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THE EFFECT OF PARTICIPATORY MODEL ELUCIDATION ON THE PRACTICE OF SUPPLEMENTARY FEEDING (MP-ASI) ON GROWTH STATUS IN 12-24 MONTHS OF CHILDREN IN THE WEST LOMBOK DISTRICT

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ABSTRACT

Background: *Counseling on the practice of feeding infants and children to mothers with babies 0-24 months is an educational effort that can produce community behavior to increase knowledge (Suharjo, 2003). Counseling often carried out in the community by nutrition officers and posyandu cadres about feeding practices usually uses the lecture method and question and answer discussion. However, the method above makes the target bored quickly and less interested, so the results are not optimal. Another method that can help is participatory counseling or adult learning (POD), which emphasizes that participants are directly involved and carry out two-way communication and share experiences from each participant (Kemenkes, 2015). One of these methods is the participatory extension method.*

Research Methods: *The study was carried out in the working area of the Kediri Health Center, West Lombok Regency, with 15 case groups and 15 control groups and had the same characteristics for three months, from September to November 2018. The study used a quasi-experimental method, pre-test post-test control group design. The data collected included data on characteristics, body weight, level of knowledge, and intake before and after giving participatory counseling interventions. Data analysis used an independent t-test to see the effect of participatory method counseling on children's growth status.*

Research Result: *The results showed that the education level of all respondents (100%) achieved primary education, namely Elementary School (SD) and Junior High School (SMP). The results showed that the samples' average weight gain or growth status, treatment, and control, was 0.4 Kg. There is a significant effect on the growth status of children aged 12-24 months for weight gain in both cases and controls. Both have increased. Viewed from the level of knowledge, most of the respondents have a sufficient level of expertise, and the increase in the knowledge possessed by respondents in the treatment is not better than control.*

Conclusion: *There is no effect of participatory method counseling on the level of knowledge of the case and control groups. Results counseling with participatory methods can change the eating patterns of children aged 12-24 months in the treatment group, as seen from the number, frequency, and variety of menus served by mothers of*

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	toddlers.
	Suggestion: *There needs to be a continuation of research with the same method, but the dependent variable is diet (amount, frequency, variety, and cleanliness)*

BACKGROUND

The age of 0-24 months is a period of rapid growth and development, so it is often a golden and critical period. The golden period can be realized if, during infancy and childhood, they receive adequate and appropriate nutritional intake for optimal growth and development (MOH) RI, 2010). To achieve optimal growth and development, in the Global Strategy for Infant and Young Child Feeding, the World Health Organization (WHO) recommends four essential things that must be done, namely; firstly, giving breast milk to the baby immediately after the baby is born for at least 1 hour, secondly giving only breast milk (ASI) or exclusive breastfeeding from newborn until the baby is six months old, thirdly giving complementary foods to breast milk (MP- ASI) from the age of 6 months to 24 months, and fourthly continue breastfeeding until the child is 24 months old or more (Depkes RI, 2012).

One of the government's efforts in the health sector to realize optimal growth and development of toddlers is to provide counseling to the community. Counseling on the practice of feeding infants and children to mothers with babies 0-24 months is an educational effort that can produce community behavior to increase knowledge (Suharjo, 2003). Although nutrition officers and posyandu cadres often conduct counseling in the community about feeding practices usually use the lecture method and question and answer discussion. The method above makes the target bored quickly and less interested, so the results are not optimal. Another method that can help is participatory counseling or adult learning (POD), which emphasizes that participants are directly involved and carry out two-way communication and share experiences from each participant (Kemenkes, 2015). One of these methods is the participatory extension method.

MATERIAL AND METHODS

The research was carried out in the working area of the Kediri Health Center, West Lombok Regency, with 15 case groups and 15 control groups and had the same characteristics for three months, from September - to November 2018.

The study used a quasi-experimental method, pre-test post-test control group design. The data collected included data on characteristics, body weight, level of knowledge, and intake before and after giving participatory counseling interventions.

Knowledge data processing before and after being processed by descriptively grouping the level of knowledge if good > 76%, enough 56-76% and less <56%.

Data analysis with Univariate and Bivariate, namely with independent t-test and dependent t-test for comparison with data with normal distribution, Mann-Whitney and Wilcoxon Signed Ranks Test for data with abnormal distribution, and chi-square for categorical data.

RESULTS AND DISCUSSION

Characteristics of Respondents

Respondents were mothers of children under five, consisting of mothers in the control group who received counseling using the lecture method and the treatment group with participatory method counseling with a sample of 12-24 months of age. The age range of respondents in the treatment and control groups ranged from 20-35 years, with the education level of all respondents (100%) achieving primary education, namely Elementary School (SD) and Junior High School (SMP).

Sample Characteristics

The research sample consisted of two groups: the treatment group and the control group. The treatment and control groups were a sample of children aged 12-24 months in the working area of the Kediri Health Center. Still, the space between the sample group and the treatment group was far apart to avoid exchanging information between the two groups.

