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“EDUCATIONAL CHALLENGES AND STRATEGIES OF HIGHER EDUCATION IN HEALTH/ACHIEVEMENT OF SDGS 2030”

Hotel Damhil UNG, Gorontalo City, Sept 27th 2017

BOOK 3

SUSTAINABLE DEVELOPMENT GOALS



**PUBLIC HEALTH DEPARTMENT
SPORT AND HEALTH FACULTY
GORONTALO STATE UNIVERSITY**



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PREFACE

Assalamu'alaikum warrahmatullahi wabarakatuh

Firstly, may we made our highest praise and thank to Allah The Almighty, for His bless so what we are able to conduct such an precious moment; Third International Seminar on Public Health and Education 2017 in Gorontalo Indonesia, to share our knowledge and ideas with so much warm and friendship from worldwide public health and education community.

International Seminar on Public Health and Education 2017 is aimed to gather all of experts, researchers, academicians and practitioners in health education field in general as well as national and international level in one prestigious academic forum which to discuss all health-education-related issues, ranging from human resources, curriculum, institutionalization ect. The seminar also proposed to contribute to the focus of health development direction; by considering also situation and the status of local health condition from each region, both national and regional levels as well as its relation to global health trends.

I would like to deliver our highest respect and appreciation to our honorable speakers, Dr. Jihane Tawilah (WHO Indonesia Representative), Prof. Dr. dr. Oktia Woro K.H., M.Kes (Keynote Speaker from Semarang State University), Febi Dwirahmadi, SKM, MSc.PH, PhD (Centre of Environment and Population Health School of Medicine, Griffith University, Australia), Prof. Kraichat Tantrakarnapa (Mahidol University), and Dr. Kukiattudpor, PhD (Mahasarakham University). I really expect that this seminar will be beneficial for all of us and to the development of the Public Health and Education field.

Allow me to express my gratitude to the participants and audiences from Indonesia and other foreign countries who are enthusiastic in attending this seminar. I do hope that all audiences will gain important values and collaborate it into our fields and make significant changes in the future. Besides that, I also

convey my appreciation to all of organizing committee who has given their outstanding commitment for presenting this occasion.

Wassalamu'alaikum warrahmatullahi wabarakatuh

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ORAL PRESENTATIONS

**THE IMPACT OF SOCIO-ECONOMY AND SOCIO-CULTURAL
CONDITION ON THE CHILDREN'S NUTRITIONAL STATUS IN
KABILA COMMUNITY HEALTH CENTRE
BONE BOLANGO REGENCY**

Sunarto Kadir

ABSTRACT

Children's nutritional status refers to the condition of children's health based on the needs of their physical energy and other nutrition from foods. The physical impact regarding nutritional status is measured through anthropometry. This raises a question whether the socio-economy and socio-cultural condition affect children's nutritional status in which later acts as the aim of this study.

This observational analytic research employed the *cross-sectional study* approach. The population of this research involves all 1966 women in the working area of the Kabila community health center (*puskesmas*); the total population of the children is 300. Furthermore, the *Chi-Square* test was applied to analyze the data.

The results reveal that there is an interrelation between women's occupation and children's nutritional status, p-value 0.048; similarly, women's knowledge p-value=0.05, as well as tradition and habitual action p-value=0.036 also contributes to the nutritional status. On the contrary, personal belief's does not influence the nutritional status of the children, p-value=0.409.

In other words, the socio-economy and socio-cultural condition of women plays a major role in shaping children's nutritional status. However, this does not apply to the indicator of personal beliefs. It is expected that the nutrition officers to conduct workshops or seminars to raise the awareness and the contribution of the community towards the nutritional issue.

Keywords: Children's Nutritional Status, Socio-Economy, Socio-cultural

1. INTRODUCTION

A toddler is a child 12 to 36 months old (under five years of age). Within the period, children require a special treatment from their parents. This is because of the parents, particularly mother, play a significant role in shaping the children's development. Also, the mother must consider the foods as it is the resource of children's nutrition. These are to maximise children's growth and development since during such a period; they are prone to nutritional problems.

The economic factor is among contributing factors to the children's nutritional status. A high economic status of a family is able to ensure that the needs of each family member, including the children's nutrition, are met. Such a high status is based on a number of aspects, such as occupation, family's income, wealth, expenditures, and expenses on foods (Supariasa, 2012). A low economic status is in the first rank among contributing factors of the issue of malnutrition.

