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# Evaluation of Achievement of Health Nutrition Program Indicators Mother and Child Towards the Healthy Family Index in Kalibobo District, Nabire District

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***Abstract.*** *Background:Maternal and child health issues are still a serious concern for the government today. The high maternal, infant and toddler mortality rates make KIA a top priority in the Ministry's program.Health problems at the Kalibobo Health Center are still the center of attention where in 2023 there were 2 child deaths including nutritional problems. Objective: To analyze the achievement of indicators of the nutritional health program, mothers and children against the healthy family index in Kalibobo Village, Nabire Regency. Method: Observational research is descriptive. Using the Community Diagnosis (Needs Assessment) method with a cross-sectional approach. The sample size120 familiesusing cluster random sampling method. The interview results were collected and data reduction, data presentation and conclusion drawing were carried out. Results: ANC examination 74% (national target 95%), complete basic immunization 89% (national target 90%), infants aged 0-6 months who received exclusive breastfeeding 67% (national target 60%) and toddlers whose growth was monitored 75% (national target 85%). Conclusion: Based on the 4 indicators evaluated, there are 2 indicators that can be said to be successful, namely the achievement of toddlers who received complete basic immunization and infants aged 0-6 months who received exclusive breastfeeding. Suggestion: to establish cross-sector cooperation in the community so that community knowledge, attitudes, and behavior can be better in utilizing existing health services, especially maternal and child health services.*

***Keywords:*** *Exclusive Breastfeeding, Complete Basic Immunization, Maternal and Child Health, ANC Examination, Growth Monitoring*

## 1. INTRODUCTION

Maternal and child health issues are one of the most important health issues in Indonesia. Every three minutes, somewhere in Indonesia, a child under the age of five dies. In addition, women die every hour from childbirth and pregnancy-related causes. (UNICEF, 2012). Currently, many health development programs in Indonesia aim to address maternal and child health issues (Maas, 2004). Initially, these programs focused on efforts to reduce infant and child mortality rates, low birth rates, and maternal mortality rates (Mappaware, HNA, et al., 2020).

Some indicators that can be used to determine health status include infant mortality rate, infant mortality rate, nutritional status, and life expectancy at birth (WHO, 2016). Infant Mortality Rate (IMR) is the first indicator that determines the health status of children because it reflects the current health status of children. Currently, the newborn mortality rate is the second indicator to determine the level of child health, because the number of complications indicates the weak immune system of infants and children under five years old (WHO, 2002).

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Based on the Human Development Index (HDI), Indonesia is ranked 108th out of 177 countries in the world, lower than other Association of Southeast Asian Nation (ASEAN) countries such as Singapore, Malaysia, Brunei Darussalam and Thailand. Every year there is a decrease in maternal mortality rate (MMR) and infant mortality rate (IMR) as one part of the HDI indicator which is a problem. Of the five million births that occur each year in Indonesia, approximately 20,000 mothers die due to complications of pregnancy and childbirth. Emergency and new births are a problem because they are caused by several factors (Mappaware, HNA, et al., 2020).

Maternal and child health issues are still one of the main concerns of the government today. However, due to the high mortality rate of mothers, infants and children under the age of five, KIA will be the main focus in the Ministry of AKI and AKB programs of the Ministry which receive a lot of attention. Data from the Indonesian Ministry of Health in 2015 showed that there were 359 cases of maternal death per 100,000 live births and there were 32 infant deaths per 1,000 live births. However, the high maternal and infant mortality rate which is still high makes KIA included in the strategic plan of the Ministry of Health from 2015 to 2019 (Fitriyani, 2017 quoted inMappaware, HNA, et al., 2020).

The Infant Mortality Rate (IMR) is the number of people who die before reaching the age of one year, expressed in per 1,000 live births in one year in the year. Currently, the Maternal Mortality Rate (MMR) describes the number of women who die due to complications of pregnancy or its treatment (excluding accidents or emergencies) during pregnancy, childbirth and in the postpartum period (42 days after delivery) regardless of gestational age per 100,000 live births (Mappaware, HNA, et al., 2020).

Indonesia's development in 2020-2024 aims to create quality, competitive, healthy, intelligent, adaptive, creative, intelligent, and characterful human resources. In Presidential Regulation Number. 18 of 2020 concerning the RPJMN, it is stated that the direction and strategy of the 2020-2024 RPJMN policy are to improve health services in the global health region, especially strengthening primary health care services (Primary Health Care) through incentives. Increasing promotion and prevention efforts (Ministry of Health, 2020).

