

Eating Parenting relations, history of Infectious Diseases, and Access Health Care With Nutritional Status in Children under five In Coastal Areas

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Abstract: Children under five are the age group that is vulnerable to malnutrition and disease. Nutritional deficiencies during this period led to stunted growth and impaired brain structure and function. Nutritional status is influenced by factors directly (infectious diseases) and indirect (parenting dining and access to health services). The purpose of this study was to determine the relationship of parenting style dining, a history of infectious diseases, and access to health care and nutrition status Weight-for-age (W/A) or (BB/U) on infant health centers in coastal areas Abeli 2015. The research method is analytical observational cross sectional study , The study population as many as 1,333 people a toddler with a sample of 93 children, using sampling proportional stratified random sampling. Analyzed using univariate and bivariate analysis with a confidence level of 90% ($\alpha = 0.1$). The result of chi - square shows that there is a relationship between parenting style meals with nutritional status (W/A) in infants in coastal areas ($p = 0.002$), there is a relationship between a history of infectious diseases and nutritional status (W / A) in children under five in the region Coastal ($p = 0.032$), and there is no relationship between access to health services and nutritional status (W / A) in infants in coastal areas ($p = 0.700$). The expected results can be considered the officer in performing his duties as a special community service in coastal areas.

Key word : Nutritional status (W/A), Children under five.

1. INTRODUCTION

Number of undernourished people in the world reached 104 million children under age 5, and the state of malnutrition causes a third of all child deaths worldwide in 2012. In 2013 there were 6.3 million deaths of children under 5 years, or nearly 17 thousand deaths every day. The cause of death of children under 5 years of age is 83% caused by infectious diseases in the neonatal period or nutritional status¹.

Nationally, the prevalence of malnutrition (indicator BB / U) in infants in 2013 was 19.6% which comprises 5.7% 13.9% malnutrition and malnutrition. When compared to the national prevalence rate in 2007 (18.4%) and in 2010 (17.9%) is seen to increase. While the prevalence of malnutrition rose by 0.9% while in 2007 and 2010 the prevalence of malnutrition among children under five around 13.0%, while in 2013 the prevalence of malnutrition among children under five increased to 13.9%².

Nutritional status in childhood is an important thing that should be known by every parent. Lack of energy and protein resulting in impaired growth and development of infants. Nutrition disorders causing acute emaciated child called wasting. If this deficiency is a chronic (chronic), meaning that little by little, but in the long term there will be a state of stunting. Furthermore, malnutrition can affect the brain development of children³.

Behavior during feeding or eating parenting by mothers positively and significantly associated with the nutritional status of children under five⁴. Inaccessibility of health services (as much or unable to pay), lack of education and knowledge is a constraint society and utilize good family health services available. It can also have an impact on the nutritional status of children⁵.

Coastal areas is one area of life and place of business for the people of various ethnic groups that rely on sea products and natural resources open (open source). Source - natural resources are located in coastal areas are managed by the community with the type of work, generally in the form of fishing and collecting seafood⁶. Based recaps village monitoring of nutritional status (PSG) PHC Abeli from January to September 2014, of the 1,333 children who were measured there were 77 cases of malnutrition (5.77%), 5 cases of malnutrition (0.37%) and there are 1,249 good nutrition (93.69%)⁷.

Seeing the physical activity of children under five have started solid, tend to lose track of time while playing, and are vulnerable to infectious diseases or against nutritional diseases (lack of energy and protein, anemia, and vitamin A). Parental attention to the food given to the child must be able to increase the child's appetite⁸. Children aged 1-5 years is a period of transition from baby food to adult food, nutritional needs at

this time increases. Increased nutritional needs at this time due to the child at that age is an age group play, began to fall to the ground and get acquainted with a variety of conditions enabling the risk of infection and disease⁹.

Problems of malnutrition can be due to direct causes and indirect causes. The direct causes of the level of food consumption and disease. While the indirect causes such as inadequate food security, inadequate parenting, health care and the environment are inadequate¹⁰.

2. RESEARCH METHODS

This research is analytic with cross sectional study. The population in this study were all young children aged 12-59 months who were enrolled in the register book Abeli PHC nutrition officer in 2014 where the number is 1,333 people. A sample of 93 people who obtained with Proportional Stratified Random Sampling.

3. RESEARCH RESULT

3.1. Parenting Eating

The results showed that of the 49 mothers parenting eating good category there are mothers parenting eat well most of having children with good nutrition status as many as 34 infants (69.4%), while mothers parenting eating better then the nutritional status of children under five is less that as many as 15 infants (30.6%). Meanwhile, from 44 mothers parenting eating categorized not good most of the nutritional status of a toddler less as many as 28 people (63.6%), while mothers parenting eating poorly then had a toddler with good

nutritional status as many as 16 people (36.4%).

Based on statistical test results obtained by Fisher's Exact Test p Value value = 0.002 with a confidence level of 90% ($\alpha = 0.1$). Show p Value $< \alpha$ 0.1, which means that there is a significant relationship between parenting style meals with nutritional status of children in coastal areas.

