

The Effect of Family Development Session through Family Hope Program on Visit to Integrated Healthcare Center and Child Nutritional Status: A Multilevel Evidence

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ABSTRACT

Background: The Family Development Session through the Family Hope Program (FHP) uses the nutritional status of toddlers as an indicator of the quality of life that reflects the welfare of the community. This study aimed to analyze the effect of the Family Development Session (FDS) through the Family Hope Program on the child nutritional status.

Subjects and Method: This was an analytic observational study with a retrospective cohort design. This study was conducted in Ponorogo, East Java, from December to February 2020. A sample of 200 children was selected by simple random sampling. The dependent variable was child nutritional status. The independent variables were FDS (FHP), maternal education, family income, social support, maternal knowledge, self-efficacy, complementary food, integrated community health center. The data were collected by questionnaire and analyzed by a multiple multilevel logistic regression.

Results: Child nutritional status was positively associated with FDS ($b= 1.24$; 95% CI= 0.26 to 2.22; $p= 0.014$), high maternal education ($b= 1.18$; 95% CI= 0.16 to 2.19; $p= 0.023$), family income ($b= 1.11$; 95% CI= 0.11 to 2.11; $p= 0.030$), social support ($b= 1.57$; 95% CI= 0.46 to 2.67; $p= 0.006$), maternal

knowledge ($b= 1.24$; 95% CI= 0.26 to 2.23; $p=0.013$), self efficacy ($b= 1.38$; 95% CI= 0.32 to 2.44; $p= 0.011$), complementary feeding ($b= 1.35$; 95% CI= 0.33 to 2.37; $p= 0.010$), and regular visit to integrated community health center ($b=1.42$; 95% CI= 0.28 to 2.56; $p=0.015$). Integrated health center had strong contextual effects on the child nutritional status with intra-class correlation (ICC) = 33.97%.

Conclusion: Child nutritional status is positively associated with FDS, high maternal education, family income, social support, maternal knowledge, self efficacy, complementary feeding, and regular visit to integrated community health center. Integrated health center has strong contextual effects on the child nutritional status.

Keywords: child nutritional status, integrated healthcare center

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BACKGROUND

The main obstacle to the low quality of human resources is complex, from the aspects of food (nutritional intake), health,

education and the labor market (LIPI, 2018). The Conditional Cash Transfers (CCT) Program is the most widely

implemented social protection system in Indonesia and more than 13 African countries over the past few years. In addition, more than 45 African countries have conditional assistance programs in 2014. Conditional cash transfers provide cash payments to households (mothers or caregivers) that comply with certain conditions, such as requiring children to go to school, and accessing health services (Parsons et al., 2015).

The Conditional Cash Transfers (CCT) program in Indonesia is called the Family Hope Program, called FHP, which is a program for providing conditional social assistance to Beneficiary Families (BF) who are designated as FHP beneficiary families. As an effort to accelerate poverty reduction, since 2007 the Government of Indonesia has implemented FHP. The benefits of FHP are starting to be encouraged to cover people with disabilities and the elderly by maintaining the level of social welfare in accordance with the mandate of the constitution and the President's Nawacita. FHP opens access for poor families, especially pregnant women and children, to take advantage of various health service facilities and educational service facilities (Ministry of Social Affairs, 2017). FHP in 2012 has become a national program, reaching all provinces in Indonesia. Until 2014, it has spread in 34 provinces with 418 districts/cities and 4870 districts (Ministry of Social Affairs, 2016).

The nutritional status of toddlers is a key instrument for assessing health conditions and early detection of malnutrition (Oliveira et al., 2013). Efforts made to prevent malnutrition are routinely bringing toddlers to IHC. IHC activities include maternal and child health, family planning, immunization and nutrition (Ministry of Health RI, 2012).

Based on the description above, the authors are interested in researching and knowing more about analyzing the influence of the Family Development Session through the Family Hope Program on the nutritional status of toddlers in Ponorogo City.

SUBJECTS AND METHOD

1. Study Design

This study was an observational analytic study with a retrospective cohort design. The study was conducted in Ponorogo Regency, East Java, from December to February 2020.

2. Population and Sample

The source population in this study were all children in Ponorogo Regency who participated in 25 integrated community health center. A sample of 200 children was selected by simple random sampling.

