

Research Article

Toddler Nutrition Improvement Program Implementation in Mawasangka District Health Center of Central Buton Regency

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Abstract: Indonesia still has many children with nutritional problems such as short (Stunting), Low weight (Underweight) and Skinny (Wasting) to overcome them the government implements various nutritional policies and programs, the policy is contained in one of the SDGs indicators namely ending all forms of malnutrition including achieving internationally agreed targets for the growth of children under five. This study aims to identify the implementation of a toddler nutrition improvement program carried out by the Mawasangka Public Health Center of Central Buton Regency. This study is a qualitative study of 8 informants from the health service, health center and mother of children under five. The implementation of almost all aspects of the activity was carried out well, but the socialization of the weighing of toddlers in integrated service center is necessary to be done by maximizing the role of integrated health center cadres so that all national toddlers targeting toddlers weighing in the Mawasangka health center can be achieved, and the nutritional status problems of toddlers can be overcome properly.

Keywords: Nutrition Improvement, toddlers, Program Implementation.

INTRODUCTION

The issue of nutritional status is very important considering the nutritional status of children is a major public health problem in developing countries, including Indonesia, for that the government is committed to making efforts to improve nutrition as stated in one of the SDGs targets, namely ending all forms of malnutrition, including reaching targets that have been nationally agreed concerning the growth of infants and outlines the nutritional needs of young women, pregnant and lactating women and seniors (Ministry of Health, 2018).

According to experts, the speed of growth of the human brain reaches its peak 2 times, namely in the fetal period at 15-20 weeks of gestation and 30 weeks of gestation until the baby is 18 months old, besides that in the first three years of life the child is the most vulnerable period, because disruption in this period can have a permanent effect on children, it can be said that the nutritional and health status of mothers and children is an important period in growth and development and determines the quality of human resources. Toddlers are

children aged 6-59 months. Every child aged 6-59 months receives growth monitoring service at least 8 times a year which is recorded in the Maternal and Child Health Book / Card to Health (Diana, 2010; Welasasih & Wirjatmadi, 2012).

The need for good nutrition is a major requirement in realizing quality human resources. At the age of toddlers the adequacy of nutrition in children is very dependent on the mother or caregiver, so parents must be sensitive to patterns of consumption of toddlers both in terms of quality and quantity, because nutritional disorders in infants can cause developmental disorders and mental disorders in children such as malnutrition, malnourished, and thin, and short toddlers (Narendra *et al.*, 2002; Astuti, 2017).

Globally, in 2010 the prevalence of short children amounted to 171 million children where 167 million occur in developing countries. The prevalence of stunting in children decreased from 39.7% in 1990 to 26.7% in 2010, this trend is expected to reach 21.8% or

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142 million children by 2020. In ASEAN countries, the prevalence of stunting in Indonesia is in the high prevalence group. The same goes for Cambodia and Myanmar, whereof 556 million children under five in developing countries 178 million (32%) children are short and 19 million children are very thin (<-3SD) and 3.5 million children die every year (De Onis, 2012; Mitra, 2015).

Nationally, the problem of malnutrition intake in children under five in Indonesia has decreased from year to year where the nutritional status of 19.6% in 2013 to 17.7% in 2018, and the prevalence of undernourished children under 5.7% in 2013 to 3.9% in 2018. For the prevalence of thin under-fives which is 12.1% in 2013 to 10.2% in 2018, and the prevalence of short under-fives that is 37% in 2013 to 30.8% in 2018. Year 2 consists of under-fives malnourished children namely 13.8%, under-fives malnutrition 10.2% and short toddlers 30.8%. (Health Research and Development Agency, 2018).

Based on the results of monitoring the national nutrition status in 2017 that the highest shortage of nutrition problems (stunting) in Southeast Sulawesi was found in the Central Buton Regency, namely 48.8% of under-fives, 25.9% under-nutrition under-fives and 13.3% of under-fives. For toddlers monitoring at integrated service center, there are still irregularities despite an increase in the number of under-fives weighed each year, but there are still under-fives whose growth and development are not reviewed where the number of under-fives reported in 2016 was 12,478 under-fives and the coverage of under-fives weighed was 8291 under-fives (66.4%), whereas in 2017 out of 12,060 the total number of under-fives weighed was only 8,876 (73%) (Indonesian Commission for Justice and Reconciliation, 2017; Central Buton District Health Office, 2019).

