



Implementation of Nutrition Programs in Health Services for Patients with Malnutrition through the Nutrition Education Center at Talang Tinggi Community Health Center, Seluma Regency

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A B S T R A C T

The nutritional status of children under five years of age is an indicator of health because children under five are a group that is vulnerable to nutritional health. The purpose of this study was to determine the implementation of the Nutrition Program in Health Services for Patients with Malnutrition through the Nutrition Education Center at Talang Tinggi Community Health Center, Seluma Regency. This research uses qualitative research methods. The informants in this study were nutrition program officers at the Seluma Bengkulu District Health Office and nutrition program officers at Talang Tinggi Community Health Center, and mothers who have malnourished children, so that they can dig deeper information about the Implementation of Nutrition Programs in Health Services for Patients with Malnutrition through the Nutrition Education Center in Talang Tinggi Community Health Center, Seluma Regency. Data analysis in this model consists of four interacting components, namely data collection, data reduction, data presentation, and drawing conclusions and verification. The results of research on the Implementation of the Nutrition Program in Health Services for Patients with Malnutrition through the Nutrition Education House at the Talang Tinggi Community Health Center, Seluma Regency, explained that the program implementation had not run optimally.



INTRODUCTION

Presidential Regulation of the Republic of Indonesia Number 42 of 2013 concerning the National Movement for the Acceleration of Improvement of Nutrition. The general objective of the National Movement for the Acceleration of Improvement of Nutrition is intended to accelerate improvement of priority community nutrition in the first thousand days of life. Meanwhile, Regulation of the Minister of Health of the Republic of Indonesia Number 23 of 2014 concerning Efforts to Improve Nutrition, Explained that Health Service Facilities are a Tool and / or Place Used to Organize Health Service Efforts, Both Promotive, Preventive, Curative and Rehabilitative by the Government, Local Government, and the community is aimed at improving Nutritional Status, assisting healing and recovery of patients through nutrition education activities.

The nutritional status of children under five years of age is an indicator of health because children under five are a group that is vulnerable to nutritional health (Pudjiadi, 2009: 17). Suhardjo (2009) said that during the process of physical growth and psychomotor, mental and social development of children, it is necessary to obtain nutrition from daily food in the right amount and of good quality. The impact caused by malnutrition is not only physical disturbances but also affects intelligence and productivity as adults, because toddlers are a critical period or critical period.

Projection data of the Bengkulu Province Health Office from 189,221 children under five, which was weighed as much as 99,880 children (52.78%). The percentage of children under five whose

body weight increases is (74.64%), the percentage of children under the red line (BGM) which is a sign of malnutrition is (2.83%) and the percentage of children under five whose body weight is on the dotted line or below. The Point Line (BGT) as a sign of malnutrition is (0.49%) (Bengkulu Province Health Office, 2018).

Research Objectives

The purpose of this study was to determine the implementation of the Nutrition Program in Health Services for Patients with Malnutrition through the Nutrition Education Center at Talang Tinggi Community Health Center, Seluma Regency.

Nutrition Education

Education is a learning process from not knowing the value of health to knowing (Suliha, 2012). Nutrition education according to Fasli (2010) is a continuous process to increase knowledge about nutrition, form attitudes and behaviors for healthy living by paying attention to daily dietary patterns and other factors that affect food, as well as increasing a person's health and nutritional status.

Research design

This research uses qualitative research methods. Suwandi, et al (2008: 19) explain that qualitative research is a type of research that produces findings that cannot be achieved using statistical procedures or other quantification methods. Therefore, in this study, researchers tried to dig or get information about the Implementation of Nutrition Programs in Health Services for Patients with Malnutrition through the

Nutrition Education Center at Talang Tinggi Community Health Center, Seluma Regency.

Research Informants

The informants in this study were nutrition program officers at the Seluma Bengkulu District Health Office and nutrition program officers at Talang Tinggi Community Health Center, and mothers who had malnourished children, so that they could dig deeper information about the Implementation of Nutrition Programs in Health Services for Patients with Malnutrition through the Nutrition Education Center in Talang Tinggi Community Health Center, Seluma Regency.

