Differences in Knowledges about Nutritions Status before and after being Given Health Education using Leaflet for Toddler Mother

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ABSTRACT

Nutritional Status is a body condition caused by a balance between nutrient intake and need. Toddler Nutrition Status is a condition of child's health determined by the degree of physical needs of energy and nutritional substances. Based on the initial survey of research in the village corner of Kadiri in March was obtained the results that from 10 mothers of toddlers obtained 60% of infants have not understood the status of nutrition and 40% of mothers are already familiar with nutrition status. Factors affecting the nutritional status of the toddler mother is a factor in the knowledge of nutritional status in the village corner of the working Rw 2 area of Sukorame Kadiri City clinic year 2020. This research is comparative analytical research. The population of 41 children is in the corner of Kadiri. Randomized sampling technique with simple random sampling of 35 respondents. The statistical test used was the Wilcoxon test. This study was conducted in 35 respondents with the results of knowledge prior to the most knowledgeable majority health education almost all (74.3%) Respondents and after a good knowledgeable majority health education (60.0%), Wilcoxon test Results stated P value < A < 0.000 < 0.05 which means there is an increase in knowledge before and after the counseling of nutritional status in a toddler's mother. The conclusion that nutrition status health education in toddler mothers managed to increase knowledge and achievement for health care institutions and health achievement in the society.

I. Introduction

The main public health problem in Indonesia is nutrition. The impact of malnutrition not only causes health problems but can reduce the quality of Human Resources (HR) which is very much needed in the future. The risk of death for malnourished children is 17 times compared to normal children. Therefore, every malnourished child must be treated according to standards [1]. Nutritional status is a state of the body as a result of food consumption and use of nutrients. Distinguished between poor, less and more nutritional status as measured by using one of the anthropometric indices, namely the body weight index by age [2] [3] [4]. According to the results of basic health research or Riskesdas (2013)[1], in Indonesia there are 5.7% of children under five with poor nutrition or as many as 26,518 children, 13.9% of undernourished, and 4.5% of under-fives with excess nutrition. The prevalence of malnutrition in children under five in Indonesia according to the results of the 2014 nutritional status monitoring (PSG) conducted by the Indonesian Ministry of Health, in 2014 was 4.7%, then in 2015 the malnutrition rate fell to 3.8%, and fell again in 2015. 2016 to 3.4% [5] [6] [7].

The factors that influence the nutritional status of children under five are mother's knowledge. According to Notoamodjo 2010 knowledge related to health problems will affect the occurrence of health problems in certain groups. Lack of knowledge about nutrition will result in reduced ability

to apply information in daily life which is one of the causes of nutritional disorders. Other factors that influence nutritional status are mother's occupation, parents' education, family opinion. The variety of food and food atmosphere greatly determines the amount of food consumed and the toddler's growth rate does not slow down, so that it does not cause diseases, including tract, digestive, infection, and inculcated diseases [8]. The impacts that arise on toddlers who experience malnutrition are mental, emotional and psychological health disorders such as excessive anxiety and learning disabilities. And poor nutrition can also have an impact on the development and ability of children to adapt to certain situations, and other nutritional impacts can also become infectious diseases. where children who are malnourished will be susceptible to infectious diseases because this haki is caused by a weak immune system due to unfulfilled body nutrition.

One good prevention to reduce malnutrition in toddlers is to conduct counseling using leaflet media to add insight to mothers so that they can provide good nutritional needs for toddlers, besides providing knowledge to mothers about consuming healthy and clean food for toddlers. Efforts to improve under-five nutrition are carried out, one of which is knowledge of nutritional health for toddlers. This is necessary to form positive behavior in terms of nutritional needs. , and the behavior of mothers, in fulfilling their toddler's nutrition[9].

II. Method

A. Design and Samples

The study design is a pre experiment that is *one group pretest-posttest design*. The independent variable in this study was mother's toddler knowledge . The population in this study were all mothers who had children under five and did not have diseases that could interfere with measurement. The sample in this research is that some mothers of children under five do not have diseases that can interfere with measurement.

B. Data Collections

The type of collection used is primary data obtained directly from the results of observations, the research subject is directly observed. The researcher asked for the consent form from the prospective respondents by signing the consent form. Then the researcher gave a questionnaire sheet to be filled in by the respondent and given a score. After that, the researchers conducted health education using leaflet media. Then the respondents were asked to fill out the questionnaire again and compared the values before being given health education and after being given health education.

C. Data Analysis

Statistical tests for both variables used the *Wilcoxon* test . All tests are done by using SPSS for Windows 24

III. Results and Discussion

Cross tabulation of the difference in knowledge levels before and after being given health education on the nutritional status of toddlers

Table 1. Level of knowledge before and after being given health education on the nutritional status of toddlers

Perbedaan Tingkat pengetahuan sebelum dan sesudah diberikan penyuluhan	Baik		Cukup		kurang		∑ Total	
	F	%	F	%	F	%	F	%
Sebelum	0	0	26	74,3	9	25,7	35	100
Sesudah	21	60	12	34,3	2	5,7	35	100
	α=0,05		pvalue=0,000					

Based on table 1 above provides information on the overall character of the respondent's level of knowledge during the study. At the time before the study, it was found that most (74.3%) of the respondents had sufficient level of knowledge, while after being given counseling it was found that there was a change in conditions where the level of knowledge of respondents changed after being given health counseling about the nutritional status of toddlers, most (60%) were at good level. From the Bivariate Test using the Wilcoxon Test, the following data were obtained: at alpha 0.05 the p-value was 0.000 so that p-value< a. The hypothesis is concluded as follows: H0 is rejected and H1 is accepted. This condition is interpreted that there is a difference in the level of knowledge before and after being given health education about the nutritional status of toddlers.

The results of this study are in line with research by Leokuna (2013) that the knowledge of mothers who have children under five before counseling was 40.69% and increased after counseling to 78% [8]. The results of the t-test of the knowledge value of mothers before and after being given counseling showed that there was a significant difference in the knowledge of mothers before and after being given counseling. This is in line with Farida (2020) that there was an increase in parental knowledge before and after health education with leaflet media [10]. This research is in line with Fitri Kamalia Fitriani's research with the title "The influence of nutrition flip sheet media on increasing the knowledge of mothers under five with malnutrition at the Pamulang Public Health Center, South Tangerang in 2015" [11]. The study concluded that there was an increase in mother's knowledge of toddler nutrition before and after counseling and giving out leaflets. Research data table 5.6. provide information on the overall character of the respondent's level of knowledge during the study. At the time before the study, it was found that most (74.3%) of the respondents had sufficient level of knowledge, while after being given counseling it was known that there was a change in conditions where the level of knowledge of respondents changed after being given health counseling about the nutritional status of toddlers, most (60%) were at good level.

IV. Conclusion

The results of this study indicate that there is a difference in the level of knowledge before and after being given health education about the nutritional status of toddlers

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