

PARENTING PATTERNS RELATED TO NUTRITIONAL STATUS TO CHILDREN

Herti Dwi Lestari¹, Ledy Octaviani Iqmy^{2*}, Devi Kurniasari³, Zarma H⁴

^{1,2,3,4} Midwifery Study Program, Malahayati University Bandar Lampung
Correspondence email ladyunimal@gmail.com

ABSTRAK POLA ASUH BERHUBUNGAN DENGAN STATUS GIZI BALITA

Latar Belakang: Hasil Penelitian Kesehatan Dasar (Riskesdas) tahun 2018 yang diselenggarakan oleh Kementerian Kesehatan menyatakan persentase gizi buruk pada balita 0-23 bulan di Indonesia adalah 3,8%, sedangkan gizi kurang adalah 11,4%. Pola asuh merupakan salah satu faktor tidak langsung dalam masalah status gizi balita.

Tujuan: Mengetahui hubungan pola asuh (pemberian ASI eksklusif, pemberian MP-ASI, kelengkapan imunisasi dan perawatan anak saat sakit) terhadap status gizi balita di Desa Karang Raja Kecamatan Merbau Mataram Kabupaten Lampung Selatan Tahun 2020.

Metode: Desain penelitian yang digunakan adalah kuantitatif dengan rancangan *cross sectional*. Populasi dalam penelitian ini adalah semua balita di Desa Karang raja, Kecamatan Merbau Mataram, Kabupaten Lampung Selatan pada bulan Maret 2020, sebanyak 212 balita dan sampel penelitian berjumlah 139 balita. Penelitian dilakukan selama bulan Juli 2020, dimana pengambilan data menggunakan kuesioner. Hasil penelitian menggunakan analisis uji statistik *Chi Square*.

Hasil: Hasil uji statistik diperoleh nilai p-value $0,002 < 0,05$ yang berarti ada hubungan antara pemberian ASI eksklusif terhadap gizi balita, Hasil uji statistik diperoleh nilai p-value $0,000 < 0,05$ ada hubungan antara frekuensi pemberian MP-ASI terhadap status gizi balita, Hasil uji statistik diperoleh nilai p-value $0,001 < 0,05$ ada hubungan antara kelengkapan imunisasi terhadap status gizi balita, Hasil uji statistik diperoleh nilai p-value $0,002 < 0,05$ ada hubungan perawatan anak saat sakit terhadap status gizi balita.

Kesimpulan: . Ada hubungan pola asuh (pemberian ASI eksklusif, frekuensi pemberian MP-ASI, kelengkapan imunisasi dan perawatan anak saat sakit) terhadap status gizi balita di Desa Karang Raja Kecamatan Merbau Mataram Kabupaten Lampung Selatan Tahun 2020.

Saran : Diharapkan kepada petugas kesehatan agar dapat meningkatkan kegiatan penanganan gizi kurang pada balita dengan meningkatkan pendidikan masyarakat baik di Posyandu, ataupun di tempat pelayanan yang lain.

Kata Kunci: ASI Eksklusif ,Pola Asuh, Status Gizi Balita

ABSTRACT

Background: Ministry of Health in 2018 reported that the percentage of poor nutrition in toddlers of 0-23 months in Indonesia was 3.8%, while malnutrition was 11.4%. parenting was one of the indirect factors in toddlers' nutrition status.

Purpose: Knowing parenting relationships (giving exclusive breastfeeding, giving the weaning food, the completeness of immunization, and child care when they were sick) towards toddlers' nutrition status in Karang Raja Village, Merbau Mataram Sub-District, South Lampung Regency Year of 2020).

Methods: The research design was quantitative using *cross-sectional*. The population in this research was all toddlers in Karang Raja Village, Merbau Mataram Sub-District, South Lampung Regency in March of 2020, the population is 212 toddlers with 139 samples. The research was done in July of 2020, where the sample was taken by using a questionnaire. The research result used *chi Square* statistical test analysis.

Results: Statistical test results obtained from p-value < 0.05 which means there was a correlation between parenting (giving exclusive breastfeeding, giving the weaning food, the completeness of immunization, and child care when they were sick) towards toddlers' nutrition status.

Conclusion: There is a positive correlation between parenting (giving exclusive breastfeeding, giving the weaning food, the completeness of immunization, and child care when they were sick) towards toddlers' nutrition status in Karang Raja Village, Merbau Mataram Sub-District, South Lampung Regency Year of 2020).

Suggestion: Suggestion for medical staff to undertake nutritional activities in children by increasing the education for the community either in Integrated healthcare centers, community health centers, or other service places.

