

Patients Satisfaction Analysis of Nutrition Service Program with Quantitative and Qualitative Method at Puskesmas Sukarami Palembang 2015

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Abstract: *This research have purpose to determine patients satisfaction of nutrition service program (ASI Exclusive, MPASI, and recovery PMT) at posyandu sukarami Palembang 2015. This research used quantitative method addressed to Head of the Health Department, Lead Puskesmas and Nutritionist as interviewees for variable investigated. The subjects of this research were posyandu puskesmas sukarami. Data analysis of this research using Chi-square and T-Test to determine the relationship between patient's satisfaction and nutrition service program ASI exclusive, MPASI, and recovery PMT. There is significant relationship between ASI exclusive and service program of ASI exclusive at 10 posyandu puskesmas sukarami with p value 0,001. There is significant relationship between the footstep of MPASI and MPASI program with p value 0,000. There is significant relationship between changes in body weight of children 6-57 months and recovery PMT program with p value and uji T- test of 0,000. There is relationship among presence, care, and health personnel appearance with patient's satisfaction in service program of ASI exclusive with p value (0,000, 0,000, 0,000). There is relationship among presence, care and health personnel appearance with patient's satisfaction in service program of MPASI with p value (-, -, 0,021, 0,008). There is relationship between patients satisfaction and reliability of medical personnel to service program of MPASI with p value (0,000).*

Keywords: ASI exclusive, MPASI, PMTP, MPASI Biscuit dan Instan Pour, Family Food

1. Preliminary

The management of nutrition programs at the health center is one component of development which is part of the increased health care status. There are three components that are interrelated with an overview of the development of the city and county level, namely the status of development and kelangsungan life, health status and the status of health services. (Sogianto Benny, 2007).

Status of health services consists of coverage of health service management program including nutrition improvement program, which is also a program of activities as well as the health center health infrastructure. City Health Department set up a nutrition program at the health center level includes program management measures.

Prevalence of events relating to nutrition programs including malnutrition in 2013 amounted to 5.7%, malnutrition by 13, 9%. Exclusive breastfeeding with no history of food and drink at the age of 0-6 months amounted to 32.3%.

The reason most giving solid foods in infants aged > 6 months is due to the mother's concern that the baby food shortages due to declining quality of breast milk (Rahmawati, 2015).

Frequency of solids at least 3 times a day to meet nutritional needs. While implementation is the increase in BB infants and children 6 months - 23 months of men and women of \pm 267-300 grams. While the selection of groceries, how to manufacture and mode of administration

per day noted also that the nutritional adequacy are met. (MoH RI 2013).

Generally PMT Recovery Award aims to improve the state of nutrition at vulnerable groups who suffer from malnutrition which give foods high in energy and protein enough vitamins and minerals in order to achieve optimal nutritional status gradually. PMT recovery among children fed infants 6 months while the family s / d baduta given instant porridge and biscuits. PMT Recovery Program is given to children who are underweight do not ride the scales are 2-3 times in a row on weighing in Posyandu. While BB in KMS below the red line.

Satisfaction of program participants to improve nutrition in the health center visits of reliability, care and attention of medical personnel, assurance of nutrition programs, the real appearance when the health worker explained.

2. Research Purpose

General:

To determine patient satisfaction with care nutrition program (exclusive breast feeding, solids, and PMT Recovery) in the IHC Health Center Sukarami 2015.

Lodging:

1. To investigate the implementation of a program providing exclusive breastfeeding infants 0-6 months.
2. To examine the implementation of children 6-24 months Giving solid foods.
3. To investigate the implementation of PMT recovery in infants in poor families.
4. To determine patient satisfaction of nutritional program

services of:

- reliability officer
- responsiveness officer
- confidence officer
- attention officers
- Appearance officer

3. Materials and Methods

Research design

This study uses two (2) methods: qualitative and quantitative methods. Research by qualitative methods using interviews (depth interview) and FGD (Focus Group Discussin) aims to seek information from nutrition programs in community services and programs form set by the government. While research with quantitative methods with a variable type of observational study using questionnaires that had been prepared previously, with cross sectional design of data collection once gus at the same time. Accidental sampling technique sampling at varying population, different heterogeneous character and obtained a sample of 114 people with accidental sampling formula.

