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The Effect of Providing Additional Food (PMT) Local Food on the Nutritional Status of Toddlers Age 12-59 Months in Work Area Siriwini Community Health Center

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Abstract *Background:Supplemental Feeding (PMT) is an activity of providing food in the form of safe and quality snacks along with other supporting activities by considering aspects of food quality and safety. There are two types of supplementary feeding, namely supplementary recovery feeding and supplementary counseling (PMT). Supplemental feeding (PMT) of local food is one of the strategies for handling nutritional problems in toddlers. The PMT activity needs to be accompanied by nutrition and health education for behavioral change, for example with support for breastfeeding, education and counseling on feeding, cleanliness and sanitation for families. Nutritional status is a state of the body as a result of food consumption and use of nutrients, where nutrients are needed by the body as a source of energy, growth and maintenance of body tissues, and regulators of body processes. Nutritional status is greatly influenced by nutritional intake. Objective: To determine the effect of providing local supplementary feeding (PMT) on the nutritional status of toddlers aged 12-59 months. Method: This type of research uses quantitative research using a pre-experimental design pretest-posttest research design. Results: Based on the results of the study, it was shown that a p-value of 0.41 (> 0.05) was obtained. Conclusion: Provision of Local Supplementary Food (PMT) Has No Relationship with Toddler Nutritional Status at UPTD Siriwini Health Center. Suggestion: It is expected that mothers who have toddlers pay more attention to the growth and development of toddlers.*

Keywords: *Local Food, Additional Food Provision (PMT), Nutritional Status*

1. INTRODUCTION

Good nutrition is an important intervention for Indonesian society in creating productive, healthy, and intelligent Indonesian Human Resources (HR) in order to improve the success of national development. The problem of malnutrition in children under five years of age (toddlers) is a serious problem. The Life of a Thousand Days (1000 HPK) is the golden period of life that begins with the formation of an embryo in the womb until the second year of a child's life. Lack of macro and micro nutrients in toddlers affects the quality of life and welfare of the community (Ministry of Health, 2019).

According to the World Health Organization (WHO), nutritional status is one measure of a child's growth and development to determine how much food is needed. Nutritional status can be interpreted as a state of health caused by the balance between nutritional needs and nutritional intake of toddlers. Assessment of nutritional status is carried out by comparing the results of measuring the child's weight and height with established anthropometric standards. Children's eating patterns vary according to various factors such as gender, age, weight, height, and head circumference. A pediatrician can assess nutritional status. (Mauliyana Puspa Adityasari, 2023).

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Fulfillment of the desire for children's food substances is a single defect in health matters in the world, because most of the obstacles to the child's front rotation are very much related to the position of the child's food substances in the body caused by a decline in eating. The written thing can cause problems with food substances such as malnutrition, dehydration, low body weight, electrolyte imbalance, cognitive rotation disorders, anxiety disorders, and in more serious conditions can cause life-threatening problems. (Ariyasa et al, 2016., Abdullah., Norfai, 2019.

Based on the results of the 2018 Basic Health Research (Riskesdas), the nutritional status of toddlers was low (30.8%), thin (10.2%), underweight (17.7%), and overweight (0.8%). Meanwhile, according to the results of the Indonesian Nutritional Status Survey (SSGI), Stunting in 2021 (24.4%) decreased by 2.8% to (21.6%) in 2022, Wasting in 2021 (7.1%) increased by 0.6% to (7.7%) in 2022, Underweight in 2021 (17.0%) increased by 0.1% to (17.1%) in 2022, Overweight in 2021 (3.8%) decreased by 0.3 to (3.5%) in 2022 (SSGI, 2022).

Based on SSGI 2022 data, the highest number of babies experiencing stunting was in East Nusa Tenggara Province at 35.3% and the lowest was in Bali Province at 8.0%. For Wasting data, the highest was in Maluku Province at 11.9% and the lowest was in Bali Province at 2.8%. While for Underweight data, the highest was in East Nusa Tenggara Province at 28.4% and the lowest was in Bali Province at 6.6%. For Overweight data, the highest was in the Bangka Belitung Islands at 7.6% and the lowest was in Maluku Province at 1.5%. Meanwhile, the nutritional status in Papua Province in 2022 recorded the prevalence of toddlers experiencing Stunting at 34.6%, wasting at 10.5%, Underweight at 18.7%, and Overweight at 6.7% (SSGI, 2022).

