Journal of Positive School Psychology http://journalppw.com
2022, Vol. 6, No. 6, 4554-4563

Factors Related To The Nutritional Status Of Tolls In The Work Area Of Nambo Community Health Center

Tawakkal[1] , Andriyani[2] , Waode Sri Kamba Wuna[2] , Ano luthfa[2] , Juli Purnama Hamudi[2]

[1]Departement of Hospital Administration, Pelita Ibu Institute of Health Science, Indonesia.
[2]Depatement of Midwifery, Pelita Ibu Institute of Health Science, Indonesia .
Corresponding Email: tawakalpelita17@gmail.com

Abstract

One of the national goals in Indonesia is to increase human resources as the basis for future development. Human resources are the basis of development for the realization of the Sustainable Development Goals (SDGs), with a target of reducing child mortality. The nutritional status of the child greatly determines the future of the child, which is related to the development of the child, in other conditions, the malnutrition status of the child has an impact on cases of stunting. In the end, the projected number of cases of malnutrition is a public health problem that has an impact on the future of the child. Objectives: To determine the factors related to nutrition in children under five in the working area of Puskesmas Nambo. Methods: This study is a quantitative study, with a cross sectional study design. Results: analysis with the Chi-square test shows that sequentially there is a relationship: income, exclusive breastfeeding, complementary breastfeeding, birth weight (LBW), history of infection, culture in the family environment, knowledge of clean and healthy living habits with nutritional status. All of them are obtained with the Asymp value. Sig. (2-sided) 0.00 which is smaller than 0.05. Conclusion: Based on the analysis, it can be concluded that there is a significant relationship between all research variables and the nutritional status of children under five. Therefore, early detection of changes in nutritional status in children under five must be done.

Keywords: Lack of Nutrition, Nutrition, Nutritional Status of Children.

Introduction

The nutritional status of children greatly determines the future of children which is related to the growth and development of children, the factors that influence the nutritional status of children are internal or external factors, low birth weight (LBW),infection, external such as income, breast milk (ASI),complementary foods for breastfeeding (MP-ASI) and supporting factors, namely clean and healthy living behavior (PHBS), culture and knowledge [1].

Indonesia in 2016 still ranks fourth largest in the world according to the UNICEF Population Division. Based on the projection of the number of population developments in Indonesia, namely in 2018 there were 21,990 people aged 0-4 years, in 2019 it was known that 21,952 children aged 0-4 years were projected for the Indonesian population [2] [3]. The proportion of undernourished children under five in 2007 amounted to 13.0% in 2013 increased to 13.9% and in 2018 amounted to 13.8%, for malnutrition it is known that in 2017 it was 5.4%, in 2013 amounted to 5.7% and in 2018 amounted to 3.9%, total cases of nutritional problems amounted to 17.7% and the 2019 RPJMN target was 17%, Southeast Sulawesi province was in the 12th highest order of 34 provinces in Indonesia with cases of malnutrition and malnutrition [4].

Based on 2016 health profile data, over nutrition in Southeast Sulawesi is in the 14th place out of 33 provinces with a percentage of 1.3% where good nutrition is mostly found in Wakatobi Regency, Southeast Sulawesi province with 94.40% and the lowest is in Buton Regency, which is 64 ,1%. The data on cases of malnutrition in Southeast Sulawesi Province in 2017 reached 14.72%, in 2018 it was found that children under five were malnourished or 16.36%, with a coverage of weighing under five, 73.67%, for 2019 data on poor and low nutritional status were obtained. to 17.9% in the sense that it has increased and is not on target where the 2019 National Medium Term Development Plan (RPJMN) target is 17% [5].

