Analysis Of Preserved Foods With Nutritional Status In Pre-School Age Children At Ra Al−Hidayah Tarik Village, Sidoarjo Sub-District Year 2020

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ABSTRACT

One of the causes of and higher nutritional status of children under five is the frequent consumption of fast food. The habit of giving ready-to-eat food is probably due to the mother's ignorance of the dangers of ready-to-eat food and its implications for the nutritional status of pre-school children and lifestyle factors. The purpose of this study was to analyze ready-to-eat food with nutritional status in school-age children in Al-Hidayah kids park, Tarik Village, Tarik Sidoarjo District 2020. The method used is correlational analytic with cross sectional approach. The population is all mothers of pre-school age children in RA Al-Hidayah, Tarik Village, Tarik District, Sidoarjo Regency with a sample size of 47 respondents. The sampling technique is simple random sampling. The research instrument used a questionnaire. The results showed the Spearman Rank value is 0,000 which means there is a relationship between x and y because <0.05 Figures are free from positive values of -0.503, so it can be said the relationship between the two variables is not unidirectional. Thus it can be interpreted that the more often prepared fast food the more nutritional status. From the output above -0,503 it can be rejected that the relationship between the provision of ready-to-eat food and nutritional status is sufficient. The solution needed is information assistance delivered by health workers about ready-to-eat food and its implications for the nutritional status of pre-school children.

Keywords: Fast Food Delivery, Nutritional Status, Pre-School Children.

BACKGROUND

One of the causes of the lack and excess nutritional status of toddlers is the frequent consumption of ready-to-eat food. Today's lifestyle with high cost of living, emancipation, or for other reasons causes women as housewives to also work outside the home, so that due to limited time and busyness, and the difficulty of finding a homestay, ready-to-eat food becomes the main daily menu at home. Besides that, according to them, advertisements on TV about ready-to-eat food greatly affect their children's food tastes. These mothers also think that by giving ready-to-eat food to their children, they are also providing popular and modern food (blog.ariel hidayat.com). And the impact of frequent consumption in the short term is dizziness, sleep disturbances, nausea, vomiting, difficulty defecating due to lack of fiber, and sometimes obesity. While the long-term effects are high blood pressure, coronary heart disease, stroke, high cholesterol levels, diabetes (DM), cancer, and so on.

Based on an initial survey conducted at RA Al−Hidayah, Tarik Village, Tarik District, Sidoarjo Regency on 10 February 2020 on 10 respondents. It turned out that 6 mothers who gave ready-to-eat food were over 4 people (40%), no good weight (0%), no moderate weight (0%), 2 people underweight (20%) , bad weight does not exist (0%). Whereas 4 mothers who did not provide ready-to-eat food were not overweight (0%), 2 people had good weight (20%), 2 people had moderate weight (20%), no less weight (0%) , bad weight does not exist (0%). This shows that there are still many mothers who provide ready-to-eat food whose toddlers are in more nutritional status. Possible causes of the problems mentioned above are mother's ignorance about the dangers of fast food and its implications for the nutritional status of pre-school children and lifestyle factors. Based on the description above, the researchers planned a solution for providing information through counseling by health workers about fast food and its implications for the nutritional status of pre-school children. The purpose of this study was to analyze the provision of ready-to-eat food with nutritional status to pre-school-aged children at RA Al−Hidayah, Tarik Village, Tarik District, Sidoarjo in 2020.

METHOD

Based on the scope of this research, it is a type of quantitative research with a correlation design, namely only connecting between 2 variables. The approach taken is the Cross Sectional method. The population is all mothers of pre-school age children in RA Al−Hidayah Tarik Village, Tarik District, Sidoarjo Regency in 2020. The sample is some of the mothers of pre-school aged children in RA Al−Hidayah Tarik Village, Tarik District, Sidoarjo Regency in 2020, totaling 47 respondent. The sampling technique uses simple random sampling. The variables are the provision of ordinal scale ready-to-eat food and ordinal scale nutritional status. This research was conducted in May - June 2020 at RA Al−Hidayah Tarik Village, Tarik District, Sidoarjo Regency in 2020. The instruments used were questionnaires and observation sheets. The process of collecting data in this study was to submit a letter of introduction from the Faculty of Nursing Study Program Midwifery DIV IIK Strada to be submitted to the head of RA Al−Hidayah Tarik Village, Tarik District, Sidoarjo Regency to request permission for initial data collection. After obtaining permission, the researcher then asked for the respondent's permission to be used as a research subject to analyze the provision of ready-to-eat food with nutritional status to pre-school-age children at RA Al−Hidayah, Tarik Village, Tarik District, Sidoarjo in 2020.