The nutritional problem remains a serious problem despite the decline in the percentage of the total population of poor people, 16.6 percent - 12.5 percent, in Indonesia, in 2007 to 2011 (UNICEF, 2012). In other words, the economic condition is among the aspects measured to examine the success of a nation. In 2006, the data by National Statistics Board (*Badan Pusat Statistik* or *BPS*) reported that there had been a decrease in the economic status of Indonesia compared to the previous year. The percentage of the economic growth was 5.7 percent back in 2005, and it was decreased to 5.5 percent in 2006. However, one year later, in 2007, there was a significant increase in the percentage of the nation's economic growth to 6.3 percent. This trend had remained the same in the following year, 2008; even it was slightly higher with 6.1 percent which outnumbers the one in 2007. The percentage continued to increase in 2009 4.5 percent, and in 2010 6.1 percent (Depkes RI, 2010). The economy factor significantly influences the issue of children's nutrition, especially in providing the children with nutritious foods.

According to the Report on Monitoring of Nutritional Status (*Laporan Pemantauan Status Gizi* or *PSG*) and the Nutrition level (*Kadarzi*) within Bone Bolango regency, in 2015, the distributions of children's prevalence rate, based on the indicator of weight/age, are 2.86 percent identified as malnutrition, 11.88 percent identified as undernutrition, 84.65 percent classified as adequate nutrition, while 0.65 percent classified as excessive nutrition (Dinkes, Kab.Bone Bolango, 2015). The data by the Health Service of Bone Bolango regency indicates that the issue of nutrition is present almost every year in Kabila community health center. It blames the disproportion of nutrients from the foods consumed in which leads to

more serious issues regarding the children’s nutrition; for instance, a child whose diet is lack of nutrition will worsen his or her nutritional status.

By that, examining the relationship between the socio-economic and socio-cultural condition with the children’s nutritional status in the work area of Kabila community health center, Bone Bolango regency, is necessary.

2. RESEARCH METHODOLOGY

2.1 Site and Time of Research

This study was conducted on 7th of June to 7th of July, 2016. Furthermore, the site object was the work area of Kabila community health center (*Puskesmas*), Bone Bolango regency.

2.2 Design of research

This observational-analytic research employed *cross-sectional study* approach in gathering the data regarding the variable of occupation, the condition of socio-economic, as well as the children’s nutritional status. Furthermore, these steps were conducted at the time.

2.3 Population of sample

The population of this study involved women within the site object who have children; with the total of 1966 women.

Further, the random sampling method was used to select the sample among the population. Therefore, the total respondents of this research was 333 women with toddlers. The sample was selected based on particular criteria set for this study. The criteria involved inclusion which refers to the total 300 women as the sample, and exclusion which specifies the other 33 women.

2.4 Data Analysis

This study used a number of statistic tests, e.g., univariate and bivariate analysis; in the bivariate analysis, two tests, namely *chi-square* and *exact fisher*, were also involved.

3. RESULTS AND DISCUSSION

3.1 Research results

Table 3.1 Distribution of the Total of Population within the Work Area of Kabila Community Health Centre, Bone Bolango Regency, 2016, Based on the Gender

Gender	Frequency	Percentage
--------	-----------	------------

Male	146	48.7
Female	154	51.3
Total	300	100

From: Primary data, 2016

The above table indicates that women dominate the total population of the society in the site object, with 154 women (51.3 percent), while the total population of men is 146 (48.7 percent).

Table 3.2 The Interrelation of Women’s Occupation and the Children’s Nutritional Status in the Target Area of Kabila Community Health Centre, 2016

Occupation of Women	Nutritional status Weight/Age						X ²	p-value
	Poor Nutritional Status		Good Nutritional Status		Total			
	n	%	n	%	n	%		
Temporary work	80	76.8	127	65.1	207	69	3.905 ^a	0.048
Permanent employment	25	23.2	68	34.9	93	31		
Total	105	100	195	100	300	100		

From: Primary data, 2016

Table 3.2 shows that 207 among 300 respondents within the site object are temporary employees. In regards to the nutritional status, 127 of the children, 65.1 percent, are in the good category and the other 80, 76.8 percent, are in the poor category. In terms of the nutritional status of children of the women who are permanent employees, 68 of the children, 34.9 percent, are in the good category and the other 25, 23.2 percent, are in the poor category.

