



EFFECTS OF SUPPORTIVE THERAPY ON MOTHERS IN PROVISION OF ENERGY AND PROTEIN INTAKE TO TODDLERS WITH STUNTING RISK

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ABSTRACT

The main problem of nutrition in developing countries is nutritional problems that occur in children. The incidence of high-risk stunting that occurs in this age range is a transition period from complementary feeding where inadequate complementary feeding practices result in inadequate intake of nutrients so that they are susceptible to infectious diseases that trigger nutritional problems. This study aims to know the effect of supportive therapy to mothers in providing energy and protein food intake for toddlers with risk of stunting. The research design used a pre-experimental design (one-group pre-post test design). The total sample of 34 respondents was selected using a consecutive sampling technique. The intervention was given supportive therapy according to the stages and action sessions. The results showed that there was a change in the mean score of stunting risk management between before (43.79) and after (54.03) being given supportive therapy. The p-value = 0.000 means that there is an effect of supportive therapy on the management of stunting risk in mothers with stunting risk of toddlers. Supportive therapy is known to be effective in changing maternal behavior in managing stunting risk. Supportive therapy carried out continuously will change the mother's attitude.

Keywords: energy and protein; stunting risk; supportive therapy

INTRODUCTION

Nutrition is an important component to optimize the health of children's growth and development. Children start their eating routine during the first three years of age. Health workers have a very important role in educating parents about the importance of energy and protein intake to support the growth and development of children. Generally, eating habits and attitudes related to food are shaped by family and environmental influences. Sometimes inappropriate eating choices and attitudes will have an impact on children's health (Hockenberry et al, 2016). To optimize children's health, good nutrition means balanced nutrition. It means that the intake of nutrients must be in accordance with the body's needs. Malnutrition in children may cause the growth of brain and level of intelligence disrupted. This is due to lack of protein consumption and lack of energy obtained from food (Supariasa, 2012). Chairunisa's research (2013), shows that there is a strong positive correlation between energy and protein intake and the nutritional status of children aged 1-2 years, which means that the higher the intake of energy and protein, the better the nutritional status of children. Nutritional status is the state of the body as a result of food consumption and the use of nutrients and is an expression of a state of balance in the form of certain variables (Supariasa, 2012). Nutritional status provides an overview of the state of balance between intake and nutritional needs by the body which can be seen through physical growth, body size and anthropometry. Nutritional status is a picture of excess or lack of nutritional intake. One form of malnutrition is stunting.

Stunting is a state of malnutrition that lasts continuously and occurs over a long period of time. Children who have symptoms of stunting risk can be seen from not achieving the proper linear growth. Bryce et al (2008) suggested that stunting in infants and children resulted in a decrease in the immune system and increased the risk of infectious diseases. According to the Indonesian

Ministry of Health, lack of nutrient intake is caused by direct, indirect and basic factors. Direct causal factors are such as inadequate intake and infectious diseases, indirect factors such as insufficient food, inadequate parenting, and inadequate sanitation, clean water/basic health services. Meanwhile, the underlying causes are the economic, political and social crises including natural disasters, which affect food availability, parenting in the family and adequate health and sanitation services (Supariasa, 2012). Child development is the result of the interaction between genetic and environmental factors, both the environment before the child is born and the environment after the child is born. The number of environmental factors affect the growth and development of children, so that the life of children is still not a top priority in family life (Soetjiningsih, 2009).

The process of growth and development takes place very quickly and is said to be a golden period which if not properly nurtured will experience disturbances in emotional, social and intelligence development. To achieve optimal growth and development, adequate nutrients are needed through the provision of food that is in accordance with the level of the child's consumption ability, the right amount (quantity) and the right quality (quality). nutrition and growth. In addition to other nutrients, protein is very important during growth, especially in infants aged 0-12 months and toddlers (1-5 years). At this time the process of network formation occurs on a large scale (Supariasa, 2012).

The development of growth and development of toddlers can be optimal if parents and health workers can increase the factors that make optimal growth and development of toddlers. One of the factors that can increase the growth and development of children is reducing the susceptibility to disease. Vulnerability to disease can be reduced by providing good nutrition including breastfeeding, improving sanitation, and providing immunizations (Kemenkes RI, 2014). Education about nutrition intake for parents should be given in the early three years of a child's life. Parents are asked to always pay attention to the quality and quantity of food consumed by children by arranging a balanced and regular diet every day, according to the level of adequacy. Toddlers are very dependent on their mothers or caregivers to meet their needs (Suhardjo, 2013).