The government's efforts to improve the nutritional status of toddlers are carried out through nutritional improvement policies through additional food provision programs to improve nutrition in the community. By improving food quality by changing food patterns that are in line with healthy food, for example increasing the availability and quality of food services based on developments in science and technology; and improving the food and nutrition awareness system. In Law of the Republic of Indonesia Number 36 of 2009 concerning Health, it is stated that the development of public health nutrition aims to improve the level of health and good nutrition throughout the social life cycle at the individual, family, and community levels. prevention. (Boedijono, 2022).

One solution to avoid food problems is to provide additional food (PMT). PMT is given to meet the nutritional needs of early childhood. PMT is a method of providing food in

the form of biscuits that guarantees safety and quality and pays attention to the nutritional value aspects needed by early childhood (Ministry of Health, Posadatin, Indonesia, 2018 and Rahayu, 2020). Damayanti et al (2019) explained that PMT can meet nutritional needs to maintain body weight into adulthood.

The Local Supplementary Food Program is one of the government's programs in the field of food services, namely by trying to reduce the risk of malnutrition by providing complementary foods for breast milk (PMT), especially for early childhood. Through the PMT program, early childhood gets nutritional supplements in the form of food other than local diet cakes or specially formulated snacks containing vitamins, minerals, and carbohydrates and protein, given to young toddlers aged 6 to 59 months. releasing the low weight category for babies aged 6 months to 2 years, this additional food is consumed together with Breast Milk Complementary Food (MP-ASI) (Regaletha, 2019).

Based on the research results of Vidya Avianti Hadju, Sarinah Basri K, Ulfa Aulia, Putri Ayuningtias Mahdang, it is known that local PMT has a significant impact on changes in the nutritional status of toddlers. Providing additional food based on local food can be used as an additional strategy to prevent nutritional problems in early childhood (Vidya Avianti Hadju et al, 2023).

The achievement of providing additional food for toddlers with a target of 81.5%, while the target for Papua Province is 45% because the city and district can provide PMT and can follow up on the tracking results found (Papua Provincial Health Office, 2019).

The number of toddlers aged 12 to 59 months who are affected by malnutrition at the Siriwini Health Center UPTD in 2023 is 55 toddlers.For toddlers receiving local food PMT, there were 55 toddlers (UPTD Siriwini Health Center, Nabire Regency, 2023).

Based on the above, the researcher is willing to conduct research related to "The Effect of Providing Additional Food (Based on the explanation above, the researcher is interested in conducting research related to PMT) Local Food on the Nutritional Status of Toddlers Aged 12-59 Months in the Work Area of the Siriwini Health Center UPTD, Nabire Regency".

2. METHOD

The type of research used in this study is quantitative, namely using a pre-experimental design and a pretest-posttest design. The independent variable in this study is the Provision of Local Food Supplements (PMT) while the dependent variable is nutritional status. The research was conducted in the working area of the Siriwini Health Center UPTD,

Nabire Regency in May-June 2024. The data sources used were primary data and secondary data. The sample in this study was 55 children. The instruments used were questionnaires, stationery, anthropometric tools and documentation.

After data collection, data analysis was conducted. Data analysis was conducted using SPSS 16.0 software using univariate and bivariate analysis methods. Univariate is used to describe the frequency distribution and proportion of each variable studied, independent variables and correlated variables. In this case, univariate analysis is used to describe the regional supplementary food index (PMT), and bivariate analysis aims to test the relationship between the Additional Food Provision variable and nutritional status.

3. RESULTS AND DISCUSSION

Research result

1. Research Location Overview

   RegionThe work of the Siriwini Health Center Technical Implementation Unit (UPTD) is located in Karang Siriwini Village, Nabire District, Nabire Regency, Central Papua Province.

   Work area in the sub-districtSiriwini consists of 3 RW and 22 RT with an area of 16.33 km2. The geographical conditions are lowlands with an altitude of 5 m above sea level with a temperature of 310C which is a coastal area, which is a government road so it is easily accessible by foot, and two-wheeled or four-wheeled vehicles to the sub-district.

   Work area boundaries of UPTD Health CenterSiriwini with the north of the Nabire Bay sea, the south of the Siriwo Pasar Sore residential area, the east of Sanoba Elementary School, Sanoba Village, and the west of Nabarua Police. The area of the main UPTD Health Center building is 530 m2 on a land area of 947 m2. Siriwini Health Center was established in 1975 and was renovated several times and finally moved to a new building in 2020.

