

## **COMMUNITY EMPOWERMENT MODEL IN PREVENTION EFFORTS NUTRITION PROBLEMS IN TODDLERS IN THE COMMUNITY**

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### **ABSTRACT**

Community involvement through active participation is essential for accelerating the handling of nutritional problems in children. The community needs to be engaged early and comprehensively in efforts to overcome toddler nutrition issues. However, this process has not yet been implemented optimally, so effective community empowerment is required. This study aims to identify community empowerment models that are effective in preventing and reducing stunting in Aceh. The research uses an exploratory qualitative design, with data collected through Focus Group Discussions involving village heads, village officials, posyandu cadres, nutrition workers, and midwives (10 participants). The findings show that the prevention of nutritional problems in villages is a shared responsibility in which each stakeholder must carry out their respective roles. The village head acts as a person in charge, motivator, and financial supporter; posyandu cadres serve as field implementers; and village community institutions act as participants in nutrition-related activities. Collaboration among all stakeholders is needed in planning, implementing, and monitoring programs, as well as capacity building and training for program implementers. A second FGD was conducted with 10 mothers of toddlers. Themes revealed include: children's food composition generally consists of carbohydrates and protein; eating patterns are three times a day with irregular snacks; vegetables are cooked openly after being washed; fruits are washed before peeling; children's food is sourced from local ingredients; and mothers make efforts to provide nutritious meals that support children's growth. It is expected that government, communities, private sector, and health workers actively contribute to tackling toddler nutrition issues. Mothers also need to improve nutrition literacy and good feeding practices within the family.

**Keywords:** *Empowerment, community, efforts. Management, nutritional problems, infants.*

## INTRODUCTION

Childhood is a period of growth and development. Children's health begins in the mother's womb during pregnancy. The First Thousand Days of Life (1000 HPK) is a golden period that will affect children's lives for the next phase until adulthood (Ministry of Health, 2023).

Another condition of children aged 02-24 years is a vulnerable period with various health problems, one of which is nutritional disorders. Various problems can occur in children under the age of two, both malnutrition and overnutrition (Ministry of Health of the Republic of Indonesia, 2023; Annisa, et al., 2019).

The emergence of nutritional problems in children can be due to poor food quality or the amount of food that does not match the child's needs (Annisa, et al., 2019). In addition The ways of preparing a family menu will affect the nutritional status of family members. Children as one of the family members have habits and tastes that are formed from the habits that exist in the family and will affect the nutritional status of family members (Santoso, 2004).

Malnutrition in children is due to poverty, lack of food supplies, poor environmental quality (sanitation), low public knowledge about nutrition, balanced diets and health, and conditions in several areas with poor nutrition, such as iodine deficiency. While overnutrition is due to economic progress in certain communities accompanied by minimal knowledge about nutrition, balanced diets and health (Salim, 2015; 2013; Subandi, 2011).

Fulfillment of nutrition in children is one of the main factors that must be done so that the growth and development of the child's brain is optimal. Childhood is a golden period in the formation of brain structure and the development of all body organs, especially during the first thousand days of life, namely from being in the mother's womb until the age of two years. Nutritional coverage during this period will have a long-term impact on the health and future of children (Ramadityo, 2023).

Prevention of nutritional problems in children under the age of two must certainly be a concern for all parties. This is because children under five (toddlers) are the nation's human resources, through good nutritional prevention it will produce healthy, intelligent, and productive human resources. This prevention can start from the family by providing adequate nutritional intake and good care. At the community level, factors such as a hygienic environment, family food security, parenting patterns for children and primary health services are very important in forming children who are resistant to malnutrition (Ministry of Health, 2023; Septikasari, 2018).

Prevention of nutritional problems requires firm policies, strategies, regulations, and cross-sector coordination from the government and all stakeholders and the entire community to ensure the implementation of important points such as community empowerment, poverty eradication, food security, and education. These efforts will indirectly change the negative culture of child-rearing patterns in families, especially those related to the fulfillment of nutrition by families for children (Moeloeek, 2016). Community involvement through Active participation is the key to accelerating the prevention of nutritional problems in children. Community-based health and nutrition programs need to be implemented properly with a special emphasis on community empowerment, strengthening service providers, and monitoring and evaluating efforts to prevent community nutritional problems.