The projected number of cases of malnutrition which is a public health problem with an impact on the future of children. In addition to the number of cases that are well known from the national and even provincial levels, especially Southeast Sulawesi Province, Nambo District, Kendari City also found many toddlers with malnutrition. In 2017 it was found that out of 879 toddlers there were 17 toddlers (1.93%) undernourished and there was 1 toddler (0.11%) malnourished, in 2018 out of 905 toddlers found 17 (1.87%) with malnutrition and 3 (0.35%) Toddlers with Stunting, in 2019 out of 1041 under-fives there were 31 (2.97%) undernourished and undernourished there were 3 (0.28%) under-fives in 2019, in 2020 in January 22 (3.61) %) Toddlers with Less than 608 Nutrition, and in February 2020 decreased to 15 (2.43%) Toddlers with Less Nutrition than the total number of toddlers, which is 608 toddlers [6].

The research result by(Mascelina, 2010)there is a relationship between nutritional status and parental occupation which indicates that the dominant factor associated with nutritional status is the type of parental occupation. The results showed that exclusive breastfeeding had a causal relationship to the growth of infants which had 3.3 times the risk such as experiencing growth disorders when compared to infants who were exclusively breastfed [1].

Based on the data and description of the problems in nutritional status above, the authors are interested in conducting a study entitled 'Factors related to nutritional status in toddlers in the working area of the Nambo Health Center

Methods

Type This type of research is quantitative research, with a cross sectional study design. The population in this study were all children under five at the Nambo Health Center, namely 1,041 toddlers aged 1 to 5 years. This research was conducted at the Nambo Health Center in July 2020 with a total sample of 289 respondents. The data were analyzed using the Chi Square test which aims to determine the relationship between the independent variable and the dependent variable

Results and Discussion

Univariate Analysis

Univariate analysis aims to see the distribution of the frequency and percentage of the variables studied, both independent and dependent variables.

Table 1. Distribution of Nutritional Status of Toddlers based on Z score calculation

Nutritional Status	Frequency (f)	Percentage (%)
Good	175	60,55
Less	114	39,45
Total	289	100

Table 2. Frequency Distribution of Income of Parents of Toddlers

Income	Frequency (f)	Percentage (%)
Good	145	50,17
Less	144	49,83
Total	289	100

Table 3. Frequency Distribution of Exclusive Breastfeeding in Toddlers

Exclusive Breastfeeding	Frequency (f)	Percentage (%)
Good/Awarded	102	35,29
Less/ Not given	187	64,71
Total	289	100

Table 4. Frequency Distribution of Complementary Feeding to Toddlers

Breastfeeding	Frequency (f)	Percentage (%)
Good/Awarded	150	51,90
Less/ Not given	139	48,10
Total	289	100

Table 5. Frequency Distribution of Birth Weight History in Toddlers

Birth Weight	Frequency (f)	Percentage (%)
BBLN	242	83,74
BBLR	47	16,26
Total	289	100

Table 6. Frequency Distribution of Family Culture to Nutritional Fulfillment in Toddlers

Culture	Frequency (f)	Percentage (%)
Good	105	36,33
Less	184	63,67
Total	289	100

Table 7. Distribution of the Frequency of Parental Knowledge to Nutritional Fulfillment in Toddlers

Knowledge	Frequency (f)	Percentage (%)
Good	182	62,98
Less	107	37,02
Total	289	100

Table 8. PHBS Frequency Distribution in families

PHBS	Frequency (f)	Percentage (%)
Good	88	30,45
Less	201	69,55
Total	289	100

Inferential Analysis

Inferential analysis with the aim of knowing the meaning of the relationship between the dependent variable and the independent variable by using the Chi Square Test to determine the significance of the comparative hypothesis and the independent sample (two unpaired samples).

Table 9. The Relationship between Income and Nutritional Status of Toddlers

Income	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
Good	124	42,91	21	7,27	145	50,17	**75,923**	
Less	51	17,65	93	32,18	144	49,83		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

From table 9 above, it is known that respondents with good income and having good nutritional status of toddlers amounted to 124 people (42.91%) and good income but had toddlers with poor nutritional status amounted to 21 people (7.27%), as well as respondents with less income and had toddlers with low nutritional status. There are 51 people with good nutrition (17.65%) and respondents with less income and having children under five with poor nutritional status are 93 people (32.18%). It is also known that there is a significant relationship between income and nutritional status of children under five known as Asymp value. Sig. (2-sided) 0.00 is smaller than 0.05 and the Chi Square value is 75.923.

