Intervention of Specific Nutrition and Sensitive Nutrition with Nutritional Status of Under Two-Year Infants in Family Planning Village as Efforts to Face the Demographic Bonus

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Abstract
KB Village, through the family development program for children under five years (ttodler) participated involved interventions of sensitive nutrition and specific nutrition. The purpose of this study is to see the role of the KB village in preventing stunting in toddlers (children under five years) and to find the dominant factors that influence it. The research design is cross sectional with 85 samples of under two-year infants (baduta), the mothers, 5 of KB Villages in Palangka Raya and 2 of KB Villages in East Barito Regency (Bartim). The study is conducted from June to October 2018. Statistical analysis using chi square (α = 5%) with the results of the test ρ 0.02 <α 0.05 that there is a relationship of intervention programs of sensitive nutrition and specific nutrition with the nutritional status of children under five years (toddler). The dominant factor in the nutritional status of under two-year infants (baduta) is exclusive breastfeeding with a value of ρ 0.012 <0.05, RR = 6.702 (95% CI 1.518-29.579), mother’s education ρ 0.001 <0.05, RR 5.281 (95% CI 1.970-14.158). There is a need for family development programs for children under five years and adolescence in implementing intervention programs of sensitive nutrition and specific nutrition, collaborating with the community, managing records and reporting based on success indicators, partnering with policy holders and community empowerment.

Introduction
Stunting is a problem because it is associated with an increased risk of illness, death, and brain development so that motor development is delayed. Chronic under-nutrition stunting is caused by insufficient nutrition for a long time (Firadaus and Muaffif, 2016); (Leung et al., 2016). Risks caused by stunting are decreased academic achievement, increased risk of obesity, susceptibility to non-communicable diseases, and risk of degenerative diseases (Mustafa et al., 2015). In the 9-24 month age group, followed by psychological development when they were 17 years old, it was found that adolescents who were stunted with growth had higher levels of anxiety, depressive symptoms, and had self-esteem (OA.Esimai; OE 2015). Children who are stunted before the age of 2 years have worse emotional and behavioral outcomes in late adolescence (Aridiyah, Rohmawati and Ririanty, 2015); (Leung et al., 2016). Stunting is the cause of the poor quality of human resources which affects the development of the nation's potential National Team for the Acceleration of Poverty Reduction (TNP2K), 2018) Based on basic health research data (riskesdas), the percentage of nutritional status of under two-year short infants (short and very short) in Indonesia in 2013 was 37.2%, so when
compared to 2010 (35.6%) based on these data showed that there is no significant improvement (Health Research and Development Agency, 2013). Based on data from the Director General of Public Health of the Indonesian Ministry of Health, Directorate of Nutrition, Central Kalimantan, the percentage of stunting at the age of 0-59 months in 2016 was 34.1% and in 2017 was 39.0%. The data report from the Indonesian Ministry of Health, East Barito in 2016 is the district with the highest stunting rate at 0-59 months is 50% so that it is the only district in Central Kalimantan that is on the priority list for stunting intervention by the National Team for the Acceleration of Poverty Reduction (TNP2K) in 2018 (National Team for the Acceleration of Poverty Reduction 2017). The government's effort is to intervene in sensitive nutrition and specific nutrition for expectant mothers, pregnant women, infants and toddlers and breastfeeding mothers.

KB village according to the implementation of Law no. 52 of 2009 that the BKKBN does not only focus on population control but also the problem of family development (National Population and Family Planning Board, 2015). KB village is an excellent program in the Population, Family Planning and Development Program (KKBPK). KB village is expected to improve the quality of life of the community (Pratiwi, 2017). Through the KB village, there is synergy between the central and regional governments by empowering the community, especially prosperous families so that the incidence of stunting can be eliminated (Mardiyono, 2017); (National Population and Family Planning Board, 2017). Based on National Development Planning Board (Bappenas) calculations in 2010, the productive age is 66.5% and this will continue to increase to 68.1% in 2028 to 2031. In the face of the demographic bonus, stunting can hinder the development and growth of under-two-year infants and will hinder their productivity in the future.

