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Enhancing Child Development: Assessing the Impact of Monitoring Programs on Growth in Kendari City's Children Aged 6-59 Months

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ABSTRACT

Growth serves as a crucial indicator of good nutritional status, attainable through adequate nutrition from an early age. Insufficient nutrition from the prenatal stage through birth can lead to various health issues that impede the growth and development of children. This study aims to analyze the effects of a monitoring program on toddler growth in Kendari City. Conducted between January and March 2023, this analytical observational study employed a cross-sectional design involving 120 respondents from the Benu-benua Health Center and Nambo Health Center in Kendari City, Southeast Sulawesi, Indonesia. The research data underwent processing and analysis using Chi-square tests and multiple linear regression. The findings revealed that knowledge, perceptions, family support, and the involvement of community health workers significantly impacted infant growth within the working areas of Puskesmas Benu-Benua and Puskesmas Nambo.

Keywords: Influence, Monitoring, growth, Toddlers

INTRODUCTION

Growth serves as an indicator of good nutritional status, indicating that children receive adequate nutrition suitable for their age, ideally beginning from early infancy and extending through the crucial period from 0 to 5 years-the golden age encompassing a child's first 1000 days of life (Aditianti et al., 2020; Santri et al., 2014). When there are growth issues or insufficient nutritional intake from the prenatal stage through birth, various health problems may arise, impacting the growth and overall development of children (Sugiarti et al., 2021).

Failure to meet children's needs during the golden age can lead to several consequences, including cognitive impairment, stunted growth or short stature, speech delays, and behavioral disorders. Consequently, it becomes crucial for parents to acknowledge each stage of their child's golden age and offer appropriate care and stimulation tailored to their children's growth and development (Armini et al., 2020). Stunting is typically linked to chronic malnutrition, influenced by poverty levels and inadequate parenting practices. This condition can hinder optimal cognitive development, increase susceptibility to illnesses, and diminish competitiveness (Kimani-Murage et al., 2010; Kurniavie et al., 2020).

In 2021, the World Health Organization, UNICEF, and the World Bank reported that the prevalence of stunting among children under the age of 5 reached 149.2 million worldwide (Wahyuningsih et al., 2022). According to nutrition monitoring data from 2020, it is anticipated that this figure will decrease by 2030, employing various methodologies specific to each region

(Taqwin et al., 2020). ASEAN statistics indicate that Indonesia ranks second highest in stunting rates within the region, trailing Timor Leste with a rate of 48.8%. Stakeholders are urged to collaborate and align efforts to enhance nutrition among children under five, aiming to prevent early marriage, which stands as one of the leading causes contributing to the high stunting rate.

According to findings from the 2019 Indonesian Toddler Nutrition Status Survey (SSGBI), the prevalence of stunting among toddlers in Indonesia showed a promising decrease of 3.1%, achieving a rate of 27.7%. However, due to the Covid-19 pandemic, the Indonesian Toddler Nutrition Status Survey (ITNSS) couldn't be conducted in 2020. Notably, four provinces achieved stunting rates below 20%: Bali, Riau Islands, Bangka Belitung Islands, and DKI Jakarta. Conversely, two provinces, West Sulawesi and NTT, still exhibited rates exceeding 40%. The pandemic hindered the 2020 Indonesian Nutrition Status Survey, leading the government to resort to statistical modeling for predictions (Aditianti et al., 2020).

Health programs implemented from prenatal stages to a child's first five years aim to safeguard their survival and enhance their quality of life. The overarching goal is to facilitate optimal growth and holistic development encompassing physical, mental, emotional, and social aspects (Armini et al., 2020). Nutritional issues, particularly stunting in children under five, pose significant obstacles to child development, leading to long-term adverse effects such as cognitive impairment, increased susceptibility to non-communicable diseases, reduced productivity contributing to poverty, and higher risks of giving birth to low-weight babies. Approximately 16% of children under five in Indonesia exhibit developmental disorders, including challenges in cognitive, language, and motor development. Among typically developing children under five, an estimated 1-3% experience general developmental delays (Sugiarti et al., 2021).

The Basic Health Research (BHR) data from 2018 highlights that East Nusa Tenggara Province holds the highest prevalence of stunting and malnutrition in Indonesia, with a stunting rate of 42.6%. Analyzing this data reveals that among the 21 districts in NTT Province and Kendari City, Southeast Sulawesi, 10.12% fall into the 'very short' category, while 16.53% fall into the 'short' category (Aditianti et al., 2020). Presently, Southeast Sulawesi ranks among the 12 provinces in Indonesia with a significantly high prevalence of stunting. According to the Southeast Sulawesi Health Office's 2021 data, the stunting scenario in Southeast Sulawesi Province shows a notable increase: 12.31% are categorized as 'short,' 6.18% as 'very short,' contributing to an overall prevalence of 18.5%, now ranking among the top ten nationally. The 2016 assessment of nutritional status revealed that nationally, 27.5% of toddlers were categorized as stunted based on the assessment of TB/U or PB/U. Specifically for Southeast Sulawesi province, the nutritional status assessment in 2016 revealed that the prevalence in Konawe Islands Regency reached 25.5%, surpassing the national prevalence (Southeast Sulawesi Health Office, 2020).

