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Analysis program in reducing the number of under – fives under red line at sarudik public health center working area

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ABSTRACT

Based on data obtained from the Public Health Center, the number of toddlers in the Sarudik Health Center is 1,201 people and there are 9 toddlers with a Weight Below the Red Line (BGM). The purpose of the study is to determine the facilities and infrastructure, human resources and the achievement of the implementation of the Puskesmas Program in Reducing the incidence of Toddlers with Weights Below the Red Line. The research method used is qualitatively with appropriate methods and adequacy. This research was conducted by means of in-depth interview methods, data collection tools in the form of recording, cameras, stationery and interview guidelines. The results of this study are the existing human resources at the Sarudik Health Center are in accordance with the standards, and the facilities and infrastructure at the Sarudik Health Center in the malnutrition prevention program are also appropriate and the implementation of care for undernourished children under five has gone well, namely by carrying out home visits and people Parents come to the posyandu, conduct counseling and counseling on toddler nutrition, and the provision of PMT has also been carried out according to what initially toddlers experience malnutrition, there are already toddlers who are improving with increased body weight than before because they are routinely monitored and monitored, especially the midwife in charge.

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INTRODUCTION

Indonesia is one of the countries with a triple burden of problems in the field of nutrition. The triple burden problem in question is calorie and protein deficiency. Micronutrient deficiency, and excess calories. The nutritional problems that are most in the spotlight are calorie and protein deficiencies as well as micronutrients, one of which is poor nutritional status (Asmaiyah, et al, 2021).

One form of undernutrition that occurs in Indonesia is body weight below the red line (BGM), i.e. the location of the point from the weighing results of toddlers is under the red line in the

graph contained in the KMS. In the status of children under five with BGM, the determination of nutritional status is based on indicators of BB/U. Toddlers under the Red Line or often also referred to as BGM Toddlers are toddlers whose body weight is indicated on the card for health (KMS) under the red line. The under-five weight under the red line (BGM) is a form of warning as confirmation and follow-up for undernourished toddlers (Endariadi, et al, 2020).

Malnutrition is a nutritional problem caused by a lack of nutritional intake both in the short and long term. The type of malnutrition problem is determined based on the type of nutrient consumed, many also have complex malnutrition problems due to 2 or more nutrients. Nutritional problems in children under 5 years old (toddlers) can have serious short-term and long-term impacts. Toddlers who are malnourished and undernourished can have an impact on morbidity even in developing countries, malnutrition is one of the factors causing child mortality (Utami, et al, 2019).

In Indonesia, for nutritional problems, according to data from the Ministry of Health of the Republic of Indonesia in 2018 through Nutrition Monitoring, it was found that the nutritional status of children aged 0-59 months in Indonesia with an index of BB/U as much as 3.90% had poor nutrition and 3.80% had malnutrition, as many as 3.50. % who have a very thin body (Indonesian Health Profile, 2018). The anthropometric index of BB/U should be classified as underweight, which is a description of the nutritional status of toddlers as measured by the actual weight index compared to the age of toddlers (W/U), a toddler with a low BW/U may experience growth problems, so it is necessary to confirmed by the BB/U index or BMI/U before intervention (Indonesian Health Profile, 2020).

The nutritional status of toddlers is an important thing that every parent must know. Malnutrition in this golden age is irreversible (cannot be recovered). Malnutrition can affect a child's brain development. Malnutrition in children under five in Indonesia seems to increase from year to year (Solikah, et al, 2017). Nutritional status has a close relationship with the incidence of infection. Children who have poor nutritional status, will be susceptible to infection because children do not have sufficient immune system. On the other hand, children who suffer from infectious diseases generally do not have enough appetite, as a result, children are malnourished and fall into poor nutritional status (Ristanti, et al, 2020).

The purpose of this study was to analyze the implementation of the Puskesmas program in reducing the incidence of toddlers with body weight below the red line in the work area of the Sarudik Health Center, Pandan District, Central Tapanuli Regency by conducting interviews with 5 Informantts. The results of the interview regarding Supplementary Feeding showed that Supplementary Foods were given once a month by the puskesmas such as milk and eggs. Sometimes it is given when there is a Posyandu or when doing a Home Visit or Door To Door (home - house) in the form of additional food as well. In this study, researchers hope that they should be able to add insight and experience and be able to provide information and contribute to health agencies to determine interventions in handling malnutrition (toddlers under the red line).

Toddler services under the red line (BGM) should be provided in an integrated and comprehensive manner in order to prevent the occurrence of repeated malnutrition and infectious diseases in children (Laurentia, et al, 2017). The problem of growth and development of Toddler Under the Red Line is still a health problem in Indonesia. This needs to be addressed because these toddlers are human resources who will be the main assets in nation building (Manggiasih Dwiayu Larasati, 2019).

