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Responsive playful parenting: strategic innovation on stunting prevention amidst COVID-19 in West Java, Indonesia



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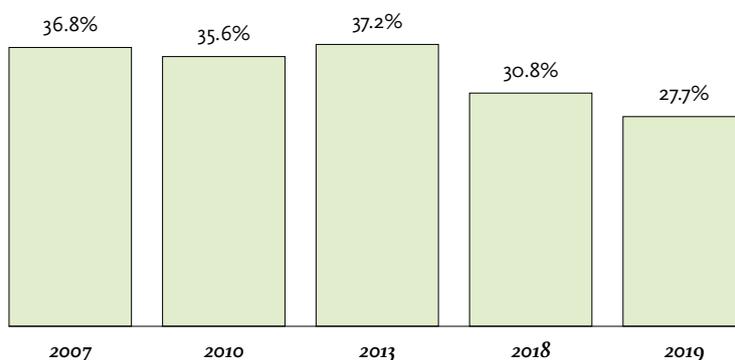
Responsive playful parenting: strategic innovation on stunting prevention amidst COVID-19 in West Java, Indonesia

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FITRIANA HERARTI

Introduction

Stunting mostly occurs at the age of 1000 HPK or Hari Pertama Kehidupan (First 1000 Days of Life) and is attributed to a failure in growth (birth underweight, wasting) and development (cognitive and motoric) due to a lack of nutritional intake for a long time, resulting in recurring infectious diseases, and inadequate psychosocial stimulation. Stunting can also cause metabolic disorders in adulthood (risk of non-communicable diseases, such as diabetes, obesity, stroke, and heart disease) (Rajagopalan, 2003). Currently, the high number of stunting cases in children under five will reduce Indonesia's human capital quality and productivity; hence, its demographic attributes cannot be fully maximised. The progress of stunting prevalence in children from 2007 to 2019 is shown in the chart below.¹

Figure 1. Stunting prevalence in children from 2007-2019.



1. Source: Badan Litbangkes. (n.d.). Laporan Hasil Riset Kesehatan Dasar (Riskesdas)|Badan Penelitian dan Pengembangan Kesehatan. Badan Litbangkes. <https://www.litbang.kemkes.go.id/laporan-riset-kesehatan-dasar-riskesdas/> and Sudikno, dkk. (2019). Laporan Akhir Penelitian Studi Status Gizi Balita di Indonesia Tahun 2019 . Jakarta: Puslitbang Upaya Kesehatan Masyarakat

Although the stunting prevalence of children under five continued to decline over the past ten years, the number is still high. This number is predicted to increase due to the 2020 COVID-19 pandemic. The main transmission channels of COVID-19 to children are (1) rapid impoverishment of nutrition and (2) a vulnerable social protection system (UNICEF, 2020). The Head of the National Population and Family Planning Agency (BKKBN/Badan Kependudukan dan keluarga Berencana Nasional) and the Chief Executive of the Stunting Prevention Acceleration Program stated that the increase in stunting cases in 2020 is due to the decline in gross national income (GNI) per capita. This decline is related to the large increase in wasting prevalence. Wasting in toddlers increased by around 14.5% and 6.7% in 2020 due to the COVID-19 pandemic.

As a development partner of the Government of Indonesia since 1973, ChildFund International has advocated the synergy of various elements to create a world where all children grow and develop to reach their optimal potential through various holistic intervention models. Some interventions that have continuous implementation are Responsive Parenting for parents and caregivers of early childhood and Positive Parenting for caregivers of school-age children. ChildFund understands that efforts to tackle cases of micronutrient deficiencies, repeated infection, and inadequate psychosocial stimulation, which are the gateway to stunting, underweight, and wasting in children under five in Indonesia, must be carried out comprehensively with various approaches from cross expertise.

Many excellent programs established by the Indonesian Government have a limited focus on parenting interventions. Evidence shows that parents have a significant role in children's growth and development. Parenting role is important in managing stunting cases and reducing their number in Indonesia (Pradana Putri & Rong, 2021). For this reason, ChildFund initiated a pilot project of a comprehensive stunting prevention intervention. ChildFund, through the Nurturing Care Framework (World Health Organization, United Nations Children's Fund, World Bank Group, 2018), promotes responsive feeding, which is especially important for low-weight or ill infants that can lead to stunting cases.

