



Implementation of Family Planning Village as an Effort to Prevent Stunting among Children Under Five

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Abstract

Background: The prevalence of stunting in Yogyakarta City in 2022 has been successfully reduced to 13.8%. This figure is lower than the national prevalence of stunting, which is 21.6%. The success of reducing stunting is supported by the KB Village program. The research aims to explore the implementation of Family Planning Villages as an effort to prevent stunting in toddlers.

Method: This research uses a qualitative approach. This research was carried out in the KB Village, Purwobinangun Village, Pakem Community Health Center Working Area in October – November 2022. Participants in this research were family planning instructors, health cadres, head of the KB Village, Nutritionist. In-depth interview technique was used for data collection. Data analysis was carried out in stages: data collection, data reduction, data presentation, drawing conclusions.

Results: Efforts to prevent stunting in the KB Village area can be carried out by implementing various stunting prevention activities, such as providing education to the community and providing additional food to stunted toddlers, caring for children through the role of fathers. Encourage cooperation and collaboration across sectors and activity groups. There are obstacles such as not being able to maximize the activities of the Youth Information and Counseling Center (PIK-R) and online reporting due to limited human resources.

Conclusion: The implementation of KB Villages in efforts to prevent stunting has gone well through cross-sectoral collaboration.

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INTRODUCTION

Stunting is one of the nutritional problems experienced by children under five in the world today. Data on the prevalence of stunting in children under five collected by the World Health Organization (WHO), Indonesia is included in the third country with the highest prevalence in the South-East Asia Regional (SEAR). The average prevalence of stunting in children under five in Indonesia in 2005-2017 is 36.4% (Pusdatin, 2018). In 2018, three out of ten children under five were stunted, while 1 in 10 were underweight or too thin, and a fifth of elementary school children were obese (UNICEF, n.d.).

Based on the results of the Indonesian Nutrition Status Survey (SSGI) in 2021, the prevalence of stunting showed a decrease from 27.7% in 2019 to 24.4%. However, the prevalence of underweight increased from 16.3% to 17% (Kemenkes RI, 2021). The Indonesian Nutrition Status Survey (SSGI) in 2022, the stunting rate decreased from 24.4% in 2021 to 21.6% in 2022. The case of stunting in Yogyakarta City in 2022 is already lower than the national figure, which is 13.8 percent. It is known that the national stunting rate in 2022 reached 21.6 percent (Kemenkes RI, 2023).

Family Planning Village has become an innovative and strategic program to be a development model that involves all sectors in the community (Kominfo, 2017). The importance of the commitment and synergy of the government, managers, the community, and stakeholders in successfully educating families in Family Planning Village (Remiswal et al., 2021). Previous research shows that Family Planning Village brings many changes in the community, such as tutoring movements in teenagers to waste bank projects. Family Planning Village brings many changes in the community, such as tutoring movements in teenagers to waste bank projects (Aji & Yudianto, 2020). Based on the existing data, that the Special Region of Yogyakarta in 2019 has 171 Family Planning Villages (BKKBN, 2022). Family Planning Village has a role in preventing stunting through two major programs implemented in the community (Rahmisutar & Astuti, 2021). Assistance to pregnant women in Family Planning Village is

expected to prevent and overcome stunting in the first 1000 days of life period (Simbolon et al., 2021). Similar research was also conducted by Setyawati & Ramadha (2020) showed that Family Planning Village as a sensitive nutrition intervention effort contributes to the prevention of stunting.

This research was conducted with a qualitative approach to dig deeper to obtain information from participants in efforts to prevent stunting through sensitive nutrition efforts. The purpose of this study is to find out the implementation of Family Planning Village as an effort to prevent stunting in children under five in the Working Area of Pakem Health Center, Sleman and to know what factors influence the implementation of Family Planning Village.

METHODS

This research uses a descriptive qualitative approach. The research was conducted in the Family Planning Village of Kalurahan Purwobinangun, Pakem Health Center Working Area in October - November 2022. The participants in this study were Family Planning counselors, cadres, the head of Family Planning Village, and a Nutritionist. The validity of the data in this study uses credibility in the form of source triangulation. The instrument in this study is the researcher himself (observer as participant). The data collection technique used by the researcher in this study is the indepth interview technique and documentation study. Indepth interviews were conducted using an interview guide consisting of open questions, assisted by writing tools and recording devices to record and record the information obtained. The data analysis used in this study is an interactive model consisting of four steps, namely: data collection, data reduction, data presentation, conclusion drawing. This research has obtained ethical clearance from the Research Ethics Commission of the Faculty of Health Science, Universitas Respati Yogyakarta, with number: 095.3/FIKES/PL/VII/2022.

