

THE RELATIONSHIP OF THE ROLE OF HEALTH WORKERS TOWARD THE SUCCESS OF INDICATORS FOR THE NUTRITIONAL-AWARENESS FAMILY PROGRAM

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ABSTRACT

The health workers have an important role in preventing nutritional issue especially on toddlers which belongs to a group undergoing rapid growth. The role is implemented through nutritional- awareness family program with five success indicators. This research aimed to analyze the relationship of the implementation of health workers' role toward the success of nutritional-awareness family program. The design of this research was analytical observational with cross sectional approach. The data analysis was carried out by using chi-square for the bivariate data and logistic regression for the multivariate data. The sample of this research was taken through cluster random sampling resulted in 77 respondents. The result of the data analysis showed that there was a relationship between motivator, facilitator, toward various consumption of food and distribution of vitamin A capsules. There was a relationship between communicator toward the use of iodized salt. The role of health workers became the determinant factor of nutritional-awareness family. There needs to conduct health education especially in regard to the related to nutrition issues and increased visits to *Posyandu*.

KEYWORDS: nutrition, toddlers, the role of health workers, nutritional-awareness family.

INTRODUCTION

Nutrition become the important foundation in determining the quality of human resources and has a great role in the aspect of nation building. Toddler is a group that is susceptible toward the nutritional issues. Nationally, the proportion of malnutrition status in Indonesia in 2018 has increased by 3.55%. In East Java itself, it has increased by 16.80%.^[1] Meanwhile, in Banyuwangi district, the prevalence of finding malnutrition rates has always shown an increase since the last three years which was in 2019, there were 425 cases of malnutrition.^[2] The high prevalence of malnutrition shows that nutritional behavior at the family level is not good yet. This is indicated by the achievement of nutritional-awareness family program indicators which are still below the target.

In 2019, the achievement of nutritional-awareness family in Indonesia was 44.6%.^[3] At the same time in East Java, the achievement of nutritional-awareness family was 78.3%.^[4] The lowest achievement of nutritional-

awareness family in Banyuwangi district is the Tegaldlimo Community Health Center. The percentage of nutritional-awareness family in the area of the Tegaldlimo Health Center is 65.2%. This is very far from the national target of nutritional-awareness level which was set at 80%.^[2]

Nutritional-awareness family is a family whose members have a good nutritional behavior, which means fulfilling the five indicators of nutritional-awareness family, such as weighing toddlers regularly, providing exclusive breastfeeding, consuming a variety of foods, using iodized salt and providing nutritional supplements of vitamin A.^[5]

Several factors that influence the success of the indicators of the nutritional-awareness family program include the role of health workers. Health workers are supporting worker in health management. Besides that, they are the spearhead of health development in Indonesia.^[6]

OBJECTIVES

The aim of this research was to analyze the relationship of the role of health worker toward the success indicators for nutritional-awareness family program at the working area of Tegaldlimo Community Health Center.

METHOD

This research used analytical observational with cross sectional approach. This research was carried out at the working area of Tegaldlimo Community Health Center

in September 2020- January 2021. The sample was mothers who had children aged 6-59 months who met the inclusion and exclusion criteria were 77 respondents. The data collection instrument used in this study were a questionnaire to determine the basic role of health workers and the iodine salt test to determine the salt content consumed by the mothers. The statistical test used to analyze the bivariate data was chi-square test and the multivariate data analysis was carried out using logistic regression test.

RESULTS

1. Respondents' Characteristics

Table 1. The distribution of Respondents' Characteristics.

Respondents' Characteristics	n	%
Mother's Education		
Elementary	5	6.5
Junior High School	8	10.4
Senior High School	44	57.1
Higher Education	20	26.0
Total	77	100
Mother's Job		
Employed	50	64.9
Unemployed	27	35.1
Total	77	100
Income		
Below Minimum Wage	49	63.6
Above Minimum Wage	28	36.4
Total	77	100
Children gender		
Male	39	50.6
Female	38	49.4
Total	77	100

This research showed that 44 (57.1%) of the respondents was graduated from Senior High School, 50 (64.9%) respondents employed, 49 (63.6%) respondents earn less

than minimum wage, and 39 (40.6%) respondents have male toddlers.