Keywords: Exclusive Breastfeeding, Parenting, Toddlers' Nutrition

INTRODUCTION

The 2016 Lampung Provincial Health Office profile stated that the picture of malnutrition cases in Lampung Province from 2003 to 2011 seemed to fluctuate up and down but from 2011 to 2015 it decreased where the number of cases of malnutrition in 2015 was 131 cases, in 2016 there were 136 cases. . According to the 2018 Basic Health Research (Riskesmas) organized by the Ministry of Health, the percentage of malnutrition in Lampung Province aged 0-59 months was 3.1% and undernutrition was 12.8%.

In 2012 South Lampung Regency had the highest distribution of malnutrition cases and in 2015 the highest cases of malnutrition were in West Lampung Regency. Based on data from the Electronic Update-Registration and Reporting of Community-Based Nutrition (E-PPGBM) of South Lampung Regency as of December 2019, South Lampung had 188 cases of malnutrition, 1,932 cases of malnutrition, 63,838 cases of good nutrition, and 1,818 under-fives with excess nutrition. For Puskesmas Merbau Mataram, there were 0 cases of malnutrition, 56 cases of malnutrition, 3071 cases of good nutrition, and 8 cases of overnutrition. In this study, researchers chose Karang Raja Village, Merbau Mataram District, South Lampung Regency as the research location because Karang Raja Village is the village with the lowest coverage of good nutrition in the Merbau Mataram Health Center working area wherein 2019 Karang Raja Village had 0 cases of malnutrition, 38 cases malnutrition and 179 cases of good nutrition. (Profile of the Merbau Mataram Health Center in 2019, 2020). This is a concern for nutrition surveillance so it is not sustainable for malnutrition because the nutritional coverage is still below the national target. The national target for good nutrition coverage for children under five is above 85%, while Karang Raja Village has only reached 82.5%.

The purpose of this study was to determine the relationship between parenting patterns (exclusive breastfeeding, frequency of complementary feeding, completeness of immunization, and child care when sick) to the nutritional status of toddlers in Karang Raja Village, Merbau District, Mataram Regency, South Lampung Regency in 2020."

The benefit of this research is that it can increase knowledge and increase knowledge in midwifery services, especially those related to parenting patterns for toddlers.

The definition of parenting is the practice of parenting applied to children under five and maintaining their health and is closely related to the growth and development of children in the future. (Sari, M., R., 2018). And according to Ronald, H. S (2011) children's basic needs for growth and development, in general, can be divided into three basic needs, namely as follows:

Physical-Biomedical Needs (ASUH)

- Food/nutrition
- Basic health care: breastfeeding, complementary feeding, immunization, regular weighing, and treatment when sick.
- Adequate housing
- Personal hygiene and environmental sanitation
- Clothes
- Recreation and physical fitness

Emotional/Love Needs (ASIH)

Love from parents will create a close bond and basic trust to ensure harmonious growth and development, whether physical, mental or psychosocial

Need for Mental Stimulation (ASAH).

Mental stimulation develops the development of intelligence, independence, creativity, religion, personality, moral ethics, productivity, and so on.

Meanwhile, according to Supriasa (2012) the causes of nutritional problems are divided into two types, namely:

- Immediate Cause
Includes nutritional intake and infection/disease
- Indirect Cause
Includes food availability, mother's parenting behavior/pattern (breastfeeding, complementary feeding, immunization), health services, environment

According to Kohn quoted by Djhon Ismail (2011), parenting is the attitude of parents in interacting with their children. This parental attitude

includes the way parents provide rules, rewards, and punishments, the way parents show their authority, and the way parents pay attention to and respond to their children. Regarding nutritional status, the parenting pattern referred to in this case is exclusive breastfeeding, complementary feeding, and complementary feeding. immunization and care of sick children. (Supariasa, 2012).

Exclusive Breastfeeding

Exclusive breastfeeding is giving only breast milk to babies from birth to 6 months of age without being given complementary foods or breast milk substitutes (Pollard, 2015).

Frequency of Giving MP – ASI

MP - ASI is additional food given to babies after the baby is 4-6 months old until the baby is 24 months old. In addition to MP - ASI, breast milk must still be given to babies at least until they are 24 months old. The role of MP - ASI is not at all to replace breast milk but only to complement breast milk.

The purpose of giving MP-ASI is to increase the energy and substances needed by the baby because breast milk cannot meet the baby continuously. Low public knowledge about baby food can lead to malnutrition in babies (Ariani, 2017).

According to Alamsyah, D & Muliawati, 2013 (Sulistyoningrum, D., 2019) the consequences of poor nutrition are very detrimental to child development, including stunting (small, short stature). Several studies explain that the short-term impact of malnutrition on children's development is that children become apathetic, and experience speech disorders and other developmental disorders. While the long-term impact is a decrease in cognitive development, decreased sensory integration, the impaired concentration of attention, impaired self-confidence and decreased academic achievement in school. If malnutrition is not managed properly, in the acute phase it will be life-threatening and in the long term, it will threaten the loss of the nation's next generation.

RESEARCH METHODOLOGY

The design in this study is analytically using a cross-sectional approach. The cross-sectional

design in this study was used to determine the relationship between parenting and nutritional status in toddlers.