3.2 History Infectious Diseases

The results showed that of the 36 children that there is a history of infection diseases are a good nutritional status of children under five with a total of 14 children (38.9%), while the toddlers there is a history of infection disease later nutritional status of children less as many as 22 infants (61.1%). Furthermore, of the 57 children that there is no history of disease infection are children with good nutritional status were 36 infants (63.2%), while the toddlers were no history of disease infection later nutritional status of children under five less as many as 21 infants (36.8%).

Based on statistical test results obtained by Fisher's Exact Test p Value value = 0.032 with a confidence level of 90% ($\alpha = 0.1$). Show p Value $< \alpha$ 0.1 means that there is a significant association between a history of infectious diseases with nutritional status of children in coastal areas.

3.3 Health Care Access

The results showed that of the 86 respondents who are able to access health care there are 47 children (54.7%) with a good

nutritional status, while respondents were able to access health services less than the nutritional status of children under five as many as 39 infants (45.3%). The next 7 respondents who can not access health services there are children with good nutritional status as much as 3 children (42.9%), while respondents who can not access health services less than the nutritional status of children under five as many as four children (57.1%).

Based on statistical test results obtained by Fisher's Exact Test p Value value = 0.700 with a 90% confidence level ($\alpha = 0.1$). Show p Value > α of 0.1, which means that there is no significant relationship between access to health services by the nutritional status of children in coastal areas.

4. DISCUSSION

4.1 Parenting Eating

The results showed that no significant relationship between parenting style meals with nutritional status of children. There are mostly children who have good nutritional status have parents with parenting a good meal, in which the mother noticed in a child's feeding on the frequency of eating in a day and the type of food provided each day, then the child's nutritional needs can be met. In contrast, in children under five who have less nutritional status that there are parents with parenting eating less well. Show better parenting mother eating a meal then discipline the child, the better, making the nutritional intake of children in accordance with their

needs. Thus the children protected from the disease so that children do not easily suffer from malnutrition.

The results also show that there are some mothers eat good parenting but nutritional status of children less. Caused by other factors such as the frequency of children suffering from illness or often suffer from infectious diseases. There is an infectious disease caused disruption immunological reaction so that the absorption of nutrients in the body is disturbed, can eventually lead to malnutrition. Furthermore, that there are some mothers who eat a good upbringing, but the nutritional status of children under five are less. This is caused by the presence of certain factors, such as children often suffer from illness or often suffer from infectious diseases. The presence of infectious disease causing disruption immunological reaction so that the absorption of nutrients in the body is disturbed, it can lead to malnutrition.

Infectious diseases are referred to ARI and diarrhea, which can worsen nutrition through food intake disorders and loss of body essential substances. Infections due to growth such as weight loss, this is caused by loss of appetite infected persons to enter or intake of nutrients and energy requirement of less than¹¹.

Besides caused by frequent child suffering from illness or often children suffer from infectious diseases, habit of eating snacks can also affect the nutritional status of children which in this study many toddlers who tend to

eat snack food and meal frequency toddler is much less than 3 times a day even just one time in megonsumsi rice a day. It tesrebut can cause children suffering from malnutrition. Although the mother was preparing food at home and call her son to eat, but when children are more often consume street food before eating the rice, then the child's appetite will be reduced so that it no longer wants to eat rice. At this time it is known that infants are where the child - the child begins to choose his favorite food and very unruly when told to eat, where they are more inclined to like and want to eat any snack foods like crackers and sugar - sugar.

Unfavorable environment can also affect nutrition in children as an example of frequent child snack at random roadside seeing friends - friends who are also snack at random¹². Furthermore, this study suggests that some women who eat poor parenting but the nutritional status of children under five is good. There are some mothers who did not heed her mealtime, but the children themselves who ask for food when he was hungry, ibupun no longer accompany their children eat. This indicates that the child is able to take care of themselves, which when he began hungry so he asked to be given food. However, in this study not all children can ask their own food, only children who are in the age group 36-59 months who can ask his own food when he was hungry.

Another thing in this study also has 3 children who are in the age group 12-24

months eating poor parenting but the nutritional status of children under five is good. Due to the affordability of health care facilities so that women are able to access the health-care facility and use it when the mothers still take their children to Posyandu activities weighing, so they can determine the nutritional status of children. Basically they need to know their children better nutritional status, could be the cause mother paid little attention to child feeding. Similarly parenting toddlers eat less good but they are rarely exposed to an infectious disease which in the past three months they do not suffer from infectious diseases. Naturally caused by maternal supervision when their children play outside the home and are more likely to make children play in the house alone. This study is in line with the results of research conducted by Susiyanti 2009 in Puskesmas Puuwatu Kendari city shows that there is a relationship between parenting meal with the nutritional status of preschool children ($p = 0.000$)¹³.