The main problem of nutrition in developing countries is nutritional problems that occur in infancy. Children aged 12-36 months are an age group that is at risk for stunting because this age range is a transitional period from complementary feeding where inadequate complementary feeding practices result in inadequate intake of nutrients so that they are susceptible to infectious diseases which trigger the incidence of nutritional problems such as stunting. Children who suffer from stunting at the age of under three years still have the opportunity to pursue growth and optimal nutrition interventions can be carried out. The prevalence of stunting under five in Indonesia based on Riskesdas (2010) is 35.6%. This prevalence rate did not experience a significant decrease, because the prevalence rate of stunting under five in Indonesia in 2013 remained high at 37.2% (Riskesdas, 2013). The results of Riskesdas 2013 show that there are still 20 provinces in Indonesia with the prevalence of children under 5 years of age being short and very short, higher than the national prevalence.

Lampung is one of the provinces in Indonesia that has a stunting prevalence rate higher than the national prevalence based on data from Riskesdas 2007, Riskesdas 2010 and Riskesdas 2013. The prevalence of stunting in children under 5 years of age in Lampung Province is 39.6% with classification namely 12,7% is classified as short and 26.9% is very short (Riskesdas, 2007). In 2010, the prevalence of short < -2SD in children under 5 years of age was 36.8%

(Riskesdas, 2010). In 2013 the prevalence of stunting was at $< -2SD$ of 41.2% (Riskesdas, 2013).

Feeding behavior is very influential on the nutritional status of children under five. Good nutritional status or optimal nutritional status occurs when the body gets enough nutrients. Undernutrition status occurs when the body lacks one or more essential nutrients (Sunita, 2009). Research conducted by Emalia (2015), concerning the Relationship of Nutritional Intake, Mother's Knowledge and Stimulation with Growth and Development of Preschool Children in Handayani Kindergarten and Teratai Kindergarten 26 ilir, Bukit Kecil District, Palembang 2014, the results showed that there was a relationship between energy intake, carbohydrate intake, vitamin A and knowledge of mothers with nutritional status of children. Meanwhile, Shafira Roshmita Diniyyah (2017) who researched Energy, Protein and Fat Intake with Malnutrition Incidence in Toddlers Aged 24-59 Months in Suci Village, Gresik, obtained the results of toddlers with good nutritional status 79.0% and undernourished toddlers 21.0%. Most toddlers have adequate levels of energy, fat and protein intake. There is a relationship between energy, protein and fat intake with the nutritional status of children under five based on the BW/U index.

Nutrition is the sole influence on a child's growth. Factors that regulate eating and food in children regarding calorie needs are relatively used widely for height and weight gain. Toddler age requires higher calorie and protein intake as a factor influencing growth rate. Adequate nutrition is closely related to good health throughout life (hockenberry et al, 2016). Supportive groups are groups of people who plan, organize and respond directly to specific issues and stresses as well as adverse circumstances. The purpose of supportive therapy is to provide support to the clients so that they are able to resolve the crisis they face by building a supportive relationship between the client and the therapist. They also aim to increase the client's strength, strengthen the client's coping skills, increase the client's ability to use coping resources, and increase the client's autonomy in decisions about treatment (Kaplan & Sadock, 2010). Masithoh's research (2014) entitled The Effect of Supportive Group Therapy on Family Burden in Caring for Mentally Impaired Children at Kaliwungu and Purwosari Special Schools, Kudus Regency showed that there were significant differences in family burden and anxiety levels before and after receiving supportive group therapy in the intervention group and no significant differences in family burden before and after supportive group therapy in the control group. This study aims to determine the effect of supportive therapy given to mothers who have toddlers at risk of stunting in the provision of calorie and protein energy intake

METHOD

Pre-Experimental (One-group pre-post test design) design was used in this study. The study population was all mothers who had children under five with nutritional status Below the Red Line in the Sukarame Public Health Center Work Area. According to the records of the MCH Medical Record at the Sukarame Public Health Center, Bandar Lampung, as many as 37 children under five were at risk of BGM. The sampling technique used was consecutive sampling with 34 mothers.

RESULTS

Toddlers at risk of stunting in this study were toddlers with impaired physical growth, height and weight. They were measured according to past measurements and recorded in the MCH book with growth chart indicators below the red line. The results of the study found that most toddlers had less energy and protein intake, namely 31.1% which can be seen in table 1.

Table 1.
 Distribution of Frequency of Toddler According to Energy and Protein Intake

Variables	f	%
Deficiency	24	26,7
Malnutrition	28	31,1
Adequate Nutrition	21	23,3
Good Nutrition	17	18,9

The results showed that the average value of stunting risk management before supportive therapy was given was 43.79 with a standard deviation of 3.043. Meanwhile, the average of Stunting Risk Management after supportive therapy was given in Sukarame Public Health Center in Bandar Lampung region was 54.03 with a standard deviation of 2.355.

Table 2.
 Effect of Supportive Therapy towards Stunting Risk Management

Stunting Risk Management	N	Mean	SD	<i>p-value</i>
Before Supportive Therapy	34	43,79	3,043	0,000
After Supportive Therapy	34	54,03	2,355	
Selisih		10,24	0,688	

Table 2 shows that there are differences in the stunting risk management between before and after supportive therapy were given. Statistical test results obtained $p\text{-value} = 0.000$ ($p\text{-value} 0.05$), meaning that there was an effect of supportive therapy on the stunting risk management in mothers who had under-five children under the Red Line.