3. Study Variables

The dependent variable was the nutritional status of toddlers. The independent variables were Family Development Session (FDS), maternal education, family income, social support, maternal knowledge, self-efficacy, complementary foods, toddler visits to IHC and IHC.

4. Definition of Operational Variable

Family Development Session (FHP) is a program of providing conditional social assistance to poor families who are designated as KPM FHP, measured by a questionnaire.

Maternal education is the last formal education level taken by study subjects until they get a certificate, measured by a questionnaire.

Family income is the total of all income generated by the head of the family and the mother, either regular or side income in a month and expressed in Rupiah currency, measured by a questionnaire.

Social support is the support provided to study subjects in the form of good behavior

such as emotional support, information support and real support from husbands, family and friends related to child nutritional status.

Maternal knowledge is a cognitive ability that a mother has related to her knowledge of nutritional status and child visit to integrated community health center.

Self-efficacy is the belief or confidence of the study subject's mother regarding her ability to maintain child nutritional status.

Complementary feeding is the provision of additional food to children according to the child's age after being given exclusive breastfeeding.

Toddler visits to integrated community health center are the presence of toddlers who have come to IHC to participate in IHC activities in the last 6 months, measured by a questionnaire.

Integrated community health center is a community center for health services and family planning.

Table 1. Sample Characteristics

Characteristics	Frequency (n)	Percentage (%)
Maternal Age		
< 31 years old	99	49.5
≥ 31 years old	101	50.5
Child Gender		
Male	98	49.0
Female	102	51.0
Child Age		
< 3 years old	128	64.0
≥ 3 years old	72	36.0

Based on table 1, it shows that the characteristics of mothers aged ≥31 years old were 101 subjects (50.5%), the children gender was mostly female (51.0%) with age <3 years were 128 subjects (64.0%).

2. Bivariate Analysis

Bivariate analysis was used to examine the relationships between the independent Fa-

5. Data Analysis

Univariate analysis to analyze the frequency distribution and percentage of the characteristics of the study subjects. Bivariate analysis to study the relationship between nutritional status of toddlers with independent variables using the chi-square. Multivariate analysis used multilevel levels with STATA.

6. Research Ethic

Research ethics include informed consent, anonymity, confidentiality and ethical clearances. Ethical clearance in this study was conducted at Medical School of UNS Surabaya on 20 December 2019. Number: 007/ UN27.06/ KEPK/2020.

RESULTS

1. Sample Characteristics

The subjects of this study were 200 children in Ponorogo. The frequency distribution of the characteristics of the study subjects is described in table 1.

mily Development Session, maternal education, family income, social support, maternal knowledge, self-efficacy, complementary foods, child visit to integrated health center, and child nutritional status

Table 2. Bivariate Analysis

Independent Variables	Child Nutritional Status				Total		OR	p
	Abnormal		Normal		N	%		
	N	%	N	%				
Family Development Session								
Not Participated	60	60.0	40	40.0	100	100	2.55	0.001
Participated	37	37.0	63	63.0	100	100		
Maternal Education								
<Senior high school	73	67.0	36	33.0	109	100	5.66	<0.001
≥Senior high school	24	26.4	67	73.6	91	100		
Family Income								
< Rp 1,000,000	69	69.7	30	30.3	99	100	5.60	<0.001
≥ Rp 1,000,000	28	27.7	73	72.3	101	100		
Social Support								
Weak	68	70.1	29	29.9	97	100	5.98	<0.001
Strong	29	28.2	74	71.8	103	100		
Maternal Knowledge								
Poor	65	69.9	28	30.1	93	100	5.44	<0.001
Good	32	29.9	75	70.1	107	100		
Self Efficacy								
Low	68	64.8	37	35.2	105	100	4.18	<0.001
High	29	30.5	66	69.5	95	100		
Complementary Food								
No	62	62.0	38	38.0	100	100	3.03	<0.001
Yes	35	35.0	65	65.0	100	100		
Child visit to integrated community health center								
Not Active	75	79.8	19	20.2	94	100	15.07	<0.001
Active	22	20.8	84	79.2	106	100		

The results of the Chi square correlation test showed that there was a significant relationship between the Family Development Session and the nutritional status of toddlers (OR= 2.55; p= 0.001). Children who participate in the Family Development Session were 2.55 times more likely to have normal nutritional status compared to children who did not participate in the Family Development Session.

