



The Implementation of Infant and Young Children Feeding Counseling

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Abstract

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BACKGROUND: Counseling is an important part of successful infant and young child feeding (IYCF). Optimal IYCF is a key area for improving child survival and promoting healthy growth and development.

AIM: The purpose of this study is to determine the characteristics and to provide an overview of the input, process, and output components of IYCF counseling in the Central Sulawesi stunting area.

MATERIALS AND METHODS: This type of research is a semi-quantitative study which describes the knowledge and abilities of counselors. The population in this study were nutrition officers, midwives, and cadres who had received IYCF training and had followed the orientation of the IYCF module for at least 30 h in stunting focus locations. The sample in the study was counselors who received training in three subdistricts of Central of Sulawesi.

RESULTS: The informants were 14 IYCF counselors. All respondents were female, aged 22–48 years. The method of counseling is by the counselor visiting pregnant women/mothers of toddlers/caregivers directly and face to face. In general, inadequate counseling room facilities are the barrier faced by counselors. Training was only limited to orientation and there was no post-training monitoring. The activities carried out by the counselor are in the range of 70–86%. Benefit of giving counseling for IYCF is that mothers will know nutritional status of their children. IYCF increases knowledge about breastfeeding better than milk formulas, the right type and age of feeding. The training has referred to the module referring to the WHO/UNICEF module which is presented in 37 h of field lessons.

CONCLUSIONS: Counseling is an important part of successful IYCF. The method of counseling is by the counselor visiting pregnant women/mothers of toddlers/caregivers directly and face to face. Benefit of giving counseling for IYCF is that mothers will know nutritional status of their children.

Introduction

Undernutrition has been associated with approximately half of all child deaths. The key area for improving child survival and promoting healthy growth and development is optimal infant and young child feeding (IYCF) [1]. Efforts in improving nutritional status in Indonesia are mostly focused to the vulnerable groups. Childhood underweight and overweight are an important public health problem. Overweight in young children is associated with future cardiovascular diseases [2].

The group of infants and children aged <2 years is a group that is prone to experiencing malnutrition problems. Inappropriate feeding in this age group can increase the risk of child morbidity and mortality. Child feeding practices play an important role in the nutrition and health status of children. The World Health Organization (WHO) recommends exclusive breastfeeding for 6 months followed by complementary feeding [3]. Baby and children's food varies in terms of the taste of food and the texture of food and the provision is carried out gradually so that it is more varied

and complex [4]. Breastfeeding and complementary breastfeeding are actually obligations for mothers and require the support of families, communities, and health workers [5], [6]. In general, mothers know that breastfeeding and complementary foods are important for nutritional needs and children's growth and development, but this knowledge in terms of exclusive breastfeeding and complementary breastfeeding practices is still inadequate [7].

In 2010, the Ministry of Health, along with cross-program and cross-related sectors, has compiled a book on Strategy for Increasing Infant and Child Food, which aims to build commitment and become a reference for parties who will implement IYCF strategy efforts. One of the recommendations in the Global Strategy on Infant and Child Feeding, the best feeding patterns for babies and children from birth to 24 months of age are as follows: (1) Breastfeed immediately within the first 1–2 h after birth initiation of breastfeeding, (2) breastfeeding exclusively from birth until the baby is 6 months old, (3) starting to provide complementary foods with good and correct breastfeeding since the baby is 6 months old; and (4) continue breastfeeding until the child is 24 months or older.

Training of IYCF cadres counseling trainers is obtained through a training process using standard curriculum or standard modules, namely, training modules for IYCF issued by the Directorate of Nutrition, Directorate General of Nutrition, and KIA in 2014. The training is carried out for 6 days (48 h) with training materials that have been recognized internationally. This training is expected to be carried out in stages. To get IYCF counselors who are good and spread across all villages in Indonesia, this training starts from training IYCF counseling trainers at the provincial/district level, followed by training IYCF trainers for cadres at the Central of Public Health level who are expected to train village midwives and posyandu cadres in their area. The presence, abilities, and skills of IYCF counselors greatly determine the quality of the toddler's food which, in turn, can improve the nutritional status of the children. Based on the 2018 Riskesdas data, it shows that Central Sulawesi still has problems regarding very short and short nutritional factors in toddlers, which is 41% [8]. This figure has increased compared to the proportion in 2013 which was 32.3%.

In an effort to accelerate the reduction of stunting rates in Indonesia, in 2018, a stunting management program was carried out focused on areas with the highest stunting problems in their regions. Especially in Central Sulawesi in 2018, which were the focus locations (Locus) for stunting, there were six subdistricts in the proud district. In 2019, the stunting locus increased to two districts, namely, the proud and Parigi Moutong districts. To overcome stunting quickly, much of the government's attention has focused on handling stunting in the locus, including IYCF training activities, which are expected to solve the problem of stunting causes in that area. Counseling is an important component of effective infant and child feeding [9], [10], [11], [12]. Based on the description above, we are interested in conducting a study on the implementation of IYCF counseling in the stunting focus areas of Central Sulawesi. The purpose of this study is to determine the characteristics and to provide an overview of the input, process, and output components of IYCF counseling in the Central Sulawesi stunting area.