2. Research Variables

Table 2: The distribution of Research Variables.

Category	Health Workers' Role		Nutritional-awareness family indicator	
	N	%	n	%
Poor	12	15,6	31	40,3
Good	65	84,4	46	59,7
Total	77	100	77	100

The results showed that in general the role of health workers was mostly in the good category 65 (84.4%) and poor as many as 12 (15.6%). For the success of the indicators of nutritional-awareness family, most of them were in the good category 46 (59.7%) and 31 (40.3%) in the poor category.

Table 3. The frequency distribution of Variable Indicators for the Role of Health Workers.

Health Worker's Role Indicator	n	%
Communicator's Role		
Poor	34	44,2
Good	43	55,8
Total	77	100
Motivator's Role		
Poor	15	19,5
Good	62	80,55
Total	77	100
Facilitator's Role		
Poor	44	57,1
Good	33	42,9
Total	77	100
Counselor's Role		
Poor	16	20,8
Good	61	79,2
Total	77	100

The results revealed that most of the health workers role, in general, was good as 65 people (84.4%) were found to be. There were 4 indicators on the role of health workers 4 covering the role of communicators in the good

category ⁴³ (57.8%), the role of motivator in the good category ⁶³ (80.55%), the role of facilitator in the poor category ⁴⁴ (57.1%), and the role of counselor in good category ⁶¹ (79.2%).

Table 4. The Frequency Distribution on the Indicators of Nutritional-Awareness Family.

Nutritional-Awareness Category	n	%
Weighing the toddler regularly		
Poor		
Good	28	36,4
Total	49	63,6
Exclusive Breastfeeding		
Poor	20	26
Good	57	74
Total	77	100
Consuming variety of food		
Poor	21	27,3
Good	56	72,7
Total	77	100
Consuming iodized salt		
Poor	18	23,4
Good	59	76,6
Total	77	100
Consuming the supplementation of vitamin A		
Poor	25	32,5
Good	52	67,5
Total	77	100

The nutritional-awareness family showed that most of them were already aware to nutrition as many as 46 people (59,7%). The nutritional-awareness family involved 5 indicators which were weighing the toddlers regularly in the good category ⁴⁹ (68,6%), giving the exclusive breastfeeding ⁵⁷ (74%), consuming variety of food ⁵⁶ (72,7%), consuming iodized salt ⁵⁹ (76,6%) and consuming the supplementation of vitamin A ⁵² (67,5%).

Table 5. The Relationship of Indicator Variable for the Health Workers Role on the Success of Indicators for Nutritional-Awareness Family Program.

Variables	Weighing the Toddlers Regularly	Giving Exclusive Breastfeeding	Consuming Variety of Foods	Consuming Iodized Salt	Distributing Vitamin A Capsule to Toddlers
	<i>P Value</i>				
Communicator	0,002	0,001		0,008	
Motivator	0,000	0,000	0,000		0,000
Facilitator	0,001		0,002		0,000

The research data analysis showed that there was a relationship between the indicators of communicator, motivator, and facilitator, on weighing the toddlers regularly. There was a relationship between the indicators of communicator, motivator on exclusive

breastfeeding; there was a relationship between the indicators of motivator and facilitator on the consumption of various foods and the distribution of vitamin A capsules.

Table 6. The Most Influential Factor between the Indicator Variable of Health Workers Role to the success of the Indicator for Nutritional-Awareness Family Program.