The variables in this study include the dependent variable, namely the nutritional status of toddlers, and the independent variable, namely parenting. This research was conducted in Karang Raja Village, Merbau Mataram District, South Lampung Regency, which is one of 14 villages in Merbau Mataram District, South Lampung Regency which has the highest number of children under five. The population in this study were all toddlers in Karang Raja Village, Merbau Mataram District, South Lampung Regency in April 2020, amounting to 212 people. From Slovin's formula, the sample size was 139 people. The research was conducted from July 23 to July 27, 2020.

The sampling technique in this study used a non-probability sampling technique, namely the type of purposive sampling. Sampling used purposive sampling with inclusion and exclusion criteria. The data collection technique was carried out by collecting primary data by distributing questionnaires and measuring the anthropometry of toddlers. Meanwhile, secondary data was obtained from relevant agencies in the research area, including data on the number of children under five in Karang Raja Village, Merbau District, Mataram, South Lampung Regency. MCH handbook and data relevant to the research objectives. For data retrieval techniques include the editing, coding, processing, and cleaning processes.

After the data is collected then the data is analyzed. Data analysis was carried out in two stages, namely univariate analysis and bivariate analysis using the chi-square test with a significant level of $p = 0.05\%$.

RESEARCH RESULTS

Univariate Analysis

The general characteristics of respondents are important to obtain a clear picture of the characteristics of respondents in the research results. The data displayed in the respondent's characteristics is the data of respondents who were selected as toddlers 12-60 months in Karang Raja Village, Merbau District, Mataram.

Table 1

Frequency Distribution of Respondent Data

Characteristics Respondent	Frequency	Percentage (%)
Age		
12-23	35	25,2
24-35	40	28,8
36-48	32	23,0
47-60	32	23,0
Total	139	100,0
Gender		
Men	65	46,8
Women	74	53,2
Total	139	100,0
Exclusive Breastfeeding		
Yes	105	75,5
No	34	24,5
Total	139	100,0
Frequency of Complementary Feeding		
Ideal	94	67,6
Low	45	32,4
Total	139	100,0
Immunization Status		
Complete	108	77,7
Incomplete	31	22,3
Total	139	100
Nursing Care		
Ideal	76	54,7
Low	63	45,3
Total	139	100,0
Nutritional Status		
Ideal	111	79,9
Low	28	20,1
Total	139	100,0

The table above explains that of the 139 respondents, the most age ranged respondents were in the age range of 24-35 months, namely 40 people (28.8%), most respondents were male as many as 65 people (46.8%), as many as 105 people (75.5%) received exclusive breastfeeding, as many as 94 respondents (67.6%) had a good frequency of complementary feeding, 108 respondents (77.7%) had complete basic immunization status and as many as 76 respondents received care for children when they are sick.

And from the table above, it is known that as many as 111 respondents have good nutritional status.

Bivariate Analysis

The results of the analysis of the relationship between parenting patterns seen from exclusive breastfeeding on the nutritional status of toddlers revealed that 105 respondents were exclusively breastfed, of which 90 respondents (85.7%) had good nutritional status and 15 respondents (14.3%) had poor nutritional status. Then it is known from 34 respondents who are not exclusively breastfed, including 21 respondents (61.8%) who have good nutritional status and 13 respondents (38.2%) who have poor nutritional status.

Table 2
The Relationship between Parenting Patterns Seen from Exclusive Breastfeeding on the Nutritional Status of Toddlers in Karang Raja Village, Merbau District, Mataram, South Lampung Regency in 2020.

Exclusive Breastfeeding	Nutritional Status				N	%	P-value
	Ideal		Low				
	N	%	N	%			
Yes	90	85,7	15	14,3	105	100	0,002
No	21	61,8	13	38,2	34	100	
Total	111	79,9	28	20,1	139	100	

Based on table 2, shows that there is a tendency that mothers who give exclusive breastfeeding tend to have toddlers with better nutritional status than mothers who do not give exclusive breastfeeding. This can be seen in the mothers who gave exclusive breastfeeding as much as 85.7% had toddlers with good nutritional status and 14.3% with poor nutrition. The results of the chi-square statistical test obtained p-value = 0.002 < = 0.05.

Breast milk contains so many immune substances that may still exist that have not been revealed in studies. The more breast milk is given, the better the baby's immunity, and the better the nutritional status. Babies with the best immunity are babies who are exclusively breastfed for 6 months. The chance of developing respiratory infections during childhood is significantly reduced when babies are exclusively breastfed (Ariani, 2017).

Based on the researcher's analysis, the concern that babies will be malnourished and their

growth disturbed due to exclusive breastfeeding is not proven true. Babies who are exclusively breastfed are rarely affected by digestive tract diseases (such as vomiting and diarrhea) because breast milk is a natural food for babies. Breast milk contains nutrients such as carbohydrates, proteins, fats, minerals, vitamins, and immunoglobulins. Breastfeeding means providing immune substances against several diseases, creating an inner bond between mother and baby.

