

Environmental Health, Couples of Childbearing Age at Risk, and Families at Potential Risk of Stunting in Central Kalimantan Province

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Abstract Family Data Collection or Pendataan Keluarga 2021 (PK21) data indicator variables determine whether a family is at risk of stunting or not at risk of stunting, based on 6 (six) indicator variables, namely; main drinking water source is adequate, ownership of a proper toilet and couples of childbearing age at risk (too young pregnant < 20 years; too old pregnant (35-49 years); too close birth spacing < 2 years; too many children \geq 3 children). As a sample selected, there were 340,332 couples of childbearing age (10-49 years). PK21 data for Central Kalimantan Province, families are at risk of stunting (63.65%), main drinking water source is inadequate (21.55%), ownership of inadequate toilets (23.2%), too young to be pregnant < 20 years (1.6%), too old pregnant > 35 years (25.1%), < 2 years apart from giving birth (0.6%), \geq 3 children (29.1%).

Based on the results of PK21 secondary data and primary Focus Group Discussion (FGD) data in Barito timur (Bartim), the recommendations made are efforts to accelerate stunting reduction through comprehensive, integrated, systematic collaboration, namely by good data management, sorting targets based on Presidential Decree No. 72 of 2021 in promotive and preventive efforts, and those who are recorded as stunting are included in curative efforts, while children aged 24-59 months who are stunted or have been stunted are included in rehabilitative efforts

Keywords: Stunting; Environmental health; Couples of childbearing age; Family data collection; PK21

Introduction

The problem of stunting is one of the nutritional problems faced in the world, especially in poor and developing countries. Stunting is a problem because it is associated with an increased risk of morbidity and death, brain development resulting in delayed motor development, and stunted mental growth (National Team for the Prevention of Poverty Alleviation (1). Stunting is also a problem of chronic malnutrition caused by inadequate nutritional intake over a long period due to providing food that does not meet nutritional needs(2). Stunting occurs when the fetus is still in the womb and only appears when the child is two years old. Factors that cause stunting, such as maternal health during pregnancy, low birth weight (LBW), infectious diseases, gestational age, number of children,

and birth spacing, are factors that are related to the risk of children under five experiencing stunting(3). The 2024 National Medium Term Development Plan or Rencana Pembangunan Jangka Menengah Nasional (RPJMN) targets 14% stunting, while the results of the 2021 Indonesian Nutritional Status Study show that the prevalence of stunting in Indonesia (24.4%) is still very high(4). Data in Central Kalimantan Province for toddlers aged 0-23 months are very short in 2020 (5.1%) and toddlers 0-23 months are very short (10.4%), which is in the top 10 provinces for stunting rates compared to other provinces and national level figures (5)

Indonesian Health Data Survey/Survei Data Kesehatan Indonesia (SDKI) in 2017, the percentage of babies born less than 2.5 kg or Low Birth Weight (LBW) in mothers aged 20-34 (6.9%), while Central Kalimantan Province

Health Profile Report in 2018, percentage of LBW (1.9%), and in 2020 (1.2%) there was no significant decline for 2 years. Based on the Central Kalimantan BPS report for 2021, the percentage of LBW in Central Kalimantan (2.2%) appears to have increased. Based on the causes of neonatal deaths in Indonesia in 2020, the largest percentage was due to LBW (35.2%) and one of the causes of LBW is too young an age at marriage. Data on married teenagers aged <16 years in Central Kalimantan did not experience a significant decline from 2020 (18.97%) and 2021 (17.51%) (6)

Malnutrition at an early age increases infant and child mortality rates, the cognitive abilities of sufferers are also reduced(7), resulting in long-term economic losses for Indonesia, especially when Indonesia faces a demographic bonus which is a related strategic issue. Population control and strengthening population governance (8)(9) The factor that determines whether LBW causes the risk of stunting is the use of contraception, where the function of contraception is to regulate birth order, birth spacing, and also regulate fertility levels (10)(11)

