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Relationships The Role of Posyandu Sanitation in Improving Wasting Toddler's Mother Activity (In The Working Area of Liang Anggang Health Care, Landasan Ulin Barat Sub-District, Banjarbaru City)

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Abstract- Wasting is a malnourished group, directly caused by inadequate nutrition and poor sanitation. The results of the Riskesdas 2018 states that the prevalence of very thin children under five years of age in 2018 is still quite high, namely 3.5 percent, there is a decrease compared to 2013 (5.3%) and 2007 (6.2%). Banjarbaru City is one of the areas that has experienced an increase in cases of very thin and wasting nutrition for three consecutive years. According to the Banjarbaru City Health Office, the highest cases were in the Liang Anggang Health Care area, which was 35 percent, of which 33 percent were in the underweight category and 2 percent for the very thin category. This study aims to determine whether there is a relationship between the Role of Sanitation Posyandu in Increasing the Activity of Baduta Wasting's Mother (In the Working Area of Liang Anggang Health Care, Banjarbaru City). The research design used was cross-sectional with a population of 270 people and using random sample sampling. The results of the pretest and posttest for the knowledge variable in activities 1, 2, 3 and 4 with the Asymp Sig. <0.05 Ho is rejected, meaning that there is a difference between the pretest and posttest on the knowledge variable. Whereas in the pretest and posttest results for the attitude variable in activities 3 and 4 with the Asymp Sig. ≥ 0.05 Ho is accepted, it means that there is no difference between the pretest and posttest on the attitude variable. There is a need for cooperation with all parties as well as providing education to mothers of toddlers about wasting and sanitation posyandu.

Index Terms- **Sanitation Posyandu, Toddlers, Wasting.**

I. INTRODUCTION

Child nutrition problems occur because of the wrong parenting styles of parents in choosing the food that is given to their children for consumption, which can lead to nutritional problems and lack of hygienic sanitation in children. As a result, children can suffer from chronic diseases, excess and underweight, pica, dental caries and certain food allergies that often occur in children (1).

Growth in toddlers can be monitored by weighing the child every month by the mother of baduta. The activity of the mother baduta in monitoring the growth of children under five which is carried out every month is very necessary in supporting her growth and development, especially regarding the condition of her sanitation and active participating in the sanitation posyandu The data shows that the percentage of children aged 6-59 months who have not been weighed in the last six months tends to increase from 25.5% (2007), 23.8% (2010) to 34.3% (2013) and in 2018 8.3 % but wasting data increased (2,3).

Wasting is a malnourished group, directly caused by inadequate nutrition and poor sanitation. The results of research conducted by Olofin et al. (2013) stated that losing significantly has a strong relationship with the increase in mortality rates in children under five (4).

The results of the Riskesdas 2018 stated that the prevalence of very thin under five children nationally in 2018 was still quite high, namely 3.5 percent, there was a decrease compared to 2013 (5.3%) and 2007 (6.2%). Likewise, the prevalence of wasting of 6.7 percent also shows a decrease from 6.8 percent in 2010 and 7.4 percent in 2007. South Kalimantan Province is one of the provinces where the prevalence of wasting is above the national rate, where in 2013 the prevalence is 12.8 percent and increased in 2018 to 13.2 percent (Riskesdas, 2018). Based on this prevalence rate, the Indonesian Ministry of Health makes long-term targets that are in line with the SDGs goals and targets. The target is to reduce the incidence prevalence rate by 40% in 2019 so that by 2019 the wasting prevalence rate will decrease to 9.5%. Meanwhile, by 2025, the prevalence of wasting is expected to decrease to less than 5% (2,3).

Banjarbaru City is one of the areas that has experienced an increase in cases of very thin and wasting nutrition for three consecutive years. In 2017, the percentage of baduta with underweight and very thin nutrition was 16.7 percent, in 2016 the percentage was smaller, namely 15.5 percent, but in 2015 it was 23.8 percent higher. Riskesdas data for 2018 cases of wasting were 10.98% and still high. According to the Banjarbaru City Health Office, the highest cases were in the Liang Anggang

Health Care area, which was 35 percent, of which 33 percent for the thin category and 2 percent for the very thin category, this data was taken from the sub-district only, namely West Landasan Ulin. The percentage of the incidence of wasting has increased from the previous year, where in 2016 the village was recorded at 9 percent. The thin category was 3 percent and very thin as much as 6 percent (5).