The results of this study have similarities with previous research conducted by M. Kurnia Widiastuti Giri (2013) entitled The Relationship of Exclusive Breastfeeding with the Nutritional Status of Toddlers Age 6-24 Months in Kajanan Village, Buleleng District, Bali. The test results showed that there was a significant positive relationship (r= 0.000 p<0.05) between exclusive breastfeeding and the nutritional status of children under five.

Table 3
The Relationship between Parenting Patterns Seen from the Frequency of Giving MP-ASI to the Nutritional Status of Toddlers in Karang Raja Village, Merbau District, Mataram, South Lampung Regency in 2020

Frequency of Complementary Feeding	Nutritional Status				N	%	P-value
	Ideal		Low				
	N	%	N	%			
Ideal	83	88,3	11	11,7	94	100	0,00
Low	28	62,2	17	37,8	45	100	
Total	111	79,9	28	20,1	139	100	

The results of the analysis of the relationship between parenting patterns seen from the frequency of giving MP-ASI to the nutritional status of toddlers obtained 94 respondents whose frequency of giving MP-ASI was good, including 83 respondents (88.6%) who had good nutritional status and 11 respondents (11.7%) have poor nutritional status. Then it was found that 45 respondents whose frequency of giving MP-ASI was not good, including 28 respondents

(62.2%) had good nutritional status and 17 respondents (37.8%) had poor nutritional status. The results of the chi-square statistical test obtained p-value = 0.00 < = 0.05.

MP - ASI is food given to babies who are 6 months old or older because breast milk no longer meets the nutritional needs of babies. The provision of complementary foods is carried out gradually to develop the baby's ability to chew and swallow and

accept a variety of foods with various textures and tastes. MP – ASI must be a complement and can meet the needs of the baby.

MPASI should be given on time, namely when exclusive breastfeeding is no longer able to meet the nutritional needs of infants, both macronutrients and micronutrients. According to WHO, complementary feeding requirements are adequate. This means that the MPASI given must meet the needs of macronutrients/micronutrients such as iron, zinc, and vitamin A to achieve optimal growth and development by paying attention to the amount, frequency, consistency, and variety of food. (Meta Hanindita, 2019).

Good feeding is very important for nutritional intake, not only in terms of what the child eats, but the attitude of the mother also plays a role. (Pratiwi, 2016). Based on the researcher's analysis, this

shows that whether or not the frequency of giving MP-ASI will determine whether or not the nutritional status of a toddler is good because the purpose of giving MP-ASI is to increase the energy and substances needed by the baby. If the MP-ASI is given not according to the frequency based on the age level, it is likely to affect the child's nutritional status to be less or worse.

The results of this study have similarities with research conducted by Widyawati et al (2016) entitled Analysis of Complementary Feeding with Nutritional Status in Children aged 12-24 Months in the working area of Lesung Batu Health Center, Empat Lawang. The test results showed that there was a significant positive relationship ($r= 0.016$ $p<0.05$) between complementary feeding and the nutritional status of infants.

Tabel 4
Hubungan Pola Asuh Dilihat Dari Kelengkapan Imunisasi Terhadap Status Gizi Balita di Desa Karang Raja Kecamatan Merbau Mataram Kabupaten Lampung Selatan Tahun 2020

Immunization Status	Nutritional Status				N	%	P-value
	Ideal		Low				
	N	%	N	%			
Complete	93	86,1	15	13,9	108	100	0,002
Incomplete	18	58,1	13	41,9	31	100	
Total	111	79,9	28	20,1	139	100	

The results of the analysis of the relationship of parenting seen from the completeness of immunization to the nutritional status of toddlers obtained 108 respondents whose basic immunizations were complete, of which 93 respondents (86.1%) had good nutritional status and 15 respondents (13.9%) had poor nutritional status. Then it is known that 31 respondents whose basic immunizations were incomplete, including 18 respondents (58.1%) had good nutritional status and 13 respondents (41.9%) had poor nutritional status. The results of the chi-square statistical test obtained $p\text{-value} = 0.002 < = 0.05$.

Immunization is an effort to actively induce/increase a person's immunity against a certain disease so that if one day he is exposed to the disease he will not get sick or only experience mild illness. Several infectious diseases that are included in the Diseases that can be Prevented by Immunization (PD3I) include TB, Diphtheria, Tetanus, Hepatitis B, Pertussis, Measles, Polio, inflammation of the lining of the brain, and pneumonia. Children who have been immunized will be protected from these dangerous diseases, which

can cause disability or death (Indonesian Health Profile, 2016).