RESEARCH METHOD

The Sarudik Health Center is led by Mr. Ahmad Sungadi, SKM. MKM and has attended many trainings such as Health Center Accreditation Assistance, Functional Position Assessor of Health Extension. There are also several personnel who play a role in overcoming cases of malnutrition, such as cadres at the posyandu and mothers of undernourished children under five. This is based

on the results of in-depth interviews with Informantts related to the Undernutrition Management Program, as follows:

Table 1. Interview Results Regarding People Who Play a Role in the Malnutrition Management Program

Informantt	Statement
Informant 1 Head of Sarudik Health Center	Midwife, Tpg, Cadre
Informant 2 Sarudik Health Center Nutrition Coordinator	Midwives, Tpg, Cadre and I as program holders
Informant 4 Parents Toddler	Midwives, cadres
Informant 5 Parents Toddler	There are officers from the puskesmas, cadres too

Table 2. Interview Results Regarding the Obstacles Faced

Informantt	Statement
Informant 1 Head of Sarudik Health Center	There are no real obstacles, but if funds are not available then the provision of food for undernourished people will be delayed, but currently there is none.
Informant 2 Sarudik. Health Center Nutrition Coordinator	Sometimes the vehicle is not available to carry out door to door activities, and the provision of PMT if there is no stock has to be postponed first.
Informant 3 Cadre	Sometimes what is conveyed is not necessarily implemented by the community.

The results of the interview show that human resources greatly affect the achievement in the implementation of the Prevention of Malnutrition, especially for the nutrition coordinator, midwives and cadres.

Facilities and Infrastructure in Implementing the Malnutrition Management Program at the Sarudik Health Center

The available facilities and infrastructure are very supportive for the achievement of a program. Based on interviews conducted with the informants that the facilities and infrastructure at the Sarudik Health Center are complete. Following are the results of interviews with informants:

Table 3. Interview Results Regarding Facilities and Infrastructure

Informantt	Statement
Informant 1 Head of Sarudik Health Center	The facilities and infrastructure that must be available, such as scales to measure body weight, etc., are complete
Informant 2 Sarudik Health Center Nutrition Coordinator	Already have the tools, complete.
Informant 3 Cadre	It's there, and it's complete.

The Process of Implementing the Malnutrition Case Management Program at the Sarudik Health Center

In its implementation, the activities carried out on the malnutrition program in the Sarudik Health Center Work Area, namely, malnutrition treatment, growth monitoring, counseling or counseling, and Supplementary Food Provision (PMT). Following are the results of interviews with informants:

Tabel 4. Hasil Wawancara Mengenai Perawatan Gizi Kurang

Informantt	Statement
Informant 1 Head of Sarudik Health Center	If the nutrition is lacking, if a child is found to be malnourished, it must be given PMT and monitored at least once a month for its nutritional growth. And if it is known that there are co-morbidities or additional diseases, they are referred to a pediatrician or hospital. The standard of service is in accordance with the SOP.
Informant 2 Sarudik Health Center Nutrition Coordinator	If it can still be overcome, then it will be treated at home, but if there is lack of nutrition and complications with internal diseases, it will be taken to the doctor. Apart from the puskesmas, the role of parents in their care is also very necessary.
Informant 3 Cadre	Provide counseling and PMT
Informant 4 Parents Toddler	Yes, every month there is love for PMT there is milk too
Informant 5 Parents Toddler	Someone came home to give PMT

Monitoring of undernourishment care by puskesmas is more focused on providing additional food, and monitoring door to door (to homes).

Table 5. Interview Results Regarding Growth Monitoring

Informantt	Statement
Informant 1 Head of Sarudik Health Center	Routinely monitored and monitored. And the officers already know how to weigh properly. The target is how from poor nutritional status to good. If there are no obstacles, it's just that the level of knowledge from mothers of toddlers is still lacking but they are still given counseling and education.
Informant 2 Sarudik Health Center Nutrition Coordinator	There should be an increase in body weight, because sometimes there are parents of toddlers

	who do not come to the posyandu. Especially since yesterday's corona.
Informant 3 Cadre	His growth is often monitored every month, sometimes he is told to come to the posyandu and is visited at home or door to door.
Informant 4 Parents Toddler	I don't know because I have never weighed again at the posyandu
Informant 5 Parents Toddler	Yes, usually routinely monitored by the midwife in charge.

Obstacles faced in monitoring cases of malnutrition are mothers of children under five who do not come to the posyandu or puskesmas to bring their toddlers and monitor their growth, due to reasons of working, being lazy, and some coming but being replaced by their in-laws. That's why counseling needs to be done so that toddlers can grow and no longer experience malnutrition.