The sanitation posyandu activities are intended to help improve the health status of children under five through counseling and intervention in the provision of clean water, disposal of waste water that meets health requirements, disposal of household waste, absence of provision of food control facilities, and provision of housing facilities that meet health requirements.

II. RESEARCH METHOD

The research design used was cross-sectional. Population is an area in general consisting of objects or subjects that are determined by the researcher to study and then draw conclusions. The population in this study were all children under five in the Liang Anggang Public Health Center, Banjarbaru City. The sample of this study was 35 children under five in the Liang Anggang Public Health Center, Banjarbaru City.

III. FINDINGS

Table 1. Distribution and Frequency of Age Toddlers in Liang Anggang Health Care

Category	Frequency	Percent (%)
< 12 Month	12	34.3
12-36 Month	15	42.9
37-60 Month	8	22.9
Total	**35**	**100.0**

Table 2. Distribution and Frequency of Gender Toddlers in Liang Anggang Health Care

Category	Frequency	Percent (%)
Boys	18	51.4
Girls	17	48.6
Total	**35**	**100.0**

Table 3. Distribution and Frequency of Nutritional Status Toddlers in Liang Anggang Health Care

Category	Frequency	Percent (%)
Wasting	10	28.6
Normal	13	37.1
Gemuk	2	5.7
Obesitas	10	28.6
Total	**35**	**100.0**

Table 4. Distribution and Frequency Type of Work Toddler's Father in Liang Anggang Health Care

Category	Frequency	Percent (%)
Buruh	6	28,8
Honorer	1	2.9
Karyawan swasta	10	28.6
Sopir	2	5.8
TNI	4	11.5
Wiraswasta	8	22.8
Total	**35**	**100.0**

Table 5. Distribution and Frequency Education Toddler's Father in Liang Anggang Health Care

Category	Frequency	Percent (%)
S1/D4	1	2.9
SMA/MA	20	57.1
SMP/MTs	7	20.0
SD/MI	7	20.0
Total	**35**	**100.0**

Table 6. Distribution and Frequency Type of Work Toddler's Mother in Liang Anggang Health Care

Kategori	Frekuensi	Persen (%)
Dosen	1	2.9
Ibu Rumah Tangga	30	85.7
Karyawan Swasta	1	2.9
PNS	1	2.9
Swasta	1	2.9
Wirausaha	1	2.9
Total	**35**	**100.0**

Table 7. Distribution and Frequency Education Toddler's Mother in Liang Anggang Health Care

Kategori	Frekuensi	Persen (%)
S2	1	2.9
S1/D4	1	2.9
D3	2	5.7
SMA/MA	21	60.0
SMP/MTs	6	17.1
SD/MI	4	11.4
Total	**35**	**100.0**

Table 8. Distribution and Frequency Family Income of Toddler's Family per Month in Liang Anggang Health Care

Kategori	Frekuensi	Persen (%)
≤ 3.000.000	24	68.6
> 3.000.000	11	31.4
Total	**35**	**100.0**

Table 9. Distribution and Frequency Knowledge Score of Toddler's Mother in Liang Anggang Health Care

Category	Activities 1		Activities 2		Activities 3		Activities 4	
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
Not Good	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Good	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Consistently (No increase)								
Number of Respondents	35 Respondents							

Table 10. Distribution and Frequency Attitude Score of Toddler's Mother in Liang Anggang Health Care

Category	Activities 1		Activities 2		Activities 3		Activities 4	
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Pre-test	Post-test	Pre-test

Not Good	2,9 %	2,9 %	2,9 %	2,9 %	0 %	0 %	2,9 %	0 %
Good	97,1 %	97,1 %	97,1 %	97,1 %	100 %	100 %	97,1 %	100 %
	Consistently		Consistently		Consistently		Increase (2,9 %)	
Number of Respondents	35 Respondents							

Table 11. Distribution and Frequency Infrastructure and Health Related Information

