



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 (toddler) 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 ($\alpha = 5\%$) with the results of the test $p 0.02 < \alpha 0.05$ 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 $p 0.012 < 0.05$, RR = 6.702 (95% CI 1.518-29.579), mother's education $p 0.001 < 0.05$, 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 Muafif, 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

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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 Rahfiludin 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

Table 1. Characteristic of Respondents (Mothers and Under Two-Year Infants)

Characteristic of Respondents	Palangka Raya City		Bartim Regency	
	N	%	n	%
Gender of Under two-year infants				
Male	25	40.3	7	30.4
Female	37	59.7	16	69.6
Mother's education				
University	6	9.7	1	4.3
Primary School	3	4.8	3	13.0
Senior High School	47	75.8	14	60.9
Junior High School	6	9.7	5	21.7
Mother's job				
Honorary	1	1.6	0	0
House wife	51	83.3	21	91.3
Farmer	1	2.6	1	4.3
State worker	7	11.3	1	4.3
Private worker	1	1.6	0	0
Business	1	1.6	0	0
Age of married mother				
<20 years	48	77.4	22	95.7
≥20 tahun	14	22.6	1	4.3

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	
	n	%	n	%
Immunization				
yes	62	100	23	100
no	0	0	0	0
Exclusive breastfeeding				
yes	48	77.4	17	73.9
no	14	22.6	6	26.1
Fortification of Iron in Food				
yes	2	3.2	0	0
no	60	98.8	23	100
Complete Immunization				
complete	46	74.2	16	69.6
not complete	16	25.8	7	30.4
Immunization history was recorded in KMS				
yes	48	77.4	17	73.9
no	14	22.6	6	26.1
Prevention of diarrhea				
yes	29	46.8	10	43.5
no	33	53.2	13	56.5
Regular Height Measurement				
yes	49	79.0	23	100
no	13	21.0	0	0
Nutrition Counseling by Health Officers				
yes	4	6.5	1	4.3
no	58	93.5	22	95.7
Ante Natal Care (ANC)				
yes	62	100	23	100
no	0	0	0	0
Providing Tablets for Supplements / Iron in Pregnant Women				
yes	62	100	23	100
no	0	0	0	0
Prevention of Malaria During Pregnancy				
yes	32	0	0	0
no	30	100	23	100
Mother's Difficulties for Exclusive Breastfeeding				
yes	13	21	5	21.7
no	49	79	18	78.3
Assistance in breastfeeding by health workers (7 to 23 months)				
yes	5	0	0	0
no	57	100	23	100
Provision of worm medicine (7 to 23 months)				
yes	21	66,1	0	0
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

Table 3. Activities of Nutrition Sensitive Interventions

Nutrition Sensitive Interventions	Palangka Raya City		Bartim Regency	
	N	%	n	%
Access to clean water				
yes	61	98.4	19	82.6
no	1	1.6	4	17.4
Household waste disposal				
yes	2	3.2	5	21.7
no	60	96.8	18	78.3
Temporary trash disposal				
yes				
no	62	100	17	73.9
	0	0	6	26.1
KB participation				
yes	51	82.3	20	87.0
no	11	17.7	3	13.0
Ownership of public health insurance (Jamkesmas)				
yes	57	91.9	19	82.6
no	5	8.1	4	17.4
Knowledge about KB village				
yes				
no	59	95.2	19	82.6
	3	4.8	4	17.4
Activities outside the Posyandu				
yes	9	14.5	5	21.7
no	53	85.5	18	78.3

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 p (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-

Table 4. Intervention Program of Sensitive Nutrition / Specific Nutrition and Nutritional Status of Under Two-Year Infants in KB Villages, Palangka Raya City and Bartim Regency

Variable	Palangka Raya City		Bartim Regency	
	N	%	n	%
Intervention Programs of Sensitive and Specific Nutrition 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

Table 5. The Relationship between the Intervention Programs of Nutrition Sensitive & Specific Nutrition and the Nutritional Status of Under two-year infants in the KB Village, Palangka Raya City and Bartim Regency.