Factors causing stunting in children are parity, and this is related to the availability of contraception for mothers who want to regulate the spacing and number of births SDKI data for 2017, the percentage of unmet need for contraception in Indonesia was 10.60%, while the (RPJMN) target for 2024 was 7.4%. For Central Kalimantan, BKKBN data represents the highest percentage of use of contraceptive methods is injectable contraception (60%), but there are still 6 percent of married women whose family planning needs have not been met and who need to provide adequate supplies to the acceptor's needs. One of the efforts to prevent stunting is by providing exclusive breastfeeding, and one of the factors in the mother's readiness to care for the baby and provide exclusive breastfeeding is by delaying pregnancy (12)(13)Based on data on post-natal family planning coverage in Central Kalimantan Province in 2019 (46.7%) with the highest percentage of injectable contraception (32.4%) and post-natal family planning coverage in 2020 (52.4%) is still far from the

national achievement target (14)

One of the BKKBN's efforts to overcome the problems mentioned above, based on the BKKBN Republic of Indonesia regulation No. 6 of 2020 concerning the BKKBN strategic plan for 2020 - 2024, through the *Bangga Kencana* program, BKKBN seeks to create harmony, harmony, and balance between quantity, quality, population distribution, and the living environment, as well as improving the quality of the family so that there can be a sense of peace and hope for a better or independent future in realizing physical prosperity and inner happiness. BKKBN plays a role in RPJMN IV 2020-2024 priority programs, such as increasing access and quality of health services, with KP; Improving maternal and child health, family planning and reproductive health, and accelerating improvements in community nutrition. Use of contraception, maternal and child health services by saying. Research problem formulation, what are the Determinants of Couples of Childbearing Age at Risk, and Families at Potential Risk of Stunting Based on the 2021 Family Data Collection Pendataan Keluarga 2021 (PK21) in Central Kalimantan Province?

Methods

Research design with mixed methods. Cross sectional research design as a result of family data collection by BKKBN (PK21) from environmental health indicators, couples of childbearing age at risk and families at risk of stunting in Central Kalimantan Province (PK 21 data) and descriptive methods, aimed at providing an overview and explanation of Bartim district regional policies, program plans, program implementation, monitoring and evaluation in efforts to reduce and prevent stunting in Bartim. Using secondary data from the 2021 family data collection by BKKBN Representative of Central Kalimantan Province (PK21 Data), primary data from focus group discussions (FGD) with policy and sector stakeholders related to efforts to reduce stunting in Bartim Regency. The couples of childbearing age at risk sample (10-49 years) totaled 340,332 and there were

12 policy makers in the FGD participants which is related to efforts to reduce stunting in Bartim Regency. sampling technique using purposive sampling. Analyze data with univariate analysis and descriptive qualitative analysis.

Results

After calculating the frequency distribution of 340,332 PUS families (10-49 years) in the PK21 BKKBN data for Central Kalimantan Province,

Table 1. Family Frequency Distribution of couples of childbearing age Having a child (0-23 months) In Central Kalimantan Province (N-340332)

Family Toddler under two years old	f	%
Do not have children aged 0-23 months	304188	89.4
Have children aged 0-23 months	36144	10.6
Total	340332	100.0

In table 1, it can be seen that the percentage of EFA families who do not have children aged (0-23 months) and (24-59 months) is greater than families who have children aged (0-23 months) and (24-59 months).

Based on table 2, the percentage of couples of childbearing age are at risk and families are at risk who have an adequate main source of drinking water is 78.5%. The appropriate size of the main drinking water source is not close to septic tanks or other waste so that pollution does not occur, and meets drinking water standards. Decent family latrines are those that have a septic tank (76.8%).