RESULTS AND DISCUSSIONS

This effort to improve stunting aims to prevent and reduce disturbances directly

(specific nutritional interventions) and efforts to prevent and reduce disturbances indirectly (sensitive interventions). Stunting countermeasures from the health sector alone (specific nutrition) will only overcome the problem of stunting by 30%, while the remaining 70% is sensitive nutrition. Specific nutritional interventions are generally carried out in the health sector and are aimed at pregnant women and children in the first 1000 days of life, while sensitive nutritional interventions involve various sectors outside the health sector, such as poverty alleviation, food security, availability of clean water and sanitation, and others. Cross-sector health efforts refer to sensitive nutritional intervention efforts in an effort to

reduce stunting cases, Family Planning Village is one of the government's efforts to overcome population problems. Family Planning Village aims to improve the quality of life of the community at the village level or equivalent through the Population Family Planning and Family Development Program (KKBPK) and the development of other sectors in order to realize a quality small family (Kominfo, 2017).

This research was conducted from September to November 2022 in the Family Planning Village of Kalurahan Purwobinangun, Pakem Health Center Working Area. The following are the characteristics of the informants in this study:

Table 1 Characteristic of Informants

ID	Age	Level of Education	Position
KI1	32	SHS	Cadre
KI2	42	SHS	Head of Family Planning Village
KI3	45	D-IV	Nutritionist
TI1	38	S1	Family Planning Counselor

Based on Table 1, it shows that this research uses informants as a source of information, namely key informants (KI) and triangulation informants (TI).

Definition of Family Planning Village Program

Family Planning Village is an innovative and strategic program to become a model of development that involves all sectors in the community. Family Planning Village as a sensitive nutrition intervention effort contributes to the prevention of stunting.

The history of the formation of Family Planning Village in Purwobinangun is conveyed by one of the informants as follows:

"...the Family Planning village was formed in 2017 by the village head, but he resigned, causing a leadership vacuum. After two years, through deliberation, I was appointed as the head of the Family Planning village. During its operation, the activities for BKB, BKL, BKR have been quite good, but for PIK-R, it has not been running very well. In 2021, the management of the Family Planning village working group was moved to the Kalurahan level, so the current obstacle is why it has not been running well, because so far the activities have been carried out at the Padukuhan level. When it was raised to

the Kalurahan level, the working group was automatically new, many were new, and the coverage area was wider..."(KI2)

"...In 2016-2017, the Family Planning Village was a miniature of the KKBPK program or Bangsa Kencana from BKKBN, which was initially at the Padukuhan level (pilot area), but in 2017-2018, its scope was wider at the Kalurahan level..."(TI)

According to one informant, there are four major programs in the Family Planning Village in Purwobinangun. Here is a quote from the informant.

"...first, the development of BKB, BKR, BKL, PIK-R was initially carried out every month, usually together with Posyandu or PKK activities, but because of Covid, the activities were incidental. Second, the development of IMP PPKBD and Sub PPKBD cadres is carried out every month. Third, the meeting of the Family Planning Village working group if there is a BOKB budget from the P3AP2KB Office. The last is the social service activities of Family Planning are carried out during strategic moments such as Indonesia's Independence Day, family day, contraception day..."(TI)

According to Amelinda & Haryani (2023), previous research showed the

existence of the Dashat program in Family Planning Village Srikandi Gilingan, reviewed from the indicators of goal achievement and results, target group satisfaction, and client responsiveness, tends to be quite effective in reducing the prevalence of stunting in children under five and balanced nutrition education for the target group.

“...okay, actually it is related to the activities of the Family Planning village, we are not directly involved but usually we are there in the meetings of the Family Planning village to convey about stunting because coincidentally the Family Planning village in Purwobinangun, in Ngepring, the stunting rate is quite high there...”(KI3)

This effort to improve stunting aims to prevent and reduce disturbances directly (specific nutritional interventions) and efforts to prevent and reduce disturbances indirectly (sensitive interventions). The implementation regulations of Family Planning Village in Sleman Regency are: Law No. 52/2009, Presidential Instruction no. 3/2022 about the optimization of quality village management, and Sleman Regent Decree No. 52/KepKDII/A/2016 about Family Planning Village.

This is in accordance with the research (Handi et al., 2020) which shows that the Family Planning Village has been running well, with many educational activities for the community in the field of health and social economy. The existence of this Family Planning Village has been able to improve the welfare of the community, but there are also factors that hinder this program, namely community awareness and the lack of extension workers.