The projection of the population pyramid of Central Kalimantan province in 2030 - 2035 is that Central Kalimantan Province will have the largest population at the age of 20 to 49 years. In 2017, Bartim Regency was the most productive age. This means that under two-year infants who are now 2 years old, they will be 32 years old in 2030 and included in the productive age range during the demographic bonus period (National Planning Agency; Central Bureau of Statistics: United Nations Population, 2013). Bartim Regency in 2017 shows that the number of 0-4 years old is the highest, 11,476 people. If we project that in 2030, they will be of productive age at work. The handling of the quality of competitive human resources starts from normal nutritional status and one of which is through the KB village program. The establishment of KB villages in Central Kalimantan Province with 14 districts is still increasing its target. In 2016, the 14 KB villages were declared and 19 villages were formed so that the target achievement was 100% and in 2018 the target of 128 KB villages was announced.

Method

The research design used a cross sectional study which aims to see the relationship between interventions of sensitive nutrition and specific nutrition with the nutritional status (TB/U) of under two-year infants in KB villages in East Barito Regency and Palangka Raya City by using the chi-square statistical test. The population is mothers of under two-year infants (0-23 months) in the KB Village, Bartim Regency, 2 KB Villages (Juru Banu Village and Ketab Village). The total population is 85 under two-year infants and mothers /caregivers with research sites in Palangka Raya City, 5 KB villages (Tumbang Rungan, Marang, Bereng Bengkel, Tanjung Pinang, Petuk Katimbun Village). The sampling technique used total sampling which was registered in the Integrated Healthcare Center (Posyandu) register book. The number of samples was 23 under two-year infants and mothers in Bartim Regency, 62 under two-year infants and mothers in Palangka Raya City so that the total sample was 85. The instrument used a questionnaire, in the form of a sheet. The nutritional status of under-two-year infants uses the WHO Anthro application. The independent variable is the intervention program of sensitive nutrition and specific nutrition. The dependent variable is the nutritional status of under-two-year infants (TB / U). The moderator variable is the education of married-aged mothers, exclusive
breastfeeding for diarrhea prevention, TB measurement, participation in family planning, and nutritional counseling.

**Result and Discussion**

**Characteristic of Respondents**

There were 77.4% aged <20 years in Palangka Raya City and 95.7% in Bartim Regency. This means that when the respondent is still a child, the respondent is already responsible for taking care of the child. The causes of early marriage are economic factors, self-factors, educational factors, and parental factors (Mardiani, Ita., Purnomo, 2018). The existence of the KB village has a role in reducing the rate of early marriage among adolescents through the youth family development program. The age of marriage, adolescence, affects the mother's parenting style. (Khusna and Nuryanto, 2017). Improper parenting can affect the nutritional status of under-two-year infants (Firadaus and Muafif, 2016) (Aisyah, Suyatno and Rahfludin Zen M, 2019). KB village has a family development program for toddlers to overcome this. Through the formation of toddler families, mothers and families are taught to care for children properly, especially in paying attention to nutritional status in preventing stunting (Tentama et al., 2018); (Wayan and Yasa, 2019).

**Description of KB Village in Palangka Raya City and Bartim Regency**

Data of the KB village program that is directly related to stunting prevention efforts, such as community development for under two-year infants families. This shows that there is no form of data documentation and reports. Preventive efforts and interventions for stunting have been running as usual through Integrated Healthcare Center (posyandu) activities. There are no new programs running after the KB village was inaugurated. Not all KB villages have family assistance with under two-year infants. Existing data are routine data from health services at the Integrated Healthcare Center (Posyandu), while for family development activities by Family Planning Counselor (PLKB), midwives, and cadres have not been documented in the form of a report. The objective of the KB village program is to empower the community in improving family welfare assisted by the PLKB, midwives, cadres, and government officials (Mardiyono, 2017). However, the government’s commitment is still lacking in financial support related to the implementation of the KB village program, so the PLKB says that there are difficulties in program operations. The toddler family development program provides guidance in