Table 6. Interview Results Regarding Malnutrition Counseling

Informantt	Statement
Informant 1 Head of Sarudik Health Center	The officer who conducts counseling can actually be anyone as long as he knows about health. But at the Sarudik Health Center there is also a program to provide counseling to mothers at the posyandu, once a month and I also regularly monitor. For the target to be achieved, there must be one, which was previously low in understanding to be higher, especially for mothers.
Informant 2 Sarudik Health Center Nutrition Coordinator	Usually counseling discusses toddler food and hygiene. Counseling is done specifically only for those who are malnourished.
Informant 3 Cadre	Conduct counseling once a month either by coming home or at the posyandu.
Informant 4 Parents Toddler	There are officers from the area such as midwives.
Informant 5 Parents Toddler	There is a midwife in charge.

Routine counseling is carried out, especially for toddlers who are undernourished, usually counseling is carried out by the person in charge of the toddler, namely the midwife. Counseling is also carried out for all existing programs such as supplementary feeding for toddlers (PMT).

Table 7. Interview Results Regarding Supplementary Feeding (PMT)

Informantt	Statement
Informant 1 Head of Sarudik Health Center	Regarding the Provision of Supplementary Food, there are Midwives, Cadres, Tpg, and anyone who wants to work with the puskesmas. Suggestions if there is a family or child who is malnourished, it is recorded by the puskesmas and comes down to the field with PMT and monitored for 3 months, so that nutrition becomes better and is right on target. And so far, hopefully there have been no problems.
Informant 2 Sarudik Health Center Nutrition Coordinator	Giving pmt once a month, sometimes 3 times a month because of the problem, if there is PMT, it will be distributed if there is not, it will be postponed first.
Informant 3 Cadre	Yes, contacted by the Puskesmas to be given PMT once a month and given to those who are more entitled, such as toddlers who are underweight
Informant 4 Parents Toddler	Yesterday there was milk
Informant 5 Parents Toddler	There is given egg food

Supplementary food is given once a month by the puskesmas such as milk and eggs. Sometimes it is given when there is a Posyandu or when doing a Home Visit or Door To Door (home - house) in the form of additional food as well.

Table 8. Interview Results Regarding Mother's Knowledge About Nutritional Status of Toddlers

Informantt	Statement
Informant 1 Head of Sarudik Health Center	If we look at the field where the nutritional status of children is lacking, the average knowledge is low. The effort is, if there is a case, an educational planning program for mothers of toddlers and counseling is made so that their knowledge improves and increases and their mindset changes.
Informant 2 Sarudik Health Center Nutrition Coordinator	They become aware of the procedure for feeding toddlers.
Informant 3 Cadre	Keep informed to mothers.
Informant 4 Parents Toddler	Yes, as usual, give breakfast, lunch, dinner, sometimes snack
Informant 5 Parents Toddler	I was taught how to make PMT, but now I don't remember anymore

Table 9. Interview Results Regarding the Achievement of Supplementary Feeding

Informant	Statement
Informant 1 Head of Sarudik Health Center	It has been given evenly and is right on target.
Informant 2 Sarudik Health Center Nutrition Coordinator	It has been achieved and right on target.
Informant 3 Cadre	It has been routinely given, especially to those who are malnourished / underweight and have been adjusted too
Informant 4 Parents Toddler	Feed PMT
Informant 5 Parents Toddler	Pay more attention to eating

The provision of PMT has been given evenly and is right on target, especially to toddlers who experience cases of malnutrition.

RESULTS AND DISCUSSIONS

Malnutrition is still a public health problem. It is known globally that 149.2 million children under 5 years of age suffer from nutritional problems in 2020 and are still the cause of one third of all causes of child mortality worldwide (Adibin, et al, 2022). The growth and development of children who are not monitored are at greater risk of experiencing malnutrition. Regular growth and development monitoring is associated with better feeding practices for children, because during the process of monitoring the child's growth and development, preventive and curative health care will be provided. Mothers are the main figure in the decision to give complementary foods to their children, whether to give them at the age of 6 months, and mothers have a very important role in determining the nutritional status of children (Lestiarini, 2020). The Ministry of Health has a Healthy Nusantara program which consists of doctors, dentists, nutritionists, nurses, midwives, pharmacists, to be placed in Puskesmas for 2 years. The form of intervention for recovery from malnutrition is by providing additional food (Cacong, et al, 2021). The number of under-fives who experience malnutrition in Indonesia is 3.8% and 14% are under-fives who are undernourished (Indonesian Health Profile, 2017).