2. Respondent Characteristics

   Respondent characteristics are the criteria given to respondents so that researchers can receive information that is on target and prospective (Gifari. AA & Jufri. M, 2023).

   a. Age

   Age isa person is calculated from birth to birthday (Lasut, 2017). In this study, age was categorized based on technical instructions for managing toddlers with nutritional problems (Ministry of Health, 2024).

   The following is a table of respondent characteristics based on age:

Table 1 Respondent Characteristics Based on Age

Age of the Moon	f	%
12-23	23	41.8
24-59	32	58.2
Total	**55**	**100**

Source: Primary Data, 2024

From table 1 it can be seen that 55 respondents aged 12-59 months were studied,with the highest age category of 12-23 months amounting to 23 toddlers with a percentage of 41.8%, and the lowest age category of 24-59 months amounting to 32 toddlers with a percentage of 58.2%.

b. Gender

According to Lestary in 2021, gender is the difference between men and women who differ in appearance, height and sex. The most common biological differences are weight, structure and function of reproductive organs (Afra.F, 2023).

The following table shows respondent characteristics based on gender:

Table 2 Respondent Characteristics Based on Gender

Gender	f	%
man	28	50.9
Woman	27	49.1
Total	**55**	**100**

Source: Primary Data, 2024

From table 2, it can be seen that 55 respondents with the highest gender category were male, totaling 28 toddlers with a percentage of 50.9%, while the lowest were female, totaling 27 toddlers with a percentage of 49.1%.

3. Univariate Analysis

AnalysisUnivariate is a method of analyzing an individual variable used to describe each variable studied (Rahmawati, D., et al, 2023). The univariate analysis in this study is as follows:

a. Weight Monitoring

Monitoring body weight is one way to overcome malnutrition in toddlers, followed by changing the diet pattern to provide recommended nutrients (BKKBN, 2022).

The following table shows the frequency distribution of respondents based on weight monitoring:

Table 3 Distribution of Weight Monitoring Frequency BB/U Indicator

BB Monitoring	f	%
Go on	14	25.5
Down/Stay	41	74.5
Total	**55**	**100**

Source: Primary Data, 2024

From table 3 above, it can be seen that female toddlers experienced more weight gain, 41 toddlers or 74.5%, while male toddlers experienced around 14 toddlers or 25.5%.

b. Nutritional status

Nutritional statusEarly childhood is one of the evaluation criteria for fulfilling daily nutritional needs and the usefulness of these nutrients in the body. If toddlers eat regularly and use them as often as possible, their growth and development will be very good (Setiaputri. K. A, 2024).

Standardanthropometry for toddlers is based on weight and length/height parameters with 4 (four) indices, namely, weight index according to age (BB/A), length index according to age (PB/A) or height according to age (TB/A), weight index according to length (BB/PB) or weight according to height (BB/TB), and body mass index according to age (BMI/A) (Law of the Minister of Health of the Republic of Indonesia No. 2 of 2000 concerning Children's Anthropometry Standards). However, only one index is used to determine nutritional status, namely the Weight Index According to Age (BB/A).The following table is the frequency distribution of respondents based on before PMT was given:

Table 4 Frequency Distribution Based on Before PMT Provision

Before PMT Administration	f	%
Very less	2	3.6
Not enough	48	87.3
Normal	5	9.1
Total	**55**	**100**

Source: Primary Data, 2024

From table 4 above, the results of the frequency distribution of nutritional status of toddlers based on the BB/U index of 55 toddlers before being given additional food, there are toddlers who are classified as having normal nutritional status, namely 5 toddlers with a percentage of 9.1%, while the underweight category is still relatively high, namely 48 with a percentage of 87.3%.

The following table shows the frequency distribution of respondents based onafter PMT administration:

Table 5 Frequency Distribution Based on After PMT Provision

After PMT Administration	f	%
Very less	2	3.6
Not enough	46	83.6
Normal	7	12.7
Total	**55**	**100**

Source: Primary Data, 2024

From the table above, the results of the frequency of nutritional status of toddlers based on the BB/U index of 55 toddlers after being given additional food, there are toddlers who are classified as having normal nutritional status, namely 7 toddlers with a percentage of 12.7%, while the underweight category is still relatively high, namely 46 with a percentage of 83.6%.

c. Local Food PMT Monitoring

Providing additional food (PMT) made from local food is additional food that is given to increasethe quality of life of early childhood. PMT activities based on local ingredients are expected to encourage family independence in cooking by utilizing local food potential sustainably (Carik, M, 2024).

