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Policy Brief Effectiveness of Specific Nutrition Intervention Programs as Efforts to Prevent Stunting in Indonesia: Literature Review

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Abstract

Background: Stunting can hinder children's cognitive and physical development, cause decreased productivity, and it is feared that it can increase the risk of non-communicable diseases in adulthood such as diabetes, heart disease and other diseases. Therefore, early screening of children under five and immediate stunting intervention is very important.

Objective: The purpose of this research analyze how the stunting prevention program is implemented in terms of Specific Nutrition Interventions.

Method: This research looked for journals used in the literature review, journals used in the literature review were obtained through international journal provider databases such as Google Scholar and PubMed. Researchers wrote appropriate keywords, namely specific nutritional interventions, stunting, and Policy Brief.

Results: Specific nutritional interventions are efforts to prevent and reduce nutritional problems directly. Specific nutritional interventions focus on adolescent women, pregnant women, breastfeeding mothers, and children under 2 years of age. Some of the literature examined shows that there are significant results from specific nutritional intervention programs.

Conclusion: The implementation of this specific nutrition intervention program is very good, but there is still a need to improve the issue of good coordination and collaboration so that this specific nutrition intervention effort will have a good and sustainable impact in accordance with the world target regarding stunting prevention.

Keywords: Specific Nutritional Interventions; Stunting; Policy Brief

INTRODUCTION

One public health problem that is still a priority that needs to be addressed is stunting. Globally, there are more than 165 million children who experience stunting, namely toddlers under 5 years old, and more than 8.4 million children experience this condition in Indonesia.(1)Stunting can hinder children's cognitive and physical development, cause decreased productivity, and it is feared that it can increase the risk of non-communicable diseases in adulthood such as diabetes, heart disease and other diseases. Therefore, early screening of children under five and immediate stunting intervention is very important.(2).

Apart from breast milk, research has shown that postnatal factors, such as premature birth, LBW, diarrhea, and complete basic immunization, are correlated with stunting in babies in Sambas Regency, Indonesia. In multivariate models, prenatal components such as short maternal body size are very important(3). According to studies in Pakistan, factors (mother's age at marriage, nutritional status and education level) can prevent malnutrition in children. Therefore, to reduce the burden of malnutrition, interventions are needed that can address these factors, such as community-based education and targeted nutritional interventions(4).

In specific nutritional interventions with priority interventions, pregnant women are given additional food for pregnant women from poor groups and blood supplementation tablets, while breastfeeding mothers and children 0-23 months are given breastfeeding promotion and counseling, promotion and counseling on feeding babies and children, management of acute malnutrition, monitoring growth, and providing additional recovery food for acutely malnourished children. If the specific nutritional intervention is an important intervention, namely calcium supplementation and pregnancy checks for pregnant women, if the intervention is important for breastfeeding mothers and children aged 0-23 months, vitamin A capsule supplementation is given, zinc supplementation for the treatment of diarrhea, immunization taburia supplementation, and integrated management of toddlers. Sick. In specific nutritional interventions, adolescents and women of childbearing age and children 24-59 months are important targets. In priority interventions, teenagers and women of childbearing age can be given blood supplementation tablets and children aged 24-59 months are given additional recovery food for children with acute malnutrition and growth monitoring. In important interventions, children aged 24-59 months can be given taburia supplementation, integrated management of sick toddlers, and zinc supplementation for the treatment of diarrhea(1).

From the above background, the aim of this research is to analyze how the stunting prevention program is implemented in terms of Specific Nutritional Interventions.

METHOD

This research uses literature review, the journals used in the literature review were obtained through international journal provider databases such as Google Scholar and PubMed. Researchers wrote appropriate keywords, namely specific nutritional interventions, stunting, and Policy Brief. The year limit used is five years from 2019 to 2024.

Article selection begins with articles being identified followed by reviewing abstracts deemed appropriate to the topic being studied. There were 150 articles obtained. Next, screening was carried out according to the inclusion criteria and there were 5 articles that met the conditions set by the research criteria and variables.