According to (Prasetyo, the Supreme 2008) 27 Number of samples using accidental sampling formula as follows:

$$n = \left[\frac{Z_{1/2,0.05}}{0.20} \right]^2$$

$$n = \left[\frac{1.96}{0.20} \right]^2$$

$$n = 96,04$$

$$n = 100 + 10-15 \% = 114$$

Information :

E = 0,20 (error of estimate)

$\alpha = 0,05$

Z $\frac{1}{2}$ = Normal distribution table sample

Population

The population in this study are mothers who have infants and toddlers who visited the area Puskesmas Posyandu Sukarami. Location research conducted by purposive based on criteria of the highest number of visits to the Posyandu active regularly come to Posyandu.

Samples

The sample was posyandu as the unit of analysis, while respondents used is mother mempuyai infants and young children on the grounds that the mother is the mother who take part in the five (5) table and know the nutrition programs that have been established by the Government of the information / counseling in Posyandu.

Respondents Inklunsi criteria:

- Mothers with babies 0-6 months
- Mothers with infants and children 6-23 months
- Mothers with toddlers 24-59 months
- Having KMS with regular visits

Exclusion criteria Respondents:

- Mothers with infants who are not breastfedExclusive
- Mothers with baduta and toddlers who are not regularly

visited in posyandu

- Mothers with baduta and toddlers who do not have a KMS is not a routine visit
- Respondents were outside the area of Puskesmas Posyandu Sukarami.

Data collection technique

Sampling was done by random sampling as a test site of 18 Posyandu, obtained 10 posyandu namely:

No.	Posyandu	Date Each Month
1	Melati I	3
2	Setra	5
3	PKM	7
4	Nusa Indah	12
5	Lestari II	13
6	H. Bunda	15
7	Lestari I	16
8	Bari	20
9	Mawar	21
10	Mutiara	23

Development Instrument

To determine the increase Asi Exclusive Award in infants aged 0-6 months, solid foods for babies and children aged 6-24 months (baduta), giving a recovery in infants PMT questionnaire used instruments. As for knowing the qualitative data from informants conducted in-depth interviews, FGD (Focus Group Discussin) and use the instrument in-depth interviews or indeep Question, tape recorders, mobile phones and photo.

Mechanical Analysis

Qualitative Data

Data is presented in a descriptive qualitative interviews with three kinds of informants respondents, labor health center nutrition and nutritional power Palembang City Health Department.

Quantitative Data

a. univariate analysis

Conducted in a frequency distribution table presentation and graphics images nutrition program service satisfaction to the patient.

b. bivariate analysis

To determine the relationship of respondent satisfaction with services 3 nutrition program (exclusive breastfeeding, solids, and PMTP) made table cross between each independent variable (the level of knowledge of mothers on exclusive breastfeeding, the level of knowledge of solids and the level of mothers' knowledge of PMTP) with the dependent variable (seen from the respondent satisfaction officers reliability, responsiveness, the assurance, attention and appearance) with Chi Square test calculations and tests T-test.

Phase data processing is done after the primary and secondary data collection in accordance with the editing, power entry, tabulation, the data pengolaha univariate and bivariate of independent variables and the dependent.

The next stage is the analysis of the data processed until the resulting conclusions and recommendations of the study.

4. Results And Discussion Qualitative

The next research phase took up the whole of qualitative data on October 7, 2015 interviews were conducted with information on the Head of Puskesmas Sukarami drg. H. Purnamawati health centers and nutrition officer Maryani, SKM.

The question "how many times do the monitoring on 3 nutrition programs to help budget for infants or children who are thin body weight?"

Answer: 3 times in a row, generally BB ride. Granted Milk, sugar, vegetable oil at PMTP = solid foods: biscuits and porridge, vanilla 30 pack / 1 box. Given 3 times with the invite to the health center or IHC to calculate W / A and W / H. As in posyandu given counseling on family meals, assisted by a cadre of similarly in weighing BB bb so that there are changes each month. But the nutritional health center officer must exercise control over again. Toddlers who have been given PMTP form of biscuit, biscuit dikosumsi properly if there will be increase in BB for the biscuit dense nutrition 400 kcal, 9 vitamins and 7 minerals.

Interview with nutrition officer of Palembang City Health Department on October 30, 2015. The interview using a list of open questions.

The question "What exactly is meant Program solids in Puskesmas / Posyandu in Palembang?"