There was a significant relationship between maternal education and child nutritional status (OR= 5.66; p<0.001). Mothers with ≥Senior high school education were 5.66 times more likely to have toddlers with normal nutritional status than mothers with < Senior high school.

There was a significant relationship between family income and nutritional

status of toddlers (OR= 5.60; p<0.001). Toddlers with a family income of ≥Rp 1,000,000 were 5.60 times more likely to have a normal nutritional status compared to toddlers with a family income of <Rp 1,000,000.

There was a significant relationship between social support and nutritional status of toddlers (OR= 5.98; p<0.001). Mothers with strong social support were 5.98 times more likely to have toddlers with normal nutritional status than mothers with weak social support.

There was a significant relationship between maternal knowledge and child nutritional status (OR = 5.44; p <0.001). Mothers with good knowledge were 5.44 times more likely to have toddlers with

normal nutritional status compared to mothers with lack of knowledge.

There was a significant relationship between self-efficacy and nutritional status of toddlers (OR = 4.18; $p < 0.001$). Mothers with high self-efficacy were 4.18 times more likely to have toddlers with normal nutritional status than mothers with low self-efficacy.

There was a significant relationship between complementary foods and nutritional status of toddlers (OR= 3.03; $p < 0.001$). Toddlers who were given complementary foods were 3.03 times more likely to have normal nutritional status than those who did not consume complementary foods.

There was a significant relationship between toddlers visits to IHC and nutritional status of toddlers (OR= 15.07; $p < 0.001$). Toddlers with active IHC visits have 15.07 times the chance of having normal nutritional status compared to toddlers who were not actively visiting the integrated community health center.

3. Multilevel Analysis

Multilevel analysis on STATA was used to determine the effect of variables level 1 and 2 on the variable of toddlers' nutritional status.

There was an effect of FDS on the nutritional status of toddlers, this effect was statistically significant. Toddlers who followed FDS had a higher logodds for normal nutritional status than those who did not follow FDS (OR= 1.24; 95% CI= 0.26 - 2.22; $p = 0.014$).

There was an effect of maternal education on the nutritional status of toddlers, this effect was statistically significant. Toddlers with maternal education who were \geq HS have a higher logodds for normal nutritional status than toddlers with maternal education <Senior high school (OR= 1.18; 95% CI= 0.16 - 2.19; $p = 0.023$).

There was an effect of family income on the nutritional status of toddlers, this effect was statistically significant. Toddlers with family income of \geq Rp. 1000000 have a higher logodds for normal nutritional status than toddlers with family income of < Rp. 1000000. (OR= 1.11; 95% CI= 0.11 - 2.11; $p = 0.030$).

There was an effect of social support on the nutritional status of toddlers, this effect was statistically significant. Toddlers with strong social support have a higher logodds for normal nutritional status than toddlers with weak social support (OR= 1.57; 95% CI= 0.46 - 2.67; $p = 0.006$).

There was an effect of maternal knowledge on the nutritional status of toddlers, this effect was statistically significant. Children with good maternal knowledge have a higher logodds for normal nutritional status than toddlers with lack of maternal knowledge (OR= 1.24; 95% CI= 0.26 - 2.23; $p = 0.013$).

There was an effect of self efficacy on the nutritional status of toddlers, this effect was statistically significant. Toddlers with high maternal self-efficacy have a higher logodds for normal nutritional status than toddlers with mothers who have low self-efficacy (OR= 1.38; 95% CI= 0.32 - 2.44; $p = 0.011$).

There was an effect of complementary foods on the nutritional status of toddlers, this effect was statistically significant. Toddlers who got complementary foods have a higher logodds for normal nutritional status toddlers who did not get complementary foods (OR= 1.35; 95% CI= 0.33 - 2.37; $p = 0.010$).

There was an effect of toddlers' visits to IHC on the nutritional status of toddlers, this effect was statistically significant. Toddlers with active IHC visits have a higher logodds for normal nutritional status than toddlers with non-active IHC visit

(OR= 1.42; 95% CI= 0.28 - 2.56; p= 0.015).Based on the data analysis, the ICC result= 33.97%. These indicators showed

that the variation in nutritional status of toddler was 33.97% determined by the IHC.