The Maternal and Child Health (MCH) Program is an initiative to reduce maternal and child mortality rates. These programs include Safe Motherhood. This program in Indonesia is offered in the form of a Family Planning (KB) program, pregnancy examination and monitoring services, safe and healthy childbirth, and essential gynecology and obstetric services at local health centers (Mappaware, HNA, et al., 2020).

Indicators and Targets of Public Health Programs in the RPJMN and Renstra 2020-2024, Percentage of Antenatal Visit Coverage is 95% respectively. The prevalence of infants under 6 months of age who are given exclusive breastfeeding is 40%, 45%, 50%, 55%, 60% respectively. The percentage of toddlers whose growth and development are monitored is 60%, 70%, 75%, 80%, and 85% respectively (Ministry of Health 2020). Target achievement of indicators for 2020-2024 Percentage of infants under 6 months of age who receive exclusive breastfeeding is 40%, 45%, 50%, 55% and 60% respectively

The number of children in Kalibobo is 1777. Data from 2023 with a death toll of 2 people. The level of health is generally seen from the size of the quality of health. The quality of health has implications for policies to increase the coverage of health facilities and services, environmental health, adequate nutrition, prevention and treatment of infectious diseases, and understanding and awareness of healthy behavior in the community. The indicators of death are:

Maternal and child health efforts are health efforts related to services and care for pregnant women, mothers giving birth, postpartum mothers, infants and toddlers and school children, as well as family planning and reproductive health services, community empowerment of midwives, mothers and children, family planning is an effort, the alert system is a community system in an effort to overcome emergency situations from non-clinical aspects related to pregnancy and childbirth, the alert system is a mutual assistance system, which is formed from, by and for the community in terms of the use of transportation to serve the community for outpatient care and lighten the burden on community health.

Efforts to improve maternal and child nutrition and health still face various challenges. High maternal mortality rates and high infant mortality rates are quite major challenges faced by the Department of Nutrition and Maternal and Child Health. Serious diseases and problems of mothers, infants, and children under five years of age are closely related to food problems, in the form of malnutrition or overnutrition. Overeating problems include obesity weight gain, and micronutrient deficiencies (eg sodium). Currently, malnutrition problems include underweight, wasting, stunting, and micronutrient deficiencies. Indonesia is ranked 115th out of 151 countries in the world with stunting cases (Ministry of Health, 2020).

Health problems at the Kalibobo Health Center are still the center of attention where in 2023 there were 2 child deaths including nutritional problems. Nutritional problems at the Kalibobo Health Center, both from malnutrition, undernutrition, and mortality rates are still high, so it is a reason to conduct research to find out the problems at the Kalibobo Health Center.

## 2. METHOD

This research is an observational descriptive study.Description is a clear and detailed description or explanation of what is described. with clear and detailed words, the thing to be described is called an object. Objects that can be recognized in the explanatory text are objects that can be captured using the five senses. This study analyzes the achievement of Maternal and Child Health indicators in the healthy family index in Kalibobo Village using the Community method. Diagnosis (Needs Assessment) with a cross-sectional approach. This study will be conducted in the Working Area of the Kalibobo Health Center UPTD, Nabire Regency. This study was conducted from April to June 2024.

The sample of this research was 120 families targeting mothers using the cluster random sampling method for mothers who have babies. Cluster random sampling is a sampling technique where the population consists of individuals, but consists of groups of individuals or clusters (Al-faida, N., 2023).

The instruments in this study were questionnaires, stationery and documentation tools. The data used in this study were primary data and secondary data. Data processing was carried out after the interview data was collected and the editing and verification process was carried out. Univariate data analysis used distribution and frequency tables.

## 3. RESULTS AND DISCUSSION

### Results

#### 1. Overview of Research Location

The Kalibobo Health Center Technical Implementation Unit (UPTD) is the location where the research was conducted for two months. This research was conducted from April 1, 2024 to May 18, 2024.

UPTD Kalibobo Health Center has a working area in Nabire District with one working area, namely Kalibobo Village, the geographical conditions are in the form of lowlands located close to the beach so that it is easily accessible by foot and using cars or motorbikes to the village. The boundaries of the UPTD Kalibobo Health Center working area are, namely the North is bordered by Cendrawasih Bay, the South is bordered by Bumiwonorejo Village, the East is bordered by Morgo Village, and the West is bordered by Waroki Village, West Nabire District.