Table 10. The Relationship between Exclusive Breastfeeding and the Nutritional Status of Toddlers

Exclusive Breastfeeding	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
Good	30	10,38	72	24,91	102	35,29	**59,761**	
Less	145	50,17	42	14,53	187	64,71		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

From table 10 above, it is known that respondents who gave exclusive breastfeeding and had good nutritional status for toddlers amounted to 30 people (10.38%) and gave good exclusive breastfeeding but had toddlers with poor nutritional status as many as 72 people (24.91%), and respondents who did not give exclusive breastfeeding and having toddlers with good nutritional status amounted to 145 people (50.17%) and respondents who did not give exclusive breastfeeding and had toddlers with poor nutritional status totaled 42 people (14.53%), and there was a significant relationship between exclusive breastfeeding and nutritional status in toddlers. Asymp value. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 59.761.

Table 11. Relationship of Complementary Food and Nutritional Status of Toddlers

Complementary Foods	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
Good	121	41,87	29	10,03	150	51,90	**52.818**	
Less	54	18,69	85	29,41	139	48,10		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

From table 11 above, it is known that respondents who gave MP-ASI well and had good nutritional status for toddlers amounted to 121 people (41.87%) and gave good MP-ASI but had toddlers with poor nutritional status amounted to 29 people (10.03%) 53 people (18.69%) and respondents who did not provide complementary feeding and had toddlers with poor nutritional status were 85 people (29.41%), It is also known that there is a significant relationship between the provision of complementary feeding and the nutritional status of toddlers and the Asymp value is known. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 52.818.

Table 12. The Relationship between Birth Weight and Nutritional Status of Toddlers

BBL	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
BBLN	169	58,48	73	25,26	242	83,74	**53,662**	
BBLR	6	2,08	41	14,19	47	16,26		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

From table 12 above, it is known that respondents with Normal Birth Weight Babies (BBLN) and having toddlers with good nutritional status are 169 people (58.48%) and respondents who have toddlers with BBLN but poor nutritional status are 73 people (25.26%) , as well as respondents who have infants with low birth weight (LBW) with good nutritional status are 6 people (2.08%) and respondents who have toddlers with low birth weight and nutritional status are 41 people (14.19%), and there is a relationship The significant relationship between Birth Weight (BBL) and nutritional status in toddlers is known as the Asymp value. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 26.494

Table 13. Relationship of Infection History with Nutritional Status of Toddlers

History of Infection	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
No History	128	44,29	21	7,27	149	51,56	**82.765**	
There's History	47	16,26	93	32,18	140	48,44		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

From table 13 above, it is known that respondents who have toddlers with no history of infection and have toddlers with good nutritional status are 128 people (44.29%) and respondents who have toddlers with no history of infection but poor nutritional status are 21 people (7.27). %), and respondents with a history of infection with good nutritional status were 47 people (16.26%) and respondents with a history of infection and had children under five with poor nutritional status were 93 people (32.18%), and it is known that there is a significant relationship The significant relationship between the history of infection and the nutritional status of children under five is known as the Asymp value. Sig. (2-sided) 0.00 is smaller than 0.05 and the Chi Square value is 82.765.

Table 14. Cultural Relationship with Toddler Nutritional Status

Culture	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
Good	91	31,49	14	4,84	105	36,33	**47,080**	
Less	84	29,07	100	34,60	184	63,67		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

From table 14 above, it is known that respondents with good family culture and having toddlers with good nutritional status are 91 people (31.49%) and respondents with good family culture but lack of nutritional status are 14 people (4.84%). and respondents with poor family culture with good nutritional status totaled 84 people (29.07%) and respondents with poor family culture and had children under five with poor nutritional status totaled 100 people (36.60%) and there was a relationship between The significant difference between the existence of culture in the family environment and the nutritional status of toddlers is known as the Asymp value. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 47,080.

