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Understanding Parenteral Behavior Changes Through Supplementary Feeding: A Small Group Discussion

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ABSTRACT

Supplementary Feeding (SF) is a program providing additional food to groups in need of nutritional supplements, especially malnourished children. For malnourished children, food provision is one way to prevent growth and developmental problems. This study aims to evaluate the effect of health education on supplementary feeding using the SGD method on parental behavior. This research method employs a pre-experimental design with a One Group Pre-Post Test approach involving 32 parent respondents with children exhibiting poor or inadequate nutrition status at the Integrated Health Post for Toddlers "Posyandu Balita". This research use Parrent Behaviour Questionnaire (PBQ). The PBQ is a 38 item self-report instrument which assesses the importance of specific parenting behaviors, this questionnaire showing a valid and reliable (Cronbach's $\alpha > 0.7$) structure. The Wilcoxon Test yielded a result of $p = 0.000021$ with a significance level of $p < 0.05$, indicating an impact on parental behavior in providing SF at the Integrated Health Post for Toddlers. Health education through the SGD method enhances parental understanding of the importance of SF consumption for toddlers. Through the SDG method, parents can share experiences and increase awareness of the importance of providing supplementary feeding, particularly to toddlers experiencing malnutrition. It is hoped that this research will encourage parents to be more proactive in meeting the nutritional needs of their children.

Keywords: supplementary feeding; small group discussion; parent behavior

INTRODUCTION

Toddler or preschool age is an important period called the Golden Age. Toddlers need optimal nutrition to grow and develop and need additional food. Parents need to pay attention to the nutritional intake of toddlers so that they grow and develop optimally. Malnutrition experienced by toddlers can be caused by parents' wrong behavior patterns (Fajriani, Aritonang, & Nasution, 2020). Behavior is an important thing that will influence every aspect of human life. Behavior is a person's specific actions in response to certain situations or circumstances. Health behavior can be influenced by a person's knowledge. Knowledge about providing additional food will influence parents' behavior in providing additional food to children (Purnamita, 2018). Providing additional food is the activity of providing food to toddlers in the form of safe and quality snacks along with other supporting activities by paying attention to aspects of food quality and safety. Based on interviews with health workers in Sukowiryo Village, data was obtained that the PMT provision program was running from October to December 2022 in 25 Community Health Centers in the Bondowoso area. However, this program has little impact on the nutritional status of children under five. Observations show that PMT which should be given to toddlers with poor nutritional status, is instead given to other children because the toddlers do not want to eat. Mothers need to gain knowledge about good food ingredients for children to maintain diversity in providing food for children. This can affect the child's nutritional status. Malnutrition can also be caused by the mother's lack of ability to apply the information obtained in daily life (Wiliyanarti, Nasrullah, Salam, & Cholic, 2022). Changing a person's behavior patterns can be done by increasing knowledge through providing education (Purwasi, 2021). One form of education that can be implemented is SGD (Muflinah, 2022).

In East Java, 15% of the population is based on weight for age (BB/U) as an indicator (Ministry of Health of the Republic of Indonesia, 2018). Bondowoso Regency is ranked 5th in East Java with a malnutrition presentation of 16.3%. The latest data states that there are approximately 308 children under five with poor or low nutritional status based on

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BB/TB as an indicator (Masriah, 2019). The Health Research and Development Agency explained that from eleven provinces, data was obtained that the PMT target is currently aimed at underweight babies (BB/TB), malnourished toddlers (BB/U), toddlers below the red line (BGM), toddlers from families who cannot afford it, and toddlers who are not gaining weight, toddlers who are twice their weight (2 T), and also normal toddlers who come to the posyandu. However, based on a survey that was conducted, it was found that the majority of PMT for toddlers were not on target, namely around 65 percent (65%). Based on compliance and acceptance of PMT, the target consumes not all PMT received. Only 32.2 percent (32.2%) of toddlers were able to finish the PMT Biscuits they received. Apart from PMT in the form of biscuits, it is not consumed by toddlers but is consumed by other family members (Hermina, 2017). Based on researchers' interviews with several mothers whose children received PMT, they stated that their children did not like this food. Therefore, these mothers chose to only give rice with meatball sauce, in the hope that the children would eat.

To increase family knowledge in order to improve children's nutrition, it has been carried out through health education at Posyandu (Borneo, 2021). Education can be done in various ways, such as through guidance and counseling, small groups such as brainstorming, snowballing, roleplay, and small discussion groups, and also large groups such as lectures and seminars (Purwasi, 2021). According to Rahmawati & Elsanti, 2020, in their research which aimed to assess the effectiveness of the lecture and SGD method on reproductive health on the level of knowledge and attitude of teenagers, it was explained that the SGD method was effective for increasing knowledge. This is in line with research entitled "The Effect of Health Education Using the SGD Method on Behavior to Prevent HIV/AIDS Transmission", where significant results were obtained (p) 0.000, which means health education using the SGD method is effective in improving knowledge about HIV/AIDS prevention (Choudhary et al., 2020). This research wants to see whether education using the Small Group Discussion (SGD) method about PMT can change the behavior of parents in feeding their children with PMT so as to help improve the welfare and health of children with malnutrition problems.

