

The Knowledge and Skills of Nutritional Menu Preparation Among Toddler Mother

Apris Sureni Rahayu¹, Diyah Yulistika Handayani²

^{1,2}Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto, Indonesia

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Knowledge, Skill, Toddler Nutrition Giving, Before and After Training ABSTRACT Background: In Indonesia, the proportion of toddlers having nutritional issues in 2018 was 17.7%. In contrast, in Central Java, malnutrition among toddlers was 1.1% frequent, and inadequate nutrition among toddlers was 5.0% in 2020. According to the Banyumas District Health Office report, there were 6,638 people who needed to improve their diet immediately. In the working area of Kalibagor Public Health Care Center, 69 toddlers had low nutrition and 12 had malnutrition. Objective: The purpose of this research is to find out the nutrient knowledge and skill of toddlers' mothers before and after the training of toddlers' nutritional menu processing in the working area of Kalibagor Public Health Care Center, Banyumas District. Method: The method of this research was pre-experimental design with one group pre-test and post-test design. The samples included 45 mothers who were selected using the Slovin formula, and the population included 81 mothers whose children had low malnutrition. Results: The mothers' knowledge and competence level in planning and digesting their toddlers' diets were the variables that were measured. It indicated that the degree of ability and knowledge had a significant effect (p=0.000). Conclusion: Thus, it can be concluded that providing training on toddler nutrition has a favorable impact on a mother's skills. The next researcher is expected to explore social and cultural elements in order to improve respondents' knowledge and skills.

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Corresponding Author:

Apris Sureni Rahayu Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto, Soepardjo Rustam Street KM. 7, Banyumas, Indonesia Email: aprissurenirahayu@gmail.com

1. INTRODUCTION

The World Health Organization (WHO) states that anthropometric indicators of malnutrition include body weight in relation to height body (BW/BH) with a z-score of BW/BH and the presence or absence of edema. Malnutrition was the cause of 49% of the 10.4 million child deaths under the age of five that occurred in underdeveloped nations in 2010, according to the WHO census. Around 50% of children under five in Asia, 30% of children in Africa, and 20% of children in Latin America suffer from malnutrition. (WHO, 2014).

In Indonesia in 2018, 17.7% of children under the age of five had nutritional problems. Based on the 2018 Riskesdas, the prevalence of children's nutritional status was assessed using different measurement methods (BW/A, BH/A, and BW/BH). The prevalence is tracked since the numbers have an unsteady trend and fluctuate. Based on the provincial statistics, Central Java is one of them, with a frequency of malnutrition in children under five of up to 1.1% and up to 5.0% in 2020. Based on the Health Profile of Central Java Province

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in 2019, Banyumas Regency is ranked sixth in Central Java for cases of underweight children under the age of five (BW/BH), which is 4.7% (Ministry of Health, 2017). Based on the data from the Banyumas District Health Office in 2020 that 6.6% of children under the age of five are malnourished, 14.2% short toddlers are malnourished, and 3,9% of underweight toddlers are malnourished.

From the results of the initial survey conducted on October 15, 2021 towards mothers who have toddlers showed that 2 out of 7 mothers had toddlers aged 1-3 years. Nutritional problems that occur tend to be due to a lack of knowledge and 7 out of 7 mothers of toddlers have less skills related to providing nutrition toddler. On average 70% of mothers have a lot of time at home and knowledge related to nutrition under five in general more or less already understand. However, 95% of toddler mothers' skills in processing toddler menus are still lacking locally based creatives to be creative. Thus, then in need empowerment for toddler mothers so that one of the interventions what will be done is by conducting education and training menu processing for toddlers, especially with toddler mothers who don't have enough the ability to arrange good nutrition for toddlers.

2. RESEARCH METHOD

A one-group pre-test and post-test design was employed in this study's pre-experimental design as a research method. The study was carried out between March 22 and March 26, 2022, in the operating region of the Kalibagor Public health center, which includes villages in Banyumas Regency, namely Pajerukan, Suro, Srowot, Pekaja, and Kaliori. The population of this study consisted of all mothers who lived in the working area of Kalibagor Public Health Center, Banyumas Regency and had children under the age of five with poor nutritional status as measured by BW/BH. There were 81 toddlers as the population in this study. 45 respondents that met the inclusion and exclusion criteria make up the sample for this study (Hidayat, 2017).

