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Series ISBN 978-602-6204-25-7 Distributed by: Public Health Department Sports and Health Faculty Gorontalo State University Gorontalo City, Gorontalo Province, 96128 Email: kesmasung2017@gmail.com Telp. – Fax.+628435821698 iii PREFACE Assalamu'alaikum wahmatullatuh 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

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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, institusionalization 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. Kukiat Tudpor, 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 iv convey my appreciation to all of organizing committee who has given their outstanding commitment for presenting this occasion. Wrahmatullrakatu v Content Cover i Preface iii Content v ORAL PRESENTATIONS 1. Ecosocial Analysis Of Dengue Fever Incident In Sub District Of Kota Tengah, Gorontalo City Lintje Boekoesoe, Gorontalo State University. Indonesia 1 2.

Relationship Between Socio-Cultural And Socio- Economic With Nutritional Status Of Children Under Five Years In Pkm Kabila, Bone Bolango Regency Sunarto Kadir. Gorontalo State University. Indonesia 2 3. Analysis Of Zink And Fe In Blood To Children Of Malaria Patients Laksmyn Kadir. Gorontalo State University. Indonesia 14 4. The Relationship Between Behavior Of Gorontalo People In Consuming Food With Coronary Heart Disease Incident In Rsud Prof.Dr.H.Aloei Saboe Gorontalo City Herlina Yusuf1), Siti

# **TRANSBAHASA**

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Rahma2), Edwina R. Monayo3), Ismet Habbi4). Gorontalo State University. Indonesia 15 5.

Lead Content In Hair And Health Problems At Workers In Spbu (Gas Station) Of Gorontalo City In 2017 Ekawaty Prasetya1), Herlina Yusuf2). Gorontalo State University. Indonesia 16 6. Supplementation Of Snakehead Fish Extract Toward Malondialdehyde(Mda)Level In Post-Stroke Patients Vivien Kasim1), Sri Manovita Pateda2), Veni Hadju3), Nurhaedar Jafar4). Gorontalo State University. Indonesia. 17 7.

The Impact Of Lighting Intensity On The Issue Of Eyestrain Of Karawo Artisans In Gorontalo Reni Hiola1), Rama Hiola2), Lanto Mohamad3), Kamil Amali4). Gorontalo State University. Indonesia 18 vi 8. The Influence Of Characteristic And Motivation Toward Performance Of Basic Immunization Workers At Puskesmas At Bone Bolango District Rama Hiola1), Anti Igirisa2).

Gorontalo State University. Indonesia. 19 9. An Analysis Of Factor Related To Malaria Incident At Elementary School Student Lia Amalia. Gorontalo State University. Indonesia 20 10. Risk Assessment Of Heavy Metals Exposure On Oreochromis Musambicus In Limboto Lake Gorontalo Province Nurayini S. Lalu. Gorontalo State University. Indonesia 28 11. Effects Of Self Efficacy And Collective Efficacy On Prevention Behavior Of Community With Hypertension In Gorontalo Province Irwan.

Gorontalo State University. Indonesia 29 12. Determinant Analysis Male Partner Involment In Prevention Of Hiv Transmission From Mother Tochild Program In Pkm Jumpandang Sabrina Nadjib M. Gorontalo State University. Indonesia 30 13. Diseases Of Jembrana In Bali Cattle In Gorontalo Tri Ananda Erwin Nugroho1), Nibras K. Laya2),Syam Kumaj3)i, Asmarani K.4), Peny Humaida5).

Gorontalo State University, Gajah Mada Of University. Indonesia. 41 14. Protein Analysis Oftilapia Fish Flour Lilik Hidayanti, SKM, MSi1) Sri Maywati, SKM, Mkes. Faculty of Health Science, Universitity of Siliwangi, Tasikmalaya, Indonesia 42 15. Identify The Number Of Medical Recorder Along With Educational Qualification At Non- Government Hospital In Gorontalo City Rahman Suleman, M.Kes, Gorontalo.

