding giving additional food, namely 30.4% of mothers who answered that it was given at the age of 6 months, while 69.6% of mothers answered before 6 months and above 8 months. This is because the mother considers that the





child's food needs are not that important or prioritized, so the child is given a much smaller portion of food in the family. Apart from that, there is a cultural connection that provides food before the age of 6 months.

Furthermore, mothers' knowledge about malnutrition is also still low. As many as 53.6% of mothers know the meaning of malnutrition and 55.4% of mothers know the consequences of malnourished children under five, but as many as 55.5% of mothers do not know the signs that children under five are malnourished. Mothers' lack of knowledge about malnutrition causes mothers to often believe that their children are not malnourished, only their scales are below average, and their children are affected by palasik. Mothers' knowledge of food diversity is still low where as many as 53.6 % of mothers answered that diverse food is food consisting of rice, vegetables and side dishes and is filling food. However, most mothers already know examples of foods that are high in protein, namely 53.6 % of mothers said that foods that contain protein include tofu, tempeh, fish and meat.

### 3. Mother's Knowledge about the Nutrition Recovery Center

Based on the research results, it is known that the majority of mothers' knowledge about nutrition recovery centers is in the sufficient category, namely 57.1%, 25% in the poor category, and only 17.9% of mothers' knowledge is in the good category. Based on the results of interviews with officers, it is known that weighing and health checks are carried out once a month along with providing additional food. This is because based on the remote location of the mother's house and so that the mother wants to weigh and check her health at the health center, that is also where additional food is distributed.

The next lowest level of maternal knowledge is regarding the nutritional recovery center and the place where the nutritional recovery center is held. Based on the definition of the nutritional recovery center itself, as many as 37.5% of mothers knew that the nutritional recovery center was a place of care, and as many as 62.5% of mothers did not know about the nutritional recovery center itself.





According to the mother, the nutrition recovery center is a place to provide additional food or health services at the community health center. Mother didn't know for sure about the nutritional recovery center and had never even heard of it before. In addition, half of the mothers' knowledge regarding the location of the nutrition recovery center is known, namely 50%.

#### 4. Mother's Knowledge about Supplementary Feeding

The results of research from 56 mothers who have malnourished toddlers show that more than half of the mothers already know about the additional food given to their children, namely 73.2% in the adequate category and 26.8% in the good category. The mother's answer was the lowest regarding the right time to give food, namely 30.4% who answered correctly and 69.6% who answered wrong, where the mother did not know that there were appropriate times when giving food, but the mother knew that the food should be given. spend it.

Mothers' knowledge regarding the duration of feeding and the frequency with which mothers give food is not known for certain, where 51.8% of mothers answered correctly regarding feeding activities, namely three months (90 days) and 48.2% of mothers answered that they did not know exactly how much. duration of feeding. The frequency of giving food in a day was 35.7 % of mothers answered correctly and 64.3% of mothers answered incorrectly. Based on the results of the interview, it is known that food is only delivered once a day, namely in the middle of the day, in the morning the mother only gives bread and milk provided by the community health center, therefore the food delivered by the community health center is only eaten during the day and evening. There is no specific notification on how many times a mother should give her child to eat, all that she knows is that food, both processed food and formula, must be finished and given to toddlers.

#### 5. Mother's Actions Based on Toddler's Nutritional Status After Participating in the Nutrition Recovery Program in Makassar City





After someone has knowledge and then holds an opinion or assessment, the next process that is expected is to implement or practice what he already knows or reacts to. The results of the study showed that mothers' actions that were good, sufficient, and less experienced an increase in nutritional status, namely becoming thin and normal. This is possibly because the child's condition is getting better and the child's appetite is also increasing, for example, one of the children who previously had complications (liver, double intestine and sore throat) became thin after receiving optimal treatment. This increase in nutritional status is not solely due to the mother's good actions, but there are encouraging factors, both from people around the mother, her husband and from officers who continue to monitor and monitor continuously so that the mother pays more attention to her child's health.

In mothers whose actions are classified as good, there are some children who do not experience changes in nutritional status, this is because children are generally lazy about eating so they are easily attacked by diseases such as fever. Meanwhile, mothers who take adequate and insufficient action have children who do not experience changes in nutritional status, who remain very thin. This is because the mother believes that her child is not classified as malnourished, only his body weight is low and he is lazy to eat, so the mother follows the child's unwillingness to eat and the extra food given to the child is also eaten by family members. Apart from that, according to the mother, the illnesses suffered by the child are common illnesses such as fever, coughs, colds and diarrhea, so the mother is not willing if the child has to be cared for just because there is no change in nutritional status and according to the mother it is troublesome if the child has to be cared for because the mother has a child who is sick. other.

#### 4. Conclusion

Based on the results of the research and discussion, several conclusions were obtained as follows:

1. Malnourished children after participating in the nutritional recovery program have





experienced an increase in nutritional status, namely 35.7% in the thin category, 28.6% normal, and 35.7% very thin.

2. Children who experienced an increase in nutritional status were mostly mothers whose knowledge was in the sufficient category. However, mothers' knowledge is still weak, especially regarding children's nutritional status and nutritional recovery centers, so mothers often do not believe that children are malnourished and underutilization of services.
3. Most of the children who experience an increase in nutritional status are mothers whose attitudes are in the adequate category, but the attitude of mothers whose children experience an increase in nutritional status or not is still limited to the level of trust and confidence and has not yet reached the level of responsibility or inclination to act.
4. The mother's actions were in the categories of good, sufficient, and lack of improvement in nutritional status, namely becoming thin and normal. This happened possibility Because The child's condition is getting better and the child's appetite is also increasing. Apart from that, there is continued monitoring by health workers so that Mothers pay more attention to their children's health.

## 5. Compliance with ethical standards

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### Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

### Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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