FollowingFrequency distribution table of respondents based on PMT monitoring week 1 and week 2:

Table 6 Distribution of PMT Monitoring Frequency Week 1

1st PMT Monitoring	f	%
Not Exhausted	19	34.5
Finished	36	65.5
Total	**55**	**100**

Source: Primary Data, 2024

From table 6 above, in the first week the number of toddlers who finished additional food was 36 with a percentage of 65.5%, while the number of toddlers who did not finish additional food was 19 with a percentage of 34.5%.

Table 7 Distribution of PMT Monitoring Frequency, Week 2

PMT-2 Monitoring	f	%
Not Exhausted	13	23.6
Finished	42	76.4
Total	**55**	**100**

Source: Primary Data, 2024

From table 7 above, in the second week the number of toddlers who finished the additional food was 42 with a percentage of 76.4%, while the number of toddlers who did not finish the additional food was 13 with a percentage of 23.6%.

Table 8 Frequency Distribution of Health Condition Monitoring

Health Condition Monitoring	f	%
Healthy	44	98.2
Not healthy	1	1.8
Total	**55**	**100**

Source: Primary Data, 2024

Fromtable 8 above, monitoring of the health condition of toddlers who experience health conditions in the healthy variable is 54 with a percentage of 98.2%, while toddlers with health conditions in the unhealthy variable are 1 with a percentage of 1.8%. This is because the researcher looked at the health condition monitoring questionnaire for 2 weeks. In monitoring the healthy variable, if it is said to be healthy, it is seen from the toddler's health condition monitoring questionnaire for more than 7 days. Meanwhile, if the toddler is said to be unhealthy, it is seen from the toddler's health condition monitoring questionnaire for more than 6 days.

Table 9 Monthly Monitoring of Target Toddlers (Mothers of Toddlers)

No	Results
1	Of the 55 toddlers, all received additional food.
2	Of the 55 toddlers, 30 toddlers received additional food 1 month ago, 21 toddlers received additional food 2 months ago, and 4 toddlers received additional food 3 months ago. All toddlers received additional food within 2 weeks or 14 days which was given every day.
3	Of the 55 toddlers, all toddlers received additional food in the form of snacks.
4	Of the 55 toddlers, all toddlers received additional food at home.
5	Of the 55 toddlers, all toddlers receive additional food every day.
6	Of the 55 toddlers, all toddlers liked the additional food given.
7	Of the 55 toddlers, 39 toddlers liked additional food, 1 toddler was sick, 10 toddlers were full, and 5 toddlers had no appetite.
8	Of the 55 toddlers, all mothers of the toddlers had no complaints during and after consuming additional food.
9	Of the 55 mothers of toddlers, all mothers of toddlers did not receive

	balanced nutrition counseling when providing additional food.

No	Results
10	Of the 55 mothers of toddlers, 44 mothers of toddlers did not know the message that was conveyed, and 11 mothers of toddlers did not know or forgot the message that was conveyed.
11	Of the 55 mothers of toddlers, 44 mothers of toddlers did not understand the message conveyed, and 11 mothers of toddlers did not understand the message conveyed.
12	Of the 55 mothers of toddlers, 44 mothers of toddlers were able to practice the messages conveyed at home, while 11 mothers of toddlers were unable to practice the messages conveyed at home.

4. Bivariate Analysis

AnalysisBivariate is an analysis carried out to test the existence of a relationship between variables that are considered related (Rahmawati, D., et al, 2023). In this experimental study, the form of nonparametric tests is used for bivariate analysis. The following bivariate analysis uses nonparametric tests to determine whether there is an influence between the variables in this study which are contained in the following table:The Effect of Providing Local Food Supplements (PMT) on the Nutritional Status of Children Aged 12 to 59 Months.

Next are the results of data analysis using the Statistical Program for Social Science (SPSS) version 16.0 computer program to determine the effect of providing additional food on nutritional status based on the BB/U index.

Table 10 Results of the Wilcoxon Signed TestTest Statistics[b]

	before_giving_PMT_1 - after_giving_PMT_2
Z	-.816[a]
Asymp. Sig. (2-tailed)	414

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

Source: Primary Data, 2024

Fromtable 10 above,The Wilcoxon Signed Increase Sum Test shows that fromThe results of the analysis that have been carried out obtained a p-value of 0.41 (> 0.05), which means that there is no influence between providing additional food for the nutritional status of toddlers and the BB/U index.

