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FACTORS RELATING TO THE HEALTH OF CHILDREN TODDLERS IN THE WORKING AREA OF THE CIBEBER HEALTH CENTER, CIMAHI CITY

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ABSTRACT

Children under five years old are the age that determines human life for good growth and development in the future. Many factors can influence a toddler's health, such as socio-economic conditions, breastfeeding, and the mother's habits during pregnancy as mother's nutritional intake pattern, pregnancy checks and the place of delivery of the mother, as well as giving breast milk to the baby. This method is a descriptive analytical survey with a total of 96 respondents. Research results risert are 77.1% had an income of 1-5 million, 52.1% had never been sick, Obtaining p value of 0.689 > 0.05, it was concluded that there was no relationship between Family Understanding and toddler health. Correlation between exclusive breastfeeding and the health of children under five obtained a p value of 0.002 <0.05, so there is a relationship between breastfeeding and the health of children under five. Some habits of mothers during pregnancy are food restrictions 90.8%, no food restrictions, p value = 0.112, 72.9% place of prenatal examination at the midwife, p value = 0.041, place of delivery 52.1% at the midwife's practice place, p value = 0.964, and there are 70.8% of pregnant women who do not have cravings, p value = 0.711. The variable that is related to the health of children under five is the maternal examination variable during pregnancy with a value of p = 0.041. The suggestion is that pregnant women routinely check their pregnancies and provide exclusive breast milk to their babies.

Keywords: Socioeconomic, Toddlers, Exclusive Breastfeeding

INTRODUCTION

RI Presidential Regulation No. 60 of 2013 concerning Integrative Holistic Early Childhood Development (PAUD-HI) has mandated the importance of fulfilling the essential needs of early childhood as a whole which includes aspects of health, nutrition and care, education and care, as well as protection and welfare, so that children can grow and develop optimally. Furthermore, in the Presidential Regulation of the Republic of Indonesia Number 59 of 2017 concerning the Implementation of the Achievement of Sustainable Development Goals, it is emphasized that by 2030, guarantee that all girls and boys have access to early childhood development and care, care, pre-primary education quality, so that they are ready to undertake basic education.

Children under five years old are the age that determines human life for good growth and development in the future, therefore it is very important for people to pay attention to their health. Many factors can influence a toddler's health, such as socio-economic conditions, breastfeeding, and the mother's habits during pregnancy. These maternal habits include the mother's nutritional intake pattern, pregnancy checks and the place of delivery of the mother, as well as giving breast milk to the baby.

The aim of this research is to determine the factors that influence the health of children under five in the working area of the Cibeber Community Health Center, Cimahi City. These factors include the socio-economic status of the family, the culture of giving mother's breast milk to their babies, and other habits, such as the habit of mothers during pregnancy who like to crave certain foods. , choosing a place of delivery, pregnancy checks, and so on..

METHOD

This research method is descriptive analytical. This research was conducted in February 2023, in the working area of the Cibeber community health center, Cimahi city. The sample in this study was 96 mothers who had children under five in the Cibeber Community Health Center working area.

The research variables consist of independent and dependent variables, the independent variables are factors related to the health of children under five (socioeconomic, breastfeeding, and maternal habits during pregnancy consisting of: dietary restrictions, pregnancy checks, place of birth, and cravings. Meanwhile, the dependent variable is the health of children under five. The instrument used in this research was a questionnaire prepared in matrix form.

Data analysis in this research includes descriptive analysis, namely describing all the variables studied, and comparative analysis of unpaired categorical data, namely socio-economic variables and breastfeeding on the health of children under five, the analysis used is the P x K principle. If 2x2 and 2xK or outside 2x2 and 2xK do not have an expected count value <5 using the Chi Square test. If 2x2 has n expected count values <5, the Fosher's test is used, if 2xK has an expected count value <5, the Kolmogorove test is used, and if outside of 2x2 and 2xk there is an expected count value <5, cells are merged. Meanwhile, maternal habitual factors were analyzed multivariately using Logistic Regression.

RESULT

Research results regarding the characteristics (age, occupation, education, religion, ethnicity) of respondents

Table 4.1 Age Distribution of Toddlers

Variabel	mean (mounth)	Standar Deviasi	Minimum (mounth)	Maximum (mounth)
Usia	28,57	14,64	6	57

Based on table 4.1, the results of the age analysis of toddlers are obtained, namely that from 96 toddlers the average age is 28.6 months, the lowest age is 6 months and the highest is 57 months, with a standard deviation of 14.64.