Immunization is also an effort to provide active immunity to children so that children are expected to avoid dangerous diseases that ultimately affect their nutritional status. The immunization program for infants aims to ensure that every baby gets complete basic immunizations. The success of a baby in getting basic immunization is measured by indicators of complete basic immunization. (Ronald H.S., 2011)

Based on the researcher's analysis, immunization is a very important domain to have a good nutritional status. Complete immunization usually results in good nutritional status. For example, by immunizing a child, a child will be healthier, with a healthy body/status, food intake can enter properly, nutrients are well absorbed. The nutrients absorbed by the toddler's body are utilized by their growth, resulting in good nutritional status.

The results of this study have similarities with research conducted by Vidya Vindriana (2012) entitled The Relationship of Complete Immunization With Nutritional Status in Toddlers Age 1-5 Years in Watonea Village, Katobu Health Center Work Area,

Muna Regency. The test results showed that there was a significant positive relationship ($r = 0.001$

$p < 0.05$) between completeness of immunization and nutritional status of children under five.

Table 5.
Relationship between Parenting Patterns seen from Child Care when Sick to Under-five Nutritional Status in Karang Raja Village, Merbau District, Mataram, South Lampung Regency in 2020

Nursing Care	Nutritional Status				N	%	P-value
	Ideal		Low				
	N	%	N	%			
Ideal	68	89,5	8	10,5	76	100	0,002
Low	43	68,3	20	31,7	63	100	
Total	111	79,9	28	20,1	139	100	

The results of the analysis of the relationship between parenting patterns seen in the care of children when sick to the nutritional status of toddlers obtained 76 respondents who received good care of children when sick, of which 68 respondents (89.5%) had good nutritional status and 8 respondents (10.5%) had good nutritional status. not enough. Then it is known that 63 respondents who take care of children when sick are not good, including 43 respondents (68.3%) who have good nutritional status and 20 respondents (31.7%) who have poor nutritional status. The results of the chi-square statistical test obtained $p\text{-value} = 0,00 < 0.05$.

UNICEF Indonesia 2012 published a summary of health services with high child mortality rates. Indonesia ranks fifth highest in terms of the number of children suffering from malnutrition/shortage according to age, which is experienced by around 36% of children under five. Children's nutritional needs must be considered in the first 1000 days of life so that children grow well, have immunity, and become intelligent. Health services that are still low need to get more attention because there are still health services that ignore children's rights. With access to health services and good parenting at home, it is hoped that it will reduce the number of children suffering from malnutrition (Ni Ketut Mendri, 2019)

The practice of health care includes the treatment of disease in children when the child is sick and preventive measures against disease so that the child does not get a disease. Good child health care practices can be achieved by paying attention to the nutritional state of the child, completeness of immunizations, personal hygiene of the child, and the environment in which the child is located, as well as the mother's efforts to seek treatment for the child when sick, the mother takes the child to health care facilities such as hospitals, clinics, puskesmas, polindes (Siwi, 2015).

Based on the researcher's analysis, this happens because children must get attention from their parents, which can be done by paying attention to the nutritional status of children, including taking care of children when they are sick by bringing them to an isolated health facility. Children's health must receive parental attention, and proper care to achieve good nutritional status through good parenting by mothers to their children so that it will affect growth and development.

The results of this study are in line with research conducted by Masyudi et al (2019) entitled The Impact of Parenting Patterns and Weaning Age on the Nutritional Status of Toddlers with BB/U Index. The results showed that there was a relationship between the nutritional status of children under five with parenting patterns and the age of weaning with nutritional status.

DISCUSSION

Bivariate Analysis

The relationship between parenting patterns is seen from exclusive breastfeeding to the nutritional status of children under five in Karang Raja Village, Merbau District, Mataram, South Lampung Regency in 2020.

In addition to containing food substances, breast milk also contains absorbent substances in the form of its enzymes that will not interfere with enzymes in the intestines. Formula milk does not contain enzymes so the absorption of food depends on the enzymes found in the baby's intestines. Mothers' awareness to give exclusive breastfeeding will help the process of growth and development of children in the future. The role of exclusive breastfeeding is based on several aspects, namely the presence of colostrum which contains very high carotene, vitamin A, protein, and minerals which are very useful for the immune system, and excellent early nutrition (Roesli in Ramawati et al, 2008).

Breast milk contains so many immune substances that may still exist that have not been

revealed in studies. The more breast milk is given, the better the baby's immunity, and the better the nutritional status. Babies with the best immunity are babies who are exclusively breastfed for 6 months. The chance of developing respiratory infections during childhood is significantly reduced when babies are exclusively breastfed (Ariani, 2017).

Based on the researcher's analysis, the concern that babies will be malnourished and their growth disturbed due to exclusive breastfeeding is not proven true. Babies who are exclusively breastfed are rarely affected by digestive tract diseases (such as vomiting and diarrhea) because breast milk is a natural food for babies. Breast milk contains nutrients such as carbohydrates, proteins, fats, minerals, vitamins, and immunoglobulins. Breastfeeding means providing immune substances against several diseases, creating an inner bond between mother and baby.