Discussion

Supplementary Feeding (PMT)Local Foodnamely ready-to-eat food in the form of whole foods, snacks/light foods rich in animal protein, with attention to good nutrition. Sources of animal protein come from 2 types of animal food, for example eggs and fish, eggs and chicken, eggs and meat. The goal is to get enough protein and complete amino acids (Ministry of Health, 2024).

Toddlerrequire nutrients for growth and development. At the age of 6 months and above, breast milk is no longer sufficient to feed toddlers, so other foods must be prepared to meet the nutritional needs of toddlers. The nutritional status of toddlers is influenced by the provision of exclusive breastfeeding, a balanced diet, and the provision of appropriate additional foods. Inappropriate food provision will make toddlers susceptible to infectious diseases and lack the nutrients needed by toddlers (Muliani, S., et al, 2021).

Based on this study, it shows that there is no relationship between the Provision of Local Food Supplements (PMT) and the Nutritional Status of Toddlers based on the BB/U index. The results obtained p-value*value*0.41 > 0.05 which means there is no effect. This is possible through the implementation of additional food given to the target toddlers, not only eaten by the toddlers but eaten and finished with their siblings, in addition there are some toddlers who experience illnesses such as fever and diarrhea.

After the provision of additional food was carried out, the mother of the toddler said that her toddler could not finish the PMT given because the toddler was experiencing an infectious disease in the form of fever accompanied by diarrhea before being given PMT, therefore the PMT given was not consumed by the toddler but was consumed by the toddler's siblings. As a result, many toddlers experience constant or decreased weight which can be seen by the KBM (Minimum Weight Gain) method.

The provision of Supplementary Food (PMT) given in the form of local food that is easily accessible and obtained. This supplement is a snack/snack given to toddlers. There are several types of snack/snack menus used based on the Ministry of Health's PMT recipe such as moringa leaf tofu balls, sweet potato croquettes, crispy vegetable fish sticks, and vegetable fish nuggets. During the provision of PMT, these four menus are repeated 2-3 times within 2 weeks or for 14 days which are carried out and monitored every day. Where the moringa leaf tofu balls and vegetable fish nuggets menus are repeated 3 times while the sweet potato croquettes and crispy vegetable fish sticks menus are repeated 4 times.

WrongOne direct cause of nutritional status problems is a wrong diet or infectious diseases. Lack of energy consumption is due to consuming inappropriate food, both in terms

of the time of administration and the pattern of providing additional food to toddlers. The condition of a sick toddler can affect the absorption of nutrients in the body (Damayanti et al, 2016; Pratama, Angraini, & Nisa, 2019; Muliani, S et al, 2021).

The results of this study are in accordance with the research of Sartika Simanjuntak & Haripin Togap Sinaga (2021) entitled "The Effect of Implementing Additional Recovery Food Provision (PMT-P) on Dietary Patterns and Nutritional Status in Toddlers (12-59 Months) in Bakaran Batu with a p-value (0.23) > 0.05, namely there is no relationship between the provision of additional food and nutritional status.

Weightis a parameter used as an anthropometric measure to evaluate body growth and nutritional status in early childhood. If a toddler is underweight or very underweight, then the toddler's growth and development are not optimal (Febrianti, Rika & Dale, 2019; Simanjuntak, S & Sinaga T, H, 2023). The toddler's weight does not increase because the toddler does not like the food, replaces the main food with the food provided, and has no appetite so that other families also consume the food provided (Weight et al, 2022).

This research is supportedby the research results of Rahmawati D et al in 2023 entitled "Analysis of the Results of Providing Local Additional Food (PMT) at Nutrition Posts for Underweight Toddlers in Tangerang City 2023" with a p-value of 0.74 (> 0.05), which means there is no relationship. This is because some toddlers have poor appetite, some toddlers also experience coughs, fevers so they need to be referred to the hospital, and there are still mothers of toddlers who only rely on the PMT food provided.

Based on observations, there are still mothers of toddlers who do not pay attention to their child's parenting patterns. Toddlers whose nutritional status remains the same and decreases will be included in the nutrition post activities. The provision of additional food at the nutrition post which was carried out for 14 days has not been optimal in increasing the nutritional status of toddlers. This is what makes it necessary to hold nutrition post activities on an ongoing basis (Rahmawati D et al, 2023).