| Characteristic of Respondents (Mothers and Under Two-Year Infants) | Palangka Raya City | Bartim Regency |
|----------------------------------------------------------|------------------|---------------|
| Gender of Under two-year infants                          |                  |               |
| Male                                                     | 25               | 7             |
| Female                                                   | 37               | 16            |
| Mother’s education                                       |                  |               |
| University                                               | 6                | 1             |
| Primary School                                           | 3                | 3             |
| Senior High School                                       | 47               | 14            |
| Junior High School                                       | 6                | 5             |
| Mother’s job                                             |                  |               |
| Honorary                                                 | 1                | 0             |
| House wife                                               | 51               | 21            |
| Farmer                                                   | 1                | 1             |
| State worker                                             | 7                | 1             |
| Private worker                                           | 1                | 0             |
| Business                                                 | 1                | 0             |
| Age of married mother                                    |                  |               |
| <20 years                                                | 48               | 22            |
| ≥20 tahun                                                | 14               | 1             |

Source: primary data, 2018
Preventing stunting (National Population and Family Planning Board, 2015).

**Interventions of Specific Nutrition in KB Village**

Specific nutritional interventions are distinguished based on pregnancy, lactation period in 0-6 months and lactation period in 7-23 months.

Table 2. Specific Nutrition Intervention Activities

| Specific Nutrition Intervention | Palangka Raya City | | Bartim Regency | |
|--------------------------------|-------------------|---|----------------|---|
| Immunization yes                | 62                | 100 | 23             | 100 |
| Immunization no                 | 0                 | 0   | 0              | 0   |
| Exclusive breastfeeding yes      | 48                | 77.4 | 17             | 73.9 |
| Exclusive breastfeeding no       | 14                | 22.6 | 6              | 26.1 |
| Fortification of Iron in Food yes| 2                 | 3.2  | 0              | 0   |
| Fortification of Iron in Food no | 60                | 98.8 | 23             | 100 |
| Complete Immunization complete   | 46                | 74.2 | 16             | 69.6 |
| Complete Immunization not complete| 16               | 25.8 | 7              | 30.4 |
| Immunization history was recorded in KMS yes | 48 | 77.4 | 17 | 73.9 |
| Immunization history was recorded in KMS no | 14 | 22.6 | 6 | 26.1 |
| Prevention of diarrhea yes       | 29                | 46.8 | 10             | 43.5 |
| Prevention of diarrhea no        | 33                | 53.2 | 13             | 56.5 |
| Regular Height Measurement yes   | 49                | 79.0 | 23             | 100 |
| Regular Height Measurement no    | 13                | 21.0 | 0              | 0   |
| Nutrition Counseling by Health Officers yes | 4 | 6.5  | 1             | 4.3 |
| Nutrition Counseling by Health Officers no | 58 | 93.5 | 22 | 95.7 |
| Ante Natal Care (ANC) yes        | 62                | 100 | 23             | 100 |
| Ante Natal Care (ANC) no         | 0                 | 0   | 0              | 0   |
| Providing Tablets for Supplements / Iron in Pregnant Women yes | 62 | 100 | 23 | 100 |
| Providing Tablets for Supplements / Iron in Pregnant Women no | 0 | 0 | 0 | 0 |
| Prevention of Malaria During Pregnancy yes | 32 | 0 | 0 | 0 |
| Prevention of Malaria During Pregnancy no | 30 | 100 | 23 | 100 |
| Mother's Difficulties for Exclusive Breastfeeding yes | 13 | 21 | 5 | 21.7 |
| Mother's Difficulties for Exclusive Breastfeeding no | 49 | 79 | 18 | 78.3 |
| Assistance in breastfeeding by health workers (7 to 23 months) yes | 5 | 0 | 0 | 0 |
| Assistance in breastfeeding by health workers (7 to 23 months) no | 57 | 100 | 23 | 100 |
| Provision of worm medicine (7 to 23 months) yes | 21 | 66.1 | 0 | 0 |
| Provision of worm medicine (7 to 23 months) no | 41 | 33.9 | 23 | 100 |