The area of the Kalibobo Health Center UPTD building is 92 m2 on a land area of 5,000 m2, the Kalibobo Health Center UPTD was established in 2010, it was an upgrade of the Health Center status from an Assistant Health Center to a Main Health Center and underwent rehabilitation twice, namely in 2016 and 2019. The Kalibobo

Health Center UPTD building has limited space, causing several service activities to still not be able to be carried out optimally.

Geographically, the Kalibobo Health Center UPTD is located in a less strategic location, namely hidden behind the main road/residential area with inadequate road access, during the rainy season the road is muddy and flooded (flooded) from the main road to the health center location.

**2. Respondent Characteristics**

Respondent characteristics are the criteria given to research subjects, so that the source of information in the research is directed appropriately. This is determined according to the type of research. The characteristics of respondents who are the research sample are based on several things (Khairally, ET, 2023).

a. Age of Head of Family

Age is a unit of time that measures the time of existence of an object or creature, both living and dead. For example, human age is said to be fifteen years measured from birth to the time the age is calculated (World Encyclopedia). In this study, the age of the head of the family is classified according to the Ministry of Health which consists of late adolescence 17-25 years, early adulthood 26-35 years, late adulthood 36-45 years, early elderly 46-55 years and late elderly> 56 years (Al Amin, 2017 in Hakim, LM, 2020).

The following is the distribution of respondents based on the age of the head of the family:

**Table 1** Distribution of Respondents Based on Age of Head of Family

| Age of Head of Family | f | % |
|---|---|---|
| 12-25 Years | 28 | 23.3 |
| 26-35 Years | 37 | 30.8 |
| 36-45 Years | 44 | 36.7 |
| 46-55 Years | 9 | 7.5 |
| 56-65 Years | 2 | 1.7 |
| **Total** | **120** | **100.0** |

*Source: Primary Data 2024*

Based on table 1, it can be seen that from a total of 120 respondents, the largest age range is 36-45 years, namely 44 respondents (36.7%) and the smallest age range is 56-65 years, namely 2 respondents (1.7%).

b. Head of Family Occupation

Wiltshire (2016) defines work/job as a dynamic concept with synonyms and definitions. Work refers to the importance of an activity, the time and energy spent, and the rewards obtained. Work is a series of certain skills and competencies that must always be improved over time. Work is a social activity in which individuals or groups put in effort during a certain time and space, sometimes with the expectation of monetary (or other forms) or without the expectation of reward, but with a sense of obligation to others (Wandani, NKAS, 2022). The following is the distribution of respondents based on the head of the family's occupation:

**Table 2** Distribution of Respondents Based on Head of Family Occupation

| **Head of Family Occupation** | **f** | **%** |
|---|---|---|
| civil servant | 32 | 26.7 |
| Self-employed | 70 | 58.3 |
| TNI/Police | 4 | 3.3 |
| Farmer | 11 | 9.2 |
| Fisherman | 1 | 0.8 |
| Laborer | 2 | 1.7 |
| **Total** | **120** | **100.0** |

*Source: Primary Data 2024*

Based on table 4.2, it can be seen that of the total 120 respondents, most respondents were self-employed, namely 70 respondents (58.3%) and the least worked as fishermen, namely 1 respondent (0.8%).

c. Number of Family Members

The family is the smallest social unit consisting of the head of the family and the family consisting of father, mother and child. Another definition of the family is the smallest unit of society where the head of the family and several people live together in one place under one roof in a state of interdependence. In another view, family means a group of people who live together as the smallest unit of society, usually with relatives, marriage, or other relationships, and who live in a house led by the head of the family. From the description of the definition, it is clear that the family consists of the head of the family and family members, namely father, mother and child who live together and need each other (Aris, 2023).

The following is the distribution of respondents based on the number of family members:

**Table 3** Distribution of Respondents Based on Head of Family Occupation

| Number of Family Members | f | % |
|---|---|---|
| 1-3 People | 35 | 29.2 |
| 4-6 People | 70 | 58.3 |
| >7 People | 15 | 12.5 |
| **Total** | **120** | **100.0** |

*Source: Primary Data 2024*

Based on table 4.3, it can be seen that from a total of 120 respondents, the largest number of family members was 4-6 people, namely 70 respondents (58.3) and the smallest number of family members was >7 people, namely 15 respondents (0.8%).