The results of this study have similarities with previous research conducted by M. Kurnia Widiastuti Giri (2013) entitled *The Relationship of Exclusive Breastfeeding with the Nutritional Status of Toddlers Age 6-24 Months in Kajanan Village, Buleleng District, Bali*. The test results showed that there was a significant positive relationship ($r= 0.000$ $p<0.05$) between exclusive breastfeeding and the nutritional status of children under five.

The relationship between parenting patterns is seen from the frequency of giving MP - ASI to the nutritional status of children under five in Karang Raja Village, Merbau District, Mataram, South Lampung Regency in 2020.

MP - ASI is food given to babies who are 6 months old or older because breast milk no longer meets the nutritional needs of babies. The provision of complementary foods is carried out gradually to develop the baby's ability to chew and swallow and accept a variety of foods with various textures and tastes. MP - ASI must be a complement and can meet the needs of the baby.

As children get older, the food provided must be more diverse and nutritious, and balanced to support the nutritional status and growth and development of children. In this case, the mother plays an important role in determining the type of food that will be consumed by the child. Providing an adequate diet is related to the good quality of children's food consumption which in turn will increase the adequacy of nutrients as well. (Ratnawati, 2018). A mother must understand that the quantity or amount of complimentary food given must meet the needs of the baby, but of course with good and balanced nutritional quality. Ignorance

about how to feed infants and children and the existence of habits that are detrimental to health, directly and indirectly, are the main causes of malnutrition in children, especially those under 2 years of age. Insufficient consumption of energy and protein for a certain period will cause malnutrition, so to ensure the growth, development, and health of toddlers, adequate nutritional intake is needed (Bunga Astria P., 2019).

Based on the researcher's analysis, it shows that the frequency of giving MP-ASI also determines whether or not the nutritional status of a toddler is good because the purpose of giving MP-ASI is to increase the energy and substances needed by the baby. If the MP-ASI is given not according to the frequency based on the age level, it is likely to affect the child's nutritional status to be less or worse.

The results of this study have similarities with research conducted by Widyawati et al (2016) entitled *Analysis of Complementary Feeding with Nutritional Status in Children aged 12-24 Months in the working area of Lesung Batu Health Center, Empat Lawang*. The test results showed that there was a significant positive relationship ($r= 0.016$ $p<0.05$) between complementary feeding and the nutritional status of infants.

The relationship between parenting patterns seen from the completeness of immunization against the nutritional status of children under five in Karang Raja Village, Merbau District, Mataram, South Lampung Regency in 2020

Immunization is also an effort to provide active immunity to children so that children are expected to avoid dangerous diseases that ultimately affect their nutritional status. The immunization program for infants aims to ensure that every baby gets complete basic immunizations. The success of a baby in getting basic immunization is measured by indicators of complete basic immunization.

Toddlers who are fully immunized have a higher immune system than toddlers who do not receive complete immunizations. Toddlers with incomplete immunization status are more susceptible to disease, if the toddler's immunization status is incomplete they are more susceptible to diseases that will affect their body condition and diet of the toddler. In children who suffer from infectious diseases, there is a disturbance in the body's defenses and as a result, there will be weight loss in a short time, causing malnutrition. (Ronald H.S., 2011)

Based on the researcher's analysis, immunization is a very important domain to have a good nutritional status. Complete immunization

usually results in good nutritional status. For example, by immunizing a child, a child will be healthier, with a healthy body/status, food intake can enter properly, nutrients are well absorbed. The nutrients absorbed by the toddler's body are utilized by their growth, resulting in good nutritional status.

The results of this study have similarities with research conducted by Vidya Vindriana (2012) entitled *The Relationship of Complete Immunization With Nutritional Status in Toddlers Age 1-5 Years in Watonea Village, Katobu Health Center Work Area, Muna Regency*. The test results showed that there was a significant positive relationship ($r= 0.001$ $p<0.05$) between completeness of immunization and nutritional status of children under five.

CONCLUSION

From the results of the research and discussion in the previous chapter, it can be concluded that most of the respondents have good nutritional status, as many as 111 respondents (79.9%).

Most respondents have received exclusive breastfeeding, as many as 105 respondents (75.5%), most respondents get a good frequency of giving complementary feeding, namely 94 respondents (67.6%), most respondents have complete immunization status as many as 108 respondents (77.7%), and most of the respondents received treatment for sick children in the good category as many as 76 respondents (54.7%).

There is a relationship between Parenting Patterns seen from Exclusive Breastfeeding on the Nutritional Status of Toddlers in Karang Raja Village, Merbau District, Mataram in 2020 with p -value = 0.002.

There is a relationship between Parenting Patterns seen from the Frequency of Complementary Breastfeeding on the Nutritional Status of Toddlers in Karang Raja Village, Merbau District, Mataram in 2020 with p -value = 0.000.