Table 15. The relationship of parental knowledge to the Nutritional Status of Toddlers

Knowledge	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
Good	136	47,06	46	15,92	182	62,98	**41,331**	
Less	39	13,49	68	23,53	107	37,02		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

From table 15 above, it is known that respondents with good knowledge and having toddlers with good nutritional status are 136 people (47.06%) and respondents with good knowledge but lack of nutritional status are 46 people (15.92%), and respondents with less knowledge with good nutritional status is 39 people (13.49%) and respondents with poor knowledge and having toddlers with poor nutritional status are 68 people (23.53%), and there is a significant relationship between knowledge and nutritional status in toddlers. asymp. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 41,331.

Table 16. The Relationship of PHBS to the Nutritional Status of Toddlers

PHBS	Nutritional Status				Σ	%	Chi-Square	Asymp. Sig. (2-sided)
	Good		Less					
	f	%	f	%				
Good	78	26,99	10	3,46	88	30,45	**41.775**	
Less	97	33,56	104	35,99	201	69,55		**0,00**
Total (n)	**175**	**60,55**	**114**	**39,45**	**289**	**100**		

Source: Primary data processed SPSS 16

From table 16 above, it is known that respondents with good PHBS and having toddlers with good nutritional status are 78 people (26.99%) and respondents with good PHBS but less nutritional status are 10 people (3.46%), and respondents with poor PHBS with good nutritional status are 97 people (33.56%) and respondents with poor PHBS and having toddlers with poor nutritional status

amounted to 104 people (35.99%), and there was a significant relationship between the presence of PHBS and the nutritional status of toddlers known as the Asymp value. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 41.775.

The Relationship between Income and Nutritional Status of Toddlers

The results of the study found that there was a significant relationship between income and nutritional status in toddlers, known as the Asymp value. Sig. (2-sided) 0.00 is smaller than 0.05 and the Chi Square value is 75.923, where in poor families will usually spend most of the additional income to buy staple foods. Whereas in well-off families, the higher the income, the greater the percentage increase in spending on fruits, vegetables, and other types of food.

The same thing was also said by Khumaidi, the work of parents both father and mother will be able to have an influence on the amount of income/income. The family's ability to buy food depends, among other things, on the size of the family's income.

Previous research has been carried out by Mulazimah, with the results of the study it was found that there was a significant relationship between income and nutritional status of toddlers where economic factors increased people's purchasing power to meet their daily needs, but wisely in utilizing income can also regulate the adequacy of daily family needs. -day.

From the results of the study, it is known that from 145 (50.17%) respondents with good income, almost half of all respondents have good income, but there are 124 respondents (87.8%) who have good income, in fact many have toddlers with poor nutritional status, thus it can be concluded that opinion is not the only factor causing malnutrition, it is influenced by other factors such as a history of infection in toddlers or having a history of low birth weight (LBW).

The Relationship between Exclusive Breastfeeding and Nutritional Status of Toddlers

The results of the study found that there was a significant relationship between exclusive breastfeeding and the nutritional status of toddlers, known as the Asymp value. Sig. (2-sided) 0.00 is smaller than 0.05 and the Chi Square value is 59.761, undernutrition in children under five, occurs due to the interaction of several factors, namely inadequate food intake, non-exclusive breastfeeding, infectious diseases. suffered by toddlers, family parenting patterns, health services, number of family members, mother's education level, mother's perception of nutrition, low socioeconomic and cultural [7].

Breastfeeding must be given for 0-6 months without additional food and drink supplements. Babies who are not exclusively breastfed have a 17 times greater risk of having diarrhea, and 3 to 4 times more likely to get ARI compared to babies who are breastfed [8].

According to the results of research by [9] it was concluded that there is a relationship between exclusive breastfeeding and the nutritional status of toddlers aged 6-24 months, where mothers who give exclusive breastfeeding will have a better nutritional status than mothers who do not give exclusive breastfeeding. for toddlers aged 6-24 months.

