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Nutritional Intervention through Education and Supplementary Food Provision to Fostered Families with a Family Doctor Approach in Uteunkot Village, Muara Dua District, Lhokseumawe

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ABSTRACT

Indonesia as a developing country still has some gaps and shortcomings in health problems, one of which is nutritional problems. Based on the 2018 Global Nutrition Report, Indonesia is included in 17 countries that have complex nutritional problems, like stunting, wasting and overweight. Aceh Province in 2018 reported that there were 16.8% undernourished children under five and 6.7% malnourished children, while 2.9% were overweight. One of the things that can be done in overcoming these problems is through nutritional intervention to the community. Therefore, this research was conducted as a form of nutrition intervention through education and supplementary feeding (PMT) to the assisted families with a family medicine approach in Uteunkot Village, Muara Dua District, Lhokseumawe. The measuring instrument used is a balanced nutrition questionnaire which has been tested for validity and reliability to assess the level of knowledge of respondents about balanced nutrition. In addition, education on balanced nutrition and supplementary feeding is also carried out. The sampling technique used is total sampling with a total of 79 respondents. The results of the distribution of the level of knowledge of respondents on balanced nutrition before being given education were the most in the poor category with a total of 41 people (51.9%), after an intervention in the form of education obtained the distribution of the level of knowledge of respondents about balanced nutrition in the good category with a total of 69 people (87.3%). In addition, it was also found that almost all respondents consumed the given Supplementary Food.

1. Introduction

There are still many health problems in Indonesia, one of which is in the field of nutrition. The 2019 Health Sector Study reported that Indonesia was experiencing a Double Burden of Malnutrition. Indonesia has a high prevalence of malnutrition, namely micro and macro nutritional deficiencies, and is accompanied by increasing cases of excess nutrition or obesity¹. Based on the 2018 Global Nutrition Report, Indonesia is included in 17

countries that have complex nutritional problems, namely stunting, wasting and overweight². Double Burden of Nutrition Problems in Indonesia occurs in all life cycles, starting early with 12% of children under the age of five being wasted, while another 12% are overweight. Adolescence shows that 11% of boys and girls aged 13-15 years are underweight, while 11% of other adolescents of the same age are overweight. the prevalence of overweight and obesity



more than doubled between 2010 and 2013 in adult women (from 15% to 33%), while a quarter of pregnant women were underweight. Meanwhile, according to Riskesdas 2018, it was reported that 10.1% of under-fives were thin and 7.6% of under-fives were overweight³. Aceh Province in 2018 reported that there were 16.8% undernourished toddlers and 6.7% malnourished toddlers and 2.9% more toddlers⁴. The North Aceh Health Office reported that throughout 2019 there were 543 children under five years old (toddlers) experiencing severe malnutrition. This figure is an increase compared to 2018, as many as 350 cases⁵.

The one of many attempts that has been done by the Indonesian government related to solving nutritional problems is nutrition intervention, namely specific and sensitive nutrition interventions. Specific interventions to address the direct causes of nutritional problems, which are carried out in the form of health such as education, provision of vitamins, additional food, and others are carried out by the health sector. Meanwhile, sensitive interventions are carried out by the non-health sector. The intervention method gave quite effective results. Interventions can be done through nutrition education, feeding, counseling and coordination of nutritional care⁶. Supplementary feeding is a program of providing nutrients to restore poor nutrition by providing food with sufficient nutritional content so that the nutritional needs of patients can be met and improve nutritional status⁷. Fulfillment of nutrition is not enough only by providing Supplementary Food Provision, but also by increasing family nutrition knowledge⁸. This nutritional problem is related to the knowledge

aspect⁹. Increased knowledge of nutrition has been carried out by the health office such as nutrition counseling, nutrition awareness families, and providing additional food. Interventions can increase the knowledge of patients and their families, and can raise the patient's awareness to change¹⁰.

2. Methods

This type of research is a Quasi Experiment with One Group Pretest Posttest design. The research was carried out from July to December 2021 in Uteunkot Village, Muara Dua District, Lhokseumawe City. The sampling technique used was total sampling with a total of 79 respondents who were f families.

