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RESEARCH ARTICLE
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Screening of Children's Nutrition Status in New Normal Era

Syariefah Hidayati Waliulu[1], Sahrir Sillehu[2], Rahma Tunny[3]
[1(CA)]Department of Nursing, STIKes Maluku Husada, Indonesia; ifa.waliulu@gmail.com
[2]Department of Public Health, STIKes Maluku Husada, Indonesia; sahrirsmh@gmail.com (Corresponding Author)
[2]Department of Nursing, STIKes Maluku Husada, Indonesia

ABSTRACT

Nutritional status is an important aspect of children's health, especially at the infant age. Optimal growth allows the infant to do activities well and can improve child development. In the new normal era, parents are still worried about bringing their children to health facilities to control the children's nutritional status and other health statuses. This study aims to monitor the nutritional status of children in the new normal era. The screening had been carried out on babies aged 6-12 months involving 90 babies by total sampling in the working area of Pelauw Health Center, Pulau Haruku District, Indonesia. The research design employed in this study was descriptive quantitative to describe the nutritional status of children. The results obtained showed that 71% of infants had normal nutrition category, while the rest had less and very less nutritional status, as well as the risk of overweight. The results indicate that health workers and health academics should conduct door-to-door screening to monitor children's nutritional status during the Covid-19 outbreak and educate parents in increasing balanced nutritional intake in the new normal era.

Keywords: nutritional status; children; new normal era

INTRODUCTION

Background

Malnutrition in children can hinder the growth and development of children as well as make the children prone to infection. Malnutrition can also lead to stunting, which is still a national child health issue. Furthermore, stunting at infancy can inhibit the further growth of the child. The proportion of malnutrition in Maluku Province in 2018 reached 19% while stunting cases were 28%. (1) In the concept of child growth and development, the infant's age will experience very rapid growth until near the toddler age and will experience a slowdown from toddler to preschool age. (2) Balanced nutritional intake both in quantity and quality needs to be considered by parents to support the growth of the infant.

Based on the explanation above, infants aged 6-12 months are required to undergo monthly nutritional status checks at health services. However, due to the Covid-19 outbreak until the new normal era, parents are reluctant to do a medical check-up in the health facilities. The new normal era has made it possible for people to do activities outside the home while still paying attention to health protocols, namely keeping distance, wearing masks, and washing hands. (3)

This study is certainly different from previous studies on the nutritional status of children, both descriptive studies and other cross-sectional studies. The fundamental thing that distinguishes this study from the previous study is that this study was conducted in the new normal era during the Covid-19 pandemic. This condition is especially different since all community activities, especially mothers and children, are limited and naturally affect the efforts and activities in fulfilling and optimizing children's growth and development. (4)

A preliminary study conducted at Pelauw Health Center indicated that very few visits by parents to bring their children to integrated health service posts (*posyandu*). Every month, the average *posyandu* visit until August 2020 in Pelauw only reached 5%.

Purpose

Thus, this study was conducted to obtain a description of the nutritional status of infants aged 6-12 months in the new normal era in the Pleauw Health Center, Haruku Island, Central Maluku Regency. Besides the distribution of nutritional status consisting of body weight and length of the baby, complementary foods might also be presented.

METHODS

The research design employed in this study was descriptive-analytic to describe the nutritional status of infants aged 6-12 months which was carried out from June to August 2020 in the work area of Pelauw Community Health Center, Haruku Island, Central Maluku Regency. The number of infants screened in this study was 90 infants selected with a total sampling technique.

The data were collected using a questionnaire containing the identities of the mother and child and the research variables that have been mentioned. After the categorical data were obtained, they were then analyzed using a computer device to obtain the frequency and percentage of each variable. [5,6]

RESULTS

Respondent Characteristics

Table 1. Characteristics of respondents based on gender, age, and type of complementary food (n=90)

Characteristics of Respondents	Frequency	Percentage
Gender		
Female	52	57.8
Male	38	32.2
Age		
6 months	19	21.1
7 months	14	15.6
8 months	16	17.8
9 months	11	12.2
10 months	8	8.9
11 months	10	11.1
12 months	12	13.3
Complementary foods		
Traditional foods	68	75.6
Manufactured baby foods	22	24.4

Based on gender, most of the respondents were male with a percentage of 57.8%. meanwhile, most of the respondents according to age were 6 months old at 21.1%. The results of the study also showed an overview of the use of complementary foods in infants and most infants in the area of Pelauw Health Center used traditional foods or cooked by their parents (mothers) compared to using manufactured baby foods or instant baby foods.

Table 2. Distribution of nutritional status of infants aged 6-12 months (n=90)

Nutritional Status	Frequency	Percentage
Risk of overweight	7	7.8
Normal	64	71.1
Less	17	18.9
Very poor	2	2.2

During the Covid-19 pandemic in the new normal era, the results of research on the nutritional status of children found that respondents with normal nutrition were more than 71.1%. However, for babies with undernutrition status was 18.9%, very poor nutritional status was 2.2%, and overweight risk nutritional status was 7.8%.