The result of *chi-square* test shows the value of X² count 3,942^a and X² table 3.84. In other words, X² count outnumbers the X² table with the probability 0.048. Therefore, the p-value count, 0.048, is also higher than the p-value table, 0.05. It can be inferred that women’s occupation contributes to the children’s nutritional status since the null hypothesis is rejected and the alternative hypothesis is accepted.

Table 3.3 The Interrelation of Women’s Knowledge and the Children’s Nutritional Status in the Target Area of Kabila Community Health Centre, 2016

Nutritional status Weight/Age							X ²	p-value
Knowledge	Poor Nutritional Status		Good Nutritional Status		Total			
	n	%	n	%	n	%		
Low	5	4.9	0	0	5	1.7	9,443 ^a	0.005
Good	100	95.1	195	100	295	98.3		
Total	105	100	195	100	300	100		

From: Primary data, 2016

Table 3.3 shows that five among 300 respondents within the site object is categorized low in terms of the knowledge which all of them are in the good nutrition category, 4.9 percent. In regards to the nutritional status in the 295 children, 195 of them, 100 percent, are in a good category and the other 103, 95.1 percent, are in the poor category. The *exact fisher* test indicates that there are two *cells* which are under 5.

The result of *chi-square* test shows the value of X² count 9.443^a and X² table 3.84. In other words, X² count outnumbers the X² table with the probability 0.005. Therefore, the p-value count, 0.005, is also higher than the p-value table, 0.05. It can be inferred that women's knowledge influences the children's nutritional status.

Table 3.4 The Interrelation of Tradition and Customs and the Children's Nutritional Status in the Target Area of Kabila Community Health Centre, 2016

Nutritional status Weight/Age							X ²	p-value
Habit	Poor Nutritional Status		Good Nutritional Status		Total			
	n	%	n	%	n	%		
Bad	72	68.3	155	79.8	227	75.7	4.417 ^a	0.036
Good	33	31.7	40	20.2	73	24.3		
Total	105	100	195	100	300	100		

From: Primary data, 2016

Table 3.4 shows that 73 out of 300 respondents in the site object are in the good category regarding the frequency of the foods consumption. In terms of the nutritional status, 40 of the children, 20.2 percent, are in a good category and the other 33, 31.7 percent, are in the poor category. The total 227 respondents who are categorized poor in terms of foods

consumption are mostly children with the total 155, 79.8 percent of good category and the other 72, 68.3 percent, are in the poor category.

Furthermore, the result of *chi-square* test shows the value of X^2 count 4.417^a and X^2 table 3.84. In other words, X^2 count outnumbers the X^2 table with the probability 0.036. Therefore, the p-value count, 0.036, is also higher than the p-value table, 0.05. It can be inferred that the tradition and customs contribute to the children’s nutritional status due to the finding that the null hypothesis is rejected and the alternative hypothesis is accepted.

Table 3.5 The Interrelation of Personal Beliefs and the Children’s Nutritional Status in the Target Area of Kabila Community Health Centre, 2016

Nutritional status Weight/Age							X^2	p-value
Belief	Poor Nutritional Status		Good Nutritional Status		Total			
	n	%	n	%	n	%		
With dietary restrictions	79	75.1	138	70.3	217	72.3	0,681 ^a	0.409
Without dietary restrictions	26	24.9	57	29.7	83	27.7		
Total	105	100	195	100	300	100		

From: Primary data, 2016

Table 3.5 shows that 217 out of 300 respondents in the site object restrict some of dietary for their children; furthermore, within the total 138 of the children, 70.3 percent, are in a good nutrition category and the other 79, 75.1 percent, are in the poor category. The other 83 respondents do not restrict the diet for their children. In this regard, 57 of the children, 29.7 percent, are in the good nutritional category and the other 26, 24.9 percent, is the opposite.

In addition, the result of *chi-square* test reveals the value of X^2 count 0.681^a and X^2 table 3.84. In other words, X^2 count outnumbers the X^2 table with the probability 0.409. As a result, the p-value count, 0.409, is also higher than the p-value table, 0.05. It can be inferred that the aspect of personal beliefs does not play any major role on the children’s nutritional

status. This is because the null hypothesis is accepted and the alternative hypothesis is, however, rejected.