Table 4.2 Frequency Distribution of Occupation, education and religion of mothers of toddlers

Variabel	n	(%)
Job		
Housewife	84	87,5
Government employes	4	4,2
Private	6	6,3
Self-Employed	2	2,1

Education		
Elementry School	8	8,3
Secondery School	21	21,9
Senior High School	54	56,3
University	13	13,5
Religi		
Islam	95	99
Kristen	1	1
Total	96	100

Based on table 4.2 above, the results of the analysis of the characteristics of mothers of toddlers regarding work, education and religion are obtained, namely that of the 96 respondents, 84 people (87.5%) were domestic workers, 6 people (6.3%) were self-employed, and 4 people (4.2%) %) as civil servants. Based on the respondents' education, 54 people (56.3%) had high school education, 21 people (21.9%) had junior high school education, 13 people (13.5%) had tertiary education, and 8 people (8.3%) had elementary school education. Based on religion, 95 people (99%) are Muslim, and 1 person (1%) is Christian.

Descriptive Analysis Results

a. Socioeconomic Level (Income) of Respondents

Table 4.3 Frequency Distribution of Respondents' Socioeconomic Level (Income).

Income	Amount	Persent
>5million	11	11,5
1-5 million	74	77.1
<5 million	11	11.5
Total	96	100.0

Based on table 4.3 above, the results of the analysis of respondents' income are obtained, namely of the 96 respondents, 74 people (77.1%) earn 1-5 million, 11 people (11.5%) earn <1 million, and people (11.5%) earn > 5 million

b. Overview of Breastfeeding

Table 4.4 Distribution of Frequency of Breastfeeding

Inclusion	Amount	Persent
No Inclusion	31	32,3
Inclusion	65	67.7
Total	96	100.0

Based on table 4.4 above, the results of the analysis of respondents' income are obtained, namely of the 96 respondents, 74 people (77.1%) earn 1-5 million, 11 people (11.5%) earn <1 million, and people (11.5%) earn > 5 million.

c. Habits during pregnancy

Table 4.5 Frequency Distribution of Caring Culture When Mothers Are Pregnant

Spesific food	Amount	Persent
nothing	87	90,8

yes	9	9.4
Place in cheking pregnant		
Dokter	20	20,8
Bidan	70	72,9
Doker dan Bidan	6	6,3
Place of Delivery		
Dokter	44	45,8
Bidan	50	52,1
Paraji	2	2,1
Ngidam		
Nothing	68	70,8
Yes	28	29,2
Berat saat Lahir		
Less	4	4,2
Normal	86	89,6
Over	6	6,3
Total	96	100

Based on table 4.5 above, the analysis results regarding dietary restrictions during pregnancy are obtained, namely that of the 96 respondents, 87 people (90.8%) had no dietary restrictions. And 7 people (9.2%) had dietary restrictions.

The results of the analysis regarding maternal prenatal examinations, namely from 96 respondents, 70 people (72.9%) were midwives, 20 people (20.8%) were obstetricians, 6 people (6.3%) were sometimes midwives and sometimes at the gynecologist.

The results of the analysis regarding the place of birth of the mother, namely of the 96 respondents, 50 people (52.1%) were midwives, 44 people (45.8%) were obstetricians, 2 people (2.1%) were in Paraji.

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The results of the analysis regarding maternal cravings, namely that of the 96 respondents, 68 people (70.8%) had no cravings, 28 people (29.2%) experienced cravings.

The results of the analysis regarding the baby's weight at birth, namely from 96 respondents, 86 people (89.6%) were normal, 6 people (6.3%) were overweight, 4 people (4.2%) were underweight.

d. Toddler Health

Table 4.6 Frequency Distribution of Toddler Health

Toddler Health

Frequent diarrhea, cough and fever	46	47,9
Never Sick	50	52,1
Total	96	100

The results of the analysis regarding the health of toddlers, namely from 96 respondents, 50 toddlers (52.1%) were never sick, and 46 toddlers (47.9%) often had illnesses such as diarrhea, coughing and fever.

Correlative Analysis Results

Socioeconomic relationship (Family Income) on the health of children under five

Table 4.7 Frequency Distribution of the Relationship between Family Income and Toddler Health.

Family Income	Toddler Health				Total		p Value
	Often sick (diarrhea, cough, fever)		Never sick				
	F	%	F	%	F	%	
>5 milion	5	45,5	6	54,5	11	100	
1-5 milion	37	50,5	37	50,0	74	100	0,689
<1 milion	4	36.4	7	63,6	11	100	
Amount	46	47,9	50	52,1	96	100	

Based on table 4.7 above, the results of the analysis of the relationship between family income and toddler health are obtained, namely that out of 96 respondents there are 74 people whose income is 1-5 million, of which 37 people (50%) under five often get sick, and 37 people (50%) under five rarely get sick.

The statistical test results obtained a p value of 0.689 > 0.05, so it was concluded that there was no relationship between family income and toddler health.