There is a relationship between Parenting Patterns seen from the Completeness of Immunization on the Nutritional Status of Toddlers in Karang Raja Village, Merbau District, Mataram in 2020 with p -value = 0.001.

There is a relationship between Parenting Patterns seen from the Care of Sick Children on the Nutritional Status of Toddlers in Karang Raja Village, Merbau District, Mataram in 2020 with p -value = 0.002.

The suggestions that the author can convey in this study are that the community, especially mothers, are expected to be able to provide exclusive breastfeeding to their babies aged 0-6 months, for

working mothers to provide expressed breast milk so that the needs of breast milk for babies are fulfilled. Furthermore, mothers are expected to be diligent in attending classes for mothers of toddlers to increase knowledge about the frequency of giving complementary foods to toddlers and care when children are sick, and mothers are expected to be diligent in bringing toddlers to the posyandu to get health services such as immunization, health promotion counseling and monitoring the growth and development of toddlers.

For related agencies, especially the Health Office of South Lampung Regency, it is recommended that they take strategic steps in handling the nutritional status of children under five so that the prevalence of undernourished status can be reduced. For example, by increasing access to quality nutritional health services, placing nutrition staff in puskesmas and posyandu, and increasing the ability of health workers to detect, find and handle cases of malnutrition or malnutrition as early as possible. Handling the problem of under-five nutrition needs to be carried out in an integrated manner with cross-sectoral cooperation such as providing MPASI funded by the village, and utilizing yard land to improve family nutrition. In addition, it is also expected to apply the rules that have been socialized, such as the existence of special lactation rooms in offices and public places.

SUGGESTION

For Health Officers in Karang Raja Village, health education to the community in Karang Raja Village needs to be improved by conducting innovation programs to increase knowledge about nutrition, parenting, especially exclusive breastfeeding until babies are 6 months old, education about the practice of Feeding Babies and Children (PMBA). Carrying out immunization sweeps for infants who have not received complete basic immunizations. In addition, it is recommended in particular for the Karang Raja Village Midwife to further improve the monitoring of the nutritional status of toddlers by way of home visits by midwives or nutrition officers from the local area so that they can increase promotive (counseling to mothers about parenting patterns on the nutritional status of toddlers) and preventive, so that the nutritional status of toddlers can be improved. Malnutrition in toddlers can be detected quickly.

For cadres, it is hoped that posyandu cadres or nutrition-aware cadres will become an extension of health workers in educating the public, especially mothers about good parenting for toddlers, being role models for clean and healthy behavior in the

household, holding innovative activities at the posyandu regularly every month, so that can increase the participation of mothers under five who come to the posyandu regularly every month.

It is hoped that Malahayati University Bandar Lampung can add the latest reference material in the library as a reference for students at Malahayati University Bandar Lampung so that it can add insight to students who will research the same topic.

For further researchers, it is hoped that the results of this study can be used as input to add reading references and research journals that support the process of further research with more complex variables, thus providing information for further researchers, especially about the nutritional status of toddlers.