Various empowerment models can be implemented in the community to prevent nutritional problems. The activities can start from providing knowledge and information about nutrition to the community, facilitating the community to make the right decisions and implementing nutritional prevention activities using a local wisdom approach (Gowell, 2016). Community-based health and nutrition programs need to be implemented properly with special emphasis on community empowerment, strengthening service providers, and monitoring and evaluating efforts to prevent community nutritional problems. Various empowerment models can be carried out in the community to address nutritional problems. Activities can start from providing knowledge and information about nutrition to the community, facilitating the community to make the right decisions and implementing nutritional prevention activities using a local wisdom approach.

Preventing the increase in nutritional problems in children, especially those under two years of age, requires community involvement starting from introducing the risks of nutritional problems and how to prevent them. This aims to make the community independent in efforts to prevent nutritional problems and have active and solution-oriented ways to prevent nutritional problems. This community involvement process will be a form of active community participation in efforts to create a healthy generation in their respective villages, especially in terms of preventing nutritional problems. The community must be involved early and comprehensively in the process of preventing toddler nutritional problems. However, in reality, this process has not been implemented optimally, so a good and effective community empowerment process needs to be carried out.

Various models of community participation can be applied to prevent nutritional problems in toddlers. Research conducted by Amaliah and Mulyati, on *empowerment for children aged less than 5 years with stunting; a quasi-experimental design*, it was found that nutrition education and rehabilitation are effective in increasing community empowerment in overcoming stunting in children ( $p < 0.05$ ). Likewise, research on *women's empowerment and child nutrition: The role of intrinsic agency in West Africa*

conducted by Jones, et.al (2019) shows that increasing women's empowerment, especially intrinsic institutions regarding improving maternal nutrition, can directly improve children's nutritional status.

These studies show that children's nutritional status can be improved through community empowerment. This is because community empowerment is a process of actively involving the community in efforts to prevent nutritional problems in toddlers. This active involvement makes the community understand nutritional problems well, know and make efforts to prevent nutritional problems and participate in evaluating the success of the actions taken (Moeloek, 2016).

Aceh is one of the provinces in Indonesia, according to the results of the 2023 Indonesian Health Survey, 29.4% of toddlers in Aceh experienced nutritional problems, namely short stature. In addition, nutritional problems in Aceh are *wasting* or malnutrition and overnutrition. The results of the researcher's interviews with several nutrition officers at the health center, so far the nutritional problem prevention program carried out in the community is still of *asocial planning*, the activities carried out are programmatic from the health center and are part of the integrated health post activities. The results of field visits and participatory observations, the activities to prevent nutritional problems in the community are still integrated health post activities in the form of providing additional food to all children who visit the integrated health post without considering their nutritional status. So far, every toddler who comes to the integrated health post on the integrated health post service day will be given additional food such as cakes, green bean porridge and other foods processed by cadres. Health education activities about nutrition for toddlers, especially toddlers, have not been implemented optimally but have only been carried out *incidental* if there are nutritional problems. The health education process that is carried out is still in the form of providing advice that has not been carried out optimally and is carried out by health workers on duty during the posyandu day.

Another condition related to the availability of budget for preventing nutritional problems in the community has not fully come from the community itself through the allocation of village funds but rather from programs from health centers. Community involvement is very lacking and passive. Based on the explanation above, community empowerment efforts are needed in preventing toddler nutritional problems in Aceh.

## METHODS

Prevention of nutritional problems in toddlers can be done by increasing early and comprehensive community participation in the process of preventing toddler nutritional problems. Community empowerment is expected to increase community participation and activeness as well as foster

and increase community awareness of efforts to prevent nutritional problems in children. Various models of community participation can be applied to prevent nutritional problems in toddlers. However, the reality is that currently this process has not been implemented optimally, so it is necessary to carry out a good and effective community empowerment process. Based on this, the formulation of the problem that can be established is *How is community empowerment in efforts to prevent nutritional problems in toddlers in Aceh?*

This article is expected to provide an overview of the community empowerment model in efforts to prevent toddler nutritional problems in Aceh. In addition, it can also provide useful information to the government, stakeholders, health workers, communities and other parties to increase involvement and participation through community empowerment as a method of preventing nutritional problems in toddlers.