Exclusive breastfeeding in addition to having good health benefits for mothers and babies also has the benefits of high economic value where families with exclusive breastfeeding save expenses for mothers to buy formula milk which is considered not relatively cheap. Thus theoretically it can take advantage of other costs to improve health for toddlers.

The Relationship between complementary feeding and nutritional status of toddlers

From the results of the study, it was found that there was a significant relationship between the provision of complementary feeding and the nutritional status of toddlers, known as the Asymp value. Sig. (2-sided) 0.00 is smaller than 0.05 and the Chi Square value is 52.818. The role of complementary food accompanying breast milk is very important for the growth and development of toddlers, complementary food for breast milk can be in the form of porridge which is made yourself according to the daily menu at home and also can be purchased according to the recommendation of a doctor or other health worker [10].

The provision of complementary complementary foods to breast milk (MP-ASI) before the age of 6 months in terms of the development of the digestive system is not ready to accept semi-solid food and is prone to diarrhea. Complementary foods for breast milk are not given at the right time and in the right amount, so the composition and type of food will be at risk of lowering nutritional status [11].

The provision of complementary feeding with breast milk greatly affects the development of toddlers, the same study was conducted by

Hamsilni, et al. there is a relationship between the age of the first giving MP-ASI with the nutritional status of children aged 6-24 months, the right (MP-ASI) , both quantity and quality will have consequences on the nutritional status of infants. A good MP-ASI not only contains enough energy and protein, but also contains iron, vitamin A, folic acid, B vitamins and other vitamins and minerals. Children aged 1-3 years are passive consumers, meaning that children receive food from what their mother provides. Under these conditions, toddlers should be introduced to various foodstuffs.

The provision of complementary foods for breastfeeding is part of additional food supplements for toddlers to provide changes in growth and development, feeding included with breastfeeding for toddlers more than 6 months is very helpful in fulfilling iron, folic acid and B vitamins, but complementary feeding is mandatory for in consultation with the health workers and nutritional consultations with the hope of accuracy in providing complementary feeding according to the needs and age of toddlers.

The Relationship between Birth Weight and Nutritional Status of Toddlers

From the results of the study, it is known that there is a significant relationship between Birth Weight (BBL) and nutritional status in toddlers, it is known the Asymp value. Sig. (2-sided) 0.00 is smaller than 0.05 and the Chi Square value is 53.662, toddlers with a history of low birth weight will be able to affect nutritional intake. This usually makes children susceptible to infectious diseases which will then affect the nutritional status of children or it could be due to lack of food intake which is influenced by economic status, lack of knowledge of mothers and wrong parenting patterns which can result in LBW and normal toddlers growing up to be thin toddlers [12].

History of low birth weight (LBW) is also a factor that can affect the incidence of malnutrition. This is because babies with low birth weight will experience complications of the disease due to the immaturity of the organs, causing physical growth disorders and nutritional disorders as toddlers. The mother's education factor is closely related to the mother's knowledge of nutrition so that it will result in poor parenting for toddlers(Dianita, 2007).

Low birth weight has a relationship but has a low risk, namely children with low birth weight 0.157 times greater risk of stunting compared to children with normal birth weight [14].

The baby's birth weight is an initial assessment of his nutritional status, but in general this possibility can be minimized by paying attention to the nutritional intake of toddlers, and often consulting nutritionists and practitioners in their fields such as pediatricians and nutritionists. Not always babies with a history of low birth weight are confirmed to be malnourished, but there are other factors such as a history of infection, low economic status and community culture that do not support increasing health status.

Relationship of Infection History with Nutritional Status of Toddlers

Research with the variable history of infection is known to have a significant relationship between a history of infection and nutritional status in under-fives. Asymp value is known. Sig. (2-sided) 0.00 is smaller than 0.05 and the Chi Square value is 82.765. Along with increasing age, nutrient intake is lower than needs, and the high burden of infectious diseases in early life more than 12 million children aged less than 5 years who die each year. It has long been known that immunization is associated with malnourished with infectious diseases which can directly affect the nutritional status of children [12].