Processing and analysis of data

Qualitatively, data analysis on the provision of additional recovery food was carried out using an interactive model that was developed (Sugiyono, 2008). Data analysis in this model consists of four interacting components, namely data collection, data reduction, data presentation, and drawing conclusions and verification.

Research Results and Discussion

Socialization and counseling about the nutrition program in the nutrition education house was carried out in the villages in the working area of the Talang Tinggi puskesmas, Seluma Barat sub-district, Seluma district. undernourished toddlers and pregnant women with KEK and breastfeeding mothers who have low birth weight (low birth weight) children. This activity is usually carried out in a community center but can also be done in other places such as in nutrition education houses. Implementation of Nutrition Programs in Health Services for Patients with Malnutrition The Nutrition Education House at Talang Tinggi Puskesmas, Seluma Regency has not been maximized because

there are still parents whose children are malnourished and do not want to play an active role in the nutrition education house activities because they are working to earn a living while the socialization activities are ongoing, especially the fathers of malnourished toddlers. . Whereas usually meng attend is the mother of a malnourished toddler.

The recovery supplementary feeding program is a program that involves various agencies and human resources such as the health office, community health services, village midwives and the community. The results of research conducted by researchers in the Talang Tinggi Puskesmas area, Seluma District, Seluma Regency, show that the Implementation of a Nutrition Program in Health Services for Sufferers Malnutrition through the Nutrition Education Center at Talang Tinggi Puskesmas, Seluma Regency has not been maximized due to the allocation of funds to provide additional recovery food for undernourished toddlers and pregnant women in KEK is still limited because the budget is still divided with other activities where the amount of the budget is for feeding Additional recovery is only budgeted once a year in accordance with the POA or Annual Activity Implementation Plan. The provision of additional recovery foods is not yet in accordance with the needs in the field so that PMT is given for under-nutrition children and pregnant women in KEK han yes for 10 months with a sufficient amount of food consumed for approximately 5 to 6 days in one month, such as 2 canting green beans, 1 carpet egg, 2 boxes of 500 gram milk, 3 sachets of jelly, vitamin syrup. Researchers Observing under-nutrition children and pregnant women in KEK who were given additional food for 10 months was not sufficient for nutritional fulfillment, where at the time of monitoring and evaluation of under-nutrition children and pregnant women, they were weighed

again, it turned out that their weight gain was not in accordance with the expected standards. Interviews with informants said that supplementary feeding was carried out for 10 months, preferably PMT recovery was given for 12 consecutive months with a duration of additional recovery feeding at least 2 weeks continuously every month.

Monitoring the provision of PMT is also carried out by nutrition officers from the Health Office and nutrition officers from the Talang Tinggi puskesmas then the results of the monitoring or monitoring are documented and then reported with the head of the Talang Tinggi puskesmas to be reviewed and followed up. Implementation of additional recovery feeding activities has been carried out by officers nutrition by following the schedule of PMT distribution activities from the Puskesmas. This study is in line with Ersu's research (2013) which found that the effectiveness of the PMT Recovery program was effective for underweight children under five in Banyumas Regency not yet effective. Meanwhile, Zaenab's research (2016) shows that the implementation of the malnutrition control program in the Puskesmas working area of the Sorong City Health Office in 2011 was not optimal because of the different responses of the community, some were enthusiastic and some were less enthusiastic.

Meanwhile, Indriati's (2015) study on the Evaluation of the Supplementary Feeding Program for Recovery of Undernourished Toddlers in Wonogiri Regency found that from the input and process aspects, it was found that the implementation of supplementary feeding was less effective if there was no continuous monitoring by nutrition officers and cadres in the village. Nutrition counseling to parents of malnourished toddlers has been running even though there are parents of malnourished children under five have not played an active role to

participate in the socialization about nutrition at the nutrition education house in the work area of Talang Tinggi Puskesmas, Seluma Barat sub-district and nutrition socialization through nutrition counseling for pregnant women in KEK The Nutrition Education House has been running optimally because officers have come and visited pregnant women who have KEK.

Breastfeeding guidance for pregnant women in KEK Home for Nutrition Education through Home visits has been going well, because officers have paid attention to the methods and benefits of breastfeeding for pregnant women in KEK and breastfeeding counseling through breastfeeding guidance for mothers with babies whose children are LBW by Nutrition Education House officers through home visits and activities at the Gzi education house have been going well because the officers have provided an explanation of how to breastfeed and the benefits of breastfeeding to pregnant women who have LBW.