Nutritional status of Under two-year infants	Achievement of Sensitive & Specific Nutrition Programs		Total	X ²	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					150311599.488
yes	7 (8.2%)	0 (0%)	7 (8.2%)	0.999	
no	64 (75.3%)	17 (16.5%)	78 (91.8%)		

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 ρ (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 Conselor (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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References

- Aisyah., Suyatno., & Rahfiludin, Z.M., 2019. Factors Related to Stunting in First Grade Children in Islamic Primary Schools Taqwiyyatul Wathon, Coastal Areas of Semarang City. *Journal of Public Health (e-Journal)*, 7(1), pp.280–288.
- Andriani, R., Wismaningsih, E.R., & Indrasari, O.R., 2015. The Relationship of Exclusive Breastfeeding with the Incidence of Undernutrition in Toddlers at the Age of 1 - 5 Years, Correlation Between Exclusive Breastfeeding Provision With Toddler' S Malnutrition Status Age 1 – 5 Years Old, *Jurnal Wiyata*, 2(1), pp.44–47.
- Aridiyah, F.O., Rohmawati, N., & Ririanty, M., 2015. Factors Affecting the Incidence of Stunting in Toddlers in Rural and Urban Areas (The Factors Affecting Stunting on Toddlers in Rural and Urban Areas). *e-Journal of Health Library*, 3(1).
- National Population and Family Planning Board., 2015. *Technical Guidelines of KB Village*.
- National Population and Family Planning Board., 2017. *Guidelines for Family Planning Village Management (Guidelines for KB Village Managers in the Field)*.
- National Population and Family Planning Board., 2017. *Reproductive Health Promotion and Counseling Materials for Group of Activities*. Jakarta: National Population and Family Planning Board.
- Health Research and Development Agency., 2013. Basic Health Research (RISKESDAS) 2013, *Nasional Report 2013*.
- National Planning Agency., Central Bureau of Statistics: United Nations Population., 2013. *Projection of Indonesian Population 2010-*