Infectious diseases will cause toddlers to have no appetite and result in malnutrition. Nutritional status is directly affected by infectious diseases. One of the efforts to prevent infectious diseases is by vaccination and giving colostrum to newborns [13].

The results of previous research by [14] showed that infectious diarrheal diseases and ARI in the last 3 months as well as low birth weight were factors causing stunting in children under two. Infectious diseases are the biggest factor causing stunting, namely children with infectious diseases 3,071 times greater risk of experiencing stunting compared to children who do not experience infectious diseases.

The relationship between a history of infection and the nutritional status of toddlers in this study has a significant relationship, where it is known that infection greatly affects changes in nutritional status in toddlers, on the other hand, it is difficult to provide nutritional intake to sick toddlers, so it is necessary to have regular check-ups on toddlers to detect early signs and symptoms of infection. in infants, thus giving treatment can be done immediately.

The Relationship between Culture and The Nutritional Status of Toddlers

In this study, it was found that there was a significant relationship between culture in the family environment and the nutritional status of toddlers with known Asymp values. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 47,080. Culture in the family greatly contributes to improving nutritional status where, family upbringing is part of the traditional and cultural habits of its predecessors [15].

Indonesia, which consists of various tribes and cultures, has various socio-cultural conditions. Socio-culture which is the relationship between humans and humans, is often influenced by myths, norms, values, beliefs, habits related to cultural patterns and is the effect of various accesses, which can be in the form of access to food, access to information and access to services and capital owned. This condition gives rise to a form of parenting that ultimately affects nutritional status. Parenting or care are the behaviors and practices of caregivers (mothers, blood relatives, fathers and child care providers) to provide food, health care, stimulation and encouragement that are essential for the healthy development of children [16].

Previous research was conducted by [17] that the culture in Indonesia is diverse, with this research in general nutritional status can be seen globally where the hinterland is an area that is thick with cultural regulations according to their ancestors so that the center of attention for toddlers, both growing and developing, is almost ignored, so the number of toddlers with nutritional status is less , bad and stunting, are mostly found in inland, rural and coastal areas.

The results of this study can describe the existence of a positive deviance in the research area. Positive deviance areas are areas that have deviations from normal or conditions that should cause harm, but in positive deviance areas it is a support for a positive direction, such as parents who do not get used to or cultivate exclusive breastfeeding, low education, and housewives. who are busy with their work and get their children used to snacking or buying snacks with less nutritional value.

The Relationship of Parents' Knowledge with Toddler's Nutritional Status

It is known that the results of the study have a significant relationship between knowledge and nutritional status in toddlers, known as the Asymp value. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 41,331. Lack of nutrients in toddlers, has a negative impact on physical and mental growth, which in turn will hinder learning achievement. Another consequence is a decrease in endurance, causing the loss of a healthy life span for children under five, and a more serious impact is the emergence of disability, high morbidity and accelerated mortality [18].

Retention is the result of knowing from someone after he has sensed an object. Sensing in question is through the senses of sight, hearing, smell, taste and touch [19].

Thus, the importance of parental knowledge on nutrition and changes in nutritional status of toddlers. Previous research has found a relationship between mother's knowledge of nutrition that there is a relationship between maternal nutritional knowledge and the level of energy and protein adequacy of toddlers with p value = 0.001' for energy and p value. =0.006 for protein, with a lack of knowledge about nutrition, especially for the mother, it will have an impact on applying its ability to fulfill toddler nutrition [20].

According to research conducted by [21] which was carried out on malnourished toddlers who had received treatment in Sampang District in July 2014, that as many as 17 toddlers who had been given nutritional improvement treatment, 6 toddlers were still experiencing malnutrition with low maternal education background [21].