Source: SPPS analysis from primary data, 2018
Exclusive breastfeeding, ANC, and measurements of TB/U which are carried out regularly at the posyandu, are to prevent stunting (Rahmadini, Sudiarti and Utari, 2013). The percentage of assistance in breastfeeding and food menu processing (MPASI) was not carried out 100% and nutritional counseling was still low (6.5%) in Palangka Raya City and (4.3%) in Bartim District. ASI and complementary food assistance is important to anticipate mothers who have difficulty in breastfeeding and food menu processing (MPASI) for under two-year infants. The role of posyandu and PLKB cadres is participating in this assistance and can be one of the activities in the family development program for under two-year infants. In addition, exclusive breastfeeding is also a 1,000 day life program (Khoeroh, Handayani and Indriyanti, 2017) in KKBPK. Breastfeeding as a natural contraceptive for mothers who provide exclusive breastfeeding has used family planning with the lactation amenorrhoea method and the return of menstruation in mothers who use the lactation amenorrhoea method for more than six months (Khusna and Nuryanto, 2017);(Andriani, Wismaningsih and Indrasari, 2015), the frequency of breastfeeding with the success of the MAL method increases knowledge about the frequency of breastfeeding with the success of the MAL method (Purwaningsih, Sumarmi and Saputra, 2015). Midwives and PLKB need to provide counseling for each mother to be able to exclusively breastfeed as an effort to prevent pregnancy during breastfeeding (Khusna and Nuryanto, 2017).

**Intervention of Sensitive Nutrition in KB Village**

This sensitive nutrition intervention variable was added by the researcher with the knowledge of the community in the family planning village and other activities related to stunting prevention.

Environmental sanitation poses a risk of infectious diseases such as diarrhea (Sholikah, Rustiana and Yuniastuti, 2017). Poor environmental sanitation causes infectious disease which is a factor in the occurrence of

| Nutrition Sensitive Interventions               | Palangka Raya City | Bartim Regency |
|------------------------------------------------|--------------------|----------------|
| Access to clean water                          |                    |                |
| yes                                            | 61                 | 19             |
| no                                             | 1                  | 4              |
| Household waste disposal                       |                    |                |
| yes                                            | 2                  | 5              |
| no                                             | 60                 | 18             |
| Temporary trash disposal                       |                    |                |
| yes                                            | 62                 | 17             |
| no                                             | 0                  | 6              |
| KB participation                               |                    |                |
| yes                                            | 51                 | 20             |
| no                                             | 11                 | 3              |
| Ownership of public health insurance (Jamkesmas)|                    |                |
| yes                                            | 57                 | 19             |
| no                                             | 5                  | 4              |
| Knowledge about KB village                     |                    |                |
| yes                                            | 59                 | 19             |
| no                                             | 3                  | 4              |
| Activities outside the Posyandu                |                    |                |
| yes                                            | 9                  | 5              |
| no                                             | 53                 | 18             |

Sources: SPSS analysis from primary data, 2018
stunting, plus unhealthy behavior due to low health knowledge (Kusumawati et al., 2015).

The relationship between sensitive and specific nutrition interventions and nutritional status of under two-year infants in KB Village along with other variables

A sensitive nutrition and specific nutrition intervention program is achieved or not based on whether or not the sensitive nutrition and specific nutrition intervention activities are implemented.