In collecting data from respondents, the next step was carried out by researchers is data processing by editing, coding, scoring, tabulating, data entry and cleaning. The results of the study were tested using the Spearman rank test with an interpretation if the p value > level of significant (0.05) then the conclusion is that Ho is accepted and H1 is rejected, meaning that there is no relationship between the provision of ready-to-eat food and the nutritional status of pre-school-age children in RA Al− Hidayah of Tarik Village, Tarik District, Sidoarjo Regency in 2020. If the p value is <level of significant (0.05), the conclusion is that Ho is rejected and H1 is accepted, meaning that there is a relationship between providing ready-to-eat food and nutritional status in pre-school-aged children at RA Al− Guidance for Tarik Village, Tarik District, Sidoarjo Regency in 2020.

RESULT

A. Characteristics of Respondents

Table 1. Characteristics of respondents

Variabel	Kategori	n	%
Education	elementary school	8	17
	secondary school	22	46,8
	College	17	36,2
Profession	Work	36	76,6
	Doesn't work	11	23,4

Based on table 1, it was found that of the 42 respondents, the majority (46.8%) had secondary education, and most (76.6%) worked.

B. Providing Ready-to-Eat Food

Table 2 Frequency distribution of ready-to-eat food

No	Providing Ready-to-Eat Food	Frekuensi (f)	Persentase (%)
1	Often: if given in a week > 3 times	31	66
2	Rarely: if given 1-2 times a week	11	23,4
3	Very rare: if given 1-2 times a month	5	10,6
	Total	47	100

Sumber : Data primer penelitian 2020

Based on table 2 above, it shows that out of 47 respondents, more than half of the respondents (66%) mothers often provide ready-to-eat food, namely as many as 31 respondents.

C. Nutritional status

Table 3 Distribution of Nutritional Status

No	Nutritional status	Frekuensi (f)	Persentase (%)
1	Very Thin : < -3.0 SD	9	19,1
2	Skinny : -3.0 SD - < -2.0 SD	5	10,6
3	Normal : -2.0 SD – 2.0 SD	11	23,4
4	Fat : > 2.0 SD	22	46,8
	Total	47	100

Sumber : Data primer penelitian 2020

Based on table 3, it shows that of the 47 respondents, almost half of the respondents (46.8%) had fat nutritional status, with a total of 22 respondents.

D. The relationship between ready-to-eat food and nutritional status

Table 4 Relationship between ready-to-eat food and nutritional status

Provision Of ready meals	Status Gizi								Total	
	Very thin		Thin		Normal		Fat			
	F	%	F	%	F	%	F	%	F	%
Often: if given in a week > 3 times	5	11	1	2,2	3	6,6	22	46,2	31	65,6
Rarely: if given 1-2 times a week	2	4,4	1	2,2	8	16,4	0	0	11	23,4
Very rare: if given 1-2 times a month	2	4,4	3	6,6	0	0	0	0	5	10,6
	9	19,8	5	11	11	23	22	46,2	47	100
$\alpha = 0,05$ =0,000 < 0,05									β	

From the cross-tabulation results, it can be seen that the majority of respondents (46.2%) often provide ready-to-eat food and have a fat nutritional status. From the results of the Spearman Rank test above, it shows a p-value of 0.000, which means that there is a relationship between x and y because <0.05 The correlation coefficient above is positive, namely -0.503, so it can be said that the relationship between the two variables is not unidirectional. Thus it can be interpreted that the more often ready-to-eat food is given, the worse/fatter the nutritional status will be. From the output above - 0.503, it can be concluded that the relationship between ready-to-eat food and nutritional status is sufficient.

DISCUSSION

Based on table 2 above, it shows that out of 47 respondents, more than half of the respondents (66%) mothers often provide ready-to-eat food, namely as many as 31 respondents.

The provision of ready-to-eat food in question is the provision of types of food that are packaged, easy to serve, practical, or processed in a simple way. These foods are generally produced by the food processing industry with high technology and provide various additives to preserve and give the product a taste. Fast food is usually in the form of packaged side dishes, instant noodles, nuggets, or corn flakes as food for breakfast (www.eurokaindonesia.org.20019),

From the results of the study, most of the mothers gave fast food with frequent frequency. One of the reasons is that many working mothers provide ready-to-eat food to preschoolers for more practical reasons. Women as workers have potential and this has been proven in the world of work which is not inferior to men. As workers, the problems faced by women are more severe than men. Because women must first deal with family matters, husbands, children and matters relating to the trifles of their household. In fact, there are quite a number of women who cannot adequately address this problem, even though they have quite

high technical skills. If women are not good at balancing these dual roles, eventually the children will be abandoned (Anoraga, 2015).