Parental knowledge has a relationship with nutritional status in toddlers, where information on health and nutrition owned by parents can at least be implemented in the life of their family, given the importance of adequate nutrition for toddlers for survival, growth and development both in the learning process and receiving lessons.

The Relationship between PHBS and the Nutritional Status of Toddlers

Research related to the Clean and Healthy Behavior (PHBS) variable. It has a significant relationship between PHBS and nutritional status in toddlers, it is known the Asymp value. Sig. (2-sided) 0.00 is less than 0.05 and the Chi Square value is 41.775. Clean and healthy living behavior (PHBS) is part of disease prevention behavior. Among other things, in household arrangements, with the aim of increasing the degree of family health and work productivity for family members, including independent early detection for toddlers with nutritional problems [22].

PHBS greatly affects the Nutritional Status of Toddlers where healthy living behavior affects a person's quality of life, Maintaining baby's health is quite simple but requires special attention such as cleaning the milk bottle regularly, keeping the milk bottle dry, and storing the milk bottle in the

right place so that the milk bottle is hygienic. stay awake [23].

The PHBS program is an effort to provide learning experiences for individuals, groups and communities by opening lines of communication, providing information and conducting education to improve knowledge, attitudes and behavior through advocacy approaches, building an atmosphere and carrying out community empowerment movements so that they can apply ways of living. healthy in order to maintain, maintain, protect, and improve their health [22].

Previous research was also conducted by [22] This means that the better PHBS in the family, the better the nutritional status of the sample will be. The results of the Spearman correlation test showed that there was no significant relationship between PHBS in the family environment and the incidence of childhood illness ($p>0.05$ r: -0.170). Thus the implementation of PHBS properly will increase the degree of health and a better quality of life, because the illness of a toddler indicates that PHBS behavior is not good.

Clean and healthy living behavior is a form of a person's concern for his health both independently and collectively, good income does not guarantee his health will always be better.

Conclusion

The results of the research conducted at the Nambo Kendari Health Center showed that there was a relationship: income, exclusive breastfeeding, complementary feeding, birth weight (BBL), history of infection, culture in the family environment, knowledge of clean and healthy living behavior with nutritional status in toddlers. Asymp value. Sig. (2-sided) 0.00 which is less than 0.05.

Suggestion

It is hoped that the community, especially those who have toddlers, always take their children to the posyandu so that it can be detected early on changes in the nutritional status of toddlers. Pusskesmas are more focused on health promotion related to health education, especially in preventing the occurrence of under-nutrition in children under five.

And for other health agencies to start socializing to jointly improve health services, especially in the health of toddlers to reduce the incidence of undernourished children under five.

References

[1] Herlina, S. (2018). Faktor-Faktor Yang Berhubungan Dengan Pertumbuhan Bayi 6-12 Bulan Di Puskesmas Simpang Baru. Jurnal Edurance, X(2), 330-336

[2] BADAN PUSAT STATISTIK (BPS). (2019). Data Gizi Kurang di Indonesia. Jakarta: BPS.

[3] Putri, Y. R., Lazdia, W., & Putri, L. O. (2018). Faktor yang mempengaruhi Perkembangan Anak Balita Usia 1-2 tahun di Kota Bukit Tinggi. Real in Nursing Journal (RNJ), X(2), 84-94.

[4] RISKESDAS. (2013-2018, 8 1). Hingga Juli 2017, Ditemukan 114 Kasus Gizi Buruk di Sultra. Retrieved 3 8, 2020 from Sultraline: https://sultraline.id.

[5] Dinas Kesehatan Provinsi Sultra. (2019). Profil Kesehatan. Sulawesi Tenggara: Dinas Kesehatan Provinsi Sultra.

[6] Puskesmas Nambo. (2020). Laporan Tahunan Puskesmas Nambo. Kendari: Profil Puskesmas Nambo.

[7] Unicef. (2013). Improving child Nutrition The achievable imperative for global progress. New York: UNICEF.