**3. Univariate Analysis**

Univariate analysis is a data analysis method used to analyze a single variable or data. In univariate analysis, the variable is studied separately without considering its relationship to other variables. Univariate analysis usually uses various statistical methodsone of which is the frequency distribution (Academia, A., 2023). The following is the frequency distribution of respondents from each variable:

a. Percentage of Antenatal Care (ANC) Examination

Antenatal Care (ANC) examination is a pregnancy examination that aims to improve the physical and mental health of pregnant women optimally, so that they are able to face childbirth, postpartum, prepare for exclusive breastfeeding, and return to normal reproductive health (Ministry of Health of the Republic of Indonesia, 2018).

The following is the Frequency Distribution of Respondents Based on Having 4 Pregnancy Check-ups:

**Table 4** Frequency Distribution of Respondents Based on Having 4 Pregnancy Check-ups

| Doing Pregnancy Check-ups 4 Times | f | % |
|---|---|---|
| No | 31 | 25.8 |
| Yes | 89 | 74.2 |
| **Total** | **120** | **100.0** |

*Source: Primary Data 2024*

Based on table 4, it can be seen that of the total 120 respondents, there were 89 respondents (74.2%) who had 4 pregnancy check-ups and 31 respondents (25.8%) who did not have 4 pregnancy check-ups.

b. Complete Basic Immunization

According to Marmi 2012, immunization is a process used as a defense system of the human body or immunity that can ward off attacks by microorganisms in the form of bacteria and viruses before the microorganisms attack our bodies (Setiyani et al, 2016). The following is the Frequency Distribution of Respondents Based on Complete Basic Immunization:

**Table 5** Frequency Distribution of Respondents Based on Complete Basic Immunization

| Complete Basic Immunization | f | % |
|---|---|---|
| No | 13 | 10.8 |
| Yes | 107 | 89.2 |
| **Total** | **120** | **100.0** |

*Source: Primary Data 2024*

Based on table 4.5, it can be seen that of the total 120 respondents, there were 107 respondents (89.2%) who received complete basic immunization and 13 respondents (10.8%) who did not receive complete basic immunization.

c. Exclusive Breastfeeding for Babies 0-6 Months

Breast Milk, hereinafter abbreviated as ASI, is a fluid resulting from the secretion of the mother's mammary glands. Exclusive Breast Milk, hereinafter referred to as Exclusive Breast Milk, is breast milk given to babies from birth for 6 (six) months, without adding and/or replacing it with other foods or drinks (Government Regulation of the Republic of Indonesia, 2012).

The following is the Frequency Distribution of Respondents Based on Exclusive Breastfeeding for Babies Aged 0-6 Months:

**Table 6** Frequency Distribution of Respondents on Exclusive Breastfeeding for Babies Aged 0-6 Months

| Exclusive Breastfeeding for Babies 0-6 Months | f | % |
|---|---|---|
| No | 40 | 33.3 |
| Yes | 80 | 66.7 |
| **Total** | **120** | **100.0** |

*Source: Primary Data 2024*

Based on table 4.6, it can be seen that from a total of 120 respondents, there were 80 respondents (66.7%) who provided exclusive breastfeeding to babies aged 0-6 months and 40 respondents (33.3%) who did not provide exclusive breastfeeding to babies aged 0-6 months.

d. Toddler Growth Monitoring

According to the World Health Organization (WHO), growth monitoring is the process of observing a child's growth rate through periodic anthropometric measurements compared to standards to measure growth adequacy and identify growth disorders early (Ministry of Health of the Republic of Indonesia, 2021). The following is the Frequency Distribution of Respondents Based on Toddler Growth Monitoring:

**Table 7** Frequency Distribution of Respondents Based on Toddler Growth Monitoring

| **Toddler Growth Monitoring** | **f** | **%** |
|---|---|---|
| No | 29 | 24.2 |
| Yes | 91 | 75.8 |
| **Total** | **120** | **100.0** |

*Source: Primary Data 2024*

Based on table 4.5, it can be seen that of the total 120 respondents, there were 91 respondents (75.8%) who monitored toddler growth and 29 respondents (24.2%) who did not monitor toddler growth.

**Discussion**

**1. Identification of problems**

Problem identification is a very important initial step in a research process. When a researcher captures a phenomenon that has the potential to be studied, the next step is to urge the identification of a problem from a phenomenon that is being observed. In social research, the problem identification process itself can be done by detecting a social problem that is being observed. From there, the researcher will then take steps to find out more, either by conducting various observations, reading literature, or even conducting an initial survey (Gumilang, NA, 2023).