In normal nutritional status, there were 28.6% of families (mothers) who had implemented interventions of sensitive nutrition and specific nutrition according to the questions, after eliminating other variables. This is smaller than the group that did not achieve the intervention activities of sensitive nutrition and specific nutrition, which was 71.4%. Palangka Raya City and Bartim Regency with normal nutritional status had the highest percentage. Under two-year infants with short nutritional status (9.7%) were in Palangka Raya City and (4.3%) in Bartim Regency. The highest percentage of married age is in Palangka Raya City. There is a tendency that the earlier the mother gets married, the higher the percentage of stunting and malnourished children (Khusna and Nuryanto, 2017).

The value of ρ (0.02) is in exact sig. (2-sided) <0.05, meaning that there is a relationship between the achievement of the Intervention Activities of Specific Nutrition & Specific Nutrition with the Nutritional Status of Under two-year infants in the KB Village in Palangka Raya City and Bartim Regency. The correlation value (r) is 0.239, meaning that the correlation is still weak but the correlation value is positive. Therefore, the more sensitive nutrition intervention activities and specific nutrition interventions reach the target, the more normal nutritional status of under two-

| Variable | Palangka Raya City | Bartim Regency |
|----------|--------------------|----------------|
| Intervention Programs of Sensitive and Specific Nutrition | N   | %     | n | %   |
| achieved   | 18 | 29.1 | 2 | 8.7 |
| not achieved | 44 | 70.9 | 21 | 91.3 |
| Nutritional Status for under two-year infants (TB/U) | | | | |
| Normal  | 52 | 83.9 | 19 | 82.6 |
| Short | 6 | 9.7 | 1 | 4.3 |
| Very short | 4 | 6.5 | 3 | 13.0 |

Sources: SPSS analysis from primary data, 2018

| Nutritional status of Under two-year infants | Achievement of Sensitive & Specific Nutrition Programs | Total | X² | R |
|---------------------------------------------|-----------------------------------------------|-------|----|---|
| Achieved | Not achieved | | | |
| Normal | 20 (28.6 %) | 51 (71.4 %) | 71 (83.5 %) | 0.02 | 0.239 |
| Stunting | 0 | 14 (100 %) | 14 (16.5 %) | |
| Total | 20 | 65 | 85 | |

Source: SPSS analysis from primary data, 2018
year infants will be. National Movement for the Acceleration of Nutrition Improvement in the framework of the First Thousand Days of Life (1000 HPK) to prevent stunting (Khoeroh, Handayani and Indriyanti, 2017) contained in specific and sensitive nutrition interventions (Rosha et al., 2016). There is a significant relationship that the intervention activities of specific and sensitive nutrition can reduce the incidence of stunting in toddler (Khusna and Nuryanto, 2017). Educational variables are mother, age of marriage, exclusive breastfeeding, prevention of diarrhea, regular height measurement, participation in family planning and nutritional counseling. To find out the most dominant variable influencing, a simple logistic regression test was performed to determine the p value as the basis for the variable to be included in the multiple logistic regression test. The variables of maternal education and exclusive breastfeeding have P <0.05, meaning that they can enter into multivariate modeling II.

The thing that affects the nutritional status of under two-year infants is exclusive breastfeeding with p value of 0.012 <0.05 and RR value (6,702), meaning that if they are not given exclusive breastfeeding for 7 times, there is a risk of stunting in under two-year infants. Mother’s education with 0.001 <0.05 (RR 5.281), meaning that the lower the mother’s education is 5 times, the risk of stunting in under two-year infants. In line with Khusna & Nuryanto’s research, 2017, there is a relationship between exclusive breastfeeding and the nutritional status of toddlers (1-5 years). Mothers who do not provide exclusive breastfeeding and children under five who are malnourished are 2-3 years old (Giri, Muliawarta and Wahyuni, 2013). Mothers who do not provide exclusive breastfeeding have toddlers with nutritional status above the red line while mothers who give exclusive breastfeeding have children with nutritional status below the red line (Demirchyan et al., 2016); (Putu, Sugiani and Suarni, 2018). The result of the correlation test of significance value is p = 0.000 (p <0.05), which means that there is a relationship between exclusive breastfeeding and the nutritional status of children in 6-24 months (Andriani, Wismaningsih and Indrasari, 2015). Mother’s education affects parenting and child development (Muniroh and Ni’mah, 2015); (Waqidil and Adini, 2016). Community empowerment in the form of counseling or assistance to mothers when giving exclusive breastfeeding in the family development program for under two-year