## RESULTS AND DISCUSSION

Community empowerment in efforts to handle toddler nutrition problems in the community is carried out in the following ways:

1. Identifying parties involved in efforts to prevent toddler nutritional problems in the community.

The results of the identification showed that the parties involved in efforts to prevent nutritional problems in the community include elements of the local government, the Family Empowerment and Welfare Movement Team, Community Health Centers, Nutrition Implementing Personnel, health workers in the village, village heads, cadres and parents or families.

2. Doing *brainstorming*: determine the roles and functions of each party involved.

Results *brainstorming* the results obtained are as shown in the following table:

**Table 1.** Results of *Brainstorming* community empowerment in efforts prevention of nutritional problems in toddlers in the community..

NO	INSTITUTION	ROLE & FUNCTION	KET
1	Government area	<i>Leading</i> which mobilizes community participation in preventing nutritional problems in toddlers Encourage the provision and utilization of village funds in efforts to prevent nutritional problems in toddlers. Formulate policy/regulation about prevention of nutritional problems in children Monitoring and evaluating the implementation of activities to prevent nutritional problems in toddlers Encourage and increase community participation in efforts to prevent nutritional problems in the community. Monitor and evaluate the implementation of activities	
2	Team The Movers	Implementing efforts to prevent nutritional problems in the community through PKK cadres and integrated	

NO	INSTITUTION	ROLE & FUNCTION	KET
	Empowerment And welfare Family	<p>health post cadres, and BKB</p> <p>Motivating, accompany, guide, monitoring and evaluation and reporting on the implementation of activities.</p> <p>Motivating and inviting the community to play a role in efforts to prevent toddler nutritional problems.</p> <p>Facilitator of parties involved in efforts to prevent toddler problems</p>	
3	Center health public & Nutritionist	<p>Together with village officials, cadres and the community, prepare the implementation of activities to prevent toddler nutritional problems.</p> <p>Train and guide cadres, implement efforts to prevent toddler nutritional problems</p> <p>Conducting periodic evaluations and monitoring of the implementation of activities to prevent toddler nutritional problems</p> <p>Leading increase the participation and activeness of health workers and community health cadres to carry out efforts to prevent toddler health problems in the community.</p> <p>Guiding, directing, monitoring and evaluating the implementation of activities to prevent nutritional problems in toddlers</p> <p>Involving and increase participation Health centers and nutrition implementers and health workers to accompany, direct, guide, monitor and evaluate the implementation of activities to prevent toddler nutritional problems.</p> <p>Making efforts to prevent toddler nutritional problems</p> <p>Reporting the results of activity implementation</p>	
	Cadre	<p>Preparing and implementing activities to prevent toddler nutritional problems</p> <p>Monitor, evaluate and report the results of implementing activities to prevent toddler nutritional problems.</p>	

3. Agree on the results *brainstorming*, preparation of activities, implementation of activities and evaluation as well as periodic reports and monitoring of activity implementation.
4. After there is an agreement on the roles and functions of each party involved in efforts to prevent toddler problems in the community, an agreement is made regarding the activity plan, implementation schedule, implementation mechanism, determining the activity implementer, form of monitoring and evaluation and program continuity.

In addition to the role of each party involved in preventing nutritional problems, the distribution of roles of the parties involved, the village head as the person in charge, the posyandu cadres as the implementers, the involvement of village community institutions, planning, implementing and monitoring joint activities and the need for training before implementing activities are themes obtained from the results of qualitative research related

to community empowerment. In detail, it can also be seen from the following FGD results:

**1. Preventing nutritional problems in villages is a shared responsibility.**

P1: Talking about children's nutrition is everyone's responsibility, not just the village head or the government, but everyone, especially health workers.

P5: Regarding the problem of children's nutrition, it must be the responsibility of the village head as the leader in the village, also the integrated health post cadres, health center staff, midwives and also departments such as the health and fisheries departments so that children can get good nutrition.

P6: Talking about the problem of nutrition in children, the most famous one is stunting. It cannot be solved alone. Everyone who is responsible must sit down and work together so that the problem can be resolved quickly.

P8: Nutritional problems in children must be resolved together, village heads, PKK mothers, integrated health post cadres, midwives, health workers, community health centers, health services, sub-districts and others.