Health problems are the gap between what is happening and what is desired in the health sector. Identification of health problems is a major part of the problem-solving cycle, where the problem-solving cycle is a continuous process that is indicated for the development of the health sector and the process of improving

health services in a sustainable manner by involving all components of society (Latif, RVN, 2015).

The following is a table identifying problems in maternal and child health nutrition programs:

**Table 8** Identification of Nutritional Problems of Healthy Mothers and Children in Kalibobo Village, Nabire Regency

| No | Indicator | Problem Analysis |
|---|---|---|
| 1 | Pregnant women who undergo ANC examination | National target: 95%<br>Achievement: 74%<br>Gap: 21% |
| 2 | Number of toddlers with complete basic immunizations | National target: 90%<br>Achievement: 89%<br>Gap : 1% |
| 3 | Babies aged 0-6 months who receive exclusive breastfeeding | National target: 60%<br>Achievement: 67%<br>Gap : 7% (No) |
| 4 | Number of toddlers whose growth is monitored | National target: 85%<br>Achievement : 75%<br>Gap : 10% |

*Source: Primary Data 2024*

Based on the data from table 4.8, 3 problems were found based on the results of the gap between the target and achievement, namely: Pregnant women check their pregnancy (ANC), National target 95% achievement: 74% and gap: 21%, Toddlers receive complete immunization national target: 60%, Achievement: % Gap 7%, Toddlers are monitored for growth national target: 85% Achievement 75% gap 10% and Babies 0-6 months who receive Exclusive Breastfeeding there is no gap between the target and achievement national target 60%, Achievement 67% and gap 7%.

**2. Pregnant women who undergo ANC examination**

Pregnancy check-ups or Antenatal Care (ANC) are very important to be carried out according to WHO standards. If possible, pregnant women are advised to get prenatal care (Desmarnita U, et al., 2021). Antenatal Care visits aim to inform, improve health, and identify problems early in pregnancy so that treatment can be started immediately. A minimum of four check-ups are carried out twice in the first trimester, once in the second trimester, and three times in the third trimester (FK UGM, 2023).

WHO recommends several things related to ANC, including the importance of creating clinical procedures and policies specifically related to maternal and child health. This guideline is made in accordance with the Standard Operating Procedure (SOP) including addressing prioritized problems and expected outcomes, collecting

evidence from reported problems, assessing available evidence, formulating recommendations, and planning implementation, communicating results, and assessing the impact of recommendations that have been made (WHO, 2016).

Based on table 4.4, it can be seen that out of a total of 120 respondents, there were 89 respondents (74.2%) who had 4 pregnancy check-ups and 31 respondents (25.8%) who did not have 4 pregnancy check-ups. ANC (Antenatal Care) examination is a pregnancy examination with the aim of improving the physical and mental health of pregnant women as much as possible so that they can manage childbirth, postpartum, prepare exclusive breastfeeding, and return to reproductive health in the future (Ministry of Health, 2018).

Interventions to reduce MMR can be focused on three periods. The first is ANC (during pregnancy), the second is the intrapartum period (during childbirth), and the third is the postpartum period (after childbirth). ANC functions to provide adequate care, especially in low- and middle-income countries where there are often shortages of human resources and weaknesses in the health system that limit the availability of emergency obstetric care (Sulaeman, 2021).

Based on additional information from respondents who did not perform ANC according to standards due to several factors, namely laziness, no complaints about their pregnancy, and husband's support. This study is in line with research conducted by Sela Mariana, et al (2023) a small number of pregnant women who have not yet made ANC visits for reasons of laziness, being busy, and having no complaints (Mangoto & Wulandari, 2023). Respondents who routinely perform ANC according to standards are influenced by the awareness of pregnant women and their families of the importance of checking their pregnancy in order to minimize things that can be detrimental to both pregnant women and their fetuses. This is in line with research conducted by Amelia Erawaty Siregar, et al (2022) there is a relationship between family support and pregnancy check-up visits (ANC). Respondents who receive family support will feel more focused when confused and have high motivation to carry out pregnancy checks so that any pregnancy problems experienced are detected quickly by health workers (ANC) (Amelia Erawaty Siregar, et al., 2023).

**3. Number of toddlers with complete basic immunizations**

Vaccination programs that provide vaccines are one of the interventions to prevent infant mortality. The provision of various vaccinations seeks to minimize or eradicate the occurrence of certain diseases. WHO defines immunization as the act of making someone immune or resistant to infectious diseases, which is generally done by administering vaccines (Desi Irawati, Neila Sulung, 2022).