REFERENCE

- Ariani, A. P. (2017). *Ilmu Gizi*. Yogyakarta: Muha Medika.
- Arisman. (2010). *Gizi Dalam Daur Kehidupan*. Jakarta: EGC.
- Dinas Kesehatan Provinsi Lampung. 2016. Profil Kesehatan Provinsi Lampung Tahun 2016. Lampung : Dinas Kesehatan
- Giri, M.K.W. (2013). Hubungan Pemberian ASI Eksklusif dengan Status Gizi Balita Usia 12-24 Bulan di Kampung Kajanan, Buleleng . *JST Jurnal Sains dan Teknologi*, 2 (1)
- H.S, R. (2011). *Pedoman dan Perawatan Balita Agar Tumbuh Sehat dan Cerdas*. Bandung: Nuansa Aulia.
- Hanindita, M. (2019). *Mommyclopedia, 567 Fakta Tentang MP ASI*. Jakarta: Gramedia Pustaka Utama.
- Hastono, S. P. (2018). *Satistik Kesehatan*. Depok: Rajawali Pers.
- Hidayat, A. A. (2014). *Metode Penelitian Kebidanan dan Teknik Analisa Data*. Jakarta: Salemba Medika.
- Imelda Fitri, R. N. (2019). *Buku Ajar Gizi Reproduksi Dan Bukti*. Yogyakarta: Gosyen Publishing.
- Kumar, A., & Singh, V.K. (2015). Studi Tentang ASI Eksklusif & Dampaknya Terhadap Status Gizi Anak di Negara Bagian EAG. *Jurnal Aplikasi Statistik & Probabilitas*, 4(3), 435.
- Mastiningsih, P. (2014). *Buku Ajar Imunisasi*. Bogor: In Media.
- Masyudi, M., Mulyana, M., Rafsanjani, T.M. (2019). Dampak Pola Asuh dan Usia Penyapihan Terhadap Status Gizi Balita Indeks BB/U. *Aceh Nutrition Journal*, 4 (2), 111-116.
- Munawaroh, S. (2015). Pola Asuh Mempengaruhi Status Gizi Balita. *Jurnal Keperawatan*, 6(1), 44-50.
- Natalina, R., dan Praba D., Kristiawati. (2015). Hubungan Pola Asuh dengan Status Gizi Balita di Posyandu Tulip Wilayah Rindang Benua Kelurahan Pahandut Palangkaraya. *Jurnal Ilmu Kesehatan, vol 1 No.19 Oktober 2015 e-ISSN : 2527, 7170*
- Ni Ketut Mendri, A. S. (2019). *Asuhan Keperawatan Pada Anak Sakit dan Bayi Resiko Tinggi*. Yogyakarta: Pustaka Baru Press.
- Notoatmodjo, P. D. (2012). *Metode penelitian Kesehatan*. Jakarta: Rineka Cipta.
- Novianti. (2019). *Buku Saku Kesehatan Provinsi Lampung Tahun 2018*. Bandar Lampung: Dinas Kesehatan Provinsi Lampung.
- Paramashanti, B. A. (2019). *Gizi Bagi Ibu dan Anak*. Yogyakarta: Pustaka Baru Press.
- Pollard, M. (2016). *ASI Asuhan Berbasis Bukti*. Jakarta: EGC.
- Pratiwi, T.D., Masrul, M., & Yerizel, E. (2016) Hubungan Pola Asuh dengan Status Gizi Balita di Wilayah Kerja Puskesmas Belimbing Kota Padang, *Jurnal Kesehatan Andalas*, 5(3).
- Puskesmas Merbau Mataram. 2019. Profil Kesehatan Puskesmas Merbau Mataram Tahun 2019. Merbau Mataram : Puskesmas
- Pusparini, N., & Andriani, M. (2017). Hubungan Pengetahuan Ibu Tentang Gizi & Asupan Makan Balita dengan Status Gizi Balita (BB/U) Usia 12-24 Bulan. *Amerta Nutrition*, 1(4), 369-278.
- Rapar, V.L., Rompas, S., & Ismanto, A.Y. (2014). Hubungan Pola Asuh Ibu dengan Status Gizi Balita di Wilayah Kerja Ranotona Kecamatan Wenea Kota Manado. *Jurnal Keperawatan*. 2(2).
- Riset Kesehatan Dasar (Riskesdas) (2018). Badan Penelitian dan Pengembangan Kesehatan Kementerian RI tahun 2018. <http://www.depkes.go.id> – Diakses Maret 2020.
- Ronald, H.S. (2011). *Pedoman dan Perawatan Kehamilan yang Sehat dan Menyenangkan*. Bandung : CV. Nuansa Aulia
- Santrock, J. W. (2007). *Perkembangan Anak*. Jakarta: Erlangga.
- Sari, M.R.N., & Ratnawati, L.Y. (2018). Hubungan Pengetahuan Ibu Tentang Pola Pemberian Makan dengan Status Gizi Balita di Wilayah Kerja Puskesmas Gapura Kabupaten Sumenep. *Amerta Nutrition*, 2(2), 182-188.
- Sarlis, N., & Ivanna, C. N. (2018). Faktor-faktor yang Berhubungan dengan Status Gizi Balita di Puskesmas Sidomulyo Pekanbaru Tahun 2016. *Jurnal Endurance*, 3(1), 146-152.

- Supariasa, I. D. (2012). *Pendidikan dan Konsultasi Gizi*. Jakarta: EGC.
- Sulistyoningrum, D., & Hadiyanti, T. (2019). Hubungan Pengetahuan, Sikap, dan Prilaku Ibu dengan Status Gizi pada Anak Balita di Posko Pemulihan Gizi Desa Randugunting Kota Tegal 2018. *Visikes: Jurnal Kesehatan Masyarakat*, 18(2)
- Vindriana, V., Kodir, A., & Azkar, M. (2012). Hubungan Kelengkapan Imunisasi dengan Status Gizi pada Balita Usia 1-5 tahun di Kelurahan Watonea Wilayah Kerja Puskesmas Katobu Kabupaten Muna. *Jurnal Ilmu Kesehatan Diagnosis*, 1(2), 177-184.
- Widyawati, W.W., Febry, F., & Destriana, S. (2016). Analisis Pemberian MP-ASI Dengan Status Gizi pada Anak Usia 12-24 bulan di Wilayah Kerja Puskesmas Lesung Batu, Empat Lawang. *Jurnal Ilmu Kesehatan Masyarakat*, 7(2).
- Winarsih. (2018). *Pengantar Ilmu Gizi Dalam Kebidanan*. Yogyakarta: Pustaka Baru Press.