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THE ROLE OF MOTHER KNOWLEDGE AND PARENTING CULTURE IN DETERMINING THE TODDLER NUTRITION STATUS

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Abstract

Background: *A good nutritional status can be a foundation of child health that can optimize growth and development of young children and reduce morbidity, disability, and death. it also will improve the quality of human resources. Gorontalo Province was in the third position with the number of toddler with malnutrition status 7.8% in 2018 after the Maluku provinces and East Nusa Tenggara provinces. In addition, Gorontalo province also occupies the fourth highest position with the number of toddlers with nutritional overweight status of 4.7% after Papua and DKI Jakarta. Therefore, the aim of research is to analyze the contribution of knowledge about parenting, and cultural parenting to the toddler's nutritional status.*
Methode: *The research employed a cross sectional study and involved 50 toddlers in the site area as the sample by using the total sampling technique. Moreover, the data were analyzed by the chi-square.*
Result: *The results showed that there was no relationship between knowledge about parenting and the nutritional status of toddler with a P value of 0.062> α 0.05 and there was a relationship between the cultural parenting with the nutritional status of toddler with P Value 0.013 <α 0.05.*
Conclusion : *the The Health community center should to optimize nutritional programs that are supported a positive deviating increasing nutritional status and positive motivation changing parenting culture patterns that give a negative impact to toddler nutritional status.*

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INTRODUCTION

One of the targets of sustainable development or Sustainable Development Goals (SDG's) in 2030 put an end to all forms of malnutrition or nutritional problems. The issue of nutrition has become a concern of developing countries including Indonesia because it is related to the people's welfare and the human development index of a nation. Nutrition status at the beginning of growth and development will determine the health status and quality of life of a person in the future.

Nutrient status can be interpreted as a nutritional health condition of the community which is very dependent on the level of food consumption needed by the body, the composition of food and its comparison with one another. Nutritional status is a state of the body as a result of food consumption and use of nutrients that are divided into poor nutritional status, malnutrition, good nutrition and over nutrition (Kemenkes, 2018).

Good nutritional status can be the foundation of health that will optimize growth and development and reduce morbidity, disability, and death so that it will affect the quality of human resources. Conversely, poor or excessive nutritional status has a bad impact both short and long term. Children who are malnourished will be very potentially affected by the disease. Dapaknya is an increase in health care costs increase so that economic inequality is increasing. Children with malnutrition can also experience a decrease in intelligence which causes productivity to decline in the future (Nopa, 2019)

Globally it is estimated that around 51 million children under five are underweight and 162 million are stunted and 99 million underweight (UNICEF, WHO 2013). In 2007, The Lancet also estimated that around 200 million children under five in developing countries could potentially experience nutritional problems. MDG reported that in 2012 malnutrition also occurred in adulthood of around 20%.

Based on the results of Riskesdas (Primary Health Care Survey) in 2018 the nutritional status of toddlers is bad nutrition at 3.9% malnutrition at 13.8% and excess nutrition at 3.1%. When viewed and compared with the results of Riskesdas in 2013 (5.7%) there was a decrease in the prevalence of malnutrition by 1.8% while malnutrition only decreased from 13.9% in 2013 to 13.8% in 2018 or can be said the prevalence of malnutrition can only be reduced by 0.1% over the five years since 2013. If you look at the 2019 RPJMN (National Medium-term Development Plan) target, Indonesia must reduce the number of children under five with severe malnutrition and malnutrition by 0.7%. Based on the 2018 risk assessment it is also known that toddlers with poor nutritional status and malnutrition are 17.7% while the 2019 RPJMN target is 17%.

Gorontalo Province is in the third position with the highest number of children under five with malnutrition in 2018 which is 7.8% after the provinces of Maluku and East Nusa Tenggara. In addition to malnutrition, Gorontalo province also ranks third highest under-five with over nutritional status at 4.7% after Papua and DKI Jakarta (Riskesdas 2018). Based on the results of researchers' interviews with one of the health workers in one of the health centers in Gorontalo City, namely in the District of East City there are 13 toddlers (0.92%) who have abnormal nutritional status (malnutrition, over nutrition, poor nutrition) due to the pattern less good foster care from parents such as, lack of knowledge and low economic status of these toddler parents.