Materials and Methods

This type of research is a semi-quantitative study which describes the knowledge and abilities of counselors from nutrition workers, midwives at health centers, and trained cadres and obtains information on infant and child feeding counseling models that are given to mothers/caregivers of children under 2 years old. The population in this study were nutrition officers, midwives, and cadres who had received IYCF training and had followed the orientation of the IYCF module for at least 30 h in the stunting focus locations,

namely, six districts in Banggai district and five districts in Parigi Moutong district. The sample in this study was counselors who received training in three subdistricts of Probi regency and two subdistricts in Parigi Moutong district 14 counselors.

Research variable; the characteristics of posyandu counselors and cadres include age, education, occupation, activities, or training for IYCF that have been carried out and ownership of training certificates. Input components consist of: 1) The form of IYCF training that has been carried out; 2) Counselor's knowledge of IYCF; 3) facilities and infrastructure for implementing IYCF; 4) Technical instructions for the implementation of IYCF; 5) Funding for IYCF Implementation.

Process components, namely: 1) IYCF activity development strategy; 2) Forms of IYCF counseling activities. IYCF counseling skills are the ability of the counselor to do listening, learning, building confidence and support, understanding changes in the ladder of behavior, and mastering counseling cards. Constraints in implementing IYCF counseling, namely personal commitment. Output Components, namely: 1) Recording of the implementation of IYCF counseling, 2) satisfaction of mothers / caregivers with the implementation of counseling.

Results

The informants were 14 IYCF counselors. All respondents were female, aged 22–48 years with an educational background of Diploma III in nutrition and Diploma III in midwifery (Table 1). The method of counseling is by the counselor visiting pregnant women/ mothers of toddlers/caregivers directly and face to face, through the activities of the pregnant women class the mothers of the toddlers and Posyandu activities. Available Counseling Tools in this study are: 1) Counseling Cards, 2) Complete Breastfeeding Kits, 3) Food Models and Leaflets. In general, inadequate counseling room facilities are the barrier faced by counselors. The ability of the counselor to deal with unsupportive counseling situations such as lack of focus as a result of a fussy child. Counseling aids are not yet available. The results showed that technical guidelines based on the WHO/ UNICEF training module were presented in 37 h of field learning. However, training is only limited to orientation and there is no post-training monitoring.

Discussion

The provision of IYCF is the chair piece of the first 1000 days of life to tackle stunting. The age

of a child of 2 years is the golden age or the golden age which indicates a rapid increase in growth and development. That age is the foundation for the formation of a qualified generation. The characteristics of 2-year-old children who receive food sometimes become a problem in providing IYCF, especially coupled with inadequate maternal knowledge. Many of the practices of giving IYCF that have developed in the community are in accordance with the traditional values that exist in that community. The dietary restrictions that are adopted in the community have an impact on diversifying the consumption of food types in IYCF. Optimal infant and child feeding practices are an effective intervention in improving children's health status and reducing child mortality [13]. Infant and child feeding training contains material on the gold standard of infant and child feeding. This training aims to prepare nutrition officers and village midwives with technical knowledge about complementary feeding practices and recommended breastfeeding for children aged 0–24 months and improve counseling skills. The current availability of IYCF counselors has not reached all districts and cities in the province Central Sulawesi. Besides, the existing IYCF counselors still need to increase their capacity. Counseling is a professional activity that involves a relationship between a counselor and an individual or group of individuals. Like an interpersonal relationship, counseling cannot be separated from the ongoing process of interaction and communication between the parties involved in the process. Mastery of communication skills is a basic prerequisite for counselors to be able to use various counseling skills effectively and efficiently. It should be understood that almost all counseling skills involve the communication skills of the counselor. A good understanding of communication skills must be based on an in-depth study and understanding of the material provided. This mastery makes it easier for the counselor to provide assistance to improve optimal feeding practices for infants and children [14], [15], [16], [17].

Input components in the implementation of IYCF counseling

The results showed that technical instructions guide based on the training module. There is no special funding allocation. The training has referred to the module referring to the WHO/UNICEF module which is presented in 37 h of field lessons. However, the training was only limited to orientation and there was no post-training monitoring.

The activities carried out by the counselor by one hundred percent, namely: 1) Greeting the mother at the beginning of the meeting, 2) Convenient position of the health professional in counseling with the mothers, 3) Ask for the name and age of the mother's child, Ask for the date of the birth of the mother's child,

Table 1: Respondents characteristics implementation of IYCF counseling in central of Sulawesi

Variable	n	%
Length of work for the counselor		
≥5 years	9	64.2
<5 years	5	35.8
Participate in IYCF orientation activities		
1 time	7	50.0
2 times	7	50.0
Counselor's knowledge of IYCF materials		
Enough	12	85.7
Less	2	14.3
Availability of counseling room		
Available	4	28.5
Not available	10	71.5
Commitment to conducting IYCF counseling activities		
High	7	50.0
Moderate	7	50.0
IYCF activity report		
Available	7	50.0
Not available	7	50.0

IYCF: Infant and young children feeding.