The implementation of immunization refers to international agreements for the prevention and eradication of disease, including:

a. In 2012, WHO through the WHA endorsed the global action plan for 2011-2020, requiring a national vaccination coverage of at least 90%, district/city immunization coverage of at least 80%, eradication of polio by 2020, elimination of measles and rubella, and introduction of new vaccines.
b. Maintaining the status of Elimination of Maternal and Neonatal Tetanus (ETMN).
c. The WHO's appeal in the global health sector strategy on viral hepatitis 2030 targets the elimination of hepatitis viruses, including hepatitis B virus.
d. WHO/UNICEF/UNFPA in 1999 concerning Joint Statement on the Use of Autodisable Syringes in Immunization Services.
e. Convention on the Rights of the Child: Indonesia has ratified the Convention on the Rights of the Child with Presidential Decree Number 36 of 1999 dated 25 August 1990, which contains, among other things, the rights of children to obtain basic health and welfare.
f. *The Millennium Development Goals*(MDGs) in 2000 which includes goal 4: on reducing child mortality, goal 5: on improving maternal health, goal 6: on combating HIV/AIDS, malaria and other diseases (with technical support from UNICEF); and continued with the Sustainable Development Goals (SDGs) 2016-2030.
g. The Regional Committee resolution of 28 May 2012 on Measles Elimination and Rubella Control urged Member States to achieve measles elimination by 2015 and to control rubella.
h. WHO-UNICEF 2010 regarding the Joint Statement on Effective Vaccine Management Initiative (Ministry of Health, 2017).

Immunization is adjusted to the child's age. Babies under 24 hours old receive Hepatitis B immunization (HB-0), 1 month old receive BCG and Polio 1, 2 months old receive DPT-HB-Hib 1 and Polio 2, 3 months old receive DPT-HB-Hib 2 and

Polio 3, 4 months old receive DPT-HB-Hib 3, Polio 4 and IPV or Polio Injection, and 9 months old receive Measles or MR. Babies under two years old (Baduta) aged 18 months are immunized (DPT-HB-Hib and Measles/MR), grade 1 elementary school/madrasah/equivalent are immunized (DT and Measles/MR), grades 2 and 5 elementary school/madrasah/equivalent are immunized (Td) (Ministry of Health, 2018).

The provision of complete basic vaccinations is said to have declined worldwide. According to WHO data, 68 recipient countries face difficulties in providing vaccines, affecting 80 million infants under the age of one (WHO, 2020). These countries are as follows: New York up to 63%, California up to 40%, Ohio up to 45%, Virginia up to 45.7%, and the United Kingdom up to 19.7%. Vaccination hesitancy, parental refusal and fear, limited access to health services, and insufficient funding for immunization programs are contributing factors (Bamforth, 2020).

Based on table 4.5, it can be seen that out of a total of 120 respondents, there were 107 respondents (89.2%) who received complete basic immunization and 13 respondents (10.8%) who did not receive complete basic immunization. From the results of interviews with respondents, there were several factors that caused their children not to receive complete immunization, including not being able to bear to see their children have a high fever and be fussy after immunization. The results of this study are in line with research conducted by Harahap (2019) which found that mothers have the opinion that immunization only makes children feverish, fussy, and have seizures so that immunization is not necessary (Harahap, 2019). This study is also in line with research conducted by Lovric Makaric (2018) that 38% of parents are worried about immunization vaccines that can harm their children (Lovrić Makaric, et al., 2018). These attitudes and beliefs influence the provision of basic immunization to children.

Respondents in this study who have complete immunization status are influenced by the mother's awareness and knowledge regarding the importance of immunization for health. This study is in line with research conducted by Triana (2017) mothers who understand the benefits of immunization and its effects on their children will provide complete basic immunization by paying attention to the right time to provide the immunization (Triana, 2017). This is based on the theory of knowledge which states that knowledge is a very important domain and shapes a person's actions (over behavior). Before someone carries out new behavior, a

sequential process occurs within that person, namely awareness, interest, evaluation (considering the pros and cons of the stimulus for him/her) (Notoatmodjo, 2007).

However, this study is not in line with the study conducted by Ayu Kusumaningrum, et al. (2022) a mother may understand the importance of immunization according to her level of knowledge, but knowledge is not the only factor that can affect how complete a child's immunization is. If other factors such as the accessibility of health services and the support of health workers are not taken into account, then the child's immunization will not be fully achieved (Kusumaningrum & Komalawati, 2022).