Supariasa (2012) argues that there are two factors that affect nutritional status, namely the factor directly or indirectly. Factors that affect nutritional status directly are nutrition levels and infectious diseases. While indirect factors, namely the availability of adequate food or food, maternal education, knowledge of nutrition, socio-cultural and health as well as health services, the level of family income or socioeconomic status.

Knowledge of parents, especially mothers, is very important in determining the nutritional status of a child. At the beginning of the growth and development of the mother has a very important role in raising children. Thus, in conditions where the mother has sufficient knowledge related to child care, especially the nutritional intake needed by infants is likely to affect the nutritional conditions of children under five. Knowledge and education of parents in several sources shows that it is an important

element to form positive behavior in terms of meeting nutritional needs and to maintain, maintain or improve the state of good nutrition.

The results of research conducted by Putri et al in 2015 showed that maternal education (p = 0.004; OR = 2.594; CI95% = 1,356-4,963), mother's occupation (p = 0,000; OR = 74,769; CI95% = 24.141231,577), family income (p = 0.013; OR = 3.058; CI95% = 1,246-7.4) and maternal parenting (p = 0,000; OR = 15,862; CI95% = 5.973-42,128) contribute to the nutritional status of children under five. The results of the 2018 riskesdas also showed that the majority of toddlers with poor nutritional status came from parents with elementary / MI education levels. In these results it can also be said that the higher the level of education the lower the likelihood of toddlers experiencing malnutrition.

Parenting is also considered to affect the nutritional status of a child. But parenting is different from each other which can also be influenced by local culture. Every parent basically raises and raises their child with a good purpose to prepare for his future. But this hope can be hampered by wrong parenting and the lack of parental knowledge related to proper nutrition for each stage of child development.

So this study aims to find out how much the contribution of parents' knowledge, especially mothers and parenting applied by parents to the nutritional conditions of their children.

METHOD

This research is analytic with cross sectional research design. The variable that is affected in this study is the nutritional status of infants while the independent variable is the mother's knowledge related to parenting and parenting applied by parents. The sample in this study was all populations, while the sampling technique used in this study was a total sampling of 50 toddlers whose nutritional status and toddler parents were given questionnaires to measure nutritional knowledge and parenting culture applied. This research was conducted at the Eastern City Health Center, Gorontalo City

The nutritional status referred to in this research is the state of the nutritional status of children carried out according to BB \ U which is divided into several categories namely poor nutrition, poor nutrition, good nutrition, and over nutrition. Parental knowledge is defined as the mother's knowledge in caring for children, especially in feeding which will affect the nutritional status of toddlers as measured through questionnaires. The measurement results are divided into good knowledge level, sufficient level of knowledge and less knowledge level. Parenting culture can be seen from several types of parenting that are applied namely authoritarian parenting, democratic parenting, permissive parenting as measured by a questionnaire consisting of 21 questions. The results of this measurement are good and not good. The parenting culture is categorized as good which is not authoritarian, democratic and not permissive. While parenting is not good, that is authoritarian parenting, not democratic and permissive.

Analysis of the data used is chi square by connecting the predicted variables related. The data analyzed consisted of primary data from the questionnaire collection and secondary data from data from the local health center.

RESULT AND DISCUSSION

Research on the role of parental knowledge and parenting on the nutritional status of children under five in the Eastern City Health Center work area. The research sample was obtained by using the Total Sampling technique so that the research sample was all that became part of the population. The number of research samples are 50 toddlers and their parents

Primary data in the form of weighing toddlers and measuring height using microtoise. Knowledge and parenting responses were obtained by conducting interviews with the research instruments used in the form of questionnaires

Table 1 Distribution of Samples based on mother's knowledge level, parenting culture, and nutritional status of toddlers

Variable	N	%
Knowledge Level		
Good	33	66
Enough	9	18
Less	8	16
Culture		
Bad	16	32
Good	34	68
Toddlers Nutritional-Status		
Malnutrition	4	8
Lack Nutrition	4	8
Good Nutrition	39	78
Over Nutrition	3	6

The results of the study in table 1 show that the majority of parents namely mothers of toddlers who were respondents in this study had good knowledge of 66%. Whereas those who have enough knowledge are only 18% and those wholes are 16%. Mothers who have good culture are 34 mothers (68%) while mothers who have bad culture are 16 mothers (32%). Nutritional status of children under five in the working area of the eastern city health center, Gorontalo City. Malnutrition, lack nutrition and over nutrition are still found even though the frequency is quite low. Toddlers with malnutritional status are 4 people (8%), lack nutrition 4 people (8%), good nutrition 39 people (78%), and over nutrition 3 people (6%).