No.	Questions	Answer	
		Yes	No
1	Around your house there are health facilities such as health centers / health care / clinics / hospitals	30 respondents (85,71 %)	5 respondents (14,29 %)
2	Around your house there is a posyandu program	35 respondents (100%)	0 respondent (0%)
3	You get health information and education related to environmental health issues	35 respondents (100%)	0 respondent (0%)
4	You often use health facilities for your children	35 respondents (100%)	0 respondent (0%)
5	Officers from health facilities are always actively reminding you to go and take advantage of health facilities in health care centers, especially for toddlers	32 respondents (91, 43 %)	3 respondents (8,57 %)

Table 12. Family Support for Mother Toddlers in Liang Anggang Health Care

No.	Questions	Answer	
		Yes	No
1	Did your family tell you how to prevent losing	27 respondents (77,14 %)	8 respondents (22,86 %)
2	The family explains to you to always keep the house clean	34 respondents (97,14%)	1 respondent (2,86 %)
3	The family always keeps the house clean	35 respondents (100%)	0 respondent (0%)
4	Families always remind to wash cooking utensils at home	35 respondents (100%)	0 respondent (0%)
5	The family always boils water before consumption	35 respondents (100%)	0 respondent (0%)

Table 13. Results of the Pretest and Posttest Wilcoxon Signed Ranks Test on Knowledge and Attitudes of Toddler Mothers at Liang Anggang Health Center

		N	Mean Rank	Sum of Ranks
Skor_Postest_P_1 - Skor_Pretest_P_1	Negative Ranks	1[a]	15.50	15.50
	Positive Ranks	26[b]	13.94	362.50
	Ties	8[c]		
	Total	35		
Skor_Postest_P_2 - Skor_Pretest_P_2	Negative Ranks	0[d]	.00	.00
	Positive Ranks	27[e]	14.00	378.00
	Ties	8[f]		
	Total	35		
Skor_Postest_P_3 - Skor_Pretest_P_3	Negative Ranks	6[g]	14.67	88.00
	Positive Ranks	20[h]	13.15	263.00
	Ties	9[i]		
	Total	35		
Skor_Postest_P_4 - Skor_Pretest_P_4	Negative Ranks	0[j]	.00	.00
	Positive Ranks	18[k]	9.50	171.00
	Ties	17[l]		

	Total	35		
Skor_Postest_S_1 - Skor_Pretest_S_1	Negative Ranks	0[m]	.00	.00
	Positive Ranks	8[n]	4.50	36.00
	Ties	27[o]		
	Total	35		
Skor_Postest_S_2 - Skor_Pretest_S_2	Negative Ranks	0[p]	.00	.00
	Positive Ranks	5[q]	3.00	15.00
	Ties	30[r]		
	Total	35		
Skor_Postest_S_3 - Skor_Pretest_S_3	Negative Ranks	0[s]	.00	.00
	Positive Ranks	2[t]	1.50	3.00
	Ties	33[u]		
	Total	35		
Skor_Postest_S_4 - Skor_Pretest_S_4	Negative Ranks	0[v]	.00	.00
	Positive Ranks	1[w]	1.00	1.00
	Ties	34[x]		
	Total	35		

a. Skor_Postest_P_1 < Skor_Pretest_P_1
b. Skor_Postest_P_1 > Skor_Pretest_P_1
c. Skor_Postest_P_1 = Skor_Pretest_P_1
d. Skor_Postest_P_2 < Skor_Pretest_P_2
e. Skor_Postest_P_2 > Skor_Pretest_P_2
f. Skor_Postest_P_2 = Skor_Pretest_P_2
g. Skor_Postest_P_3 < Skor_Pretest_P_3
h. Skor_Postest_P_3 > Skor_Pretest_P_3
i. Skor_Postest_P_3 = Skor_Pretest_P_3
j. Skor_Postest_P_4 < Skor_Pretest_P_4
k. Skor_Postest_P_4 > Skor_Pretest_P_4
l. Skor_Postest_P_4 = Skor_Pretest_P_4
m. Skor_Postest_S_1 < Skor_Pretest_S_1
n. Skor_Postest_S_1 > Skor_Pretest_S_1
o. Skor_Postest_S_1 = Skor_Pretest_S_1
p. Skor_Postest_S_2 < Skor_Pretest_S_2
q. Skor_Postest_S_2 > Skor_Pretest_S_2
r. Skor_Postest_S_2 = Skor_Pretest_S_2
s. Skor_Postest_S_3 < Skor_Pretest_S_3
t. Skor_Postest_S_3 > Skor_Pretest_S_3
u. Skor_Postest_S_3 = Skor_Pretest_S_3
v. Skor_Postest_S_4 < Skor_Pretest_S_4
w. Skor_Postest_S_4 > Skor_Pretest_S_4
x. Skor_Postest_S_4 = Skor_Pretest_S_4