Answer: guided by SK Menkes No. 224 / Menkes / SK / II / 2007 on technical specifications Complementary feeding decide technical specifications Complementary feeding or solids there are two (2) kinds in the form of instant powder and raw materials MPASI biscuit. What is meant by MPASI Instant Powder is given to infants aged 6-12 months is made from a mixture of rice or brown rice, green beans or soy, milk, sugar, vegetable oil fortified with vitamins and minerals as well as coupled with the flavor and aroma (flavor). While solids biscuits for children aged 12-24 months margarine made from a mixture of flour, sugar, milk, soy lecithin, salt, bicarbonate and enriched with vitamins, minerals and added flavor and aroma (flavor). Sugar is used in the form of sucrose, or sukrosa or glucose syrup or honey.

Exclusive breastfeeding

A total of 40 mothers having babies 0-6 months has given milk to infants exclusively respectively.

Question no. 1: what is the definition of exclusive breastfeeding by the mother? dated October 5, 2015.

Answer Mrs. Vera origin IHC Setra Date October 5, 2015: the milk given to infants aged 0-6 months without giving any other food or beverages.

MPASI

The program is aimed at mothers with babies and children aged 6-23 months were 62 people in general all mothers have to know the stages of giving complementary foods are foods creamed + ASI. Have some questions about the program MPASI addressed to mothers in posyandu.

Question No. 1 whether the mother had heard MPASI program? Categories of any kind? How many times a given?

Mother Ririn posyandu Nusa Indah Date October 12, 2015, Answers: complementary foods (solids) which stages the food creamed + ASI given 2 times. The rest were breastfed 2 times (afternoon and evening).

PMT Recovery

The results of interviews with respondents who take the program PMTP many as 12 people show there are still many who do not know PMT Recovery Program. As an answer of the question with the mother Nova, IHC Lestari II Date October 13, 2015.

Question: Did you ever hear PMTP Program at Public Health Center Program PMTP Sukarami?

Mother Nova in IHC Lestari II Date October 13, 2015

Answer: Never, known only posyandu participants who attend the program. Nova own mother child aged 4 years and 9 months with a BB / U 12.5 Kg participated in the program.

5. Results and Discussion Quantitative

Respondents exclusive breastfeeding program that comes in 10 Puskesmas Posyandu Sukarami amounted to 42 people only two people who did not receive exclusive breastfeeding for anyone working as an employee of the Bank and also ailing. Exclusive breastfeeding so that 40 infants aged 0-6 months (95.24%). There is a relationship between exclusive breastfeeding with the service program

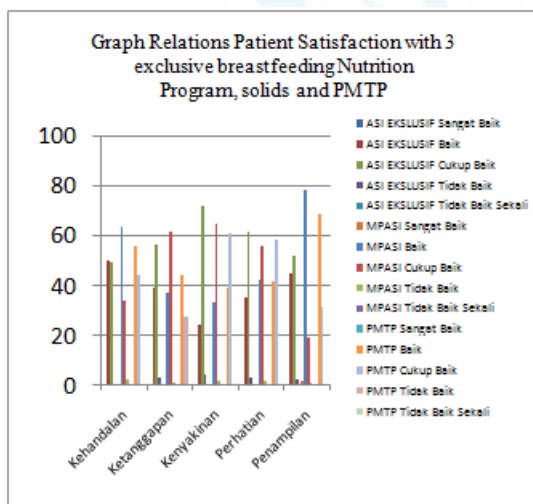
from the calculation of Chi Square with P Value of 0,001. Hal is in line with research Suryani 2004 that patients will follow the program as a result of the good service because it will generate patient adherence to pogram. Because it is the system that can be expedited services synergistically by the patient's needs.

Knowledge about the stages of solids of 62 mothers giving knowledge acquired as many as 51 people (82.26%) obtained a good knowledge. While that is not good for 6 people (9, 68%) while only breastfed by 5 votes (8.06%).

Solids weight gain in the riding range 100-200 grams numbered 21 people (33.87%), whereas weight gain ranges from 300-1000 grams was 23 people (37.09%), in this program there are also weight has not increased that is numbered 12 people (19.35%) even got the weight loss in to 100-2000 grams numbered 6 (9.67%).

Age of the children was a period of growth and development are very important and are vulnerable to malnutrition. Riskesdas 2010 showed stunting of 17.9%, to overcome these problems need to be held supplementary feeding recovery (PMTP).