Nutrition officers have done well in terms of nutrition processing education but have not yet practiced local nutritious food processing methods for mothers with LBW children and malnutrition due to the lack of facilities and infrastructure in the village. Counseling on how to process nutritious food for pregnant women. KEK and breastfeeding mothers have been carried out but not maximally because they only provide explanations to KEK pregnant women, but have not yet practiced how to process nutritious local food due to the lack of facilities and infrastructure in the village.

Implementation of the Nutrition Program in Health Services for Patients with Malnutrition The provision of additional food for LBW infants and malnourished toddlers has been carried out through the nutrition education house and Supplementary Food Provision (PMT) has been implemented through the nutrition

education house but has not been maximized because the amount of budget for the purchase of PMT Recovery for toddlers is not in accordance with what should have been where the distribution of the budget provided by the Seluma District Health Office for the nutrition program was not in accordance with existing needs in the field, this was because the funds in the puskesmas had to be shared for other activities.

Overcoming malnutrition and malnutrition needs to be carried out in an integrated manner with cross-sectors such as the Department of agriculture, family planning and women's empowerment and child protection, social, food security, sub-district office, PKK and other community leaders through efforts to increase food procurement, diversify food production and consumption. , improvement of socioeconomic status, public health education on nutrition in particular as well as improvement in agricultural and food product technology. All these efforts are aimed at obtaining an improvement in the food consumption pattern of the community that is diverse and balanced in nutritional quality. Efforts to tackle malnutrition and malnutrition are carried out in an integrated manner.

Conclusion

Based on the results of research on the Implementation of the Nutrition Program in Health Services for Patients with Malnutrition through the Nutrition Education House at the Talang Tinggi Community Health Center, Seluma Regency, it was explained that the implementation of the program had not run optimally, specifically it could be concluded that:

1. Socialization of nutrition for parents of children under five with malnutrition has been going well even though parents of children under five with malnutrition have not played an active

role in participating in the socialization of nutrition at home for nutrition education in the work area of Talang Tinggi Puskesmas, Seluma Barat district and nutrition socialization through nutrition counseling to mothers pregnant KEK in the Nutrition Education House activities has been running optimally because officers have come and visited pregnant women who have KEK.

2. Breastfeeding counseling for breastfeeding mothers who have babies with LBW. Breastfeeding counseling has gone well, because officers have paid attention to how breastfeeding and the benefits of breastfeeding for pregnant women in SEZ and breastfeeding counseling through breastfeeding guidance to mothers of babies whose children are LBW by Nutrition Officers through visits to activities at nutrition education houses have been going well because officers already provided an explanation of how to breastfeed and the benefits of breastfeeding to pregnant women with low birth weight babies.
3. Nutritious local food processing. The processing of nutritious local food has been done well by nutrition officers but has not yet practiced how to process nutritious local food for breastfeeding mothers who have LBW children, malnourished toddlers and KEK pregnant women due to the lack of facilities and infrastructure in the village.
4. Supplementary feeding. Provision of additional food for people with malnutrition / malnutrition has been implemented through nutrition education houses but has not been maximized because the amount of budget for the purchase of PMT Recovery for toddlers is not according to what it should be where the distribution of the budget provided by

the Seluma District Health Office for the nutrition program is not in accordance with the needs in the field, this is because the funds in the puskesmas must be shared for other activities.

Suggestion

Seluma District Health Office nutrition officers can work with Talang Tinggi Health Center nutrition officers at the nutrition education house for the implementation of the Nutrition Program in Health Services for Patients with Malnutrition through the Nutrition Education Center at Talang Tinggi Puskesmas, Seluma Regency and nutrition officers from the Seluma District Health Office monitoring the Implementation of the Nutrition Program in Health Services for Patients with Malnutrition through the Nutrition Education Center at Talang Tinggi Community Health Center, Seluma District, so that they know the growth and development of children under five who experience malnutrition or malnutrition and pregnant women who experience KEK and breastfeeding mothers whose children are LBW so It is hoped that it can reduce the number of malnutrition or malnutrition, stunting, pregnant women in KEK and LBW and can reduce maternal and infant mortality rates.

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