Table 2. Frequency Distribution of Main Drinking Water Sources, Toilet ownership, couples of childbearing age are at risk and families are at risk of stunting In Central Kalimantan (N=340332)

Variables	f	%
Main source of drinking water		
Worthy	267028	78.5
Not feasible	73304	21.5
Family latrine		
Worthy	261228	76.8
Not feasible	79104	23.2
Wife is too young		
≥ 20 years	334995	98.4
< 20 years	5337	1.6
Wife is too old		
< 35 years	355072	74.9
35-40 years	85260	25.1
Too close to giving birth		
≥ 2 years	338359	99.4
< 2 years	1973	0.6
Too many children		
< 3 children	241185	70.9
≥ 3 children	99147	29.1
Families at Risk of Stunting		
No risk of stunting	123822	36.4
At risk of stunting	216510	63.6

Figure 1. is the distribution of families at risk of stunting by district from PK21, where East Waringin City Regency has the highest percentage of families at risk of stunting (10%), then Kapuas district (9.03%), while for Central Kalimantan province (63.62%).

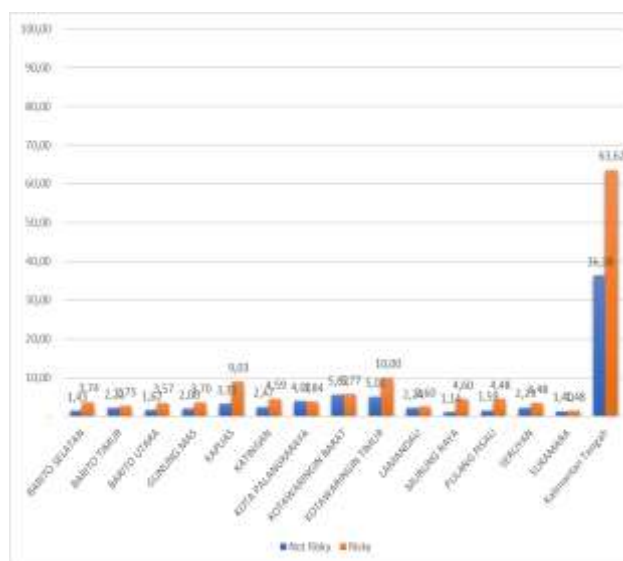


Figure 1. Distribution of families at risk of stunting based on districts in Central Kalimantan Province

Table 3. Cross Tabulation of Main Drinking Water Sources, Toilet Ownership, Couples of Childbearing Age are at Risk and Families at Risk of Stunting In Central Kalimantan (N=340,332)

Variables	Families of toddlers under two years old			
	No risk of stunting		Risk of stunting	
	f	%	f	%
Main source of drinking water				
Worthy	123822	46.4	143206	53.6
Not feasible	0	0	73304	100
Family latrine				
Worthy	123822	47.4	137406	52.6
Not feasible	0	0	79104	100
Wife is too young				
≥ 20 years	123822	73.0	211173	63.0
< 20 years	0	0	5337	100
Wife is too old				
< 35 years	123822	48.5	131250	51.5
35-40 years	0	0	85260	100
Too close to giving birth				
≥ 2 years	123822	36.6	214537	63.4
< 2 years	0	0	1973	100
Too many children				
< 3 children	123822	51.3	117363	48.7
≥ 3 children	0	0	99147	100

Based on table 3, it can be seen in the category variable column that there is no risk of stunting, all the criteria are inadequate drinking water, inadequate toilets and too PUS (too young <20 years, too old 35-40 years, birth interval <2 years, number of children ≥ 3 children) all have a percentage of 0%.

Table 4. Frequency Distribution of Main Drinking Water Sources, Toilet Ownership, Couples of Childbearing Age are at Risk and Families are at Risk of Stunting in Bartim Regency (N= 16920)

Variables	f	%
Main source of drinking water		
Worthy	14743	87,1
Not feasible	2177	12,9
Family latrine		
Worthy	14431	85,3
Not feasible	2489	14,7
Wife is too young		
≥ 20 years	16716	98,8
< 20 years	204	1,2
Wife is too old		
< 35 years	12663	74,8
35-40 years	4257	25,2
Too close to giving birth		
≥ 2 years	16830	99,5
< 2 years	90	0,5
Too many children		
< 3 children	12827	75,8
≥ 3 children	4093	24,2
Families at Risk of Stunting		
No risk of stunting	7572	44,8
At risk of stunting	9348	55,2