4) Use the health card and ask about the history of the mother's illness, 5) Explain the condition of the child of the mother using the health graphic on the card (KMS) , 6) Ask about the types and variations of food consumed by the mother's child in the morning, afternoon and evening, 7) Ask about the amount of food consumed by the mother's child at each meal, 8) Ask about the texture of food consumed by the mother's child, 9) Ask about other fluids consumed by the mother's child, 10) Give a word of praise to the mother, 11) Provide information about the mother's child feeding, 12) The counselor thanks the mother at the end of the meeting (Table 2).

Table 2: IYCF implementation activities by the counselor on the target implementation of IYCF counseling in central of Sulawesi

Variable	n	%
Greeting mother at the beginning of the meeting	14	100
The health professional's comfortable position when counseling with mothers	14	100
Ask for the name and age of the mother's child	14	100
Ask for the date of birth of the mother's child	14	100
Use the health card and ask about the history of the mother's disease	14	100
Explain the condition of the mother's child using the graphic on the card toward health (KMS)	14	100
Asking about the types and variations of food consumed by the mother's child in the morning, afternoon, and evening	14	100
Ask the amount of food consumed by the mother's child at each meal	14	100
Asking about the texture of food consumed by the mother's child	14	100
Ask about other fluids consumed by the mother's child	14	100
Give a word of praise to the mother	14	100
Provide information about child feeding of mothers	14	100
The counselor thanks the mother at the end of the meeting	14	100
Asking mothers who are still breastfeeding their children	12	85.7
Asked about the habits of mothers washing their hands with running water before preparing food and feeding their children	12	85.7
Asking about the food that the mother's child consumed yesterday	10	71.4
Ask who feeds the mother's child	10	71.4
Asking about the source of drinking water consumed by children	10	71.4
Ask about family members who smoke at home	10	71.4
Provide advice using counseling cards	9	64.3
Repeating the sentence the health worker suggested to do	9	64.3
Agreement time for next meeting visit	9	64.3

IYCF: Infant and young children feeding.

Activities that have been carried out by the counselor are in the range of 70-80%, namely: 1) Ask mothers who still breast-feed their children, 2) Asked about the habits of mothers washing their hands with running water before preparing food and feeding their children, 3) Asked about the food that the mother's child used to eat yesterday, 4) Asked who feeds the mother's child, 5) Ask about the source of drinking water consumed by children Ask about family members who smoke at home.

However, the activities that have not been maximally carried out by IYCF counselors or below 65% are; provide advice on the use of counseling cards, repeating the sentence suggested by the health worker, and agreement time for the next visit to the meeting.

The response of the target mother in the counseling activity namely: IYCF increases knowledge about breastfeeding better than milk formulas, the right type and age of feeding. Benefit of giving counseling for IYCF is that mothers will know the nutritional status of their children and types of 4-star menus for children.

Lesson learn from Kusumawati study (2020) the results of the 24-frame public service activity as a participant showed that there are 20 cadres who increase their knowledge after attending the workshop and there are 4 cadres who do not change their knowledge. The Wilcoxon test showed $p = 0.001$. This indicates that statistically there is a significant difference in knowledge after attending a workshop. Common child and infant feeding practice in our community is early complementary feeding with the excuse that breast milk is not enough [13]. Feeding infants and children as much as possible avoid bottle feeding. If forced to use a milk bottle, a good knowledge of cleanliness and presentation is needed [18]. We suggestion; Posyandu cadres were also given IYCF training. The need for procurement of extension tools from the government. IYCF training is being held for counselors again. It needs support from village officials and the community. To support the success of the IYCF program, attention to infrastructure for IYCF counseling activities and counselor incentives. Providing training on menu material combined foods of breastfeeding, regular meetings on the development of IYCF materials. There are monitoring and evaluation activities.

Conclusions

Counseling is an important part of successful infant and child feeding. IYCF increases knowledge about breastfeeding better than milk formulas, the right type and age of feeding. Benefit of giving counseling for IYCF is that mothers will know nutritional status of their children and types of 4-star menus for children. IYCF counselors maximally carry out activities in the range of 70–86%. IYCF improves breastfeeding knowledge better than milk formulas, the right type and age of breastfeeding. The benefit of providing advice for IYCF is that mothers will know the nutritional status of their children and the types of 4-star menus for children. The results showed that technical guidelines based on the WHO/UNICEF training module were presented in 37 h of field learning. However, training is only limited to orientation and there is no post-training monitoring.

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