Indonesia 47 16. Working Station Model Based On Antropometry Mathematic Model For Employment Workers Asep Suryana, TasikMalaya. Indonesia 48 vii 17. Sexual Behavior Differences In Adolescent Risk Students Who School In Urban And Rural

# **TRANSBAHASA**

**Professional Translation & Language Services** 



Schools Gorontalo Dewi Kartika, Gorontalo University. Indonesia. 59 18. Analysis Of Use Of Health Care Service In Jkn Program By Participants Pbi Rian Arie Gustaman, Kamiel Roesman Bachtiar. Indonesia 67 19.

The Relationship Among Knowledge Andmotivation Withsmoking Behavior Of Adolescent At Smkn 3 Gorontalo City Edwina R Monayo, Kevin E. Tololiu, Gorontalo. Indonesia 68 20. Analysis Of Neonatal Competency Risk Factorsin Gorontalodistrict Wahyuni Hafid, Novita Sari. Gorontalo. Indonesia 81 21. General Risk Factors Of Gravidarum Hiperemesis In Pregnant Woman In General Hospital Regions Bolaang Mongondow Selatan, Rahmawati1, Rifai Ali2.

Bolaang Mongondow Selatan. Indonesia 88 22. Spatial – Temporal Analysis Incidence Of Dengue Hemorrhagic Fever (Dhf) Against Weather Variable In Limboto And Telaga Biru District, Gorontalo Regency Year 2012-2015 Ririn Pakaya1. Gorontalo University, Indonesia 99 23.

Analysis The Differences Incidence Of Stunting Age 24 -59 Months In Mountains Area And Coastal Marine In Gorontalo Regency, Yeni Paramata, Rahmawati, Zul Adhayani Arda, Faculty of Public Health, Gorontalo University. Indonesia 100 24. Satisfaction Toward Organizational Citizenship Behaviour (Ocb) Of Nurses. Wirda Y. Dulahu1, Dzohra Puasa2. Gorontalo State University. Indonesia 101 25.

Identification of Bacteri Racing and Nutrition Content In Pindang Tuna Fish For Sale In Traditional Market Ciawi District Tasikmalaya viii Dian Saraswati1) dan Ai Sri Kosnayani1). Siliwangi University Tasikmalaya. Indonesia 111 26. Intestinal Parasiter - Zoonosis Disease Study Of Goat In Gorontalo District 1Tri Ananda Erwin Nugroho, 2Nibras K. Laya, 3Sarifudin H. Hiola, 4Sarwono S.

Prasejo, 5Herman S. Wahab, Gorontalo State University, Indonesia 112 27. Analysis Of Factors That Contribute To Targets Baby Visit In Halmahera Clinic Semarang Muhammad Iqbal1), Bambang Wahyono2). Semarang State University. Indonesia 113 28. Factors Associated With Disability On Leprosy Patients Nanang R. Paramata1), Zuhriana K. Yusuf2), Wirda Y. Dulahu3). Gorontalo State University.

Indonesia 114 29. Effectiveness Of Nutritional Mentoring In Implementation Of Energy Consumption And Nutrition Status On Taekwondo Athletes Irwan Budiono.Semarang State University. Indonesia 115 30. Assistance Of Health Volunteers In Integrated Post

# **TRANSBAHASA**

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Service Toward The Pattern Of Complementary Feeding Among 6-24 Months Old In Sukoharjo Regency Ainur Rohmah1), Mardiana2), Lukman Fauzi3). Semarang State University. Indonesia 116 31. Changes Of Amino Acid Content In Manggabai Fish Of Fermentation Results Faiza A.

Dali1), Rita Marsuci Harmain2). Gorontalo State University. Indonesia 121 32. Contribution Percentage Of Fatty Body Thickness To Physical Fitness Index Athlete Wrestling Rubianto Hadi1, Rivan Saghita Pratama1. Semarang State University, Indonesia 127 33.

The Effect Of Theobromine And Caffeine On The Level Of Muscle Fatigue After Physical Activity Maximum ix Sugiarto1, Taufiq Hidayah1 dan Aan Wahyu Setiawan1, Semarang State University, Indonesia 140 34. Case-Finding Model Of Malnourished Children (Under And Over-Nutrition) In Indonesia Lukman Fauzi1\*, Oktia Woro Kasmini Handayani1, Setya Rahayu2.