The Stunting Data Authority in Kendari City reported 227 cases of stunting across 15 urban villages, identifying them as focal points for stunting intervention in 2022. The Health Office of Kendari City, Southeast Sulawesi (SULTRA), emphasized that the stunting intervention efforts in 2022 will be concentrated within these 15 urban villages. The specified villages are Tobimeita, Talia, Puday, Ponggaloba, Poasia, Bungkutoko, Lepo-lepo, Sambuli, Purirano, Petoaha, Lalodati, Baruga, Labibia, Anaiwoi, and Sanua (Kendari City Health Office, 2022).

Data obtained from the Kendari City Health Office reveals that the prevalence of stunting in 2020 was recorded at 24.30%, slightly reducing to 24.0% in 2021. Notably, specific areas within Kendari exhibited

varying stunting cases: West Kendari Sub-district reported 74 cases, Puwaatu 68 cases, Kendari 41 cases, Abeli 25 cases, Mandonga 21 cases, Poasia 10 cases, Kadia 9 cases, Wua-Wua 8 cases, Baruga 7 cases, and Kambu 2 cases. This data reflects the comprehensive approach to monitoring child growth and development within Kendari City, integrating measurements such as height, weight, and head circumference. Additionally, it incorporates factors like maternal knowledge, motivation, perceptions, and family support, involving both mothers of toddlers and Posyandu cadres, as well as health workers. Given the observable challenges in the field, this study aims to analyze the impact of the Monitoring Program on the Growth of Toddlers aged 6-59 months in Kendari City.

MATERIALS & METHODS

This is an analytical observational study utilizing a cross-sectional approach, conducted at both Benu-benua Health Center in West Kendari Subdistrict and Nambo Health Center in Nambo Subdistrict, Kendari City, Southeast Sulawesi, Indonesia, spanning the period from January to March 2023.

This study engaged 120 respondents selected at random, meeting specific criteria: mothers of toddlers who were communicative, willing to participate in the study, and had toddlers aged between 6 and 59 months.

The independent variables in this study encompassed knowledge, maternal perception, family support, and the involvement of Integrated Service System (ISS) workers, while the dependent variable focused on the growth of toddlers. In this context, 'growth' pertained to the consecutive physical increase in body size measured anthropometrically over three months. This involved assessing body weight and length, utilizing the BB/PB indicator based on the WHO Child Growth Standard curve, which differentiates between male and female genders. The objective criteria categorized growth as 'Normal' when aligned with the growth curve line and 'Abnormal' if deviating from it. The research variables were assessed using a questionnaire adopted from previous validated and reliable research.

Data were presented through tables illustrating the distribution and frequency of each variable. All data underwent analysis utilizing the Chi-square test to determine variable relationships, followed by the logistic regression test to identify the most influential variables. The analysis was conducted using the SPSS version 16.0 application, with results considered significant if the p-value was <0.05.

RESULT

In this section dedicated to research findings, presented below are the processed and analyzed research data.

Table 1. Frequency distribution of respondent characteristics

Characteristics	n	%
Age (Years old)		
<20	5	4.2
20-35	93	77.5
>35	22	18.3
Educational level		
Elementary	54	45
Junior school	23	19.2
High school	30	25
Bachelor	13	10.8
Working status		
Housewive	61	50.8
Civil servant	12	10
Entrepreneur	25	20.8
Farmer	10	8.4
Fisherman	12	10

Table 1 indicates that the majority of respondents fell within the 20-35 age group, comprising 93 individuals (77.5%), while the smallest group consisted of individuals below 20 years old, totaling 5 people (4.17%). A significant portion of respondents had received elementary school education, accounting for 45%, whereas only a small percentage—10.8%—had attained a college education. The predominant occupation among respondents was being a housewife, constituting 50.8%.