This is because the indicator is to determine the family Results of PK21 and FGD Bartim Regency The following are the results of the separation of PK 21 data specifically for Bartim district, there are 10 sub-districts, with a total of 16920 families. Table 5.7 is the frequency distribution of all

variables, namely environmental health variables (main source of drinking water, family toilet) couples of childbearing age at risk and families at risk of stunting.

The percentage of the family variable at risk of stunting, the percentage at risk of stunting is higher (55.2%) than those not at risk of stunting (44.8%). Apart from that, based on the FGD in Bartim, one of the participants said "... Early marriages in Pematang Karau and Dusun Tengah is very high, there needs to be regulations to prevent this from happening, there have even been cases of marriages of children under fourteen years old..." (Respondent 10). One of the factors in the occurrence of child marriages is economic, cultural and pregnancies outside of marriage which result in marriages without planning. In addition to physical readiness, mental readiness is also needed when entering the world of marriage. Mothers who have children at child's age have an impact on parenting patterns so that if parenting patterns are not appropriate it can put the baby at risk of stunting (Larasati, Nindya and Arief, 2018); (Khusna and Nuryanto, 2017).

BKKBN, in dealing with families whose children are married, provides assistance and for couples who are not yet pregnant, to postpone pregnancy until they are mature enough to care for their children. Child marriage can be a problem if the teenage mother becomes pregnant and cares for her baby with inappropriate parenting patterns, besides that it can contribute to the death rate in newborn babies (Rofiqoch, Effendi and Bratakoesoema, 2016).

The percentage of the family variable at risk of stunting, the percentage at risk of stunting is higher (55.2%) than those not at risk of stunting (44.8%). Based on the FGD, there were several questions regarding the knowledge of the stakeholder leaders involved in the team to accelerate stunting handling in Bartim. Many stakeholders said they did not know in detail the contents of Presidential Decree No. 72 of 2021, which is a guideline for regional head regulations in efforts to accelerate stunting reduction, in fact several stakeholders only just heard, "...we only heard during this FGD about Presidential Decree number seventy two two thousand twenty-one..." (Respondent 4). "...I've heard of it, but never socialized it, nor have I read it in detail..." (Respondent 5; Respondent 6),

'...that's Pematang Karau's rice barn, but why is there such a high prevalence of stunting, what's going on...' (Respondent 5), from this statement the researcher analyzed that the stakeholders do not yet understand who the targets are as stated in Presidential Decree 72 of 2021, and the target position is in preventive or curative efforts, because this is in line with the statement (Respondent 12) which stated "..... before the Presidential Decree number seven two thousand two one, we have implemented many programs for stunting, such as liking to eating fish", the question is, who is the target who likes to eat fish? Does it contribute to preventing and reducing stunting? Because of this, monitoring and evaluation is needed. During the FGD, related agencies, such as the Health Office, also provided various programs to deal with stunting. As stated by (Respondent 5) "...we in Pematang Karau have long made efforts to deal with stunting, such as giving PMT milk to stunted children...", again the analysis from researchers, whether the milk provided can overcome the problems faced by children and is in accordance is the milk given necessary? When answering how monitoring and evaluation programs have been carried out, why is the stunting rate still high in East Barit, because the older the child is > 24 months the stunting rate should decrease, but this is still high, meaning prevention efforts are still lacking, monitoring and evaluation in the form of accurate data to be able to assess the success of the program in efforts to prevent the increase in the prevalence of stunting in Bartim.