ChildFund combined strategic handling of three main components, namely, responsive parenting (using a playful parenting approach for the stimulation sessions), balanced nutrition, and behaviour change communication. A project called, Ibu Anak Tangguh Kota Bogor (abbreviated as Batagor) has

Photo made available by the author.



been implemented from January to June 2021 in Pasir Kuda and Pasir Jaya Villages. Each household has been urged to consider the vital role of reducing stunting by improving the quality of their lives.

Statement of the problem

The causes of stunting are multidimensional, not only caused by poverty and limited access to food, but also by poor early stimulation and feeding patterns for children under five. The project is designed to pilot a comprehensive intervention model for handling undernourished children while improving parenting skills and promoting behavioural changes of parents and local community members to prevent stunting in children. The project was aimed at improving the behaviours of parents and society in supporting the quality of children's growth and development.

Method

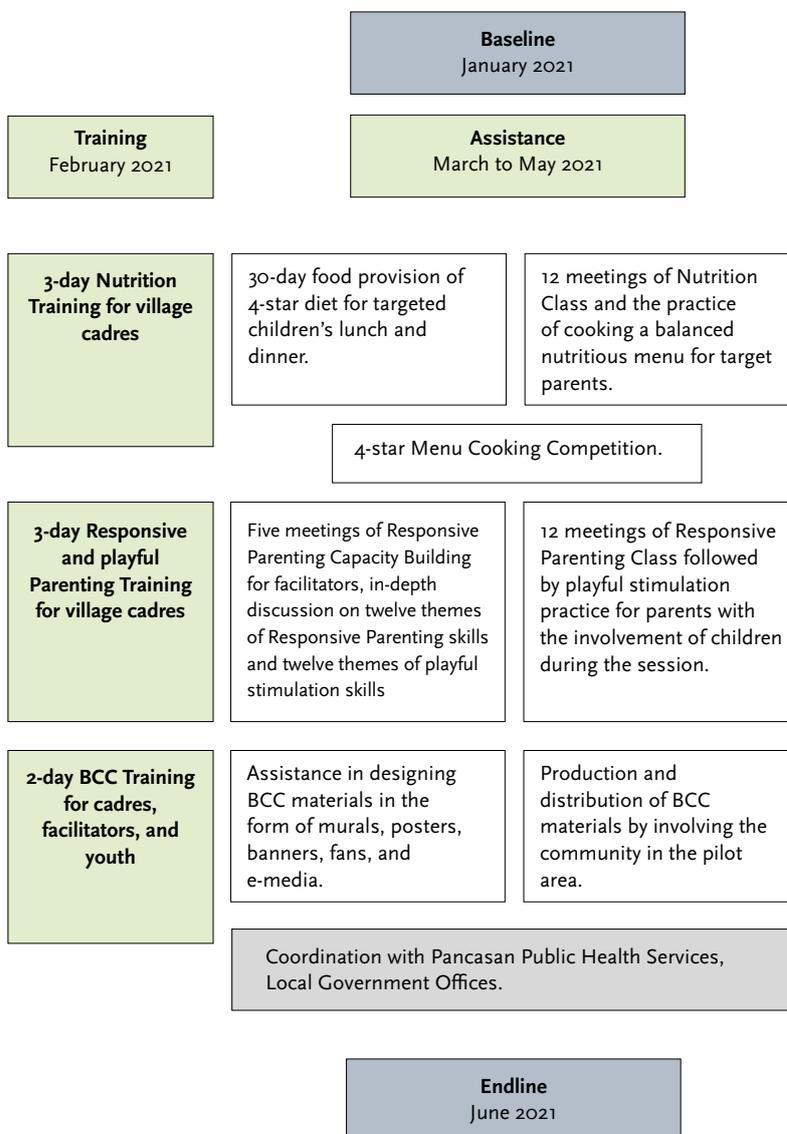
The complexity of the stunting caused by children encourages all parties to develop innovative intervention designs that directly aim at various target groups of the human life cycle simultaneously. ChildFund develops a comprehensive intervention design for the Batagor Project by focusing on parents as their children's primary caregivers. Interventions for empowering change agents are directed at increasing insights and skills that enable parents to provide parenting styles, feeding patterns, and constructive communication patterns that support children's growth and development in a positive and safe environment to realise their optimal potential, starting from their own home, family, and community.