Table 2. Analysis of the relationship between variables

Variable	Infant growth		p
	Normal	Abnormal	
	n (%)	n (%)	
Knowledge			0.001
Good	86 (71.6)	3 (2.5)	
Poor	3 (2.5)	28 (23.4)	
Perception			
Good	62 (51.7)	1 (0.8)	0.001
Sufficient	21 (17.5)	5 (4.2)	
Poor	6 (5)	25 (20.9)	
Family Support			
Good	80 (66.6)	7 (5.8)	0.001
Poor	9 (7.5)	24 (20.1)	
Cadres' role			
Good	58 (48.3)	2 (1.7)	0.001
Sufficient	25 (20.8)	4 (3.3)	
Poor	6 (5)	25 (20.8)	

Table 3. Multivariate Analysis

F	α	Sig.
113.681	0.05	0.000

The simultaneous test (F) results revealed a significant value of 0.000, which is smaller than the threshold of 0.05. This denotes that the combined variables—knowledge, perceptions, family support, and the role of cadres—have a collective impact on infant growth within the operational areas of Puskesmas Benu-Benua and Puskesmas Nambo. The calculated F value of 113.681 indicates that every unit change in the independent variables jointly influences infant growth in these areas by 113.681 units.

DISCUSSION

Relationship between Knowledge and Infant Growth

Among the 120 respondents in the study, it was found that 86 individuals (71.6%) possessed good knowledge regarding normal infant growth, whereas only 3 individuals (2.5%) were associated with abnormal infant growth. Conversely, those with less knowledge accounted for 3 individuals (2.5%) experiencing normal infant growth, while 32 individuals (23.4%) reported abnormal infant growth. The statistical analysis revealed a significance value of 0.000, which surpasses the threshold of 0.05. The resulting chi-square value of 90.727 led to the rejection of H0, indicating a correlation between knowledge and infant growth within the operational areas of Benu-Benua Health Center and Nambo Health Center in 2022. Furthermore, the t-test value of 12.040 signifies that a one-unit increase in knowledge is associated with a 12.040-unit impact on infant growth.

This finding corroborates a previous study (Komariah, 2019) indicating that mothers with proficient knowledge tend to exhibit a supportive attitude. This tendency is influenced by various factors, notably education and environment. The surrounding environment plays a pivotal role in equipping mothers of children aged 0-24 months with crucial information about growth and development. Consequently, this knowledge leads to mothers demonstrating a supportive attitude in monitoring and discerning their child's growth and development.

Drawing upon the outcomes and established theoretical frameworks, we posit a correlation between normal infant growth and maternal knowledge. It is presumed that an improved level of maternal knowledge corresponds to better infant growth. Conversely, mothers with limited knowledge might render their infants more susceptible to abnormal growth patterns. This aligns with the theory proposed by Ainun (2022), stating that maternal nutritional knowledge encompasses understanding food choices in relation to optimal health. This knowledge involves selecting appropriate daily intake and ensuring the provision of essential nutrients necessary for normal bodily functions. The selection and consumption of food significantly impact an individual's nutritional status. Optimal nutritional status occurs when the body receives adequate essential nutrients, while undernutrition results from a deficiency in one or more vital nutrients. On the other hand, overnutrition arises from an excessive intake of nutrients, leading to adverse effects (Susanti et al., 2019).

Relationship between Perception and Infant Growth

Maternal perception involves the recognition of a stimulus, followed by its organization and interpretation within the mother's mind, resulting in a significant cognitive weight. This process then triggers a response, either in the form of positive acceptance to support the stimulus or rejection by ignoring it (Laraway et al., 2010; Susanti et al., 2019). Hence, perception can be defined as the cognitive process where sensed stimuli are organized and interpreted, attributing significant importance, ultimately leading to an integrated response within the individual (Hager et al., 2012).

The correlation between perceptions and toddler development is significant. Perceptions play a pivotal role in influencing individual actions, aiding in averting poor developmental outcomes in infant and addressing prevalent developmental issues within the community. They shape how individuals choose, interpret, and assign meaning, consequently impacting their behavior, also known as perception-driven actions.

The statistical analysis indicates a significance value of 0.000, surpassing the threshold of 0.05. This leads to the rejection of H0, signifying a correlation between perceptions of infant growth within the operational areas of Benu-Benua Health Center and Nambo Health Center in 2022. Moreover, the derived t-test value of 1.316 suggests that a one-unit increase in perception results in a 1.316-unit impact on baby growth.

This aligns with the findings of Laraway et al. (2010), where positive perceptions of breast milk adequacy were associated with maternal behavior in exclusive breastfeeding. Their research also emphasizes a significant relationship between perceptions of breast milk adequacy and maternal breastfeeding behavior in infants aged 0-6 months, directly impacting infant growth.

We hypothesize that a mother's enhanced perception positively influences her baby's growth, while a diminished perception may lead to abnormal growth in the baby. This notion aligns with the theory proposed by Brown et al. (2016) emphasizing the individual nature of perception, which integrates feelings and cognitive abilities. As perception is subjective and shaped by individual experiences, the interpretation of stimuli can vary significantly among individuals.