The following FGD question is "What is your opinion regarding cross-sector convergence in Bartim Regency regarding efforts to accelerate stunting reduction? And the fourth question, has Mr. mapping tasks that were shared together, several respondents answered that they had never been involved, one of them was Diskominfo Bartim, even though they said they were guardians of district data. There is nothing organized to share yet, only requests to implement the Regent's regulations regarding efforts to accelerate stunting reduction according to the programs of each stakeholder. "For the data, we still feel that the e-PPBGM data is more accurate than the SSGI, where the health department data reports a much smaller percentage of stunting in Bartim" (Respondent

10).

Convergence is an approach to delivering interventions that are carried out in a coordinated, integrated and joint manner to prevent stunting of priority targets, referring to the statement of the FGD participants that there is still no convergence. "There has never been a discussion activity like this FGD, it should be sitting together like this" (Respondent 3). "Tomorrow there will be a stunting discussion, later we will discuss efforts to deal with stunting together" (Respondent 1). "...I'm interested in the stunting data.

Discussion

In this study, researchers did not carry out a review based on the PK21 questionnaire instrument from the 2021 Family Data Collection Implementation Guidelines, for an explanation of the disclaimer for filling in each variable, also based on the Metadata Pocket Book for Families at Risk of Stunting. There are several things that still need to be deepened regarding the definition of 4 risks of pregnant women being too young and too old according to PK21, which results in a family being at risk of stunting or not being stunted, the main source of adequate drinking water, and 4 risks of pregnant women being too young and too old. The reason why only these 6 variables are the basis for determining families at risk of stunting. So researchers feel that these 6 indicators cannot represent specific interventions and sensitive interventions.

Based on indicators for families at risk of stunting, there are 9 (nine) indicators, including accessing adequate drinking water and having a healthy toilet (15). However, in the PK21 indicators for families at risk of stunting, there are only 6 variables that determine the category of families at risk of stunting, one of which is the 4 risks of pregnant women being too young and too old indicator, which is identified by respondents who are pregnant. Researchers see the operational definition based on the guidebook on procedures for presenting PK21 data and information (15). The lack of indicators to determine which families are at risk of stunting makes it difficult for

researchers to carry out comprehensive discussions in view of specific intervention efforts and sensitive interventions which have become the basis for efforts to handle stunting based on Rencana Aksi Nasional Percepatan Penurunan Angka Stunting Indonesia (RAN PASTI) and TNP2K (16) (17).

Based on the operational definition of PK21 data, quality (decent) drinking water is the percentage of households that have access to protected drinking water, including tap water, public taps, public hydrants, water terminals, rainwater reservoirs, or protected springs and wells, drilled wells or pump wells, at a minimum distance of 10 meters from sewage, waste storage, and rubbish dumps. Excludes bottled water, water from mobile sellers, water sold through tanks, well water, and unprotected spring water, in district/city priority locations for all households in priority locations. Ownership of a proper latrine means that the family has its own latrine that has a septic tank, not including a shared latrine even if it has a septic tank(15)

In the definition of Couples of Childbearing Age, married couples whose wives are aged between 15-49 years, in this case, include couples whose wives are more than 49 years old but still menstruating, while PK21 limits PUS to the age of 15-49 years, and >49 years is categorized as not Couples of Childbearing Age even though there is a possibility that the person concerned is still menstruating, likewise, aged < 15 years there is a possibility that they are married and already menstruating, considering the increasingly rapid age of menarche in teenagers today.

Based on PK21, it is also stated that environmental health determines whether a family is at risk of stunting. The main water source used by the family must be safe and clean, free from bacteria that can be harmful when consumed. One of the consequences of an inadequate drinking water source is infectious diseases such as diarrhea. Likewise, every family should have its own toilet with a septic tank. Environmental pollution due to family waste can also cause infectious diseases such as diarrhea. Based on several studies, it is stated that diarrhea is one of the causes of stunting in children aged 0-23 months. Lack of clean living behavior by using proper main drinking water sources and having latrines

with septic tanks often occurs in communities along river banks because ordinary community activities are directly in the river, from using river water for daily consumption for drinking and washing as well. disposing of family waste, this is also in line with the data obtained that the highest percentage of inadequate main water sources and inadequate latrines is in districts surrounded by rivers, such as East Waringin City and Kapuas.