Some measurable ways to achieve this goal are the following:

1. Parents'/caregivers' practice of proper feeding (balanced diet), focusing on:
 - 1.1. Capacity building of cadres in counselling correct feeding practices
 - 1.2. Capacity building of parents/caregivers in correct feeding practices
 - 1.3. Increasing the role of government and community groups to support maternal and child health
2. Parents'/caregivers' practices in responsive parenting skills as proper early childhood care by focusing on:
 - 2.1. Capacity building of community cadres/facilitators on responsive parenting skills for early childhood, including developmental stimulation
 - 2.2. Parents/caregivers demonstrating knowledge of early childhood responsive parenting skills, including developmental stimulation
3. Families practising proper healthy living behaviour, focusing on:
 - 3.1. Parents/caregivers demonstrating knowledge of disease prevention and health service-seeking behaviour
 - 3.2. The importance of monitoring children's growth and development to prevent stunting by developing awareness of parents/caregivers

By combining approaches to responsive playful parenting, such as balanced-diet management and strengthening behaviour-change communication through various communication media that are easily accessible to the community, the project used the following intervention methods:

Figure 2. Methods of interventions through combined approaches.



Results

A total of 64 underweight children at risk of stunting or wasting during the baseline data measurement process, were divided into six intervention points, based on the grouping of residential locations.

Over the course, only 57 children completed the entire comprehensive intervention process. The seven children could not fully participate in the intervention because the head of the family did not allow them to come to the intervention point due to the house's location being too far away.

Seventy-four percent of parents (compared to 10% at the start of the project) replicated play and psychosocial stimulation of children in their daily activities.

Parents' perception of parenting concepts increased from 31.7% to 100%, which aligns with the 89.1% rise in awareness among parents, who now

believe that taking care of their children now needs more than just instinctive or imitation of how parents were previously raised by their own parents.

During the three months of implementation in beneficiary families, around 96.49% of children experienced weight gain. The monthly growth monitoring showed that 21 of 57 children or 37% did not experience a decline during the intervention period. Most weight gains occurred in the first 30 days when all children got a complete and balanced nutritional intake that met their nutritional adequacy. In the final measurement of the Nutrition Class of 57 children, who were initially indicated to be underweight or at risk of stunting and wasting, 39 have been recorded to have good nutrition statuses. The remaining 16 children, with underweight and two children severely underweight, will continue to be monitored in villages and health centres and handled by nutrition cadres, who have been trained intensively during the implementation period.

The initiative to mobilise the community to identify issues and materials to promote changes has helped to increase community capacity, especially the BCC Working Groups in both villages, to plan and roll out their own BCC campaign on stunting prevention. Through a series of interventions, they have obtained not only new paradigms and skill sets but also direct hands-on experience to drive changes by conferring all relevant contexts, dynamics, and response processes in their communities.

Parents' feedback on responsive playful parenting:

"After joining the Parenting Classes, I learned to control my anger at home. And I like to repeat all stimulation activities with my child at home. As a result, my child has been able to identify some letters, numbers, and colours".
(Rina, Pasir Jaya)

"Participating in the project makes me realise that bad parenting can cause stunting and its related problems. That is why I learn so much about the variation of nutrient foods and cooking methods as well as putting efforts to reduce saying no or don't to my children by directly conveying what we really want them to do". (Nur, Pasir Kuda)

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Discussion

RELEVANCE: to what degree do the objectives and intervention design respond to the needs, policies, and priorities of the intended beneficiaries?