METHOD

The data was collected by inviting 6–7 mothers to participate in 5 groups for Small Group Discussion (SGD). This research uses the Parent Behaviour Questionnaire (PBQ). The PBQ is a 38-item self-report instrument that assesses the importance of specific parenting behaviors; this questionnaire shows a valid and reliable (Cronbach's $\alpha > 0.7$) structure (Sanders, 2005). Researchers held 3 data collection sessions. The first meeting focuses on providing informed consent, pre-testing parents' behavior in providing PMT and setting a schedule for the next meeting. The second session focused on providing education about PMT through SGD. Each group is invited to discuss the PMT, led by a spokesperson selected by the group. The discussion lasted for 1 hour, followed by clarification, conclusions, and determining the schedule for the next meeting. In the third session, the researcher summarized the results of the discussion from the second session and carried out a post-test regarding parental behavior in providing PMT.

RESULTS

Table 1 shows that the majority of respondents are educated up to junior high school level, with a percentage of 53.13% and a total of 17 people. 75% of parents work as housewives with a total of 24 people. 59% have an income of less than one million with a total of 19 people. 63% of the children are female with a total of 20 people. 34% of the children are aged 13-24 months with a total of 11 people. 72% of the children have poor nutritional status (wasted) with a total of 23 people.

Based on Table 2, it is shown that before the SGD education on SF, 32 parents had adequate behavior in providing PMT, with a percentage of 72%, while after the SGD education, parents had adequate behavior with a percentage of 53%. There was an improvement in parental behavior in providing SF with a good category, where before the education, the data showed 28%, and after the education, it increased to 47%.

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Table 1. Table of Characteristics of Research Respondents

Variable	Frequency	Percentage
Education		
Bachelor	1	3.13
Senior High School	14	43.75
Junior High School	17	53.13
Occupation		
Laborer	2	6
Teacher	2	6
Entrepreneur	3	6
Farmer	1	3
Housewife	24	75
Income		
< Rp 1.000.000	19	59
Rp 1.000.000 – Rp 2.500.000	10	31
Rp 2.500.000 – Rp 5.000.000	3	9
Gender		
Male	12	38
Female	20	62
Age of child in months		
6-12	5	15
13-24	11	34
25-36	8	25
37-48	4	13
49-60	4	13
Nutritional status		
Normal	6	19
Wasted	23	72
Severly wasted	3	9

Table 2. Cross-Tabulation and Analysis Test Results

Category	Small Group Discussion				Wilcoxon Test
	Pre		Post		
	Frequency	Percentage	Frequency	Percentage	
Good	9	28	15	47	p = 0.000021
Adequate	23	72	17	53	
Lacking	0	0	0	0	
Total	32	100	32	0	

DISCUSSION

Parental Behavior in Providing SF Before Intervention

Based on the research findings, almost parents have sufficient behavior in providing SF for their children, with a percentage of 72%. SF is usually aimed at children with malnutrition and aims to improve their nutritional status and health, as they are vulnerable to malnutrition. This program is often affected in developing countries where malnutrition remains a significant problem. Individuals or groups in need are assisted with supplementary foods such as milk, cereals, protein-rich foods, and supplements. These foods contain essential nutrients for the growth and development of malnourished children. However, most parents still struggle to provide supplementary feeding for their undernourished children (Suantari, Marhaeni, dan Lindayani, 2021).

In this study, the majority of respondents had an income of less than Rp.1,000,000.00, with a percentage of 59%. Financial limitations are a major component. Not all parents can afford the additional cost to purchase healthy and nutritious supplementary foods. Additionally, more than the family budget may be required to buy the required supplementary foods. Nutritious supplementary foods are usually more expensive. Compared to processed foods or foods with lower nutritional

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content, foods such as fruits, vegetables, meats, and dairy products are often more costly. Parents with financial constraints may struggle to meet these additional costs. They often have to make tough choices about fund allocation, as they need to prioritize basic needs such as rent, utilities, education, and healthcare, which can reduce the budget available for supplementary foods. Some families may experience financial instability, making it difficult to meet daily food needs (Chabibah, Khanifah, Kristiyanti, 2020).

The author assumes that the main factor why parents have children with malnutrition is financial, which affects the behavior of providing supplementary feeding to their children. Parents cannot afford to buy the required supplementary foods for their children, so they opt for cheaper foods, regardless of their nutritional value. Low income can lead to parental stress and reduce motivation to prepare healthy meals for their children. Additionally, it may reduce the ability of parents to manage the behavior of providing supplementary feeding effectively.