Providing Supplementary Food and Health Education as a Program in Efforts to Prevent Stunting

Supplementary Feeding and Health Education are the main programs in preventing stunting. According to the potential in Muncanglarang Village, it can be processed into supplementary food (PMT) from materials that are easily obtained in the village, such as corn, to facilitate parents in providing affordable supplementary food for children under five (Purnaningsih et al., 2023). The following are

some quotes from informants related to PMT as one of the programs for stunting prevention.

“...maybe hmm... from the consultation side, so mothers who have children who are maybe less tall can consult, later we will bring the resource person here like that...” (IK1)

“... for stunting, we (cadres) just monitor the toddlers, then we continue to provide a nutritional intake that every month we give supplementary feeding for additional food...” (KI1)

“...food ingredients, we focus more on the protein, there are fruits, vegetables, tofu, tempeh is not there so yesterday we were indeed more types of protein...”(KI3)

“...raw staple food... yesterday there were eggs, fruits,...hmmm... yes usually if stunting must have a lot of protein...” (KI1)

The form of education that can be given to families is the improvement of the knowledge of mothers of children under five in providing food for babies/children according to stages and age. This is in accordance with the opinion of the informants (Rahmuniyati, 2022). This is in line with the research (Rahmuniyati & Khasana, 2020) showing that the education of the 4* Complementary Foods (MP-ASI) menu can increase the knowledge of mothers so that mothers can provide appropriately according to age, stages, and are more skilled in making 4* Complementary Foods (MP-ASI) from local food ingredients that have high nutritional value, thus it can improve the nutritional status of children under five.

“...This supplementary feeding is the activity of our Kalurahan, we are not directly involved but we participate to monitor directly whether the food is eaten by the toddlers, it is indeed difficult but we usually make a monitoring form for them to fill out... for malnutrition alone, it's hard for us to ensure that this supplementary feeding is really eaten by these children, it's difficult...” (IK3)

Health Education is also very necessary in preventing stunting. This is similar to previous research that community empowerment as an effort to fulfill balanced nutrition for families at risk of stunting is very necessary (Sugjani et al., 2023). In the research (Rahmuniyati et al., 2021), as much as 72.2% of the participants' knowledge level increased after getting

counseling. KIE provided through counseling and the practice of making complementary feeding starts from the complementary feeding menu for ages 6 - 9 months, 9 - 12 months, and 12 months and above

Role of Family Planning Village in Preventing Stunting

The informant conveyed that Family Planning Village has already implemented many activities related to efforts to prevent stunting. This is in line with previous research that there has been a decrease in stunting rates in Ponoradan Hamlet, Tanjungsari Village, Tlogomulyo Subdistrict through the implementation of the Child Family Development (BKB). BKB cadres received basic training. The implementation of BKB received full support from village officials, and the necessary equipment has been prepared for the implementation of BKB activities (Nashihin et al., 2022). The following are quotes from the informant in this research.

“...it has a role, especially through BKB and PIK-R. The most we encourage from PIK-R, if you want to get married, we have already given counseling to the bride and groom so that they can understand that in the future they must prepare so that the baby does not stunted. The second is the provision of PMT...” (KI2)

“...the effort of the Family Planning Village is in family development more towards the prevention of stunting in BKB, PIKR and Family Planning (like the free Family Planning service social program). The BKR program is more towards the socialization of the maturation of marriage age (PUP) and through BKB in collaboration with cadres, PAUD, conducting counseling and weighing...” (TI)

“...from the managers of the Family Planning village program and Kapanewon have already collaborated and synergized with farmer groups at the Padukuhan level. The Family Planning cadre also serves as the manager of the village. Kapanewon with Kalurahan coordinates activities...” (TI)

BKB, as a group activity from Family Planning Village, also contributes to the prevention of stunting by conducting growth and development checks on children aged 0 - 5

years, both motor and psychomotor, and then recording it. All families who have vulnerable group members, such as pregnant women, breastfeeding mothers, infants, stunted children under five, especially from less fortunate families, their nutritional fulfillment can be through the utilization of local food ingredients that can be combined with other resources. BKR has a group of child and adolescent parenting patterns, such as providing nutritious food to teenage girls who experience KEK are given PMT. Activities from the Adolescent Information and Counseling Center (PIK-R) are a container for the Family Activity Planning Program for Adolescents (PKBR) which is managed from, by, and for adolescents.

Cross-Sectoral Collaboration in Preventing Stunting

Cross-sectoral collaboration and cooperation have already been carried out in Family Planning Village. Here are some quotes from the informant.