Based on research conducted by MasriE, et al 2020 with the title "Effectiveness of Providing Additional Food (PMT) and Nutrition Counseling in Improving the Nutritional Status of Toddlers" with a p-value (0.35) > 0.05, which means there is no relationship. This is due to infectious diseases that attack toddlers during PMT activities, toddlers who experience infectious diseases such as diarrhea, coughs, colds, which are accompanied by an increase in body temperature. Infectious diseases in toddlers during PMT management are one of the factors that can affect the success of improving nutritional status (Masri E, et al 2020).

Different research results from YosefinaNelista & Pembronia Nona Fembi in 2021 with the title "The Effect of Providing Additional Recovery Food Made from Local Food on Changes in the Nutritional Status of Undernourished Toddlers". In a controlled study, there was a significant effect between the provision of additional food and the nutritional status of toddlers with a p-value (0.00) <0.05. According to researchers, the weight of undernourished toddlers increased due to the state of protein and energy consumption from PMT given and consumed by toddlers. In addition to consuming additional food, protein intake and energy levels obtained from main foods were also observed until they reached the maximum daily levels.

The purpose of providing additional food (PMT) to undernourished toddlers is to obtain food containing high energy and protein, as well as sufficient minerals and vitamins so that optimal nutritional status and appropriate food composition are achieved (Iskandar, 2017; Nelista & Pembronia Nona Fembi, 2021).

Based on research before and after the provision of local food PMT, it is known that before providing additional food, there were 48 undernourished toddlers, after providing additional food for 2 weeks, the number of undernourished toddlers decreased to 46 toddlers, and the number of normal weight toddlers increased to 7 toddlers.

Monthly Monitoring of PMT Implementation by Nutrition and KIA Program Managers at the Siriwini Health Center UPTD, Nabire Regency. The implementing staff for additional food providers receive training from the health center's health workers. Workers who prepare additional food are in good health and are not infected with infectious diseases and can use PHBS and use personal hygiene equipment (head coverings, aprons, masks, and gloves). Food ingredients are available according to the menu and meet food hygiene requirements. Cooking utensils are sufficient and presentation is in accordance with health requirements. The menu cycle is available. Data on target recipients of additional food is available. The portion of food served is in accordance with the nutritional standards for additional food that have been set. If no target is present, then the food is distributed to the target's residence. There are no obstacles in implementing the provision of additional food.

Nutrition education and cooking demonstrations, nutrition education is carried out at the beginning of the activity and the party carrying out the education is the Health Service, the nutrition executive information system section, using media and tools, namely cadre pocket books and materials delivered in accordance with the objectives of the activity.

4. CONCLUSION AND SUGGESTIONS

Conclusion

Local Supplementary Feeding (PMT) shows that from the analysis resultsWilcoxon Signed Testwhich has been done obtained a p-value of 0.41 (> 0.05) which means there is no influence between the provision of additional food and the nutritional status of toddlers at the Siriwini Health Center UPTD. This is due to several other causes, namely the presence of infectious diseases such as diarrhea and fever and the PMT given is not only consumed by the target but is consumed with the family.

Suggestion

1. For Parents of Toddlers

   It is expected that mothers who have toddlers with malnutrition will pay more attention to nutritional intake so that the growth and development of toddlers can achieve good nutritional status, and often attend integrated health posts to increase knowledge about the importance of proper food intake so that the nutritional status of toddlers aged 12-59 months is good for brain development and toddler health.

2. For UPTD Siriwini Health Center

   This local food-based Supplementary Feeding Program (PMT) needs to be maintained through integrated health posts (posyandu) and to toddlers' homes to overcome nutritional problems in toddlers, one of which is malnourished toddlers so that the needs of toddlers who are lacking in daily food can be met from the intake of PMT that is given properly for growth and development in toddlers and there needs to be nutritional counseling for target groups related to a balanced nutritional menu after providing additional food. Health center nutrition officers need to evaluate efforts to improve nutrition in the work area of the Siriwini Health Center UPTD.

3. For Persada Nabire Health College

   It is hoped that this research can be a reference and learning material for STIKes Persada Nabire students to be able to carry out nutritional interventions in the community.

4. For Further Researchers

   It is recommended for further researchers to conduct further research to see the effect of providing food made from local food ingredients on the nutritional status of toddlers for a certain period of more than 14 days in order to obtain more significant results.

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