DISCUSSION

This study measures the mothers' attitude in providing energy and protein intake to toddlers with stunting risk. Supportive therapy management is given to individual mothers with maternal conditions that meet the sample criteria. The stages of supportive therapy are planning, managing and responding directly to specific and adverse health issues and stresses. Based on this understanding, the purpose of this supportive therapy is to provide support to mothers of toddlers so that they are able to solve problems of toddlers with nutritional status under the red line by building supportive relationships between clients and therapists, increasing the strength and skills of mothers in nurturing and providing nutritional intake to toddlers under the red line.

The results showed that the average value of stunting risk management before being given supportive therapy was 43.79 with a standard deviation of 3.043. Meanwhile, the average of Stunting Risk Management after being given supportive therapy in the Sukarame Public Health Center in Bandar Lampung was 54.03 with a standard deviation of 2.355. Bivariate analysis showed that there was an effect of supportive therapy on the stunting risk management in mothers with under-five children which are under the red line. Based on the amount needed by the body, nutrients are divided into two, namely macronutrients and micronutrients. Macronutrients are nutrients that are needed in large amounts. Nutrients that belong to the macronutrient group are carbohydrates, fats, and proteins. Micronutrients are nutrients needed by the body in small or small amounts but are present in food. Nutrients that belong to the group of micronutrients are minerals and vitamins. Nutritional Adequacy Rate is the minimum amount of substances needed by a person to maintain adequate nutritional status (Sunita, 2009). Research conducted by Emalia (2015) found that on the other hand, food intake that complies with nutritional standards does not have to be expensive. There is a substitute food menu with equivalent nutritional levels, so the researcher suggests the need to socialize the provision of nutritious substitute foods so that the growth and development of toddlers is optimal for families with high socioeconomic and low socioeconomic.

In the opinion of the researcher, the results of this study indicate that supportive therapy is quite effective in changing the mother's attitude in managing the risk of stunting in toddlers. In this study, supportive therapy aims to determine the mother's attitude towards toddlers with below-the-red-line nutritional status, prevention of under-the-red-line cases in toddlers, and management of cases of toddlers with below-the-red-line nutritional status (Klingberg, et al (2010) in Surtiningrum, 2011). This supportive therapy is given to a group of clients who have the same problem, namely mothers who have toddlers with Below the Red Line (BGM) nutritional status by clarifying the problems they face so that clients are able to take advantage of their support system and express their thoughts and feelings through verbal expression.

The results of this study are in line with research conducted by Erti Ikhtiarini Dewi (2012), regarding the Effect of Supportive Group Therapy on Family Anxiety Levels in Caring for Children with Mental Requirements. The results showed that there was a change in the proportion of anxiety levels that was greater in the intervention group than in the control group. The intervention group experienced a decrease in the proportion of respondents by 50%, while in the control group, the decline was only 16.7%. So that it can be interpreted that the administration of general therapy and supportive group therapy causes a three times greater reduction in anxiety levels than only receiving general therapy.

The results of this study are in line with the theory put forward by Klingberg, et al (2010) in Surtiningrum (2011) which states that supportive therapy is used as a support for other psychotherapy in order to control non-specific elements of therapeutic contact. Psychotherapy outcomes generally consist of specific and non-specific effects. Non-specific impacts are emotional support, therapist attention, empathetic listeners, optimization of therapy application and other outcomes associated with any successful therapeutic interpersonal relationship. The main goal of supportive therapy is to reduce stress by implementing 5 principles of intervention, namely; raising self-esteem/internal support; enabling external support; advising and giving advice/direction; solving existing problems; and structuring. The results of this study are in line with research conducted by Anny Rosiana Masithoh (2014) with the title The Effect of Supportive Group Therapy on Families Burden in Caring for Mentally Disabled Children at Special Schools in Kaliwungu and Purwosari, Kudus Regency, found that there was a significant difference in the burden score in the intervention group before and after administration of supportive group therapy.

CONCLUSION

In the opinion of the researcher, the results of this study indicate that supportive therapy is very effective in changing mother's behavior in managing the risk of stunting in under-five-year-old children who are under the red line. Therefore, the researchers suggest the need for continuity in the implementation of supportive therapy in the community, especially mothers who have toddlers so that it will change the mothers' attitude in managing the risk of stunting in toddlers, so that it can change the behavior of mothers in recognizing the signs and symptoms of stunting in toddlers and encourage mothers to be active in early detection programs. toddler growth. Non-specific impacts are emotional support, therapist attention, empathetic listeners, optimization of therapy application and other outcomes associated with any successful therapeutic interpersonal relationship.

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