Table 6. Relationship between Mother’s Education, Exclusive Breastfeeding, Regular Height Measurement, Nutrition Counseling, and Nutritional Status of Under Two-Year Infants

| Nutritional Status of Under Two-Year Infants | N     | P-value | RR     |
|-------------------------------------------|-------|---------|--------|
|                                           | Normal| Stunting|        |
| **Mother’s Education**                    |       |         |        |
| University                                | 6 (7.1%) | 0 | 6 (7.1%) | 0.001 | 5.281 |
| Senior high school                        | 56 (65.9%) | 6 (7.1%) | 62 (72.9%) |       |       |
| Junior high school                        | 7 (8.2%) | 4 (4.7%) | 11 (12.9%) |       |       |
| Primary school                            | 2 (2.4%) | 4 (4.7%) | 6 (7.1%) |       |       |
| **Exclusive breastfeeding**               |       |         |        |
| yes                                       | 59 (69.4%) | 7 (8.2%) | 66 (77.6%) | 0.012 | 6.702 |
| no                                        | 12 (14.1%) | 7 (8.2%) | 19 (22.4%) |       |       |
| **Regular Height Measurement**            |       |         |        |
| yes                                       | 58 (68.2%) | 14 (16.5%) | 72 (84.7%) | 0.998 | 0.000 |
| no                                        | 13 (15.3%) | 0 | 13 (15.3%) |       |       |
| **Nutrition Counseling**                  |       |         |        |
| yes                                       | 7 (8.2%) | 0 (0%) | 7 (8.2%) | 0.999 |     |
| no                                        | 64 (75.3%) | 17 (16.5%) | 78 (91.8%) | 150311599.488 |

Source: SPSS analysis from primary data, 2018
infants, which is one of the family planning programs as a prevention effort (Meutia and Yulianti, 2019). Breast milk is the raw material and source of energy in the body’s metabolism. The quality and quantity of food affects growth and development in children (Woldehanna, Behrman and Araya, 2017), so that during the growth period there should be enough food with balanced nutrition (National Population and Family Planning Board, 2017) (Prado et al., 2016).

**Conclusion**

There is a relationship between the achievement of intervention activities of sensitive nutrition & specific nutrition with the nutritional status of under two-year infants in Family Planning (KB) Village in Palangka Raya City and Bartim Regency, where the value of \( \rho \) (0.02) is in exact sig. (2-sided) <0.05, the correlation value (r) is 0.239 positive. This means that the more intervention programs of sensitive nutrition and specific nutrition reach the target, the more normal the nutritional status of under two-year infants. The dominant variable affecting nutritional status is exclusive breastfeeding with a \( p \) value of 0.012 <0.05, RR value (6.702), meaning that when exclusive breastfeeding is not given 7 times, there is a risk of stunting in under two-year infants. Mother’s education with 0.001 <0.05 also has 5 times of stunting risk. The village that was chosen as the KB village took part in implementing a intervention program of sensitive nutrition and specific nutrition. According to the objectives of the Population, Family Planning and Development Program (KKBPK), especially in the context of preventing stunting. A partnership with related parties and a joint commitment to run the KB village program is needed in accordance with the technical guidelines made by the National Population and Family Planning Board (BKKBN). The BKKBN in the Province collaborates with the Population Control Office at the city or district level, optimizing the role of Family Planning Counselor (PLKB) and cadres to activate the toddler family development program, increase counseling and counseling in under two-year infant families regarding stunting prevention interventions.

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