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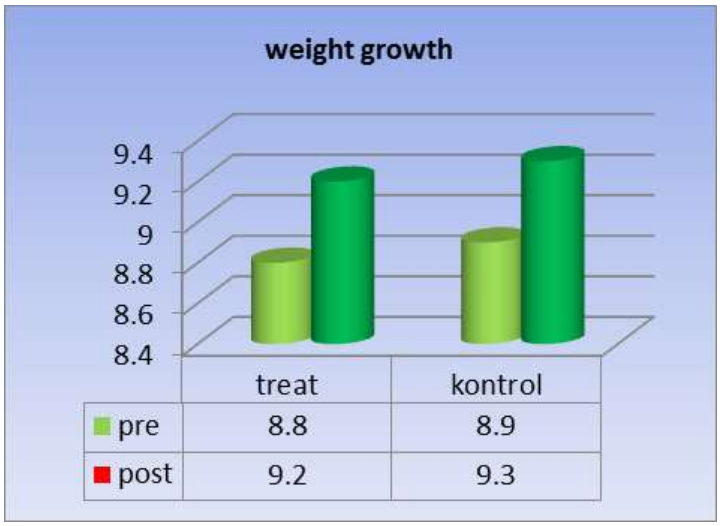
The results of the study obtained samples with gender in both treatment and control groups can be seen in the following table 1.

Table 1. Distribution of sample frequency by gender in the working area of the Kediri Health Center in 2018

Gender	Treatment		Control	
	n	%	n	%
Boy	12	40	16	53,3
Girls	18	60	14	46,7
Total	30	100	30	100

Growth Status

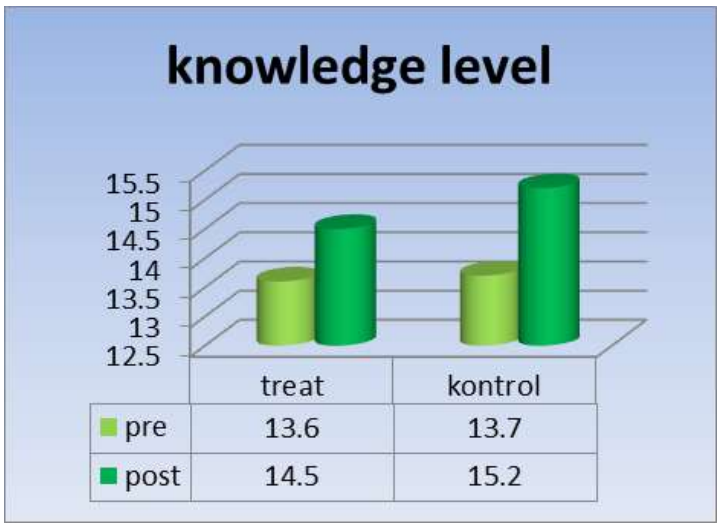
From the results of data collection on the weight of a sample of children aged 12-24 months, the average initial and final weight before being given counseling using the lecture method and after counseling using the participatory process can be seen in the following table:



The graph above shows that the average weight gain or growth status of the treatment and control samples was 0.4 Kg.

Respondent's Knowledge Level

The level of knowledge of respondents before and after treatment can be seen in the following graph:



The graph below shows that most of the respondents had a sufficient level of knowledge. However, the increase in the knowledge possessed by respondents in the treatment was not better than the control graph of the level of knowledge before and after treatment.

Results of the analysis of the effect of participatory method counseling
There was no significant effect on the level of knowledge of the respondents in the treatment group (participatory method) because p = 0.093, (p > 0.05), while in the control group (lecture method), there was an influence on the level of knowledge before and after because p = 0.002 (p = < 0,05). While on the growth status, there was an effect on the treatment group p = 0.000 (p < 0.05) and the control group p = 0.001 (p < 0.05), but there was no effect of the participatory method on growth status.

The results showed that the samples' average weight gain or growth status, both treatment and control, was 0.4 Kg. Therefore, judging from the level of knowledge, most respondents have a sufficient level of expertise, and the increase in the knowledge possessed by respondents in the treatment is not better than the control.

Knowledge results from "knowing," which occurs after people have sensed a specific object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most human knowledge is obtained through the eyes and ears. Understanding cognition is essential in shaping one's actions (over behavior) (Notoatmodjo, 2007). The higher a person's level of knowledge, the easier it will be to receive information about objects or related to learning. General knowledge can be obtained from information submitted by parents, teachers, and the mass media. The results of research support this result by Prastomo et al. in the Brangsong 02 Kendal Health Center, which stated that knowledge about MP-ASI was obtained from village midwives and nutrition implementers in the health center. Motivating mothers with counseling is one of the health workers' efforts so that the material presented will be achieved. Health education is an educational approach that produces individual/community behaviors needed to improve/maintain good nutrition (Suhardjo, 2003).

The results of this study illustrate that the knowledge gained through counseling activities with participatory methods does not affect the growth status of children under five. This means that participatory method counseling has not been able to indirectly improve the growth status of children under five in the treatment group. However, participatory counseling can improve the feeding pattern of treated children under five, including the frequency of feeding, which was previously two times to 3 times with nutritious interludes, and the amount/number of complementary feeding given, which was once modest to using an equivalent bowl. with 250 ml and a variety of food ingredients provided, which were once two types (staple food with vegetables or side dishes) to 3 to 4 classes (staple food, vegetables, side dishes of animal)

CONCLUSION
There is no effect of participatory method counseling on the level of knowledge of the case and control groups. Results counseling with participatory methods can change the eating patterns of children aged 12-24 months in the treatment group, as seen from the number, frequency, and variety of menus served by mothers of toddlers.

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