The Indicator Variable of Health Worker Role	The Success Indicator of Nutritional-Awareness	<i>p-value</i>	<i>OR</i>
Motivator	Weighing the toddlers regularly	0,011	7.300
Motivator	Giving Exclusive breastfeeding	0,003	8,751
Motivator	Consuming variety of food	0,000	15,063
Communicator	Consuming iodized salt	0,026	4,039
Facilitator	Giving vitamin A to the toddlers	0,002	55,052

DISCUSSION

Weighing the toddlers regularly became the most important indicators to detect the nutritional problems. In general, midwife health workers provided information, encouragement and facilities to the mothers so that they would come regularly to Integrated Healthcare Center even only for finding out their toddler's weigh; as mothers who did the regular visit to Integrated Healthcare Center would get the knowledge of how importance weighing the toddlers regularly and knowing growth patterns and the development of the toddler were. The information obtained from the officers was related to the regularity of weighing the toddlers,^[7] and the active role of health workers in carrying out their roles and functions increased the participation in weighing the toddlers on a regular basis,^[8] besides encouraging the health workers to give an impact on the participation of mothers with toddlers in *posyandu* activities for weighing the toddlers.^[9]

Breastfeeding referred to suitable food given to babies at the age of 0-6 months as it contained several nutrients needed by the body during the process of growth. The success of the role of communicator and motivator in giving Exclusive Breastmilk included the role of nutrition experts in providing information related to exclusive Breastmilk by providing information about the provision of Exclusive Breastmilk which was done as early as possible after delivery. In addition, breast milk is a complex biological fluid that contains all the nutrients

needed for physical growth and child development,^[10] the information provided by health professionals influencing the mother's attitude in giving exclusive breastmilk.^[11] This is due to the support of health workers in the form of social support as informative support, where the subject would feel that their environment provided sufficiently clear information regarding things that were not yet known.^[12]

Eating a variety of foods was an indicator of the success of a nutritional-awareness family program. A variety of foods was needed because no one type of food contains all the nutrients and health needed. In order to support the success of indicators for nutrition awareness families, one of which were health workers, midwives and nutritionists who provided facilities and encouragement about complementary foods by providing facilities such as cooking demonstrations for toddler food processing to make it more attractive, which aimed to make toddlers preferred and interested in eating healthy foods and encouraged mothers to do what was taught in food processing. Motivation given by health workers changed a person's attitude and behavior in choosing food and helped to determine whether it was easy for someone to understand the benefits of the nutritional content of the food consumed.^[13]

The success of consuming iodized salt was one of the active roles of health workers, nutritionists and public health workers in preventive efforts to provide information. Mothers or parents got information

that lack of iodized salt had an impact on the incidence of goiter. The role of communication from health workers was very important for maternal awareness in the use of iodized salt as a form of nutrition awareness activities. In the communication process, there were messages conveyed by health workers to mothers. Communicator was a person or party who acted as a sender/conveyor of messages in the communication process.

The provision of vitamin A is one of the Ministry of Health's nutrition programs which is held twice a year, in February and August. Vitamin A supplementation can be obtained at health services such as Integrated Healthcare Center/Public health center/Village midwife clinic/Public health sub center/medical center/midwife practice etc. Efforts that could be made to increase the coverage of vitamin A were one of them by means of doctors and community health workers providing Encouraging the provision of vitamin A and other integrated programs, this needed to be done before the capsule month (February and August) with the aim of increasing the coverage of vitamin A capsules that involved elements of the community and family. The availability of health service facilities for toddlers in every village, such as Integrated Healthcare Center, allowed families to access health services easily.^[14]

CONCLUSION

Based on the identification results between the roles of health workers on the success of indicators for the nutritional-awareness family program, there was still a less than optimal role for health workers. Therefore, it is necessary to increase the ability, role, and function of health workers, especially in skills as a counselor.

Suggestions that can be given to improve the quality and ability of health workers are to increase competence and increase the frequency of cross-sector meetings. Increasing the ability of health workers to conduct nutritional counseling in an effort to foster nutrition awareness families.

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