The behavior of parents in providing SF after education through small group discussion

The results of this study show that out of 32 respondents who received education through SGD, the majority of parents exhibited adequate behavior, with a percentage of 53%. Lawrence Green states that three factors influence an individual's health behavior. The first factor is predisposing factors, which consist of attitudes, beliefs, knowledge, beliefs, values, and norms. The second factor is an enabling factor consisting of the availability of health facilities, access to health facilities, health regulations, and health-related skills. The third factor is the strengthening factor, which consists of attitudes, beliefs, knowledge, values, and norms.

Most respondents have a junior high school education, accounting for 53.13%. Education is a predisposing factor that may influence health behavior significantly (Hasanah, 2022). According to the research by Purwasi (2021), which aimed to determine the effect of video education on knowledge levels, education may influence health behavior in a significant way. Through education, individuals acquire better health knowledge and awareness of the importance of maintaining health. Additionally, education also influences behavioral changes to healthier habits and assists individuals in making informed decisions regarding health. Education also enhances access to healthcare services and can positively impact society as a whole through the dissemination of accurate health information and community education. Overall, education plays a crucial role in improving the knowledge, awareness, and health behavior of individuals and communities as a whole, enabling the adoption of healthier lifestyles and improving quality of life, thus requiring appropriate education. This is consistent with the research by Muflinah (2022) titled "Implementation of the SGD Method in Learning for Grade 5 Students" because the education used by the researcher is SGD, which is a learning method involving small groups discussing specific topics. This method is typically used in classrooms to encourage active interaction among group members, problem-solving, collaboration, and idea exchange. By providing health education tailored to their needs and level of understanding, individuals with low education levels can learn about good health practices. In this case, the behavior of parents in providing supplementary feeding. That proves that good health education can improve the health behavior of individuals with low education levels. Although individuals with low education levels may need to be more knowledgeable or aware of their health, health education can help them make better health decisions (Purwasi, 2021).

The author assumes that education can teach individuals the knowledge and understanding needed to adopt good health behaviors. Health education through SGD can teach them about the importance of supplementary feeding. Moreover, it can also teach them essential skills needed to make appropriate health decisions. With a better understanding of their health, individuals are more likely to adopt better health behaviors. SGD enhances parental participation, thus actively engaging in discussions about the importance of providing SF to their children. They share experiences, difficulties, and approaches in providing SF. Such conversation may encourage parents to become more active and responsible in meeting their children's nutritional needs. Parents can also exchange information about good supplementary foods for their children, their benefits, and serving methods. Discussions like these can help parents deepen their understanding of nutrition and find which supplementary foods are suitable for their children. Additionally, parents can talk to other parents in similar situations. Through this interaction, parents can learn social skills to help them communicate better and gain new insights into fresh ways to overcome difficulties in providing SF to their children. Parents can also ask questions, share the myths or misunderstandings about supplementary feeding, and analyze conflicts. Discussions like these can help parents think critically about the information they receive and help them make better decisions about providing supplementary feeding to their children. The researcher argues that the results obtained in this study could have been more optimal due to disruptions such as one of the researcher's groups experiencing a disruption. Initially, there were six members per group, but the situation at the location where the education took place resulted in more participants, leading to less conducive circumstances.

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The Influence of SGD Education is Effective on Parental Behavior in Providing Supplementary Feeding

The research results from 32 respondents indicate that 15 (47%) have good supplementary feeding practices, while 17 (53%) have adequate feeding practices. With the statistical test using the Wilcoxon Signed Rank Test, the result obtained is p = 0.000021 with a significance level of p <0.05, meaning there is an influence of health education through SGD parental behavior. The research results aimed to assess the effectiveness of lecture and SGD methods on adolescent reproductive health knowledge and attitudes, revealing that the SGD method is more effective in increasing knowledge (Rahmawati & Elsanti, 2020). Similarly, the research entitled "The Effect of Health Education Using Small Group Discussion (SGD) Method on HIV/AIDS Transmission Prevention Behavior," where significant results (p) of 0.000 were obtained, indicating that health education using the SGD method is effective in increasing knowledge about HIV/AIDS prevention (Choudhary et al., 2020). According to the researchers, the small group discussion method provides information focused on solutions to help parents improve their behavior regarding the provision of supplementary feeding to their children.

CONCLUSION

The importance of mothers' knowledge about PMT can be seen in its influence on their behavior in providing PMT to their children. Lack of knowledge can lead to the provision of nutrient-deficient food, which has a negative impact on children's nutritional status. Therefore, effective educational efforts, such as through the Small Group Discussion (SGD) method, are important in increasing knowledge and influencing health-related behavior, including in the context of providing PMT to children.

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