Table 3. The results of multilevel analysis

Child Nutritional Status	OR	95% CI		p
		Lower Limit	Upper Limit	
Fixed Effect				
FDS (participated)	1.24	0.26	2.22	0.014
Maternal education (≥ HS)	1.18	0.16	2.19	0.023
Family income (≥ Rp 1,000,000)	1.11	0.11	2.11	0.030
Social support (strong)	1.57	0.46	2.67	0.006
Maternal knowledge (good)	1.24	0.26	2.23	0.013
Self efficacy (high)	1.38	0.32	2.44	0.011
Complementary food (yes)	1.35	0.33	2.37	0.010
Child visits to IHC (active)	1.42	0.28	2.56	0.015
Random Effect				
Integrated Healthcare Center (IHC)				
Var (ConstantS)	1.69	0.50	5.72	
N observation = 225				
Log likelihood = - 73.17				
LR test vs. linier regression, p= 0.003				
ICC = 33.97%				

DISCUSSION

1. The effect of Family Development Session on child nutritional status

The results of this study indicated that there was an effect of FDS on the nutritional status of toddlers. The results of this study are in accordance with study done by Kuntjorowati (2018) which states that FDS is one of the determinants of factors that affect the nutritional status of toddlers. This is because in the FDS meeting, PKH Facilitators provide health education related to the importance of the nutritional status of toddlers to increase the growth and development of toddlers optimally.

Prayitna et al. (2018) showed that 85% of mothers who bring their toddlers to the IHC to check the weight of their children increase after joining the PKH program, the sanctions given if PKH participants do not visit IHC are one of the factors that influence the increased activity of IHC visits and have a positive effect on the nutritional status of toddlers.

2. The effect of maternal education on child visits to IHC

The results of this study indicated that there was an effect of maternal education on the child nutritional status. Parents in the family are role models for their children, especially mothers. Mothers with high education have the possibility to have high knowledge about the importance of maintaining children's health, one of them is by maintaining the nutritional status of toddlers and early detection of children's health problems to support optimal growth and development (Anjani, 2018).

Maternal education is one of the basic factors that are important for the growth and child development so as to achieve good toddler health (Rahayu and Khairiyati, 2014). The level of maternal education is useful in terms of the ease with which the mother receives information about nutrition and health problems from outside. The role of mothers as the primary caregivers of their children is very much needed, one of

them is related to purchasing and serving food to improve nutritional status.

3. The effect of family income on child nutritional status

The results of this study indicated that there was an effect of family income on the nutritional status of toddlers. Families with low income will experience difficulties in fulfilling their daily needs, but if the increase in income obtained is not fully used to fulfill foods that contain lots of high nutrition, the family's nutritional intake needs are also not able to be fulfilled, therefore, it is necessary to manage family income properly which is useful to improve the nutritional status of the family, especially toddlers (Knight *et al.*, 2015).

Family income, especially in the first 1000 days of life, increases the development of children, thereby reducing nutritional problems in toddlers, one of them is stunting. Family socio-economics are always associated with health aspects for children's growth and development that have an impact on future life. Families with high income will have the ability to meet nutritional needs and choose good health services for children so that they will prevent infectious diseases which is due to good early detection (Conant *et al.*, 2017). Family income has an important role, especially in affecting the standard of living. The effect is more oriented towards welfare and health, where an increase in income will increase the nutritional level of the community (Nshimiyiryo *et al.*, 2019).

4. The effect of social support on child nutritional status

The results of this study indicated that there was an effect of social support on the nutritional status of toddlers. Mustafyani (2017) explained that mothers with weak social support have an effect on maternal anxiety related to children's health compared to mothers who have strong support,

this shows that social support has an important role in improving the nutritional status of the family. Social support, especially husbands, is also one of the other reinforcing factors that affect the nutritional status of toddlers through the implementation of a nutritionally aware family (Kadarzi).

According to Saputri, Sulistiyana and Rohmawati (2016), the most important social support is husband's support. The four types of social support are emotional, rewarding, instrumental and informative support. Husband's social support has an influence in making the final decisions for the wife's actions so that the mother can make the best decisions in case of health problems that can reduce nutritional status.

5. The effect of maternal knowledge on child nutritional status

The results of this study indicated that there was an effect of maternal knowledge on the child nutritional status. Knowledge is one of the factors that influence a person's behavior regarding skills and practices based on social cognitive theory (Bandura, 2002).