Bivariate analysis was used to determine whether there was a significant relationship between the two variables. Based on table 2 it can be seen that from 33 respondents who have a good level of knowledge there are 1 person (3.0%) who is of malnutrition status, 1 person (3.0%) who is of lack nutrition status, 30 people (90.9%) who are of good nutrition status and 1 person (3.0%) who have more nutritional status, while from 9 respondents who have sufficient level of knowledge there are 1 person (11.1%) who is of malnutritional status, 1 person (11.1%) is of lack nutrition status, 6 people (66.7%) have good nutrition status , and 1 person (11.1%) has a nutritional status and for 8 respondents who have a lack of knowledge there are 2 people (25.0%) who have malnutritional status, 2 people (25.0%) who have a lack nutritional status, 3 people (37.5%) who have good nutritional status and 1 person (12.5%) has pver nutritional status. Statistical test results with the Chi-Square test showed there was no relationship between the respondents' nutritional knowledge with the nutritional status of children under five, with a probability value (p) = 0.062. The results of this study are in line with research by Ekawaty et al (2015) which shows that there is no relationship between nutritional status (BMI / U) with maternal nutritional knowledge in children aged 1-3 years in Mopusi Village Lolayan District Bolaang Mongondow Regency. The same thing was also raised by Arisandi, et al (2013) that a mother's knowledge (p = 0.416) was not related to the nutritional status of children under five but parental attitudes (p = 0.051) were factors related to the nutritional status of toddlers in Lampa Village, Duampanua District, Pinrang Regency. This situation can also be caused because knowledge is an indirect cause of nutritional disorders in toddlers, there are still direct factors such as consumption patterns, infectious diseases, social and economic factors. The household wealth index or poverty and administrative areas (developing regions) provide a high risk for under-fives experiencing shortages (Kasaye et al, 2019). Food sufficiency at the family level does not necessarily guarantee the improvement of the nutritional status of each individual member if it is not accompanied by the knowledge and ability to process food and how to provide food to children even though food is already available.

Based on the results of the questionnaire that has been given to respondents related to knowledge about parenting, it can be concluded that the average parent has sufficient knowledge, this can be known based on interviews that indicate that in general respondents give MP-ASI before children 6 months of age, but still rarely invite their children to the posyandu to be immunized, and also they often let children eat food that is ready for example snacks and so forth. Even though they already know what good parenting is like, it hasn't been

Table 2 Relationship between parental knowledge variables and parental culture with nutritional status

Variable	Toddler's Nutrition Status				Total	P *Value*
	Malnutrition	Lack Nutrition	Good Nutrition	Over Nutrtition		
Parental Knowledge						
Good	1 (3.0%)	1 (3.0%)	30 (90.9%)	1 (3.0%)	33 (66%)	
Enough	1 (11.1%)	1 (11.1%)	6(66.7%)	1 (11.1%)	9(18%)	0.062
Less	2 (25.0%)	2 (25.0%)	3 (37.5%)	1 (12.5%)	8 (16%)	
Total	4 (8.0%)	4 (8.0%)	39 (78.0%)	3 (6.0%)	50(100%)	
Parental Culture						
Good	1 (2.9%)	1 (2.9%)	31 (91.2%)	1 (2.9%)	34 (68%)	0.013
Bad	3 (18.8%)	3 (18.8%)	8 (50.0%)	2 (12.5%)	16 (32%)	
Total	4 (8.0%)	4 (8.0%)	39 (78.0%)	3 (6.0%)	50 (100%)	

implemented in daily life and causes children to have abnormal nutritional status.

Exclusive breastfeeding is very important, in a study in Delhi, it is known that toddlers who do not get exclusive breastfeeding have a 7 times greater risk of diarrhea and pneumonia 5 times greater (Bentley et al. 2015).