Moreover, this assertion corresponds with the theory presented by Mayren et al. (2020), highlighting that human behavior is shaped by external factors such as the physical environment, alongside internal factors including attention, observation, perception, motivation, imagination, and suggestion. Pregnant women with favorable perceptions can override negative assumptions about antenatal care services, such as unpleasant experiences, high expenses, perceived lack of usefulness, unfamiliarity with examination schedules, transportation challenges, lack of family support, and distrust of healthcare providers. A positive perception of antenatal care services can mitigate these concerns for pregnant women.

Relationship between Family Support and Infant Growth

Family support encompasses the attitude, actions, and acceptance displayed by family members towards new additions within their circle. It is an ongoing process that spans an individual's lifetime, focusing on direct family interactions and relationships, as evaluated by individuals (Gullo et al., 1987; Sulistyorini et al., 2022). Family support can manifest in various forms, including internal social support from spouses or nuclear family members such as siblings, as well as external support from extended family members like uncles and aunts (Hong et al., 2023).

In the context of toddlers' growth and development, parenting assumes pivotal importance, demanding collective attention

from the entire family. The emotional impact of parenting can endure into adulthood for toddlers. Moreover, various factors affect the quality of toddlers' growth and development, notably family economic status and education. Families with lower economic resources face increased challenges in meeting toddlers' needs compared to those with middle to upper-middle economic statuses. Additionally, limited knowledge, time, or resources among low-income families might hinder their ability to engage children in activities fostering toddler development, such as play and communication.

Statistical tests reveal a significance value of 0.000, surpassing the threshold of 0.05, and a chi-square value of 52.242. As a result, H0 is rejected, indicating a correlation between family support for infant growth within the operational areas of Benu-Benua Health Center and Nambo Health Center. This finding aligns with previous research (Pangaribuan et al., 2020), underscoring the positive impact of family support on stimulating growth and development in infants and toddlers. Amplifying the roles of family and social support, including health cadres, significantly contributes to enhancing various aspects of toddler growth and development, such as personal social, language, and motor skills.

Our presumption is that heightened maternal family support positively influences infant growth, while inadequate family support negatively impacts the baby's growth. Family support embodies interactions within the family unit—such as from spouses, siblings, in-laws, and parents—that involve providing and receiving genuine assistance to the mother. This supportive dynamic evolves across the life cycle, adapting its nature and form of assistance accordingly.

Family support extends beyond mere care for the sick; it entails an attitude, actions, and acceptance exhibited by the family towards the individual in need. Such support, stemming from close individuals like parents, children, spouses, or siblings, manifests through informational, behavioral, or material aid, fostering feelings of love, care, and support (Gullo et al., 1987).

Relationship between cadre role and infant growth

ISS cadres, serving as community workers, represent the closest group to the community due to their local origins. This local connection facilitates the seamless transfer of knowledge and skills from cadres to the surrounding community (Sugiarti et al., 2021).

The statistical analysis indicates a significance value of 0.000, exceeding the threshold of 0.05, and a chi-square value of 26.127. Consequently, H0 is rejected, indicating a correlation between the role of cadres and infant growth within the operational areas of Benu-Benua Health Center and Nambo Health Center. These finding echoes research conducted by Kurniavie et al. (2020), which underscores the effectiveness of Posyandu Cadre Role Training activities in Early Childhood Development Detection. This training initiative offers multiple alternative solutions to challenges encountered during Posyandu activities in the Pleret Bantul District. Furthermore, it provides insights into the crucial aspect of proper stimulation for children, especially when detecting a child with special needs.

ISS cadres represent an active form of community involvement in the healthcare sector. Their proactive involvement indirectly contributes to reducing maternal mortality rates (MMR) and infant mortality rates (IMR) while augmenting the coverage of childbirth assistance by healthcare professionals (Armini et al., 2020; Mulyanti et al., 2023). Posyandu cadres serve as vital conduits for imparting health-related messages crucial in supporting maternal and child health service programs. Their duties encompass counseling, community mobilization, and overseeing early detection of childbirth risks.

Moreover, posyandu cadres actively strive to alter the behavior of pregnant women,

encouraging them to seek assistance from healthcare professionals. They also play a pivotal role in motivating pregnant, postpartum, and lactating women to prioritize their health maintenance. Organizing and planning the involvement of Integrated Service Post cadres through various organizations are essential steps in fostering and enhancing rural community health development.

The presence of Posyandu significantly contributes to community welfare, although its impact might go unnoticed at times. Efforts to improve existing Posyandu initiatives are crucial for ongoing enhancements in community well-being.

CONCLUSION

The growth of infants in the working areas of Benu-Benua Health Center and Nambo Health Center is influenced by factors such as maternal knowledge, perceptions, family support, and the effectiveness of cadres.

Declaration by Authors

Ethical Approval:

The author states that this study followed all ethical licensing processes and was approved by the health research ethics committee of the Faculty of Medicine, Halu Oleo University, and registration number: 045/UN29.171.3/ETIK/2023.

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