For children aged 6-59 months PMTP referred to as a food supplement and not as a substitute main meals daily. PMTP is based on local food with typical regional menu adapted to local conditions. PMTP of research data, there are 12 children aged 6-59 months from 10 Posyandu, PMTP using budget Operational Support Health (BOK). In this research, the change in weight 7 children, 3 other people do not have the weight and the last two children experiencing weight loss.



Graph Posyandu participant satisfaction on exclusive breastfeeding nutrition program services from the graph:

- Reliability:
 - Good as many as 20 people (50%),
 - Pretty good many as 19 people (49.18%)
 - Not good as one person (0.83%).
- Responsiveness:
 - Good as many as 16 people (39.18%),
 - Good enough as many as 20 people (56.68%)
 - Not good by 1 person (4.24%).

- the assurance:
 - Good as many as 10 people (24.18%).
 - Good enough as many as 28 people (71.67)
 - Not good by 1 person (4.18%).
- Caution:
 - Good as many as 14 people (35%).
 - Good enough as many as 25 people (61.68%)
 - Not good as many as 10 people (3.33%)
- The appearance of the officer:
 - Excellently by 1 person (0.63%)
 - Neither a total of 18 participants (45%)
 - Good enough as many as 20 people (51.88%)
 - Not good by 1 person (2,5%)

From the graph satisfaction of mothers on exclusive breastfeeding program variables obtained the assurance of respondents to the service as much as 71.67% and breastfeeding relationship with the service program calculation results Chi Square with P Value 0.001. This may imply that the Regulation No. 2 in 2014 was successful and mothers can apply exclusive breastfeeding for the baby because it is a crucial time (Golden period) as said Arifin, 2004.

Patient satisfaction in the service of solid foods (refined and program) from the graph above:

- Reliability:
 - Good as many as 39 people (63.44%)
 - Pretty good as much as 21 participants (33.87%).
 - Not good by 1 person (2.69%)
- Responsiveness
 - Good as many as 23 people (37.1%),
 - Pretty good 38 people (61,82%)
 - Not good 1 (1.08%)
- the assurance
 - Good as many as 21 people (33.34%),
 - Good enough as many as 40 people (64.52%)
 - Not good by 1 person (2.15%).
- Attention
 - Good 26 states (42.47%),
 - Pretty good many as 35 people (55.92%)
 - Not good as many as 10 people (1.61%).
- Appearance
 - Excellently by 1 person (1.61%),
 - Good 48 (78.23%)
 - Pretty good A total of 12 people (18.95%)
 - Not good by 1 person (1.21%).

From half a nutrient needs are met AKG breastfeeding outcomes 6-12 months. This is intended to meet the needs of nutrients in solid foods can be met by providing the correct solids. Especially in children solids-based local groceries and basic menu variation, the frequency of miimal 3 times / day. (MOH, 2011-Counseling solids). While in children 12-24 months of age can be 1/3 of RDA nutrients and filled the rest of the administration so that the solids weight gain of at least 300 gr met. (Ministry of Health, 2013)

Patient satisfaction with service personnel on Recovery Supplemental Feeding Program (PMTP) can be seen from the graph above:

- Reliability:
 - Good as many as seven participants (55.8%)
 - Pretty good by 5 participants (44.42%)
- Responsiveness:
 - Good as 6 participants (44.50%),
 - Good enough for 3 people (27.75%)
 - Not good for 3 people (27.75%).
- On the assurance:
 - Neither of 4 people (38.92%)
 - Pretty good as much as 8 participants (61.08%).
- Attention
 - Good 5 people (41.67%) good
 - Pretty good by 7 participants (58.33%).
- Appearance
 - Good 8 people (68.75%)
 - Pretty good as much as 4 participants (31.26%).

There is a relationship of patient satisfaction with the service program exclusive breastfeeding of variables:

- Increased reliability associated with exclusive breastfeeding program with P Value 0.001.
- The assurance officer with the service program exclusive breastfeeding with P Value 0.000.
- Attention to service personnel exclusive breastfeeding program with P Value 0.000.
- The appearance of the officer with the service program exclusive breastfeeding with P Value 0.000.

There is a significant relationship between patient satisfaction with program services MPASI of variables:

- Attention to patients in care attendant program MPASI with P Value 0.021.
- The appearance of the officer to services MPASI program with P Value 0.008.

There is a significant correlation between reliability program officer with the ministry PMTP with P Value 0.000.