Community behavior is a determining factor in providing immunization. There are several factors that cause babies not to be given complete basic immunization. According to several studies, there are several barriers to immunization, including tradition (culture), family support, parental education level, maternal knowledge, parental occupation, access or availability of immunization services, maternal attitudes and behavior, information about immunization, time constraints, vaccine production, maternal age, immunization status, the role of health workers, support from religious leaders, and parental income. The purpose of this study was to learn more about the elements that contribute to the low coverage of newborns receiving all recommended basic immunizations in Indonesia (Zafirah, 2021).

**4. Babies aged 0-6 months who receive exclusive breastfeeding**

*World Health Organization*(WHO) issued recommendations on exclusive breastfeeding, which state that babies should only be given breast milk without other fluids or foods (except vitamins, minerals, and/or drug supplements for medical purposes) until they are 6 months old, and then continue breastfeeding for up to two years (Yulfitrah, 2020).

Protection of infants against infectious and chronic diseases, reduced infant mortality from common childhood diseases such as diarrhea or pneumonia, and faster recovery of health in children who are exclusively breastfed are the benefits of exclusive breastfeeding. In addition to the benefits for both mother and baby, exclusive breastfeeding helps mothers maintain their health by reducing the risk of developing breast cancer and encouraging the development of emotional attachment with their babies. Breastfeeding can help families save money by avoiding the purchase of expensive formula.

Based on table 4.6, it can be seen that out of a total of 120 respondents, there were 80 respondents (66.7%) who exclusively breastfed babies aged 0-6 months and 40 respondents (33.3%) who did not exclusively breastfed babies aged 0-6 months. From the results of interviews with respondents, the factor that caused respondents not to exclusively breastfed their children was the belief in the community that when a mother with a toddler is infected with a disease, it will be transmitted to her child through the breast milk given. This study is in line with research conducted by Harismayanti, et al (2023) the lack of knowledge of mothers regarding breastfeeding their babies so that they think that when sick, be it fever or flu, mothers should stop breastfeeding with the aim that the mother's disease is not transmitted to her baby. Therefore, mothers who believe this, provide formula milk as a substitute for breast milk (Harismayanti, et al., 2023). This is based on Lawrence Green's behavioral theory that myths and beliefs in society are one of the factors that encourage someone to do certain behaviors. In general, social communities tend to follow the habits of the surrounding community or those closest to them (Rosida & Sari, 2020).

**5. Number of toddlers whose growth is monitored**

Nutrition is an important component in building a quality generation by fulfilling the nutrition of the first 1000 days of life (golden age), which affects the growth and development of children. Based on the Ministry of Health's 2020-2024 Strategic Plan, there are 5 (five) strategic targets related to the Public Health program. These objectives include improving public health through a life cycle approach in order to promote maternal and child health, as well as community nutrition efforts.

Child growth monitoring is very important to determine the nutritional status of children. The goal is to improve nutritional status if a child is found to have poor nutritional status (Utami et al., 2022). Growth monitoring is carried out on children aged 12-59 months every month at least eight times a year, which is recorded in the KMS or other notebooks (Ministry of Health, 2016). Children's weight shifts are a very sensitive measure of their growth. If a child does not gain the weight they should, the child's growth will be stunted, and the child is at risk of malnutrition. On the other hand, if the weight gain is greater than it should be, this is a sign that the child is overnourished (Ministry of Health, 2011).

Based on table 4.5, it can be seen that out of a total of 120 respondents, there were 91 respondents (75.8%) who monitored toddler growth and 29 respondents (24.2%) who did not monitor toddler growth. From the results of interviews with respondents, the factor that caused respondents not to monitor their child's growth and development was that respondents assumed that when the child's immunization was complete, they no longer needed to attend the integrated health post. This is certainly very closely related to the respondents' knowledge about the importance of monitoring toddlers at the integrated health post. This study is in line with research conducted by Adhila Fayasari, et al (2022) factors that influence toddler nutritional status and child growth and development include knowledge, family income, mother's occupation, history of infectious diseases, parenting patterns, and number of family members (Fayasari et al., 2022). Elda Yusefni, et al (2023) also revealed that the factors that influence mothers in monitoring toddler growth are the level of education, mother's knowledge, and the role of integrated health post cadres. This is based on HL Blum's theory that health status is influenced by 4 factors, namely environmental factors, behavior, heredity, and health service factors (Sulaeman, 2021).