**2. Each party involved in preventing nutritional problems must carry out their respective roles.**

P2: Now let's first see who needs to be involved in preventing nutritional problems in children in the village, then later we will divide the roles so that everyone can work well.

P3: As the person in charge of the village, I am ready to do anything as long as there is support and assistance from everyone so that we can work together for the health of our children.

P7: It is true, if we all want activities to prevent child nutritional problems to run smoothly, then we all have to work together according to our respective positions.

P10: If we carry out our roles as we please, then all problems can be resolved well. What is important is that we all realize our duties and must receive assignments.

**3. The role of the Village Head as the person responsible, motivator and financial support for activities to prevent nutritional problems in children.**

P4: The main person responsible for handling nutritional problems in children in the village is

the village head because as the leader, the village head must prepare funds from the village budget to prevent children from suffering from malnutrition. In addition, the village head is the person who encourages and motivates the activities to be successful.

P5: The most suitable person to be responsible is the village leader, in this case the

village head, because he knows his people best and the funds can be budgeted from village funds. The village head must encourage everyone involved.

P7: Indeed, the person in charge is the Geuchik because the leadership and funding for activities can be assisted by the Geuchik from village funds.

P9: Mr. Geuchik is the person most responsible for the health of children in the village.

P10: Yes, the village head is the right person to be responsible for the activity because it concerns his community, namely children who have nutritional problems.

**4. Posyandu cadres as implementers in handling nutritional problems in toddlers in the community.**

P1: In the village, there are integrated health post cadres who have been monitoring children's health at the integrated health post every month, so they are also the implementers for preventing and handling nutritional problems.

P3: So far, cadres related to health are posyandu cadres, so it is appropriate if the ones who will carry out nutritional problem prevention activities are posyandu cadres. P4: posyandu cadres are ready to participate in carrying out activities related to the health of children and toddlers in the village and are also tasks at posyandu.

P6: Preventing children from having nutritional problems should be carried out by integrated health post cadres because they have been taking care of children's health at integrated health posts.

P10: Posyandu cadres can carry out activities to prevent nutritional problems at the same time as Posyandu because the targets are the same, namely children.

**5. Village Community Institutions participate in activities to handle nutritional problems in toddlers.**

P1: In the village there are youth organizations, there are PKK mothers, there are also human development cadres, there are village assistants, they must also monitor the implementation of this activity.

P5: PKK mothers must be active in observing and monitoring the implementation of activities to prevent nutritional problems in children, because children's health is the mother's business.

P6: All community organizations in the village and also cadres other than Posyandu cadres are required to participate in this activity, either as those implementing the activity, those providing support or those monitoring its development. Each has its own role.

P7: Yes, that's right, regarding the problem of nutrition in toddlers, Posyandu cadres can be the implementers, but others such as Karang

Taruna and BKB cadres can also take part because it is still related to children's health.

**6. All parties are involved together in planning, implementing and monitoring the implementation of activities to prevent nutritional problems in children.**

P2: Because the activity of handling nutritional problems in children is a shared responsibility, so we all think about the fate of our children.

We design the form of the activity together, and implement it together.

P4: Anyone involved in the problem of child nutrition must care together, plan and carry out activities together and monitor them together and support each other.

P10: I totally agree that this is a shared responsibility, so everything is done together, starting from what activities will be carried out, when and who will do them, and what the results will be, all together.

**7. The need for training for teams implementing activities to handle nutritional problems in children in villages**

P3: In order for the activity to be carried out well, it would be better to have training first or teach how to do it first.

P5: Training in implementing activities is very necessary to ensure they are carried out correctly and the results are appropriate.

P8: Yes, cadres certainly need to be trained otherwise they will be groping in carrying out activities.

P9: Training is absolutely necessary, even though you may already know it, you need to be reminded again, especially if it is a new activity.