2035. *Central Bureau of Statistics*.
- Demirchyan, A., Petrosyan, V., Sargsyan, V., & Hekimian, K., 2016. Predictors of Stunting Among Children Ages 0 to 59 Months in a Rural Region of Armenia. *JPGN*, 62(1), pp.150–156.
- Firadaus., & Muafif, M., 2016. Analysis of Parenting Patterns with Nutritional Status of Preschool Children in RT 01 RW 01 Manunggal Village, Bangkalan, Madura. *Jurnal Ilmiah Kesehatan*, 9, pp.215–220.
- Giri, M.K.W., Muliawarta, I.W., & Wahyuni, N.D.S., 2013. Relationship between Exclusive Breastfeeding and Nutritional Status of Toddlers at 6-24 Months of Age in Kajian Buleleng Village. *Jurnal Sains dan Teknologi*, 2(1), pp.184–192.
- Khoeroh, H., Handayani, O.W.K., & Indriyanti, D.R., 2017. Evaluation of Management of Toddler Stunting Nutrition in the Work Area of the Sirampog Community Health Center. *Unnes Journal of Public Health*, 6(3), pp.189.
- Khusna, N.A., & Nuryanto., 2017. Relationship between the Age of Mothers Who Married Early and the Nutritional Status of Children Under Five in Temanggung District. *Journal of Nutrition College*, 6, pp.1–10.
- Kusumawati, E., Rahardjo, S., & Sari, H.P., 2015. Model for Controlling Risk Factors for Stunting in Under Three-year Infants. *Jurnal Kesehatan Masyarakat*, 9(3), pp.249–256.
- Leung, B., Giesbrecht, G.F., & Letourneau, N.L., 2016. Perinatal Nutrition in Maternal Mental Health and Child Development: Birth of A Pregnancy Cohort, *Early Human Development*. Elsevier Ireland Ltd, 93, pp.1–7.
- Mardiani, I., & Purnomo, H.N., 2018. *Population Issues and Demographic Bonus*, Ministry of Education and Culture; Ministry of Research, Technology and Higher Education.
- Mardiyono., 2017. KB Village as an Effort for Community / Family Empowerment in East Java. *Jurnal Cakrawala*, 11(2), pp.129–136.
- Meutia, F.I., & Yulianti, D., 2019. Stunting Intervension Strategy Based on Community Empowerment, *Journal of Public Health*, 15(2), pp.187–195.
- Muniroh, L., & Ni'mah, C., 2015. The Relationship Between Education Level, Knowledge Level, & Mother's Parenting Style with Nutrition Level. *Indonesian Nutrition Media*, 10(1), pp.84–90.
- Mustafa, J., 2015. Problems of Short Children (Stunting) and Interventions to Prevent Stunting (A Literature Review). *Journal of Community Health*, 2(6), pp.254–261.
- Prado, E.L., Abbeddou, S., Adu-Afarwuah, S., Arimond, M., Ashorn, P., Ashorn, U., Brown, K.H., Hess, S.Y., Lartey, A., Maleta, K., Ocansey, E., Ouédraogo, J., Phuka, J., Somé, J.W., Vosti, S.A., Jimenez, E.Y., & Dewey, K.G., 2016. Linear Growth and Child Development in Burkina Faso, Ghana, and Malawi. *Pediatrics*, 138(2).
- Pratiwi, A.N., 2017. *SWOT Analysis of Village Family Planning (KB) Program Management in Kaso Village, Sukaraja Village, Warunggunung District, Lebak Regency*.
- Purwaningsih, E., Sumarmi., & Saputra, D.L.H., 2015. The Relationship Between the Frequency of Breastfeeding and The Success of the MAL Method in the Ringin Putih village, Karangdowo, Klaten. *Kebidanan*, 5(10), pp.13–22.
- Putu, P., Sugiani, S., & Suarni, N.N., 2018. Description of Nutritional Status and the Incidence of Stunting Children in Early Childhood Education Programs in Bali-Indonesia. *Bali Medical Journal (Bali Med J)*, 7(3), pp.723–726.
- Rahmadini, N., Sudiarti, T., & Utari, D.M., 2013. Toddler Nutritional Status Based on Composite Index of Anthropometric Failure. *Journal of National Public Health*, 7(12), pp.539–544.
- Rosha, B.C., 2016. The Role of Specific and Sensitive Nutrition Interventions in Improving Nutrition Problems for Toddlers in Bogor City. *Health Research Bulletin*, 44(2), pp.127–138.
- Sholikah, A., Rustiana, E.R., & Yuniastuti, A., 2017. Factors Related to Nutritional Status of Children in Rural and Urban Areas. *Public Health Perspective Journal*, 2(1), pp.9–18.
- Tentama, F., 2018. Strengthening the Family as an Effort to Reduce Stunting in the Population, Family Planning and Family Development Program (KKBPK). *Empowerment Journal; Community Service Publications*, 2(1), pp.113–120.
- National Team for Poverty Reduction Prevention (TNP2K)., 2018 *Encouraging Convergence and Effective Efforts to Accelerate Stunting Reduction*.
- Waqidil, H., & Adini, C., 2016. The Relationship Between Mother's Education Level and Toddler Development at Age 3-5 Years. *Health Care*, 7(2), pp.27–31.
- Wayan, I.G., & Yasa, M., 2019. The Effectiveness of the Family Planning Village Program (KB) and the Impact on the Welfare of Poor Families in Denpasar. *E-Journal of Economics*

and Business of Udayana University, 7,
pp.711–740.
Woldehanna, T., Behrman, J.R., & Araya, M.W.,
2017. Original Article The Effect of Early

Childhood Stunting on Children's Cognitive
Achievements: Evidence from Young Lives
Ethiopia, *Ethiop.J.Health Dev*, 31(2), pp.75–
83.