Buton Tengah is one of the regencies in Southeast Sulawesi Province consisting of 7 sub-districts, one of which is the Mawasangka District. One form of public service carried out by the government in meeting the needs of public health, intending to improve health services and make it more efficient, effective and accessible to the whole community, then formed a community health center (Puskesmas). Based on preliminary data results that the Mawasangka Community Health Center is one of the health centers where there are still children under five with nutritional problems, despite efforts to improve nutrition for children under five such as routine weighing of children at the Integrated service center, supplementary feeding to infants and toddler home visits and providing education to mothers of children under five (Dinas Central Buton District Health, 2019; Mawasangka District Government, 2018).

Nutrition improvement efforts are aimed at preparing future generations who are healthy, smart and of high quality. Based on the above, the writer is interested in describing the implementation of a nutrition

improvement program for toddlers in Mawasangka District, Buton Tengah Regency.

METHODOLOGY

This research is a qualitative study conducted at the Mawasangka Community Health Center. The selection of the main informants is done by using purposive sampling technique. Data collection methods were obtained through in-depth interviews, observation and documentation of the main informants namely 4 Puskesmas nutrition staff, and the validity of the data was carried out on 4 triangulation informants consisting of, the Head of Family Health and Nutrition of the Health Office, 1 integrated service center health officer, and 2 mothers of malnutrition children. Data analysis techniques in this study were data collection, reduction, display, and drawing conclusions.

FINDING AND DISCUSSION

A program will run well if it meets the target indicators Input, Process and output. For this reason, an evaluation is needed on the implementation of a nutrition improvement program for toddlers at the Mawasangka Public Health Center in Central Buton district to know the effectiveness of the implementation of the program that has been carried out.

Resources

The interview results of the implementation of the nutrition improvement program for children at the Health Service Office in Central Buton district based on the input element viewed in terms of human resources (HR), that those involved in the nutrition improvement program are the Head of Public Health as the program responsible, the head of the Family Health and Community Nutrition section as the program manager, and the nutrition staff are in charge as report compilers and field technical supervisors, and the community health center nutrition staff (TPG) as the program implementers. Human resources are people who are responsible and coordinate the implementation of a program.

From the results of the study, it was found that the nutritional staff of Mawasangka Community Health Center numbered 4 people. In terms of quality and quantity of nutrition staff in the Central Buton District Health Office was sufficient, and in the implementation of nutrition improvement programs such as providing supplementary food for children under five in the health center nutrition staff assisted by 5 cadres who were in every Posyandu in the work area of the Mawasangka Community Health Center. This is supported by previous research that the health center's nutrition staff together with midwives as the main implementing staff assisted by cadres to motivate all pregnant women to carry out integrated ANC visits and toddlers to always bring their children to the integrated health service (Khoeroh & Indriyanti, 2017).

Facilities and infrastructure are also very important in the implementation of an activity/health program especially the nutrition improvement program for children under five in the Puskesmas. Based on the results of interviews and observations on facilities and infrastructure that there are no obstacles in the procurement of facilities and infrastructure as well as in terms of procurement of all facilities well maintained and available at the health center, the equipment that has been provided consists of anthropometric tools such as toddler weight scales, stationery, which already exists in each integrated service center, digital weighing devices and height measurement tools, recording and reporting forms, technical guidelines, supplementary foods and medicines such as vitamin A capsules which are usually from community health center. Availability of adequate facilities and infrastructure and optimal management and utilization can help achieve the success of a program. As one of the supports of the success of the program, resources deserve attention, because even though the contents and objectives of the policy/program have been clearly and consistently delivered by the organizers if human resources are limited in terms of quality or will make implementation ineffective (Winarno, 2014).

One component of the resources needed in conducting health programs are health financing. Health financing in the Mawasangka Community Health Center is obtained from various funding sources, such as funds from the Health Operational Assistance (BOK), National Health Insurance (JKN) and Public Health Center operational funds (DOP) and the Regional Government (APBD), but each fund is obtained This is used for activities that support the effectiveness of the implementation of the Mawasangka Community Health Center. For the implementation of nutrition improvement activities, the funds used come from the Health Operational Assistance (BOK) wherein the utilization of BOK funds is used to finance health services in the promotive and preventive sectors. In 2018 the BOK Puskesmas Mawasangka funds amounted to 70% or Rp.714,389,000. with a breakdown of funding consisting of Puskesmas preventive health efforts such as improving child nutrition, community health center supporting activities such as integrated service center. Supported by the statement of the informant that, the funds obtained are sufficient if the utilization is prioritized priority activities, and according to standard procedures of the Central Buton District Health Office. Funds are a very important role in implementing nutrition improvement activities, so the funds needed must be sufficient in amount so that all activities can be carried out properly. Implementation of Operational Standards is very important as a workshop instructor that can be easily understood by health workers in the field (Nuraida, 2008).