3.2 Discussion

3.2.1 The Influence of Women's Occupation on the Children's Nutritional Status

The results reveal that the null hypothesis is rejected and the alternative hypothesis; this is for the data regarding the respondents who work as temporary employees. In other words, the occupation of women influences the children's nutritional status since the income will be used to fulfill their family's need, particularly their children. Having a permanent work ensures that the children's foods, for example, the formula milk, is always provided. One's appetite is not only influenced by a feeling to eat, or hunger, but also by the emotion. Children who do not get their mother's affection might lose their appetite as well as obstruct their growth. Thereby, the mother or the babysitter is urged to understand the children's feeling and appetite.

The issue of weight loss is shared among the children due to the lack of women's preparedness in providing breast milk during the weaning period. Women are able to monitor the children's dietary once they start working from home.

This is in line with the results seen in Yudi's research (2008) which reports that in Medan, the better the economic status of a family, the higher the chances to always provide children's foods, such as formula milk. On top of that, a high economy status will also shift the way a woman nurture and raise their children.

A study conducted in Semarang by Himawan (2006) reports that the participation of women in some activities outside their home will put the children at a disadvantage. Women tend to focus on their activity leaving their children somewhat being abandoned at home despite the importance of toddlers period in further shaping a child's health. Also, during the period, the children depend on their parents since they are unable to do things by themselves. Therefore, women should ask for help from their relatives or hire a babysitter to look after their children, including their dietary.

Some of the families with good economic status are also prone to the issue of undernutrition. This blames the condition in which the woman works to fulfill her family needs, and at the same time, she gets children to take care as well as to work on her jobs other than household chores.

3.2.2 The Influence of Women's Knowledge on the Children's Nutritional Status

The results reveal that the null hypothesis is rejected and the alternative hypothesis; this represents the sufficient knowledge that the respondents have. Furthermore, women's knowledge also helps them taking care of their children as well as providing healthy foods to shape the children's nutritional status. To put it simply, an in-depth understanding and knowledge of the women lead to the more efforts to plan a healthy diet for their children.

There are some contributing factors to the insight regarding nutrition that a woman has; among the examples are the social environment aspect as well as the exposure of mass media to the woman. One of the contributing factors of the nutritional issue is the lack of knowledge, skills, and how to apply these on a daily life basis.

This is in line with Himawan's research (2006), this was conducted in Semarang. According to Himawan, the level of one's knowledge regarding nutrition significantly affects the traits and behavioral changes in selecting foods in which such elements further contributes to the nutritional status of the person. The insight regarding nutrition of the women is among factors that shape the children's dietary. This enables the women to consider the nutritional needs of their children since this is important in optimising the children's growth and development. Furthermore, it also affects the way the women select the dietary as well as its quantity of the consumption.

Considering the finding of Himawan's (2006) research, the level of people's knowledge regarding nutrition significantly influence the way they select foods; this ultimately affects their nutritional status. The low nutritional status of a particular area determines the undernutrition rate of a nation.

According to Dewi (2013), it is easier for educated people to obtain, to understand, as well as to process information. On top of that, these people are able to decide every information about health that they have particularly the children's nutritional status. This enables the women to fulfill the nutrients for their children.

3.2.3 The Influence of Traditions and Customs on the Children's Nutritional Status

The term tradition and customs, in the context of this study, refers to the frequency of foods consumed in a day. The results reveal that the null hypothesis is rejected and the alternative hypothesis; this is to show that most of the children eat more than three times which signifies an abnormality. This is because the regular frequency of consumption and diet will affect the children's nutritional status. On the other hand, a lower or even higher

foods consumption can lead to problems, such as undernutrition, malnutrition, and excessive nutrition.

A dietary habit is without question an approach to educate the children; this must be practiced since the childhood. Such an attempt will introduce the healthy dietary and variety of foods for the children as they will practice this habit until they grow up later on. This corresponds to the results seen in Yulius (2009) which states that children's dietary triggers the issue of malnutrition in the target area of Mata community health center, Kendari city in 2009.

Providing healthy foods aims at optimising the children's growth and development. Further, this also helps the body to produce sufficient amount of nutrients to increase and develop the whole genetic potential. Providing healthy foods aims at optimising the children's growth and development. Further, this also helps the body to produce sufficient amount of nutrients to increase and develop the whole genetic potential.

On the other hand, an improper diet and frequency of consumption of foods, e.g., staple, side dishes, vegetable, and fruits in a day trigger the problems of nutrition.