Table 14. Results of Pretest and Posttest Statistical Tests on Knowledge and Attitudes of Under-Five Mothers at Liang Anggang Health Center

Test Statistics[a]

	Skor_Postest_P_1 - Skor_Pretest_P_1	Skor_Postest_P_2 - Skor_Pretest_P_2	Skor_Postest_P_3 - Skor_Pretest_P_3	Skor_Postest_P_4 - Skor_Pretest_P_4	Skor_Postest_S_1 - Skor_Pretest_S_1	Skor_Postest_S_2 - Skor_Pretest_S_2	Skor_Postest_S_3 - Skor_Pretest_S_3	Skor_Postest_S_4 - Skor_Pretest_S_4
Z	-4.284[b]	-4.597[b]	-2.254[b]	-3.862[b]	-2.828[b]	-2.236[b]	-1.414[b]	-1.000[b]
Asymp. Sig. (2-tailed)	.000	.000	.024	.000	.005	.025	.157	.317

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

From the table above shows that the results of the pretest and posttest for knowledge variables in activities 1, 2, 3 and 4 with the Asymp Sig. <0.05 Ho is rejected, meaning that there is a difference between the pretest and posttest on the knowledge variable. In the pretest and posttest results for the attitude variable in activities 1 and 2 with the Asymp Sig. <0.05 Ho is rejected, it means that there is a difference between the pretest and posttest on the attitude variable. Whereas in the pretest and posttest results for the attitude variable in activities 3 and 4 with the Asymp Sig. ≥ 0.05 Ho is accepted, it means that there is no difference between pretest and posttest on the attitude variable.

IV. DISCUSSION

1. Difference of Pre-Test and Post-Test Knowledge

Based on the results of data analysis, it shows that there is a difference between the knowledge before being given the material and after being given the material. This is in line with Himawaty's research in 2020 which shows that there is an increase in knowledge about providing nutritious food and the incidence of stunting in toddlers. Comparative analysis of the pre-test before the implementation of socialization and the post-test after the implementation of socialization using the Wilcoxon signed rank test, the significance of the increase in maternal knowledge was 0.005 ($p < 0.05$) with a confidence level of $\alpha = 0.05$, which means that there is a significant difference between mother's knowledge during the pre-test and post-test (28).

According to Notoatmodjo in 2010, said that one of the factors that influence a person's behavior is knowledge, because knowledge will result in changes or increased knowledge. The better the level of knowledge, the better insight or information about posyandu and mothers are also more active in posyandu activities (23). Factors that affect a person's knowledge according to Wawan and Dewi in 2010 suggest that a person's knowledge is influenced by several factors, including internal factors, education, occupation, age and external factors, environmental and socio-cultural (24).

2. Difference of Pre-Test and Post-Test Attitude

Based on the results of the data analysis, there was a difference between the attitudes before being given the material and after being given the material in activities 1 and 2. Whereas in activities 3 and 4 there was no difference between the attitudes before being given the material and after being given the material. This is in line with the research of Suryagustina et al. In 2018 that there is a difference between attitudes before (pre-test) and after (post-test) being given health education (29).

Attitude according to Notoatmodjo in 2010 is a reaction or response of someone who is still closed to a stimulus or object (25). According to Sunaryo in 2004, there are two factors that influence the formation and change of attitudes, namely internal factors that come from the individual himself and external factors that come from outside the individual in the form of stimuli to change and shape attitudes.

V. CONCLUSION

The results of the pretest and posttest for the knowledge variable in activities 1, 2, 3 and 4 with the Asymp Sig. <0.05 Ho is rejected, meaning that there is a difference between the pretest and posttest on the knowledge variable. Whereas in the pretest and posttest results for the attitude variable in activities 3 and 4 with the Asymp Sig. ≥ 0.05 Ho is accepted, it means that there is no difference between pretest and posttest on the attitude variable. There is a need for cooperation with all parties as well as providing education to mothers of toddlers about wasting and sanitation posyandu.

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