P10: Training is needed to be able to carry out activities appropriately, on target and

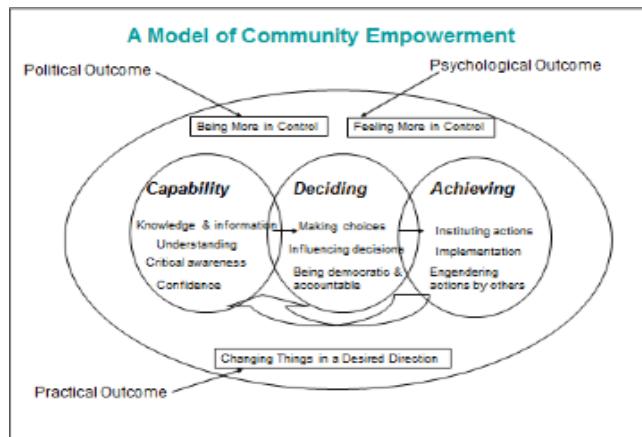
correctly.

## **Discussion**

Community empowerment is an activity to make people have the ability to identify their own needs and the ability to raise questions and problems with others (eg service providers and service planners) at the right time, in the right arena. In addition, community empowerment is also the process of making people have the opportunity to make choices about the future, or to influence decisions made by others; have the ability, through their own organization or through their relationships with other organizations, to stimulate and monitor action in making decisions (Gowell, 2016; Wirhatmala & Dwidjowiyoto, 2007).

The community empowerment approach not only focuses on the aspect of the decision-making process but also assesses and develops community capacity; and, ensures that the implementation carried out is in accordance

with the decisions taken. One of the empowerment models developed by Gowell, 2016 can be seen in Figure 1 below:



**Figure 1.** Community Empowerment Model. Evidence to the Local Government and Regeneration Committee. (Gowell, 2016)

The picture above shows that the process of community empowerment begins with the formation of community capacity. This process can be done through providing and increasing capacity, forming understanding and also increasing critical thinking and awareness. At the stage of capacity building in community empowerment, it is carried out until the community feels confident. The next stage is making decisions. Decisions made are based on existing choices and the factors that influence them. Decision making in community empowerment is democratic and accountable. The final stage is the achievement, namely carrying out activities both from the community and other parties. (Gowell, 2016; Wirhatmala & Dwidjowiyoto, 2007). Community empowerment is the ability of the community to make effective choices and turn those choices into desired actions.

Community empowerment in efforts to prevent nutritional problems in toddlers has been carried out in accordance with the community empowerment model put forward by Gowell, 2016. The initial stage carried out was to build the capacity of the parties involved, both from the community, government, and other elements.stakeholders,BUMN, private parties and other parties. Each party involved expressed their respective capabilities, roles and functions in efforts to prevent toddler nutritional problems. All parties those involved also dosharingexisting information and knowledge about preventing toddler nutritional problems in order to maximize involvement and participation in activities. All parties can know and understand clearly their existence and grow a sense of self-confidence and high motivation to participate (Godwell, 2016).

After the clarity of roles and functions, the emergence of self-confidence, and the formation of a commitment to jointly carry out efforts to prevent toddler nutritional problems, the community empowerment process enters the decision-making stage. All parties involved actively and participatively decide on the form of activities, those responsible, implementation, evaluation and monitoring and reporting of activities.

The decision-making process is carried out democratically, respecting differences, accepting suggestions and input and jointly deciding on things to be done. The final stage of the community empowerment process is to implement the commitments and decisions that have been agreed upon together. Each party carries out its role and function well, committed to every decision that exists. Empowerment is a process of helping the community to recognize the problems of Baklita nutrition, increase their involvement and decide together on the efforts to be made and evaluate them together. This process is something dynamic and democratic (Ministry of Social Affairs of the Republic of Indonesia; 2020).

Empowerment aims to enable the community in efforts to increase awareness, willingness, and ability of the community systematically to develop themselves, have the willingness and ability to choose and efforts to increase the active role of the community in preventing and overcoming nutritional problems with activities sourced from, by, and for the community (Waryana, et al. 2015). The community empowerment process is deliberative in nature, in order to increase the knowledge and ability of the community, so that they are able to identify the problems faced, the potential they have, plan, and carry out solutions by utilizing the potential of the local community (Ministry of Health of the Republic of Indonesia, 2015).

Empowerment focuses on community participation and independence, community involvement in decision making and the planning process for preventing nutritional problems is important. Community empowerment in preventing nutritional problems to foster awareness, knowledge, and understanding of nutritional problems in toddlers.