Therefore, education is carried out as a way to improve the knowledge of the community, especially in health. According sulistyoningsih (2011) Parents who have more knowledge in caring for children, then will understand the needs of children. Mother's education on nutritional status is very much needed to form positive behaviors in terms of meeting nutritional needs as one of the important elements that supports one's health status, to produce the behaviors needed to maintain, maintain or improve a good nutritional state.

Research conducted by Adeniyi (2018) found that about half of mothers could not distinguish normal body shape and malnutrition. Failure to identify malformations of normal toddlers is due to lack of training and information given to mothers to recognize the ideal body size in this group of children which may sometimes be difficult to do with an untrained eye.

Hager (2012) found that mothers of overweight infants had inaccurate perceptions about their toddler's body size and were very satisfied and showed that this was normative. While under-five mothers who are underweight have an accurate but not satisfied perception, which indicates that their child is not normal. Inaccurate perception related to toddler body shape requires child health service providers to help increase family understanding and knowledge about healthy body size.

Based on table 3, it is known that from 34 respondents who have a good culture level there are 1 person (2.9%) who is of poor nutritional status, 1 (2.9%) who is of poor nutritional status, 31 people (91.2%) who are of good nutrition status and 1 person (2.9 %) have more nutritional status, while of 16 respondents who have a bad level of culture there are 3 people (18.8%) who are of poor nutritional status, 3 people (18.8%) are malnourished, 8 people (50.0%) have good nutrition status, and 2 people (12.5%) have more nutritional status. Statistical test results with the Chi-Square test showed there was a relationship between culture and nutritional status of children under five, with a probability value (p) = 0.013.

Culture or habits of the local community will greatly affect this. This is because the habits of parents who follow cultures that are already hereditary in their families without regard to the impact that will occur on the nutritional status of children, as well as the culture in Gorontalo that is mostly just follow the words of parents or culture that already exists from their family. The results of research conducted by Kasmini (2012) also showed that elements of norms, values and habits are factors that influence the pattern of nutrition for toddlers, both related to food intake and health care given to

Tabel 3. Analisis Hubungan Budaya Pola Asuh tetang Gizi dan Status Gizi Balita

Kategori Budaya	Status gizi Balita				Total	p *value*
	Gizi buruk	Gizi kurang	Gizi baik	Gizi lebih		
Baik	1 (2.9%)	1 (2.9%)	31 (91.2%)	1 (2.9%)	34 (68%)	**0.013**
Tidak baik	3 (18.8%)	3 (18.8%)	8 (50.0%)	2 (12.5%)	16 (32%)	
Total	4 (8.0%)	4 (8.0%)	39 (78.0%)	3 (6.0%)	50 (100%)	

Sumber: Data Primer 2018

toddlers, which ultimately determine the nutritional status of toddlers. The same thing was also found by Munawaroh (2015). Gerards et al (2016) concluded that the pattern of care and family nutrition climate can predict parenting practices in food (food parenting practices) and these three factors also contribute to the BMI score in children. Mothers who understand the child's favorite foods and eating habits of their children. If given to others, then the pattern and type of food will not be certain to contain elements of four healthy five perfect. Food availability at home, parental diets, and family eating habits also play an important role in the quality of children's diets. Thus, interventions related to education about healthy dietary habits at home can have a positive impact on the quality of children's diets and overall health (Torres, et al 2014). Handayani's research (2017) found that not good parenting is given by mothers towards their toddlers. So this is a polemic about the problem of poor nutritional status which is owned by the children of their own toddlers. So here it can be interpreted that the relationship between the relationship with bad parenting has a bad impact on the nutritional status of these toddlers. Care is a factor that is very closely related to the growth and development of children under five years of age because it can be felt directly felt by children, both in negative and positive terms Juwita et al, (2011)

CONCLUSION

The results of the study concluded that there was no relationship between the level of parental knowledge with the nutritional status of children under five in the Eastern City Health Center in Gorontalo City with a value of P value 0.062> α 0.05 and there was a relationship between parenting culture and the nutritional status of children under five in the Eastern City Health Center in the City of Gorontalo with a P.Value value of 0.013 <α 0.05. So it is recommended to institutions in terms of the Eastern City Health Center to optimize nutrition improvement programs that focus on behavioral change by enhancing positive behavior and changing the culture of parenting that is still not good that contributes to the nutritional status of children.

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