6. Conclusion

From our study titled Analysis of Patient Satisfaction Of Service Nutrition Program With Qualitative and Quantitative Approaches In Puskesmas Sukarami Palembang in 2015 to the conclusion there were 40 people (95.24%) are mothers who leave the exclusive breastfeeding for infants 0-6 months at 10 posyandu PHC Sukarami. There is a significant association between breastfeeding Exclusive breastfeeding program with exclusive services in 10 health centers posyandu Sukarami with P Value 0.001.

There is a relationship of patient satisfaction with the service program exclusive breastfeeding of variable reliability associated with the program exclusive breastfeeding with P Value 0.001, the assurance officer with the service program exclusive breastfeeding with P Value 0.000, Attention officers to service program exclusive breastfeeding with P Value 0,000, Appearance officers to service Exclusive breastfeeding program with P Value 0.000, Responsiveness officers to service program

exclusive breastfeeding was not associated with P Value 0.295.

There are 62 respondents who receive services MPASI program in 10 Puskesmas Posyandu Sukarami with 56 states stages MPASI Award for children aged 6-24 months with the correct phase (90.24%).

There is a significant relationship between the provision of program services solids with solids with P Value 0.000. There are 21 children (33.87%) who gain weight in the range of 100-200 g / month to service MPASI program. There are 23 children (37.09%) who gain weight in the range 300-1000 grams to service MPASI program. It can motivate mothers or officers to improve child bb changes in order to achieve the increase of at least 300 grams / month. (Community Nutrition 2013) .Terdapat 12 children (19.35%) who did not gain weight on program services MPASI.Terdapat 6 children (9.67%) who lost weight 100-2000 grams to service MPASI program.

There is a significant relationship between patient satisfaction with program services MPASI of variables: attention attendant to patients in the program services solids with P Value 0,021, Appearance officers to service MPASI program with P Value 0.008.

There are 12 children (100%) aged 6-57 months receive services PMTP program of Puskesmas Posyandu 5 Sukarami. There is a significant relationship between changes in body weight of children 6-57 months with program services PMTP with P Value to test the T-Test 0,000.

There is a significant correlation between reliability program officer with the ministry PMTP with P Value 0.000.

From the T-Test test calculation results obtained change weighing on the weighing program participants PMTP BB1 and BB2 are mean and SD 8.7250 into 8.9167 2.79735 2.73958 become of P Value 0.000. This is in line with research widawarta, 2013 in Semarang City Health Office there is a difference before and after PMTP with significant increases in the T-Test pervariabel test sample.

7. Suggestion

From the results of observational data, data processing and analysis, the researchers gave advice on nutrition manager informants in order to return to SK Menkes No. 224 / Menkes / MK / II / 2007 in terms of service delivery program MPASI biscuits are only given to children aged 12-24 months, so that the service personnel at 3 nutrition program (exclusive breastfeeding, solids and PMTP) the better (not normal) can be reached by improving the quality of services that are superior, to overcome that counseling and other activities more optimal nutrition can work together with the Institute for nutrition Education that nutritional information known to the respondents in each neighborhood health center opening hours.

Suggestions to the respondent to provide a solids-based processed food ingredients locally with appropriate frequency recommended by the MOH to 3-5 times so that the child's weight can be increased at least 300 grams / month, the volume of solids berbasis local foodstuffs should be administered as directed by the Department of Health: Age 6 months (feeding pulverized 2-3 tablespoons per 1 meal. Give these foods at least 3 times the rest can be given up to 5 times. Breast milk is still given), aged 7-8 months (ie increased food creamed given half a cup or 125 cc per time eat. The frequency of administration is at least 3 times the rest can be given up to 5 times. Breast milk is still given), aged 9-11 months (given food lembik half cup or 125 cc per meal. The frequency of administration is at least 3 times the rest can be given up to 5 times . Breast milk is still given. given also snack 2 times a day), aged 12-24 bln (given the family food 3 times (morning, afternoon, evening), $\frac{3}{4}$ cup of rice or other carbohydrates as a substitute for rice (1 meal), 35 gr / substitutes such as chicken, eggs, meat (1 meal), 25 gr tempe / other nuts as a substitute for (1 meal), Vegetables $\frac{1}{2}$ cup (1 meal), 1 piece of fruit (one meal), and Distraction 2 times / day.

Advice to the DHO Kota Palembang to conduct more intensive supervision, especially at 3 nutrition program for the children to the next generation has a weight according to the nutritional standards in order to obtain optimal health.

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