Sources of data in this study obtained from primary data using a questionnaire as an instrument. The measuring instrument used is a balanced nutrition questionnaire which has been tested for validity and reliability to assess the level of knowledge of respondents about balanced nutrition. In addition, education on balanced nutrition and supplementary feeding is also carried out. Data was collected by distributing questionnaires to respondents one by one. Data analysis was carried out by grouping data based on variables and types of respondents, tabulating data based on variables and all respondents, presenting data for each variable studied, performing calculations to answer the problem formulation, and performing calculations to test the proposed hypothesis. The analytical method in this study consists of univariate analysis, validity and reliability tests.



3. Results and Discussion

Table 1. Characteristics of respondents based on gender, age, education and occupation

Characteristics	Frequency (n=79)	Percentage (%)
Gender		
Man	20	25,3
Woman	59	74,7
Age		
Late teen 17-25 years old	22	27,8
Early adult 26-35 years old		
Late adult 36-45 years old	19	24,1
Early seniors 46-55 years old	15	19,0
Late elderly 56-65 years old		
Seniors >65 years old	12	15,2
Last education		
Elementary School	7	8,9
Junior High School		
Senior High School	4	5,1
Bachelor degree		
Occupation	9	11,4
Doesn't work	38	48,1
Housewife	31	39,2
Teacher	1	1,3
Barberman		
Freelance	19	24,1
	46	58,2
	7	8,9
	1	1,3
	6	7,6
Total	79	100%

The table above shows that the gender distribution of the most respondents is the woman category with a total of 59 people (74.7%). The largest age group is the late adolescent group with a total of

22 people (27.8%). The last education was junior high school with 38 people (48.1%). The most occupations are housewives, as many as 46 people (58.2%).

Table 2. Knowledge level of balanced nutrition before and after counseling

Knowledge level Before Counseling	Frequency (n)	Percentage (%)
Well	0	0
Enough	38	48,1
Bad	41	51,9
Total	79	100%

Based on the table above, it is found that the distribution of the level of knowledge of respondents on balanced nutrition before being given education is

the most in the less category with a total of 41 people (51.9%). Respondents whose knowledge level is in the sufficient category are 38 people (48.1%).



Table 3. Knowledge level after counselling

Knowledge level After Counseling	Frequency (n)	Percentage (%)
Well	69	87,3
Enough	10	12,7
Bad	0	0
Total	79	100%

Based on table 3, it is found that the distribution of the level of knowledge of respondents on balanced nutrition after being given education is the most in the good category with a total of 69 people (87.3%). Respondents whose knowledge level is in the sufficient category are 10 people (12.7%)

Knowledge is the result of a person's sensing of certain information¹¹. Sediaoetama (2010) explains that knowledge about nutrition will make it easier for someone to understand the importance of nutrition in the food consumed. Knowledge of nutrition will affect a person's assessment of food that is good or not good for health¹².

The results showed that there were differences in the level of knowledge of respondents before and after being given education, namely an increase in the level

of knowledge. These results are in accordance with Notoatmodjo's 2012 theory, namely knowledge is the result of "knowing" human sensing of a particular object. The sensing process occurs through the five human senses, namely the senses of sight, hearing, smell, taste and through the skin. Knowledge or cognitive is a very important domain for the formation of one's actions (over behavior). Knowledge can be increased by counseling without teaching aids (lectures) or using teaching aids. The lecture method is the most economical method of conveying information and the lecture method can also be followed by a large number of targets and is easy to do¹³.

Table 4. Consumption of supplementary foods

	Frequency(n)	Percentage (%)
Consumed	77	97,5
Not consumed	2	2,5
Total	79	100%

The distribution of respondents who have consumed Supplementary Foods is 77 people (97.5%). Supplementary Foods Program implemented as a form of nutritional intervention with the aim of maintaining and improve nutritional status, especially in high-risk groups, namely infants, toddlers, pregnant women, postpartum mothers who suffer from KEK (chronic energy deficiency)¹⁴.

4. Conclusion

Characteristics of the majority of respondents are female, late adolescent age group (36-45 years), junior high school education and work of housewives. There is an improvement in the level of knowledge about balanced nutrition before and after education and almost all respondents has consumed Supplementary Food.



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