From the results of research based on work, most of the respondents are working mothers. Mothers who have full time jobs and limited time which in turn causes mothers to easily provide fast food to their children.

Based on table 3 shows that of the 47 respondents, almost half of the respondents (46.8%) with nutritional status were obese, namely as many as 22 respondents.

Nutritional status is an expression of a state of balance in the form of certain variables or the manifestation of nutriture in the form of certain variables (Supariasa, et al, 2018). The nutritional status of pre-school children needs serious attention from parents, because malnutrition at this time will cause irreversible (non-reversible) damage. Short body size is one indicator of prolonged malnutrition in children. A more fatal nutritional deficiency will have an impact on brain development. Phase of rapid brain development at the age of 30 weeks 18 months. The nutritional status of preschool-age children can be determined by matching the child's age with standard weight using the WHO-NCHS guideline formula. Factors that influence nutritional status are income, knowledge, education, employment and fast food consumption.

From the cross-tabulation results, it can be seen that the majority of respondents (46.2%) often provide ready-to-eat food and have a fat nutritional status. From the results of the Spearman Rank test above, it shows that the output above shows a significance value of 0.000, which means that there is a relationship between x and y because <0.05 The correlation coefficient above is positive, namely -0.503, so it can be said that the relationship between the two variables is not unidirectional. Thus it can be interpreted that the more often ready-to-eat food is given, the worse/fatter the nutritional status will be. From the output above - 0.503, it can be concluded that the relationship between ready-to-eat food and nutritional status is sufficient.

There are five factors that influence the nutritional status of preschool children, namely family income, mother's knowledge, mother's education, mother's occupation and fast food consumption. Fast food can affect the nutritional status of preschool children, because ready-to-eat food is generally processed using high technology and provides various addictive substances to preserve food and provide a taste for these products which will give rise to undernutrition or overnutrition. Consumption of ready-to-eat food that exceeds the body's needs will cause overweight and other diseases caused by excess nutrients. Conversely, consuming more ready-to-eat food and less intake of nutritious food in the body will cause the body to become thin and susceptible to disease. Both of these conditions are equally unfavorable to the nutritional status of preschool children (Sulistyoningsih, 2011). Usually ready-to-eat food also contains high levels of fat and sugar so it will be easy for pre-school-age children to gain weight. From the results above there are still children who are very thin even though they are often given ready-to-eat food, maybe this is caused by other factors such as the presence of diseases that pre-school children suffer.

From the educational data on average secondary level education, the level of education also determines whether or not it is easy for a person to absorb and understand knowledge about nutrition in food, and most mothers provide ready-to-eat food frequently. To improve the nutritional status of children can be given nutritious food such as eating lots of vegetables, fruit, milk, fish, eggs and it would be better for mothers to cook it themselves. Efforts for health workers are to provide counseling to all mothers of preschool children.

In this study there are limitations both from the researchers themselves and matters relating to research. These limitations include the researcher being the first to conduct research and still in the learning stage so that the results of the research may be unsatisfactory, limited time so that the respondents are limited and do not represent the general population of preschool

mothers, and a lack of information on mothers of preschool children who provide ready-to-eat food.

CONCLUTION

The research above shows that out of 47 respondents, more than half of the respondents (66%) in RA Al−Hidayah Tarik Village, Tarik District, Sidoarjo Regency often provide fast food, namely as many as 31 respondents, more than half of the respondents (46.8%) with fat nutritional status as many as 22 respondents. From the cross-tabulation results, it can be seen that the majority of respondents (46.2%) often provide ready-to-eat food and have a fat nutritional status. From the results of the Spearman Rank test above, it shows a p-value of 0.000, which means that there is a relationship between x and y because <0.05 The correlation coefficient above is positive, namely -0.503, so it can be said that the relationship between the two variables is not unidirectional. Thus it can be interpreted that the more often ready-to-eat food is given, the worse/fatter the nutritional status will be. From the output above - 0.503, it can be concluded that the relationship between ready-to-eat food and nutritional status is sufficient.

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