3.2.4 The Influence of Personal Belief on the Children's Nutritional Status

The results reveal that the null hypothesis is rejected and the alternative hypothesis; this represents the condition in which most of the women do not restrict the dietary of their children. Most of the women in the site restrict their children to eat particular kinds of foods for health reason. For instances, some women believe that eating particular foods will cause allergy symptoms in their children.

Sukandar (2007) asserts that such a restriction is due to the people's tradition. Most people do not realize when they start and what makes them have such a habit. Once people follow this habit, they believe that disobeying the rules of the tradition will put them at a disadvantage; they consider it as a punishment for doing such an act. However, such negative impacts are not always accurate; even people do not suffer from any of these.

Some foods are prohibited for children, pregnant women, nursing mothers, or even adolescents. From the perspective of nutrition studies, some of the prohibited foods are nutrient dense foods. However, people do not consume the foods due to the prohibition and the assumption of the risk that they will face if they insist on consuming the foods. This ultimately leads to the nutrition issues around the society, particularly the children.

This is echoing the results seen in Yudi (2008) that most of the society in Medan does not follow the tradition of the prohibition of foods and dietary. People, who live in the same area, for example, the urban society, follow one similar tradition and customs.

In general, foods prohibition is related to people's emotion as women are the ones who are likely to follow the trend; this ultimately affects the dietary of their children.

Culture plays a significant role in shaping the dietary of the people, and it leads to the emergence of a tradition or habit in selecting foods. Some of the healthy foods are prohibited due to the culture, traditions, habits, or customs of a particular society. The nutrition issues can be overcome if people start to realize that such dietary habit is not to be applied on a daily basis.

CONCLUSION

The conclusions of this present study are as follows:

1. The result of *chi-square* test shows the relationship between the women's knowledge and the children's nutritional status. This is revealed by the value of X^2 count 3.905^a and X^2 table 3.84. In other words, X^2 count outnumbers the X^2 table with the probability 0.048. Therefore, the null hypothesis is rejected, and the alternative hypothesis is accepted. In addition, 207 among 300 respondents are working as temporary employees, and the other 93 are the opposite.
2. The result of *chi-square* test shows that women's knowledge influences the children's nutritional status. This is revealed by the value of X^2 count 9.443^a and X^2 table 3.84. In other words, X^2 count outnumbers the X^2 table with the probability 0.005. Therefore, the null hypothesis is rejected, and the alternative hypothesis is accepted. There are 295 out of 300 respondents are in a good category in terms of their knowledge, and the other five are in the poor category.
3. The result of *chi-square* test shows that tradition and customs play a major role in shaping the children's nutritional status. This is revealed by the value of X^2 count 4.417^a and X^2 table 3.84. In other words, X^2 count outnumbers the X^2 table with the probability 0.036. Therefore, the null hypothesis is rejected, and the alternative hypothesis is accepted. It is revealed that 227 among 300 respondents have bad habits and the other 73 are the opposite.
4. The result of *chi-square* test shows that personal beliefs affect the children's nutritional status. This is revealed by the value of X^2 count 0.681^a and X^2 table 3.84. In other words, X^2 count outnumbers the X^2 table with the probability 0.409. This is because the

null hypothesis is accepted and the alternative hypothesis is, however, rejected. The finding represents the 217 out of 300 respondents who follow a tradition of dietary restrictions. On the other hand, the other 83 do not follow the trend.

5. In conclusion, the socio-economy and socio-cultural condition of women plays a significant role in shaping children's nutritional status. Aspects, such as occupation, knowledge, traditions, and customs affect the children's nutritional status. On the other hand, personal beliefs do not play a major role to the nutrition since most people do not follow traditions or customs in terms of dietary.

RECOMMENDATIONS

Recommendations for health services and related stakeholders

1. Stakeholders should consider the socio-cultural aspect in designing further health development programmes, especially on improving people's nutritional status.
2. Workshops and seminars on improving children's nutritional status are necessary to conduct.
3. Stakeholders should equip the health service officers with good communication skills to have a better approach to the society and to raise the awareness and participation of the people.

Recommendation for women

It is recommended for women to always gain information about children's nutritional status from printed or electronic mass media.

Recommendation for further research

Further studies regarding other factors that influence children's nutritional status with more sample and in the broader scope of research are essential. This is also to emphasize the results of other related research.

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