Implementation

The process of implementing a nutrition improvement program starts from the process of planning a nutrition improvement program for toddlers in the

Mawasangka District Health Center, Buton Tengah District, namely for the program implementation plan, which is a community health center providing supplementary food (PMT) for toddlers, supplementing recovery food for malnourished children under five, monitoring nutritional status toddlers, counseling to mothers of toddlers and the provision of vitamin A and medicines. For funding planning, that is, from BOK community health center funds originating from central government assistance to local governments in implementing minimum health service standards through enhancing the performance of community health center and their networks, which are more directed towards promotive and preventive health services, which include supplementary feeding, prevention lack of protein-energy, provision of vitamin A, iron nutrition anemia treatment, and gaki (disorders due to iodine deficiency) done Evaluation planning is carried out twice a year, namely at the beginning of the activity and the end of the activity.

After planning, organizing is done where organizing is done by integrating human resources through program implementation meetings held by the Office of Health to discuss the duties and responsibilities of each so that during the implementation of activities do not feel confused with what will be faced, in the meeting This was attended by the head of the family health and nutrition section in charge of the program, the health department nutrition staff as the compiler and monitor of the implementation of the program and the community health center nutrition staff as the program implementers. In its implementation, the Puskesmas nutrition staff conducts socialization to cadres so that the objectives of the program can be known to the lowest level so that the planned activities can run optimally. In the implementation of nutrition improvement activities for toddlers, almost all activities carried out in the integrated service center, such as weight weighing, supplementary feeding and giving which will be discussed are the implementation of screening for toddlers, home visits, except treatment of malnourished children under five in health centers. monitoring the status of the implementation of screening for malnourished children under five is done if there is a report of cases of malnutrition from the integrated service center cadre, the report is validated by the health center, visiting the toddler's house. In addition to increasing the nutritional status of children under five, additional feeding is also provided at the integrated service center, but if they do not come to the integrated service center, mothers of toddlers can immediately take it to the health center. The type of food (PMT) for toddlers is biscuits and gives understanding to toddlers mothers about providing nutritious foods based on local ingredients, while for toddlers nutrition with cases of malnutrition is given supplementary PMT food in the form of sun, milk, and eggs, and for 90 days the community health center performs monitoring nutritional status both at home and at the integrated service center. that the nutrition improvement program carried out has not been able to

produce a maximum improvement in nutritional status, because the causes of nutritional problems vary greatly and are related to fundamental factors such as education and economic levels that require complex programs and take a long time. So it needs to be considered to utilize the existing local potential to streamline the program and maximize the results to be achieved (Raharjo *et al.*, 2017).

From the results of the study, it was found that the program evaluation was carried out once a year by holding a meeting and each program holder explained the performance, obstacles and the results of the achievement of activities.

Output

The improvement of Toddler Nutrition in the Mawasangka Health Center is carried out to maintain and improve the nutritional status of under-fives, from under-fives, poor nutrition, and stunting under-fives. As for the results of the scope of nutrition improvement program activities in Mawasangka Health Center in Central Buton Regency in 2018 from the results of monitoring the nutritional status of children under five in the Posyandu, the level of community participation in weighing in the Posyandu (D / S) was 74.7%, where this achievement has not yet reached the national target that is 80%, with the number of under-fives weighed (D) as many as 1234 under-fives weighed in the integrated service center. Monitoring the growth of children under five in an integrated service center is a way to find out the nutritional status of children under five. From the results of weighing children under five in the Posyandu there are several toddlers with nutritional status problems such as 19 (1.5%) underweight children under five, underweight children under 55 (4.5) under five (stunting) namely 99 (8, 1%) toddler.

CONCLUSION

This research concludes that from the input aspect of the availability of infrastructure suggestions, it is sufficient even though some activities have not been carried out such as Gaky's socialization in schools. The implementation of almost all aspects of the activity was carried out well, but the socialization of the weighing of toddlers in posyandu is necessary to maximize the role of posyandu cadres so that all national toddlers targeting toddlers weighing in the Mawasangka health center can be achieved, and the problem of nutritional status of children can be overcome properly.

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