4.2 History Infectious Diseases

This study shows that there is a significant association between a history of infectious diseases with nutritional status of children. Most children who have a history of infectious diseases less nutritional status, as well as children under five do not have a history of infections, it tends to good nutritional status. The more often a child stricken with infectious diseases, the greater the chances of malnutrition, because the nutrients needed by the body can not be

absorbed by the body when exposed to infectious diseases.

Basically the results of this study also indicate that there are children who have no history of infectious diseases but less nutritional status. This can be caused by certain factors, such as dietary intake / consumption levels (macro-nutrients and micronutrients) are not sufficient for toddlers. Insufficient nutrients needed by infants illustrates that the mother does not apply to eat good parenting to the child. The direct causes that affect the nutritional status is poor nutrition intake. The food consumed can not meet the needs of nutrients in the body such as the energy and protein. So that energy can be obtained from food ingredients such as carbohydrates, fats, and proteins. This energy can be used to meet the energy needs of basalt, support the growth process and to support the daily activities. Lack of protein in the body can lead to decreased nutritional status in case of malnutrition in the long term. Due to the function of the protein itself as a builder, growth, tissue maintenance, the body's defense mechanism, and regulate the body's metabolism¹⁴.

The study also shows that there are children who have a history of infectious diseases but still good nutritional status, It is caused by factors mother's care when the child is sick. Under conditions of a child is sick, the mother immediately took her son to a midwife. Usually a sick child will be fussy and would not eat, but the child's mother tried to pay

attention to food and persuade the child to want to eat by giving the child's favorite foods.

Measures care to children in a state of pain is needed. Children in need of care and attention from parents as for a sick child will affect the diet affects the nutritional status of children under five. Practice good health care can be reached by considering child nutrition, personal hygiene and the environment where the child is and the child's mother in an effort to seek treatment when ill children¹⁵. This study is in line with the results of research conducted by Muhammad Ihsan, et al. in 2012 with the title of the factors associated with the nutritional status of children under five in the village of Teluk Rumbia District of Singkil Singkil district shows that the results of statistical analysis obtained by value $p = 0.027$ means that there is a relationship significant associations between a history of infectious diseases with nutritional status of children under¹⁶.

4.3 Health Care Access

This study shows that there is no significant relationship between access to health services by the nutritional status of children. most respondents were able to access health services tend to good nutritional status of children under five, as well as respondents who can not access health services tend to lack the nutritional status of children under five. So that in this study there were respondents who can not access health services and nutritional status of children under five is less, only a little because basically all respondents can

access the nearest health services such as Posyandu and study center (Puskesmas).

Selanjutnya this study also shows that most women are able to access health-care facilities have children with malnutrition status. Akibta mothers less utilize integrated health services, for fear of the children to be weighed, laziness mother carries her child at Posyandu activities and busyness of mothers in work for mothers who work as self-employed (workers in the fishing port of the ocean). The risk of mothers did not know their weight and nutritional status.

This study is not in line with the research Hidayat and Jahari in 2012 diaman research results obtained showed a highly significant difference ($p < 0.001$) that the behavior of mothers who use health services more children with good nutrition status compared to children who do not utilize health services. This is compared to mothers who utilize the health services differ very significantly to the low incidence of disease (morbidity) infants compared with infants whose mothers did not take advantage of health care ($p < 0.001$)¹⁷. Furthermore, the study also found that the nutritional status of children in the work area PHC Abeli not influenced by health access. Although the health center responsible for organizing the first level of health care overall, integrated and sustainable. As the first level of health care is the responsibility of the health center includes personal health services and community health services. However, to improve nutrition

services is still constrained at the cost of government authorities. This study did not have a relationship is likely due to the influence of certain more powerful considering the variables that were analyzed simultaneously so it is likely influenced by other variables greater influence on the incidence of malnutrition among children under five.

This research is in line with research Anggia Kuranji Lonika in the district of Padang in 2011 with the title of factors - factors that affect the nutritional status of children, the research results show that there is no relationship between access to health care with nutrition status ($p = 0.362$). In terms of access to health services is basically no difference between respondents who regularly every month visit the IHC with respondents who do not regularly visit the IHC in which they are likely to have infants nourished¹⁸.

5. CONCLUSION

1. There is a relationship between parenting style meals with nutritional status of children in the region (ρ Value (0.002).
2. There is a relationship between a history of infectious diseases with nutritional status of children in coastal areas (ρ Value (0.032).
3. There is no relationship between access to health services by the nutritional status of children in coastal areas (ρ Value (0.700).

6. SUGGESTION

1. The government should create a policy and support costs for the reduction of nutritional problems in the class of

malnutrition. Expected government budget allocated for nutrition interventions more effective.

2. The health center should provide health education about nutrition and provide counseling to the mothers about how tips - tips to care for young children so that they are always good nutritional status, these activities can be realized through Posyandu activities.
3. For researchers who want to conduct similar research, should be able to reveal the influence of other risk factors associated with the nutritional status of children in coastal areas.

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