The relationship between breast milk and toddler's health

Table 4.8 Frequency Distribution of the Relationship between Breastfeeding and Toddler Health

Breast Milk	Toddler Health				Total		p Value
	Often sick (diarrhea, cough, fever)		Never sick				
	F	%	F	%	F	%	
>5 milion	5	45,5	6	54,5	11	100	
1-5 milion	37	50,5	37	50,0	74	100	0,689
<1 milion	4	36.4	7	63,6	11	100	
Jumlah	46	47,9	50	52,1	96	100	

Based on table 4.8 above, the results of the analysis of the relationship between family income and breastfeeding and toddler health are obtained, namely that out of 96 respondents there were 65 people whose babies were given exclusive breast milk, of which 41 people (63.1%) toddlers did not get sick easily, and there were 24 people (36.9%)) toddlers often experience illnesses such as fever, cough and diarrhea.

The results of statistical tests obtained a p value of 0.002 < 0.05, so it was concluded that there was a relationship between breastfeeding and the health of toddlers.

Multivariate Analysis Results:

Table 4.8 Frequency Distribution of the Relationship between maternal habits during Pregnancy (food taboo factors, place of examination, pregnancy, place of delivery, cravings), on Toddler Health (Logistic Regression).

	Variabel	Koefisien	p	OR	(IK 95%)	
					Lower	Upper
Step 1	Pant_Mak(1)	-1.832	0.103	0,160	0.018	1.451
	Tempt_Pem(1)	0.645	0.598	1,905	0.174	20.921
	Peno_Keham(1)	21.605	0. 711	947	0.000	.
	Ngidam_Bumil(1)	0.185	0. 999	1,204	0.451	3.211
	Constant	-21.242	0.999	0,000		
Step 2	Pant_Mak(1)	-1.771	0.112	0,170	0.019	1.509
	Tempt_Pem(1)	0.645	0.597	1,906	0.174	20.887
	Peno_Keham(1)	21.619	0.711	894	0.000	.
	Constant	-21.162	0.999	0,000		
Step 3	Pant_Mak(1)	-1.439	0.112	0,237	0.040	1.400
	Tempt_Pem(1)	1.251	0.316	3,495	0.303	40.354
	Constant	-0.508	0.695	0,602		

Based on table 4.8 above, the results of the multivariate analysis of caring culture variables during pregnancy which are related to the health of toddlers are obtained, namely of the four variables after not including the p value, the first largest is the craving habit variable (0.999), and the second largest variable value is the place of birth variable. (0.999). The remaining two variables are low, namely the food taboo variable and the place where the mother is checked for pregnancy, with the resulting p value of the variable where the pregnancy check is taken at 0.316, and the p value of the food taboo variable is 0.112. The p value of these two variables is greater than 0.05, so it can be concluded that there is no relationship between dietary restrictions or the location of pregnant women's health checks with the health of toddlers

DISCUSSION

Health of Children Under Five

Milk is not only important for babies under one year old, but until they are toddlers to support children's development. When a child turns 1 year old, there are more types of formula milk available with different flavors. How do you choose formula milk for toddlers and can your little one only drink milk without eating for one day? The following is a complete explanation about milk for toddlers aged 1-5 years.

For the health of toddlers, it is necessary to consider that at the age of one year they can no longer rely on fat intake from breast milk to support their growth and development. This means that children begin to need additional fat intake from outside, one of which is from milk - both cow's milk and low-fat.

The results of the analysis regarding the health of toddlers, namely from 96 respondents, 50 toddlers (52.1%) never got sick, and 46 toddlers (47.9%) often got sick such as diarrhea, coughing and fever. This condition is in line with the attention of mothers of toddlers to their children, providing good nutrition to their children, routinely providing immunizations to their babies, and routinely checking their baby's development at the posyandu.

Socioeconomic Relationship (Family Income) On The Health Of Children Under Five

Based on table above, the results of the analysis of the relationship between family income and toddler health are obtained, namely that out of 96 respondents there are 74 people whose income is 1-5 million, of which 37 people (50%) under five often get sick, and 37 people (50%) under five rarely get sick. The statistical test results obtained a p value of 0.689 > 0.05, so it was concluded that there was no relationship between family income and toddler health. Family income can be a determining factor in family health, because with a high or sufficient income it is possible to have the ability to meet family needs, including fulfilling family nutrition. Research shows that there is no relationship between family income and toddler health, so there are factors other than family opinion, for example knowledge about child nutrition and growth, family cultural factors, or other factors...