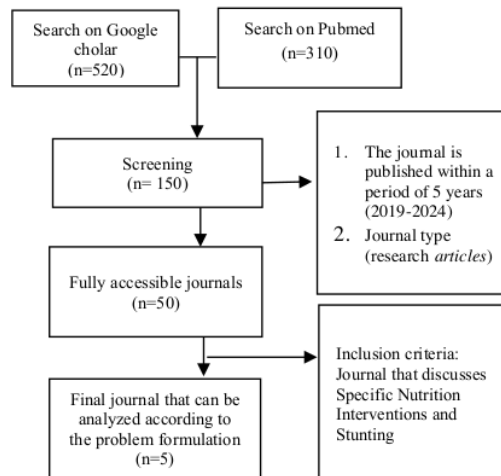


Figure 1. Article Selection Flow Chart

RESULTS

After searching through the Google Scholar and PubMed databases, the researchers obtained five articles that were relevant to the research topic, namely about Specific Nutrition Interventions, stunting, and Policy Briefs. These results can be seen in table 1.

Table 1. Results of Literature Review articles

Writer	Title	Study Design	Results
Rosha et al, 2019	Specific and Sensitive Nutritional Intervention Toward Stunting in Mandalahayu Village Tasikmalaya District: A Qualitative Study	Qualitative	Specific nutritional interventions in Mandalahayu Village are providing supplementary food (PMT) to pregnant women with chronic energy deficiency (KEK), giving iron supplementation, pregnancy checks, TT immunization, giving vitamin A to postpartum women. For babies and toddlers, starting with early initiation of breastfeeding (IMD), exclusive breastfeeding, giving vitamin A, monitoring growth and development, basic immunization, and giving MP-ASI. For the sustainability of this intervention, strong and good coordination and collaboration between multi-sectoral stakeholders is necessary. Additionally, consider community empowerment to improve nutrition interventions.
Carolina et al, 2021	Analysis of Specific Integrative Stunting Nutrition Intervention Services in the Working Area of the Pademangan District Health Center, North Jakarta	Qualitative	The results of the research show that planning and budgeting, cross-sectoral cooperation and division of authority within government levels are not yet optimal, which could be a potential obstacle to accelerating stunting prevention in the Pademangan sub-district area, especially in the quality of stunting-specific integrative nutritional intervention services implemented at the Pademangan sub-district health center.
Muthia et al, 2019	Evaluation of the Implementation of the Stunting Prevention Program in View of the Specific Nutritional Intervention of the 1000 HPK Movement at the Pegang Baru Community Health Center, Pasaman Regency	Qualitative	Input components; There is no special funding for specific nutritional interventions, there is still a lack of nutritional staff and there are no guidelines and SOPs for handling growth faltering. Component process; planning has not yet been buttoned up and not all specific nutritional interventions have been recorded and reported. Output components; toddlers who received vitamin A capsules and pregnant women with chronic energy deficiency who received additional food have met targets and several implementations of specific nutritional intervention programs have not yet been evaluated.
Ahmad et al, 2023	Effectiveness of the Rumoh Gizi Gampong (RGG) program in increasing indicator coverage	Cross-sectional	The research results showed that there was an increase in the average percentage of specific and sensitive indicator coverage after the RGG program was implemented, and only the immunization

	specific and sensitive for accelerating stunting reduction in Aceh		coverage indicator was implemented using the yard. The results of statistical analysis show that there is a significant increase in the percentage of coverage of the health insurance service coverage indicator ($p=0.006$).
Wegmuller et al, 2022	Effectiveness of an integrated agriculture, nutrition-specific, and nutrition-sensitive program on child growth in Western Kenya: a cluster-randomized controlled trial	Randomized Control Trial	Compliance >80% for the use of MNP, chlorine, and vegetables as well as acceptance of soap, and 540% for consumption of eggs and onions. Intention-to-treat analysis showed greater changes in HAZ over 2 years in intervention group (adjusted effect size, 0.11; 95% CI: 0.02–0.19). Dietary diversity and consumption of iron-rich foods increased in the intervention group, and cases of fever, lower respiratory tract infections, and diarrhea were reported to be lower in the intervention group.
Fahmida et al, 2020	Effect of an Integrated Package of Nutrition Behavior Change Interventions on Infant and Young Child Feeding Practices and Child Growth from Birth to 18 Months: Cohort Evaluation of the Baduta Cluster Randomized Controlled Trial in East Java, Indonesia	Randomized Control Trial	Among breastfed children, the percentage of children achieving the minimum dietary diversity score (DDS) and minimum acceptable dietary pattern (MAD) was higher in the intervention group than in the comparison group in all age groups. However, there was no significant increase or decrease in the prevalence of anemia. This intervention was effective in improving children's feeding practices although it failed to demonstrate significant improvement in children's linear growth at 18 months of age.