The results of the research on Human Resources are based on the Decree of the Minister of Health of the Republic of Indonesia Number 43 concerning Health Centers in 2019, every outpatient health center in urban areas has one nutritionist by default. In the Decree of the Minister of Health of the Republic of Indonesia Number 26 Challenging the Implementation of Work and Practice of Nutrition Workers in 2013, nutrition officers who can work in health services have at least a Diploma in Nutrition. In the Regulation of the Minister of Health of the Republic of Indonesia Number 23 concerning Efforts to Improve Nutrition in 2014 in article 31, every health center, inpatient clinic, health center, and hospital must have nutrition workers who have the competence and authority to provide nutrition services in accordance with the provisions of the legislation. This requirement shows that the requirements for nutritional personnel have been fulfilled at the Sarudik Health Center.

The results of the research on Facilities and Infrastructure are when viewed from the Minister of Health of the Republic of Indonesia Number 43 concerning Health Centers in 2019.

Facilities and infrastructure that must exist in Posyandu related to toddlers are baby scales, height measuring devices. If it is reviewed more deeply, the research on facilities and infrastructure at the Sarudik Health Center is complete and fulfilled. Posyandu is a form of strategic health effort, which provides public health services. One of the functions of the posyandu is as a media for promotion and monitoring the growth of children under five. A good posyandu activity can detect early malnutrition/underweight children under five in the community, so that it does not develop into an extraordinary event. Health promotion efforts can be carried out at posyandu. Health promotion efforts can increase the understanding of mothers of children under five so that they can reduce the incidence of disease in children under five (Permenkes No. 43 About Puskesmas, 2019).

The results of research on Counseling/Counseling for Toddlers For the implementation of a program it is necessary to require SOPs (Standard Operating Procedures) so that the performance and achievements of the program are clear and can be evaluated in a structured manner. In implementing a program, various activities are needed. As for what was done in the malnutrition program (toddlers under the red line) in the working area of the Sarudik Health Center, namely malnutrition treatment, growth monitoring, counseling as well as providing additional food. The provision of supplementary food to undernourished toddlers is monitored regularly, namely by measuring body weight once a month, it is hoped that the weight will increase every month and regularly conduct nutritional counseling and monitor the development and growth of the toddler. Children who were not monitored for growth were twice as likely to be undernourished (below the red line) than children who were monitored for growth. The feeding pattern applied by the mother will affect the growth and development of toddlers because malnutrition in infancy will be irreversible, so that at this time toddlers need quality food intake (Eldest, et al, 2020) . One of the monitoring sites for growth is the Posyandu, which regularly comes every month to measure the height and weight of toddlers. The level of activeness and presence of mothers in Posyandu really has a big influence on monitoring the nutritional status of toddlers. Mothers who come to the Posyandu will get the latest information about health that is useful in determining a healthy lifestyle (Pramudita, 2018).

The results of the research on Supplementary Feeding are that Supplementary feeding is a nutritional supplement program that aims to restore toddler nutrition by providing foods that contain sufficient nutrition so that the nutritional needs of patients can be met, given every day to improve nutritional status. A person's nutritional knowledge affects attitudes and behavior in choosing good, healthy and nutritious food for children. Mother's low knowledge causes a lack of information on how to choose the right food ingredients for toddlers, how to cook properly and correctly, and how to choose a menu that is suitable for toddlers, thus causing children to be malnourished due to the unfulfilled nutritional needs of toddlers (Irianti, 2018). 2018). Widyana's research results. The 2019 DKK shows that parenting is the ability of families, especially mothers or caregivers to provide time, attention, support for children so that they can grow and develop as well as possible physically, mentally and socially (Widyana, et al, 2019).

The result of research on Nutrition Services is that nutrition services in health care facilities are aimed at improving nutritional status, helping patients heal and recover. Nutrition services in health care facilities include outpatient and inpatient nutrition services.

CONCLUSION

Based on the results of research and discussion on the Analysis of the Health Center Program in Reducing the Incidence of Toddlers Below the Red Line at the Sarudik Health Center in 2022, the following conclusions can be drawn: Human resources at the Sarudik Health Center are in accordance with the standards, the facilities and infrastructure at the Sarudik Health Center in Malnutrition control programs are complete and appropriate. In the implementation of care for undernourished toddlers, it has been going well, namely by carrying out home visits and parents coming to the Posyandu, conducting counseling and counseling on toddler nutrition, and giving

PMT according to what was originally a toddler. experiencing malnutrition, there are already toddlers who are improving with increased body weight than before because they are routinely monitored and monitored, especially by the responsible midwife. less especially in toddlers who experience poor nutritional status.

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