The relationship between breast milk and toddler's health

The benefits of exclusive breastfeeding are in line with one of the goals of the Millennium Development Goals (MDGs), namely reducing child mortality rates and improving maternal health. WHO states that around 15% of the total deaths of children under the age of five in developing countries are caused by non-exclusive breastfeeding. Various problems of undernutrition and overnutrition also arise as a result of giving food before the baby is 6 months old. Children who do not have enough breast milk will have their growth and development process disrupted. 2

The research results were quoted from the MEDIKA ALKHAIRAAT Journal: JOURNAL OF MEDICINE AND HEALTH RESEARCH 3(3): 94-98 e-ISSN: 2656-7822, p-ISSN: 2657-179X, showing that (1) The research results which were in the doubtful category were obtained. Appropriate development was more common in babies who were given exclusive breast milk than those who were not given exclusive breast milk (80 vs 60). Deviant development was found more in babies who were not given exclusive breast milk than those who were given exclusive breast milk (18 vs 1). The p value was obtained < 0.05, namely 0.00, so that exclusive breastfeeding is related to development (2) Of the five studies that did not have a doubtful category, appropriate development was found more often in babies who were given exclusive breast milk than those who were not given exclusive breast milk (172 vs149). Deviant development was found more in babies who were not given exclusive breast milk than those who were given exclusive breast milk (11 vs72). This research shows a p value <0.05, namely 0.001, so it can be said that there is an interrelationship between exclusive breastfeeding and baby development. It was concluded that there is a significant and meaningful relationship between exclusive breastfeeding and infant development in Indonesia The results of the research above agree with the results of this research as shown in table 4.8, namely that the results of the analysis of the relationship between family income and breastfeeding and toddler health were obtained, namely a p value of 0.002 < 0.05, so it was concluded that there was a relationship between breastfeeding and toddler health.

Results of factor analysis of maternal habits during pregnancy:

The Relationship between the Culture of Caring for Mothers During Pregnancy and Children's Health

Based on table 4.8 above, the results of the multivariate analysis of caring culture variables during pregnancy which are related to the health of toddlers are obtained, namely of the four variables after not including the p value, the first largest is the craving habit variable (0.999), and the second largest variable value is the place of birth variable. (0.999). The remaining two variables are low, namely the food taboo variable and the place where the mother

is checked for pregnancy, with the resulting p value of the variable where the pregnancy check is taken at 0.316, and the p value of the food taboo variable is 0.112. The p value of these two variables is greater than 0.05, so it can be concluded that there is no relationship between dietary restrictions or the location of pregnant women's health checks with the health of toddlers.

The four variables of maternal caring culture when pregnant women in this study are the mother's food intake during pregnancy, the mother's pregnancy check-up, the place where the mother chooses to give birth, and the mother's cravings during pregnancy. Of these four variables, a mutivariate analysis was carried out on the baby's health. The test used was multiple correlation with the result that the variable cravings during pregnancy had the highest correlation value so it was excluded from modeling. The next step is to look at the probability value in the second model. The highest value is the variable where the mother helps with childbirth, which is p=0.711, so it is removed from the second model. related to the baby's health, namely the variable abstinence from eating, abstinence from eating, with a p value of 0.112. From the description above, the food intake of pregnant women is a variable that really determines the health of the baby they are born with. The further development of the baby is determined by the factor of the mother's exclusive breastfeeding.

CONCLUSIONS AND SUGGESTIONS

Obtained the results of the analysis of respondents' income, namely from 96 respondents, 74 people (77.1%) had an income of 1-5 million

The results of the analysis of exclusive breastfeeding were obtained, namely that of the 96 respondents, the majority, namely 65 people (67.7%) provided exclusive breastfeeding.

Analysis results were obtained regarding maternal habits during pregnancy, namely abstinence from eating during pregnancy, namely from 96 respondents, as many as 87 people (90.8%) had no dietary restrictions, maternal prenatal examinations, namely from 96 respondents, as many as 70 people (72 .9%) in midwives, where the mother gave birth, namely from 96 respondents, as many as 50 people (52.1%) in midwives, regarding maternal cravings, namely from 96 respondents, as many as 68 people (70.8%) did not have cravings, regarding The weight of the baby at birth, of the 96 respondents, 86 people (89.6%) were normal.

Analysis results regarding the health of toddlers, namely that out of 96 respondents, 50 toddlers (52.1%) have never been sick

The results of statistical tests obtained a p value of 0.689 > 0.05, so it was concluded that there was no relationship between family income and toddler health.

The results of statistical tests obtained a p value of 0.002 <0.05, so it was concluded that there was a relationship between breastfeeding and the health of toddlers.

Of the four variables after not including them, the first largest p value is the craving habit variable (0.999), and the second largest variable value is the place of birth variable (0.999). The remaining two variables are low, namely the food taboo variable and the place where the mother is checked for pregnancy, with the resulting p value of the variable where the pregnancy check is taken as 0.316, and the p value of the abstinence to eat variable is 0.112. The p value of these two variables is greater than 0.05, so it can be concluded that there is no relationship between dietary restrictions or the location of pregnant women's health checks with the health of toddlers.

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