## **CONCLUSION**

Preventing nutritional problems in toddlers is a shared responsibility, the government, society, stakeholders, and other related parties. Synergy of all parties is very necessary so that it becomes a force in preventing nutritional problems in toddlers. The existence of synergy is an effort to empower the community to participate and actively commit to preventing nutritional problems in toddlers. The community empowerment process consists of three stages, namely; building capacity, making and implementing existing decisions.

## REFERENCES

Almatsier, S. (2001). *Basic principles of nutritional science*. Gramedia Pustaka Utama; Jakarta

Amaliyah, E., & Mulyati, M. (2020). Empowerment for Children Aged Less Than 5 Years with Stunting: A Quasi-Experimental Design. *Jurnal Ners*, 15(2), 173. <http://dx.doi.org/10.20473/jn.v15i2.19494>

Azwar, A. (2000). The magnitude of the problem of malnutrition in toddlers in Indonesia today and the government's breakthrough efforts in dealing with it. *Indonesian Public Health Magazine*. Year XXVIII. Number 10. Year 2000.

Berg. (1986). *The role of nutrition in national development*. Rajawali: Jakarta.

Chit, T. M., Kyi, H., & Thwin, A. (2003). Mothers' beliefs and attitudes towards child weight, child feeding and related practices in Myanmar. *Nutrition and Health*, 17(3), 231-254. <https://doi.org/10.1177/026010600301700306>

Dear Sir,D. (2023). Nutrition Problems, Our Common Problems. <https://ayosehat.kemkes.go.id/problem-gizi-perprobleman-kita-bersama>

Feldman, R., Keren, M., Gross-Rozval, O., & Tyano, S. A. M. (2004). Mother-child touch patterns in infant feeding disorders: Relation to maternal, child, and environmental factors. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(9), 1089-1097.

General guidelines for balanced nutrition. Ministry of Health of the Republic of Indonesia, 2004, (retrieved on June 28, 2019).

Jones, R., Haardörfer, R., Ramakrishnan, U., Yount, K. M., Miedema, S., & Girard, A. W. (2019). Women's empowerment and child nutrition: The role of intrinsic agency. *SSM-population health*, 9, 100475. <https://doi.org/10.1016/j.ssmph.2019.100475>

Mertler, C. A. (2019). *Action Research; Improving Schools and Empowering Educators*. Sixth Edition, Sage Publishing, USA.

Mertler, C. A. (2020). *Action Research\_ Improving Schools and Empowering Educators (6thed.)*. SAGE Publications Inc: USA.

Ministry of Health of the Republic of Indonesia. (2000). *National Food and Nutrition Action Plan (RAPGN) 2001-2005*. Ministry of Health Republic of Indonesia: Jakarta.

Moeloek, N., F. (2016).The Importance of Community Role in Nutrition Development National.Mediakom Edition 76 Pages 44-47, November 2016.

P2TM Ministry of Health of the Republic of Indonesia. (2018). 1 in 3 Indonesian Toddlers Suffer from Stunting – Directorate P2PTM. Kemkes.Go.Id (pp. 18–21).

Pender, N. (2001). *Health promotion in nursing practice*. 4th ed. DNLM.

Polit, D. (2001).Essentials of nursing research: methods, appraisal, and utilization.5th ed, Lippintcott : Philadelphia.

Septikasari, M. (2018). *Child Nutritional Status and Factors Affecting It. First ed.*, UNY Press, Yogyakarta.

Susilowati and Kuspriyanto. (2016). *Nutrition in the Life Cycle*. Bandung: Refika

The role of nutrition in the growth and development of toddlers, Dharmawanto, 2005. , (obtained June 14 2019).

Tobariasi, I. (2019). *Get to Know Stunting and Its Prevention*. Jakarta.

Uce, L. (2015). The Golden Age: an effective period for designing Children's Quality. *Journal Bunayya Children's Education*, 1(2) .

Widyawati, et al. (2016). Analysis of the provision of complementary feeding with nutritional status in children aged 12-24 months in the Lesung Batu Empat Lawang Working Area. *Journal of Public Health Sciences*.7 (2) : 1-11

Wirhatmala, RR, and Dwidjowiyoto, RN (2007). *Empowerment Management of Introduction and Guide to Community Empowerment*. PPT Elekmedia Komputindo, Gramedia, Jakarta.)

Wong, W.D. (2001).Wong Essentials of pediatric nursing.6thed. Mosby Inc : St. Louis.