**6. Performance Evaluation and Follow-up Plan**

Performance evaluation is Performance evaluation is a form of assessment and review that is carried out periodically on employees in the workplace. Generally, this assessment is carried out annually or at certain periods regularly. One of the benefits of performance assessment for companies is to measure employee success in working. The information obtained from this work evaluation can later help in making related decisions (Talenta, M., 2023).

Based on the 4 indicators evaluated, there are 2 indicators that can be said to be successful, namely the number of toddlers who received immunization.

| No | Indicator | Problem Analysis |
|---|---|---|
| 1 | Pregnant women who undergo ANC examination | National target: 95%<br>Achievement: 74%<br>Gap: 21% |
| 2 | Number of toddlers with complete basic immunizations | National target: 90%<br>Achievement: 89%<br>Gap : 1% |
| 3 | Babies aged 0-6 months who receive exclusive breastfeeding | National target: 60%<br>Achievement: 67%<br>Gap : 7% (No) |
| 4 | Number of toddlers whose growth is monitored | National target: 85%<br>Achievement : 75%<br>Gap : 10% |

Based on the 4 indicators evaluated, there are 2 indicators that can be said to be successful, namely the achievement of toddlers who receive complete basic immunization (IDL) and infants aged 0-6 months who receive exclusive breastfeeding. So that the achievements that have been achieved so far need to be maintained and continue to be implemented properly so that the community remains healthy. Furthermore, there are 2 indicators that have not been successful, namely pregnant women who undergo ANC examinations and toddlers whose growth is monitored.

The follow-up plan for pregnant women who undergo ANC check-ups and toddlers whose growth is being monitored but who do not reach the national/health center targets is as follows:

1. Providing education and training to health workers and health cadres/PKK to improve their skills and knowledge in providing information and services for pregnancy check-ups and monitoring toddler growth.
2. Providing communication skills training for health workers with health cadres/PKK to improve good communication. The communication that is established can foster a sense of trust in the community (pregnant women, husbands, families) towards health workers and cadres/PKK.
3. Improving the quality and quantity of counseling in promoting the importance of conducting pregnancy checks according to standards and the importance of routinely monitoring child growth up to the age of 5 years at the integrated health post.
4. Adapting the counseling method to the level of education of pregnant women with the hope of attracting and making it easier for pregnant women or parents (caregivers or families) of toddlers to understand and digest the material presented well and appropriately by using the KIA book which is rich in health information for pregnant women, postpartum mothers, and toddlers.
5. Collaborate with all existing sector components, such as community leaders, religious leaders, village officials, PKK, and related parties who can be trusted by the local community.

## 4. CONCLUSION AND SUGGESTION

### Conclusion

Based on the results of the study on the Evaluation of the Achievement of Indicators for the Maternal and Child Health Nutrition Program Against the Healthy Family Index in Kalibobo Village, Nabire Regency, it can be concluded:

1. The achievement of the indicator for pregnant women who underwent ANC examinations at the Kalibobo Health Center was 74% (national target 95%). The results are quite good, but need to be improved.
2. The achievement of the indicator for the number of toddlers with complete basic immunization at the Kalibobo Health Center is 89% (national target 90%).
3. The achievement of the indicator for babies aged 0-6 months who receive exclusive breastfeeding at the Kalibobo Health Center is 67% (national target 60%). This needs to be noted and continued.
4. The achievement of the indicator of the number of toddlers whose growth is monitored at the Kalibobo Health Center is 75% (national target 85%). Needs to be continued

### Suggestion

Based on the results of the research that has been conducted, there are several recommendations that can be given to several parties, as follows:

1. For Educational Institutions

   It is hoped that this research can be used as input and as an additional reference source for the library at Stikes Persada Nabire.

2. Health workers

   It is expected that health workers at community health centers will conduct outreach related to nutritional status in toddlers to the community so that community knowledge, attitudes, and behavior can be better in utilizing existing health services, especially maternal and child health services.

3. Pregnant mother

   It is expected that pregnant women will carry out regular pregnancy health checks.

4. Mother of Toddler

   It is hoped that mothers who have babies and toddlers can carry out routine health checks on their toddlers to routinely carry out health checks and monitor weight growth at the integrated health post.

5. For the Community

   It is hoped that this will always remind and provide understanding regarding the importance of health services so that people can live healthily and happily.

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