Semarang State University, Indonesia 150 35. The development of personal computer based accelerometer To find out the characteristics of sprint By using wireless technology Andry Akhiruyanto, S.Pd, M.Pd1. Semarang State University. Indonesia 154 ORAL PRESENTATIONS 1 ECOSOCIAL ANALYSIS OF DENGUE FEVER INCIDENT IN SUB DISTRICT OF KOTA TENGAH, GORONTALO CITY Dr.

LINTJE BOEKOESOE, M.KES ABSTRACT Gorontalo is one of the provinces Province endemic Dengue Fever. amount of dengue fever cases in province Gorontalo from year to year experience fluctuation, by because that needed handling for tackle problem The dengue disease. Sub district of kota tengah is one of the area with amount dengue fever cases tallest.

research this aim for analyze ecosocial against dengue fever Center Health Society from Central City District, Gorontalo. Research this use design case control or research retrospective for knowing relationship factor risks affecting incidence of dengue fever (relationship causation). Sample group case research this is all people looking treatment in Puskesmas and they claimed that they suffering from dengue fever.

While the sample group control from research this is all people looking treatment in Puskesmas and they claimed that they no suffering from dengue fever. Based on the results of risk factors incidence of dengue in sub district of kota tengah Ecological

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factors (environmental) associated with the incidence of dengue is the presence of stagnant water, presence of shrubs / weeds around the house, Condition of the house wall.

while those not associated with the incidence of dengue is the presence of livestock (cattle sheds). The climate factors such as temperature, humidity, rainfall, duration of exposure and the speed of the wind direction is still appropriate for the breeding of dengue vectors.

Social factors associated with the incidence of dengue is the knowledge of respondents, while Social factors (behavioral) associated with the incidence of dengue is a habit use netting when sleeping at night, whereas social factors (behaviors) that are not associated with the incidence of dengue fever is the habit of using a wire gauze on ventilation, habitual use of mosquito repellent, and outdoor habits at night.

For social factors (attitude) either positive or negative attitude attitude no correlation with the incidence of dengue. Logistic regression results of several variables ecological factors and social factors (ecososial) showed that 5 (five) variables related to the incidence of dengue. The most dominant risk factors probably contribute to the incidence of dengue for the ecological factor is the presence of puddles.

As for the most dominant social factors is the habit of using mosquito nets. Word Keywords: Dengue Fever, Ecososial, Ecology, Social factor Email: lintjeboekoesoe@gmail.com 2 THE IMPACT OF SOCIO-ECONOMY AND SOCIO-CULTURAL CONDITION ON TDRE NUTONAL SATUS I KABILA COMMUNITY HEALTH CENTRE BONE BOLANGO REGENCY Sunarto Kadir ABSTRACT Cdren's ional reftothe ion chil's alt 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 affe's nutritatus ic of this sy. 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 be p-value knowledge p-value=0.05, as well as tradition and

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habitual action p-value=0.036 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 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: -Economy, Socio-cultural 3 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 shping childopme nt. Also, the motmustconsithe as the of drnutritThese to maxise dren's wth development q a period; they are prone to nutritional problems.

The economic factor is among contributing factors to high economic status of a family is able to ensure that the needs of each family member, is based on a number of aspects, such as occupation, 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, wa gnificant ase the ercge the atiecc wth 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 theissof dren's ion, eciallin roviding e 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 ributiof dren's alencrate, sed the cator weight/ge,

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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 nutrition from the foods consumed in which leads to 4 more serious issues rerthe drennutrit insta d diet lack of nutrition will worsen his or her nutritional status. By that, examining the relationship between the socio-economic and socio-cultural 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 socioeconomic, as 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 was333 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 5 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). the Target Area of Kabila

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Community Health Centre, 2016 Nutritional status Weight/Age X2 p- value Occupation of Women 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 3,942a 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 en's occupation contributes to the child rennutritl since nullh is rejected and the alternative hypothesis is accepted. Table The relatiof omen's and Cdren's onal tatus the Target Area of Kabila Community Health Centre, 2016 6 Nutritional status Weight/Age p- value Knowledge Poor Nutritional Status Good Nutritional Status Total X2 n % n % n % Low 5 4.9 0 0 5 1.7 9,443a 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 9.443a 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 en's knowledge influenc chilional sttus.