Environmental health, such as using safe and clean drinking water free from dangerous bacteria that can cause infectious diseases such as diarrhea(18). Likewise, every household should have a latrine with a septic tank, so as not to pollute the environment from waste that is thrown away carelessly(19). Based on PK21, the main source of drinking water is not suitable (21.5%) and has inadequate latrines (23.3%). Based on cases of diarrhea among toddlers in Central Kalimantan in 2020 from the Central Kalimantan Province Health Profile report, the number of diarrhea sufferers under five served in health facilities was 7,539 sufferers or (16.1%) of the estimated diarrhea sufferers in health facilities. If it is in a chronic condition, it can become a nutritional disorder, due to the absorption of nutrients. In the variable indicator of pregnancy aged < 20 years (1.2%) there were also pregnant women in their teens, so one of the interventions that can be carried out is by providing assistance and ensuring that their ante natal care (ANC) visits are according to standards, because through ANC regularly can prevent early if a risk is found in pregnancy or birth, as well as fetal weight can be monitored so that LBW does not occur, which is also one of the specific intervention efforts (20); (21); (22).

Conclusions

Research Data at the Central Kalimantan Province level, the order of the highest percentage is that there are families at risk of stunting, based on the highest to lowest percentage indicators starting from having ≥ 3 children, Pregnant aged > 35 years, the family does not have a proper toilet, the main source of drinking water is not suitable, pregnant age < 20 years and distance between previous pregnancy < 2 years.

Data at the Bartim Regency level, the percentage of families at risk of stunting is higher and sequentially the highest percentage of

the indicators are pregnant >35 years, having ≥ 3 children, the family does not have a proper toilet, the main source of drinking water is not suitable, pregnant too young < 20 years, distance between previous pregnancy < 2 years.

Based on the results of primary data from the FGD results in Bartim, stakeholders do not yet understand in detail the contents of Presidential Decree No. 72 of 2021, interventions have not been carried out in a coordinated, integrated and joint manner to prevent stunting of priority targets, only ordered based on the program in each department, with monitoring and evaluation that is less coordinated. There is no unified view regarding the stunting reduction target by 2024.

Suggestions Based on the research data and analysis above, the researchers created a chart which can later be used as a template or tool to guide the team in efforts to accelerate stunting handling in each region so that interventions can be carried out in a coordinated, integrated and joint manner to prevent stunting towards priority targets. (teenagers, pregnant women, brides and grooms, toddlers aged 0-23 months and toddlers aged 24-59 months). The chart below is a policy recommendation that can be implemented by regions that can realize convergence between stakeholder and policy makers and the community. The following are recommendations that can be implemented: (1). Starting with good data management related to targets (adolescents, pregnant women, pregnant women and toddlers), data can be obtained from various stakeholders and surveys, which are collected by data guardians in each region, for easy coordination. (2). Sort targets based on the type of health effort, which targets include promotive, preventive, curative and rehabilitative efforts so that it is clear what problems have occurred and have the potential to occur, so that interventions are given also based on problems, targets and categories of health efforts. Remember that stunting data is obtained from toddlers aged 0-23 years. This means that the number of children at this age will increase in the following year, so the prevalence of stunting in the current year will decrease. (3). Based on the intervention, map out who is the program holder, as well as who carries out monitoring and evaluation. The intervention involves all parties, both the private sector and the government, which also involves community participation by activating family planning villages, Alert Villages, village fund allocations, and other

village resources. (4). For problems related to indicators of families at risk of stunting PK21, it can be concluded that variable 4 is too much of a problem for the future bride and groom and pregnant women target groups, while ownership of inadequate toilets and inadequate main drinking water sources is a problem of healthy living behavior clean and environmental health, can collaborate with the health service for health education, the public works service for infrastructure, state drinking water company, sub-district head, village head, Indonesian national army, private sector.

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