Mothers with high nutritional knowledge are expected to be able to influence maternal parenting related to age-appropriate feeding for toddlers so that child nutrition remains normal because toddlers get nutrition that is in accordance with the needs and good knowledge of mothers regarding early detection of health problems in children can help mothers to monitor and prevent the occurrence of health problems that can reduce the child nutritional status (Amalia *et al.*, 2019). Mothers who have a higher level of nutritional knowledge will provide a nutritionally balanced diet with lots of vegetables, fruit and nuts so that the level of maternal nutritional knowledge becomes one of the factors that play a role in maintaining

normal nutritional status for children, for example through the intake of food consumed by toddlers Yabancı et al., 2014). Fadare et al. (2019) also explained that maternal knowledge is an important factor to improve the nutritional status of toddlers.

6. The effect of maternal self efficacy on child nutritional status

The results of this study indicated that there was an effect of maternal self efficacy on the nutritional status of toddlers. Abdullah (2019) explained that self-efficacy is related to behavior change which is part of the idea of social cognitive theory. The focus of the SCT idea is the result of the reciprocal interaction between the three behavioral factors, namely reciprocal determinants, social norms and cognitive factors.

Kurniavie and Murti (2020) explained that the mother's self-efficacy can improve their behavior to visit health facilities and health services such as IHC with the existence of health education, one of them is related to the importance of nutritional benefits for children, with high self-efficacy, mothers can improve the nutritional status of toddlers. Ernawati et al. (2018) also show that maternal self-efficacy can affect the nutritional status of toddlers through toddler visits to IHC (OR= 1.90; $p= 0.011$), so that children who actively visit IHC are expected to receive monitoring of nutritional status.

7. The effect of complementary food on child nutritional status

The results of this study indicated that there was an effect of complementary food on the nutritional status of toddlers. The indicators that need to be considered in providing complementary foods are age, type, frequency of provision, and portion of complementary foods (Lestari, Margawati and Rahfiludin, 2014). The similar thing is

also explained by Handayani et al. (2017) who stated that complementary feeding is associated with various predisposing factors such as attitudes and knowledge of mothers regarding complementary feeding.

According to Gusti (2011), a good maternal knowledge is one of the determinants factors that influence exclusive breastfeeding so that children are given complementary foods on time. Khanal et al., (2013) explained that the benefits of in time complementary food have a positive effect on exclusive breastfeeding so that it can support the growth and development of toddlers. Babies who are exclusively breastfed tend to have a taller height and conform to a growth curve than babies who are given complementary food too early.

8. The effect of toddlers visits to IHC on child nutritional status

The results of this study indicated that there was an effect of toddler visits to IHC on the nutritional status. The results of this study are in line with the research of Sugiarti et al., (2014) which showed that children who actively visit IHC have a higher percentage of good nutritional status (62.5%) than those who are not active (10%). Asdhany and Kartini (2012) also explained that the level of participation of mothers in IHC activities affects the nutritional status of toddlers based on weight/age. Based on this explanation, it can be concluded that the results of the study showed that child visits to posyandu could improve their nutritional status.

9. The effect of integrated community health center on child nutritional status

The results of the study with multilevel analysis showed that the ICC= 33.97%. These indicators show that the IHC conditions at each stratum have an environmental effect on the variation in nutritional status of toddlers by 33.97%, so the envi-

ronmental influence, namely the IHC, which is shown from the multilevel analysis is very important. The concept of environmental factors, namely environmental situations can affect someone's thinking and behavior so that it affects health status (Sulaeman, 2016). According to Lanoh and Karundeng (2015), there is a significant relationship between the use of IHC and the nutritional status of their children. According to Priyatningsih and Nurwahyuni (2019), regular IHC visits can improve early detection of related to child's nutrition problems, such as obesity, but on the other hand, mothers with low education have the possibility to not actively visit IHC because of their low knowledge about the role of IHC visits for their children.

AUTHOR CONTRIBUTION

Nisaus Zakiyah, the main researcher has a role in collecting and processing research data; Endang Sutisna Sulaeman examined the conceptual framework and study methodology; Eti Poncorini Pamungkasari examined the results of the study.

CONFLICT OF INTEREST

There was no conflict of interest in this study.

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