Table The rrelon Traditand ustoms the hildren's onal tatus the Target Area of Kabila Community Health Centre, 2016 Nutritional status Weight/Age p- value Habit Poor Nutritional Status Good Nutritional Status Total X2 n % n % n % Bad 72 68.3 155 79.8

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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 7 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 X2 count 4.417a and X2 table 3.84. In other words, X2 count outnumbers the X2 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 trion customcontribut the drennutritstatus to e finding that the null hypothesis is rejected and the alternative hypothesis is accepted. Table 3.5 The Interrelation of Person al efs nd Cdren's onal tatus the Target Area of Kabila Community Health Centre, 2016 Nutritional status Weight/Age Belief Poor Nutritional Status Good Nutritional Status Total X2 p- value n % n % n % With dietary restrictions 79 75.1 138 70.3 217 72.3 0,681a 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 X2 count 0.681a and X2 table 3.84. In other words, X2 count outnumbers the X2 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 8 status. This is because the null hypothesis is accepted and the alternative hypothesis is, however, rejected. 3.2 Discussion 3.2.1 The ce of W's Occupon on the C hilonal S The results reveal that the null hypothesis is rejected and the alternative hypothesis; this is

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for the data regarding the respondents who work as temporary employees. In other words, the on womeinfluences chil's ional since income used to fulfill their amy's ed, rticular their dren.

g rmanent work ensures the drenfoods, exe, formulmiis ys One's appetite is not only influenced by a feeling to eat, or hunger, but also by the emotion. Cdren do get motaffon ght th eir appetite as well as obstruct their They, he her the abttis to athe dren's feeling and appetite. The issue of weight loss is shared amonthe dren to lackof preparedness in providing breast milk during the weaning period.

Women are able to monitor the chilre theg f. This is liwith resultseen Yudi's ch which ethat Medan, the better the economic status of a family, the higher the chances to always provide 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 shapin g chilheh. 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. 9 3.2.2

The ce of W's KnowledIdren's Nutrititatus The results reveal that the null hypothesis is rejected and the alternative hypothesis; this represthe fficienknowledththe espondents e. ermore, women's knowledge also helps them taking care of their children as well as providing healthy foods to shape chil's tritistatus. 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

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of knowledge, skills, and how to apply these on a daily life basis. This is liwith rrch 6), s was conducted in Semarang.

According to Himawan, he of e's dge 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 amonfathat e drdietay. This enables the women to consider the nutritional needs of their children since this is important in optimising the chilgroeent.

Furth more, it also affects the way the women select the dietary as well as its quantity of the consumption. Considering the findinof 's ) es levofpeopleknowled 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 healtthat y ave rticuy chilen's itstatus. This enables the women to fulfill the nutrients for their children. 3.2.3

The Influence of Tioustomhe Chilonal S 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 the dnutritstatus.

the hand, loor en er 10 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 the issue of malnutrition in the target area of Mata community health center, Kendari city in 2009. Phehfoodsaimat mithechil ent. 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 chilgrowth dent. er, s helps bodtoproduce ficient amount of nutrients to increase and develop the whole genetic

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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 ce of Pel Belihil'sio nal 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. S(2007assethat a idue the eople's aditMost 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.

11 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'emotas arthe 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-

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square This is revealed by the value of X2 count 3.905a and X2 table 3.84. In other words, X2 count outnumbers the X2 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 that knowledge ces chils nutritional status. This is revealed by the value of X2 count 9.443a and X2 table 3.84. In other words, X2 count outnumbers the X2 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 e drnonal This is revealed by the value of X2 count 4.417a and X2 table 3.84. In other words, X2 count outnumbers the X2 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 belie fs fect e drenutrit status. This is revealed by the value of X2 count 0.681a and X2 table 3.84. In other words, X2 count outnumbers the X2 table with the probability 0.409.

This is because the 12 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 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 devel 2. 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 status from printed or electronic mass media.

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Recommendation for further research 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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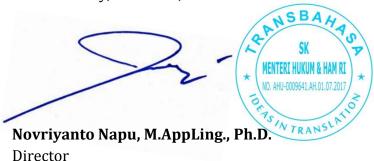
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