[8] Kementrian Kesehatan RI. (2014). Pedoman Gizi Seimbang. Jakrta: Badan Penelitian dan Pengembangan Kesehatan.

[9] Giri, M. K. W. (2013). Hubungan pemberian ASI eksklusif dengan status gizi balita usia 6-24 bulan di Kampung Kajanan, Buleleng. JST (Jurnal Sains dan Teknologi), 2(1).

[10] Lestari ND. (2016). Analisis determina Gizi Kurang pada Balita di Kilon Progo Yogyakarta. Indonesian Journal Of Nursing Practices, X(4), 1146.

[11] Marimbi, H. (2010). Tumbuh Kembang Status Gizi dan Imunisasi Pada Balita. Yogyakarta: Nuha Medika.

[12] Muqni, A. D., Hadju, V., & Jafar, N. (2012). Hubungan Berat Badan Lahir Dan Pelayanan Kia Terhadap Status Gizi Anak Balita Di Kelurahan Tamamaung Makassar.Media Gizi Masyarakat Indonesia, I(2), 109-116.

[13] Muhith, A., Nursalam, & Wulandari, L. A. (2014). Kondisi Ekonomi dan Budaya Keluarga dengan Status Gizi Balita. Jurnal Ners STIKes Majapahit Mojokerto, v(3), 138–142.

[14] Dewi, N. T., & Widari, D. (2018). Hubungan berat badan lahir rendah dan penyakit infeksi dengan kejadian stunting pada baduta di Desa

Maron Kidul Kecamatan Maron Kabupaten Probolinggo. Amerta Nutrition, 2(4), 373-381.

[15] Kasmini, O. W. (2012). Kontribusi Sistem Budaya Dalam Pola Asuh Gizi Balita Pada Lingkungan Rentan Gizi.Dosen Jurusan Ilmu Kesehatan Masyarakat FIK, Universitas Negeri Semarang, XI(3), 240-250

[16] Lestrina. (2009). Penanggulangan Gizi Buruk di Wilayah Kerja Puskesmas Lubuk Pakam Kabupaten Deli Serdang. Ilmu Kesehatan Masyarajat Sekolah Pascasarjana Universitas Sumatera Utara, VII(8), 67-79.

[17] Kasmini, O. W. (2012). Kontribusi Sistem Budaya Dalam Pola Asuh Gizi Balita Pada Lingkungan Rentan Gizi (Studi Kasus Di Desa Pecuk, Jawa Tengah). Indonesian Journal of Health Ecology, 11(3), 240-250.

[18] Adriani, K. (2013). Pola Asuh Makanan pada Balita dengan Status Gizi Kurang di Jawa Timur Jawa Tengah dan Kalimantan Tengah. Buletin Penelitian Sistem Kesehatan, v(5), 185-193.

[19] Notoatmodjo, S. (2016). Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta.

[20] Oktavia, S. (2017). Faktor yang berhubungan dengan status Gizi Buruk Pada Balita Di Kota Semarang Tahun 2017 (Studi Di Rumah Pemulihan Gizi Banyumanik Kota Semarang). Jurnal kesehatan masyarakat, 23.

[21] Wahyudi, S., & Indarwati. (2015). Analisis Faktor yang berkaitan dengan kasus gizi burk pada balita. Jurnal Pediomaterna Universitas Airlangga, 334-346.

[22] Jayanti, L. D., Efendi, Y. H., & Sukandar, D. (2011). Prilaku Hidup Bersih Dan Sehat (Phbs) Serta Perilaku Gizi Seimbang Ibu Kaitannya Dengan Status Gizi Dan Kesehatan Balita Di Kabupaten Bojonegoro, Jawa Timur. Jurnal Gizi dan Pangan IPB, III(12), 192-199.

[23] Setyowati, M. (2014). Tingkat Pengetahuan Higenitas Botol Susu pada Ibu yang memiliki bayi dan balita usia 6 bulan sampai 2 tahun di desa Soka Miri Seragen. STIK Kusuma Husada., XI(2), 456