“...the village headman and his wife also participate, so we, as community leaders, also play a role. RT RW usually have several activities...” (KI1)

“...stunting cases must be resolved cross-sectorally, stunting has many causes from nutrition, sanitation, environment, parenting patterns also affect. If from us, seeing the results cannot be short-term but in the long term with the approach more to the family through the guidance activities that have been carried out. More towards preventive, counseling, IEC, so it's a bit difficult if seen in the short term (laughs a little)...” (TI)

“...if now cross-sectoral cooperation is increasingly encouraged because we in the sub-district itself have a team called the acceleration team for reducing stunting (TPPS), cross-sectoral for example from KUA itself, KUA is now holding a meeting for prospective brides and grooms, usually the health center/midwife is invited to provide reproductive health material and stunting...” (KI3)

According to previous research, stunting is caused by various factors, such as health, socio-cultural, and economic factors. The issue of stunting, which is caused by various dimensions, is attempted to be resolved through

cross-sectoral coordination such as the Regional Development Planning Agency, DP3APP-KB, KUA, Community Health Centers, and the community (Safina et al., 2023).

“...yesterday when it was at the Padukuhan level, it was quite good, the RT figure, the Posyandu cadre was quite good, there was quite a lot of involvement from the PKK cadre, Kamituwo, Jagabaya were actually involved, what are the job descriptions that need to be done so that there needs to be further guidance...” (KI2)

“...from BBKN there is technical guidance for BKB and BKR cadres, from the Subdistrict cooperation with the health center in the form of Posyandu visit activities, providing counseling (resource persons from the health center and subdistrict)...” (TI)

Constraints on the Implementation of Family Planning Village

Efforts to prevent stunting are also carried out through group activities as a place for the community to learn together about ways to prevent stunting, for example about child care, which can be a common issue like BKB. Through these farmer groups, the community will get information related to stunting prevention, as well as share advice or experiences among group members. Research by Handi, Sujianto and Rusli (2020) shows that the Family Planning Village program in South Tanjung Belit Village is running well, but changes need to be made in terms of empowerment, training, and cadre socialization. Several obstacles were encountered in the field during the implementation of Family Planning Village. The following are quotes from the informant.

“...yes...usually the mothers find it hard to be asked to come, there’s usually a reason, so how can we bring everyone in, but sometimes it’s hard...” (KI1)

“...when the technicalities of online reporting are still constrained, even though the activities are running, for example from home, it’s hard to upload data to the web, the reporting on the website is error-prone... if it’s offline, there are some activities. The human resources have not yet done online reporting...” (KI2)

“... (smiling)...there was a change of management at the Padukuhan level to the Kalurahan level. The obstacles are in terms of

time, the ability of the human resources, the cadre finds it hard to update the activities to the website, even though the activities have been running. The activities of the Family Planning Village can actually be seen from the website, but the website is sound asleep (smiling), the last activity update was in 2021...” (TI)

According to the informant, the evaluation of the success of Family Planning Village is based on the level of online reporting, but in Kalurahan it is not yet optimal due to human resources and understanding of technology. There are those who want to, but the ability is not yet there, there are those who do not want to but have the ability. Based on previous research, the evaluation of the implementation of specific nutritional interventions in Indonesia is already good, the obstacle found is the lack of evenly distributed health workers (Dewi et al., 2022).

“...yes, so if the Kalurahan accompaniment is still being carried out, it has not yet been reported, according to the cadre, the TPK report is a lot, they have difficulties...” (KI3)

The Posyandu program in preventing stunting in this pandemic era has been carried out (Rahmuniyati, 2022). Selain posyandu, In addition to Posyandu, Community Health Centers (Puskesmas) also play a role in preventing stunting, in accordance with previous research (Rahmuniyati, 2020), Puskesmas also monitor, coordinate with the community and cadres related to the implementation of activities and invite the community to analyze environmental conditions as an effort to prevent stunting. Similarly, in previous research, the existence of Family Planning Village has led to changes in the level of health and welfare of families, but the changes are very slow and not significant. One of the causes is the lack of human resources as village implementers (Resnawaty et al., 2021). According to research by Widya Saputra et al (2019), it shows that the obstacles that need to be addressed in the implementation of Family Planning Village are funding and field PLKB personnel. Therefore, the implementation of the Family Planning Village program in Samarinda City needs to be improved in the coming years.

Parenting as a Cause of Stunting

There are many factors causing stunting, but some informants have stated that parenting styles also have an influence on stunting in children under five.