The commencement of the project is designed to fully contribute to the National Strategy for the Acceleration of Stunting Prevention 2018-2024 by achieving increased coverage and quality of nutrition services in 1,000 first days of life to decrease stunting prevalence at the national and Bogor City levels. The intervention responses to the national strategy of stunting prevention are (1) 30% specific nutrition intervention targeted towards pregnant mothers and children under two years old; and (2) 70% sensitive nutrition intervention, which focused on increased awareness, commitment, and child-rearing practices as well as mother-child nutrition (Cega Stunting Itu Penting, 2013).

The project is right on target, assisting the government and the community to overcome the high prevalence of underweight, at risk of stunting, or wasting in the targeted areas.

EFFICIENCY: How well have resources and strategies been mobilised to conduct the project interventions in a timely, effective, and efficient manner, including accommodating the COVID-19 pandemic and related problems that have occurred during the last six months?

The total budget of IDR 598,555,000/\$42,078 has been used for the implementation of the project for six months to build knowledge, skills, and sustainable coordination and balanced diet intakes for direct and indirect beneficiaries as follows :

- 57 children and mothers, and families
- 12 nutrition cadres and 9 parenting facilitators
- Young people (empowered to be sensitive and concerned about their changing environmental situation)
- Village Office officials and its support agencies, along with Posyandu Pos Layanan Terpadu—is a form of Community-Based Health Efforts (UKBM), which is managed and organised from, by, for, and with the community in the implementation of health development to empower and provide convenience to the community in obtaining basic health services and district health centres
- Communities in two villages

Based on the calculation of the number of beneficiaries, the project has allocated IDR 13,500/person (\$0.95%) for the entire community with the assumption of achieving 25% of the population of the two villages to mobilise a comprehensive intervention for community empowerment through changes in parenting patterns, management of balanced nutrition intake, BCC media production and campaigns. The allocation of funds also included expenditures to fully implement strict health protocols during the COVID-19 pandemic, such as clinical tests on all participants before and after activities as well as procurement of personal protective equipment for Covid-19 during the intervention process.

EFFECTIVENESS: did the Project's comprehensive interventions achieve their objectives?

All main activities were successfully carried out following the detailed logical framework of the project and achieved the designed goals, targets, and indicators that included the selection of beneficiaries according to the criteria for communities with children experiencing cases of being underweight and at risk of stunting or wasting. However, the project initiation had to undergo time adjustments due to the pandemic situation. Stakeholders in two villages, including parents, have viewed the project intervention as an effective strategy for increasing knowledge, attitudes, and sustainable practices to address and prevent the recurrence of malnutrition and stunting.

SUSTAINABILITY: Can this project continue without ChildFund's support anymore?

The existence of trained cadres and facilitators, positive endorsements from beneficiaries and other stakeholders, as well as various lessons learned and experiences obtained by the villages and public health services at the sub-district level, have become the basic modalities to enable the community and local governments to continue project interventions, and even transmit them to other villages. The piloting area can be initiated as a location for comparative studies for other regions that wish to develop local initiatives and resilience in addressing and preventing stunting. The full documentation of projects, both in the form of written reports and workshops, can function as an important means to share all the learning processes and changes that have occurred to garner more support and concern for action from various other development actors from the private sector, universities, and the media.

Conclusions

Since the pilot project of a comprehensive initiative was carried out within a limited period of six months, the project can garner the synergy of various parties to achieve the planned goals jointly.

Clearly, the concepts, logical frameworks, implementation methods, and track records of learning and partnerships have mapped out pilot models of comprehensive interventions to deal with and prevent stunting starting from each family, house, neighbourhood association, hamlet, village, and local government.

By reviewing the lessons learned and achievements, the project has proven that malnutrition and stunting are growth and development failures that need to be handled multi-dimensionally. In a relatively short duration, the project implementation offers a comprehensive effort to intervene in the stunting issue by promoting responsive playful parenting, balanced nutrition management, and awareness, as well as the collaboration of all elements of the local community to increase knowledge and change attitudes and behaviour. Parents and other adults in the community were strategically selected as the main target of intervention because together with the government, parents are the primary duty bearers, especially in fulfilling children's rights.

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