Purposive sampling, in which the researcher sets specific criteria for the population's members, is used in this study (Hidayat, 2017) In this study, researchers created visual food models as well as questionnaires with question items. The survey utilized in this study is organized, and respondents are instructed to select the preselected options. The closed or structured questionnaire is created in such a way that respondents are only encouraged to select or reply to the options offered by inserting a checklist ($\sqrt{}$) in the available column and a food model in the form of pictures to assess toddler nutrition skills using observation sheets. The respondent must answer 15 questions on the questionnaire sheet, and there are 16 items on the observation sheet that they must be aware (Notoatmodjo, Health Research Methodology, 2012).

The frequency of the sample features, standard deviation, and the highest and lowest values of the knowledge and competence score for toddler nutrition are the data that are reported in the univariate analysis. Bivariate analysis was carried out to find differences and evaluate whether there was a relationship or correlation between the two variables. In this study, the Wilcoxon test was employed. Editing, coding, data entering, and using analytical tools are all steps in the processing of data (Notoatmodjo, Health Research Methodology, 2012)

3. RESULT

Distribution by age, last education and occupation of mother under five and Knowledge Score of Toddlers' Mothers Before and After Education on Toddler Nutrition Menu Preparation in the Working Area of Kalibagor Public Health Center, Banyumas Regency (n=45)

3.1. Univariate

Table 1. Distribution by age, last education and occupation of mother under five in the Working Area of Kalibagor Public Health Center, Banyumas Regency (n=45)

Characteristics	Frequency	Percentage (%)
Age (Year)		
17-25	9	20,0%
26-35	23	51,1%
36-45	12	26,7%
46-55	1	2,2%
Total Education	45	100,0%

Primary School (SD)	13	28,9%
Junior High School	14	31,1%
Junior High School	17	37,8%
Higher Education	1	2,2%
Occupation		
Housewives	41	91,1%
Trader	1	2,2%
Factory Worker	2	4,4%
Village Officers	1	2,2%
Total	45	100,0%

3.2. Bivariate

Table 4. Wilcoxon Test Effect of Education on Knowledge Level of Mother with Toddler (n = 45)

Median	P Value
(Minimum-Maksimum)	
13 (7-15)	
	0,000
14 (11-15)	
nowledge 14 remained and 31 ind	reased
	(Minimum-Maksimum) 13 (7-15)

4. DISCUSSION

According to the Ministry of Health, the majority of mothers of children under five (23 women, or 51.1%) are in the age range of 26 to 35 and are considered adults. Based on the data, it can be concluded that 17 mothers (37.8%) of the mothers with under-five children had SMA/SMK as their most recent educational background. It can be seen from the table above that the majority of housewives, mothers of children under five, (41 respondents) were housewives in this study. Therefore, it is clear that most of the mothers of children under five are housewives. (91.1%). Shows that the knowledge of mothers of toddlers prior to receiving education about toddler nutrition ranges from a minimum of 7, to a high of 15, with a standard deviation of 1.86217, a median of 13, and an average value of 12.6222. The maximum value is 11, the maximum value is 15, the standard deviation is 1.1101, the median is 14, and the average value (mean) is 13.7556 as a result of receiving knowledge about toddler nutrition

Wilcoxon test with 45 respondents above, it is clear that for mothers of children under five, the minimum value of knowledge before receiving education is 7, while the minimum value following education is 11, and the maximum value is 15, with a value of 15. p value of 0.000. The table then indicates that there are 31 respondents with increased knowledge, 14 respondents with fixed knowledge, and 0 respondents with decreasing knowledge in the Wilcoxon sample.

For the skills test, the minimum score before training was 0 and the maximum score after training was 12, while for the skills test, the minimum score after training is 11 and the maximum score after training is 15, with a p value of 0.000. Based on the Wilcoxon skill test, there were 44 respondents with increasing skills, 1 respondent with constant skills, and 0 respondents with decreasing skills.

5. CONSLUSION

According to the respondents' age distribution, mothers of toddlers (51.1%) ranged in age from 26 to 35 years old. According to characteristics of mothers under the age of five based on education, the majority of their most recent education was SMA/SMK, reaching up to 17 (37.8%). According to the characteristics of mothers of under-five, the majority of mothers (91.1%) work as housewives. The median score was 13,000, with a range of 7.00 to 15.00, a standard deviation of 1.86217, and knowledge of mothers under five before receiving education. Prior to training, the skill level had a range of 0.00 to 12.00, a standard deviation of 2.301, and a median value of 8,000. The Wilcoxon skill test revealed that 44 subjects had improved knowledge, 1 stayed unchanged, and 0 subjects had decreased knowledge.

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