“...there are other factors, actually if it's said to be malnutrition, it's not really, but it tends to be parenting. So it's not always about economic difficulties, but it tends to be in parenting...” (KI2)

This is based on previous research showing that parenting in feeding babies and children, where children under five who are not given exclusive breastfeeding for 6 months have a 2.2 times higher risk of experiencing stunting compared to children under five who are given exclusive breastfeeding (Wulandari et al., 2023). According to previous research, one of the factors influencing the occurrence of stunting in children under five is a lack of understanding about good child-rearing practices and the perception that stunting is a hereditary disease that cannot be overcome (Yanti & Hasibuan, 2023). Family Planning Village can effectively improve the practice of a clean and healthy lifestyle (PHBS) and the role of the father in child care (Setyawati & Ramadha, 2020).

“...actually, there should be involvement from the education department... when teenagers are in junior high school and high school, they are at an age where they will soon get married, if they don't understand the knowledge, they will be confused about getting married, so there must be involvement from the world of education to prepare these teenagers to become good parents who can raise their children, so that the chain of stunting/bad parenting can be broken from there...” (KI2)

According to previous research, BKB Kenanga nurtures parents of children under five so that they can carry out good and correct child-rearing patterns through child-rearing groups. An example of child-rearing material is in the provision of healthy food. BKB Kenanga also collaborates with Posyandu in stimulation activities and early detection of child growth and development interventions (Rahmisutar & Astuti, 2021). This is also in line with previous research showing that Posyandu is the front line

in screening for stunting in children under five.

“...clearly there is from the health center and DP3P2KB preparing the mentality for teenagers who want to get married through counseling...” (KI2)

Adolescents Become the Focus in the First 8000 Days of Life Program

The first 8000 days of life Program is a continuation of the first 1000 days of life Program, where the 8000 HPK Program covers the period from when a child is still in the womb until late adolescence, around the age of 19 years. Health literacy is also very necessary at adolescence. The purpose of this literacy is to increase the knowledge of adolescent girls about the importance of iron intake in adolescence and its function to prevent anemia, the distribution and consumption of TTD for adolescent girls, so this kind of nutritional literacy is very necessary for adolescent girls. According to Marjan et al (2023), it shows that as many as 31.1% of adolescent girls are obese and 8.4% are over-nourished, and the prevalence of anemia reaches 23.5%. Adolescent girls who have anemia have the potential to give birth to stunted children, therefore early awareness is needed to prevent anemia.

“...for first 8000 days of life, socialization has started for teenagers/prospective brides and grooms (more towards IEC), through PIK-R through schools direct monitoring is carried out, from the health center in the form of giving Fe tablets to teenage girls...” (TI)

“...if it's for teenagers, we only have BKR but for teenage Posyandu we haven't started yet...” (KI1)

“...it needs to be improved, starting from focusing on teenagers first, they are the ones who have to raise the next generation. Past cases could be given supplementary feeding recovery...” (KI2)

“...we once had a seminar on first 8000 days of life but the implementation hasn't started yet...” (KI3)

Based on anemia screening in adolescent girls in Yogyakarta City in 2019 in 10 schools, it was as high as 23%. Anemia in adolescent girls can impact school performance, and also risk the occurrence of anemia when they become pregnant. This results in suboptimal fetal

growth and development, potentially causing pregnancy and childbirth complications, up to death in mothers and children, LBW and children have a greater potential for stunting. Here is a quote from the information in this study.

“...a new program from BKKBN (at the end of 2021) related to the accompaniment of target citizens to prevent stunting, accompaniment of prospective brides and grooms, pregnant women and postpartum women by TPK cadres (family accompanying team), but it's not optimal yet because in September there was only the 2nd orientation for the TPK cadres (according to the Regency's decree)...” (TI)

This is similar to previous research that there is a need to increase public awareness about stunting, an environment that supports the strengthening of first 1000 days of life and strengthens residents in the formation of Family Planning villages and strengthening PIK-R (Tentama et al., 2018). Posyandu also plays an important role in the active role of adolescents. This is in line with the research (Jusuf et al., 2023) showing that providing counseling related to stunting in adolescent girls can improve knowledge to be better.

CONCLUSION

The conclusion of this study is that the implementation of the Family Planning Village activities is going well with good cross-sectoral cooperation among all parties in an effort to prevent stunting. Some shortcomings, such as PIK-R activities, have not been maximally implemented in the Family Planning Village. Online reporting has not been maximally carried out due to limitations in human resources, time, and skills from the Family Planning Village managers. Another factor causing stunting is the child-rearing pattern in the family that determines the child's nutritional status. Interestingly, all data collection and activity implementation run smoothly and are well documented.

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