DISCUSSION

Specific nutritional interventions are efforts to prevent and reduce nutritional problems directly. Specific nutritional interventions focus on adolescent women, pregnant women, breastfeeding mothers, and children under 2 years of age. Rosha et al, 2019 research on Specific nutritional interventions in Mandalahayu Village include providing additional food (PMT) to pregnant women with chronic energy deficiency (KEK), providing iron supplementation, pregnancy checks, TT immunization, giving vitamin A to postpartum mothers. For babies and toddlers, starting with early initiation of breastfeeding (IMD), exclusive breastfeeding, giving vitamin A, monitoring growth and development, basic immunization, and giving MP-ASI. For the sustainability of this intervention, strong and good coordination and collaboration between multi-sectoral stakeholders is necessary. Additionally, consider community empowerment to improve nutrition interventions(5). From the results of this research, it can be concluded that the implementation of this specific nutrition intervention program is very good, but there is still a need to improve the issue of good coordination and collaboration so that this specific nutrition intervention effort will have a good and sustainable impact in accordance with world targets regarding stunting prevention.(6).

In line with this research, the results of research by Carolina et al, 2019 show that planning and budgeting, cross-sectoral collaboration and the division of authority within government levels are not yet optimal, which could be a potential obstacle to accelerating stunting prevention in the Pademangan sub-district area, especially in the quality of stunting-specific integrative nutritional intervention services. which was carried out at the Pademangan District Health Center(7). There are several reasons why specific nutrition intervention programs have not worked well according to qualitative research, Muthia et al, 2019, Input components; There is no special funding for specific nutritional interventions, there is still a lack of nutritional staff and there are no guidelines and SOPs for handling growth faltering. Component process; planning has not been carried out bottom up and not all specific nutritional interventions have been recorded and reported. Output components; toddlers who received vitamin A capsules and pregnant women with chronic energy deficiency who received additional food have met targets and several implementations of specific nutritional intervention programs have not yet been evaluated.

Specific nutritional intervention programs need to be developed in policy form according to the nutritional problems of each region. As was done in Aceh, the results of research by Ahmad et al, 2019 showed that there was an increase in the average percentage of specific and sensitive indicator coverage after the RGG program was implemented, and only the immunization coverage indicator was implemented using the yard. The results of statistical analysis show that there is a significant increase in the percentage of coverage of the health insurance service coverage indicator ($p=0.006$). This is something very good considering the success of the intervention carried out. Specific nutritional interventions are one of the stunting prevention efforts that are tailored to the problems and needs of each target which are believed to have a significant impact in low to middle income countries.(8). This can also be seen in research related to nutritional interventions in Kenya, where there was a significant increase in dietary diversity and consumption of iron-rich foods increased in the intervention group, and cases of fever, lower respiratory tract infections and diarrhea were reported to be lower in the intervention group.(9). The results of research in East Java, Indonesia showed that among children who received breast milk, the percentage of children who achieved the minimum dietary diversity score (DDS) and minimum acceptable dietary pattern (MAD) was higher in the intervention group than in the comparison group in all age groups. However, there was no significant increase or decrease in the prevalence of anemia. This intervention was effective in improving children's feeding practices although it failed to demonstrate significant improvement in children's linear growth at 18 months of age.

CONCLUSION

From several studies it can be concluded that the implementation of this specific nutrition intervention program is very good, but there is still a need to improve the issue of good coordination and collaboration so that this specific nutrition intervention effort will have a good and sustainable impact in accordance with the world target regarding stunting prevention. This specific nutrition intervention program must be stronger in its monitoring and evaluation and review readiness in terms of input, process and output.

SUGGESTION

For the government, the importance of the active role of regional governments in monitoring and evaluating the programs that have been implemented is that programs carried out related to stunting must be more aggressive in disseminating information so that inequality does not occur between regions and the community feels the impact and benefits.

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