DISCUSSION

Characteristics of the Use of Complementary Food

The results of this study indicated that most parents provide traditional food as their infants' complementary foods because traditional foods are made from natural ingredients and are safe to use for infants in getting the nutrition. Moreover, some parents assumed that infants prefer complementary foods that are made traditionally instead of manufactured baby foods. Meanwhile, parents who provide manufactured baby foods argued that it is more practical and does not take a long time to feed the infants.

The growth of children at infant age (6-12 months) is the period when children are introduced to complementary foods as a source of nutrition other than breast milk. [(7)] During this period, nutritional needs are increasing. Thus, parents need extra attention in providing balanced nutrition for children's growth. [(8)] Balanced nutrition at the age of 6-12 months is needed to optimize gross motor development, such as learning how to sit, how to crawl, to how to walk. [(9)]

Currently, there is a variety of information regarding traditional complementary foods that can be used by parents in fulfilling children's nutrition. Likewise, with manufactured baby foods with instant preparations, there are various flavors with balanced nutritional content to meet children's nutrition. A previous study conducted by Lestari in 2014 showed that both traditional and manufactured complementary foods can increase children's growth as long as it is given regularly and appropriately. [(10)]

Researchers assume that whatever complementary foods are given regularly and appropriately can maintain the normal nutritional status of children. Parents can take advantage of traditional or community-available ingredients in meeting children's nutrition, as well as manufactured baby food, which is available in various flavors with rich nutrition in them.

Infant Nutritional Status

The results of the screening showed that most of the infants were in normal nutritional status. However, some infants were categorized in poor and also very poor nutritional status. Parents play an important role in improving the nutritional status of children. The provision of appropriate balanced nutrition and regular monitoring is required to be carried out by parents.

Malnutrition at the infant stage can hinder further infant growth and child development. [(11)] Malnutrition in children can be caused by a lack of nutritional intake in children and people's knowledge about the fulfillment of balanced nutrition in children. [(12)] Therefore, it is necessary to monitor the growth and development of children every month at the stage of the infant. Thus, parents can be provided with information and education about children's nutrition in optimizing children's growth and development. Moreover, fulfillment of proper nutrition is also very much needed during the Covid-19 pandemic.

Researchers assume that limited outdoor activities during the Covid-19 pandemic can affect parenting styles in fulfilling children's nutrition. The positive side that parents can take is that parents can spend more time with their children even though they can only monitor the child's growth and development in limited facilities. Advanced technology can also be used by parents to get as much information as possible about the nutritional status of children. Another effect that can be caused by the pandemic period is the economic limitations of parents in fulfilling nutritional intake due to reduced family economic income.

CONCLUSION

The conclusion of this study is the nutritional status of infants aged 6-12 months in normal condition, but health monitoring and education are expected to be carried out in various ways by paying attention to health protocols to improve children's health status. Therefore, children's immunity is maintained in facing the Covid-19 pandemic.

REFERENCES

1. Dinkes Prov. Maluku. Profil Kesehatan Provinsi Maluku 2018. Ambon: Dinas Kesehatan Provinsi Maluku; 2018.
2. North Shore, University Health System. Toddler (2-4 years). Ages and Milestones. 2020 [cited 2020 Aug 2]. Available from: https://www.northshore.org/pediatrics/ages-and-milestones/toddler--2---4-years/
3. Farida. Kajian Sifat Fisik dan Sensoris Bubur Bayi Instan Berbahan Dasar Tepung Tempe Koro Glinding, Beras Merah dan Tepung Labu Kuning. Jurnal Teknosains Pangan. Vol 5 No 4 October. 2016

4. UNICEF Indonesia. Protecting Children and Families from COVID-19 as the COVID-19 Pandemic Spreads Globally, UNICEF is Working to Protect Children and Their Families in Indonesia with Critical Supplies, Support and Lifesaving Information. Jakarta: UNICEF Indonesia; 2020.
5. Suparji, Nugroho HSW, Martiningsih W. Tips for Distinguishing Nominal and Ordinal Scale Data. Aloha International Journal of Multidisciplinary Advancement (AIJMU). 2019;1(6):133-135.
6. Nugroho HSW. Analisis Data Secara Deskriptif untuk Data Kategorik (Descriptive Data Analysis for Categorical Data). Ponorogo: FORIKES; 2014.
7. WHO. Infant and Young Child Feeding. Geneva: World Heath organization; 2021.
8. Nidirect. Healthy Eating for Children [Internet]. Nidirect Government Services. 2020 [cited 2020 Aug 2]. Available from: https://www.nidirect.gov.uk/articles/healthy-eating-children
9. Higuera V. How to Help Your Child Develop Fine Motor Skills [Internet]. Healthline. 2018 [cited 2020 Aug 2]. Available from: https://www.healthline.com/health/fine-motor-skills
10. Lestari. Hubungan Pemberian Makanan Pendamping ASI (MP-ASI) dengan Status Gizi Anak Usia 1-3 Tahun di Kota Padang. Jurnal Kesehatan Andalas. 2014;3(2).
11. WHO. Stunting in a Nutshell. Geneva: World Heath organization; 2015.
12. Singh A. Childhood Malnutrition in India. In: Perspective of Recent Advances in Acute Diarrhea. Bhattacharya SK, ed. London: Intech Open; 2020.