LQAS Baseline report
for the Research on
Pilot Testing of Social and Behaviour Change Design Guide to Enhance Child Care and Feeding Practices in East Lombok District, Indonesia

January 2025

Acknowledgement

This Baseline report is jointly prepared by the Consultant team led by Andre Tanoe and the Senior Technical Advisor for Health and Nutrition from World Vision International (Esther Indriani), who is also the Principal Investigator for the research on "Pilot Testing of Social and Behavior Change (SBC) Design Guide to Enhance Child Care and Feeding Practices in East Lombok District". The research is a collaboration of World Vision US, World Vision International and Yayasan Wahana Visi Indonesia, which will be implemented from October 2024 to September 2025. This baseline study is a part of research methods employed in the research.

We would like to express our sincere gratitude to everyone who contributed to the creation of this report. Firstly, we would like to thank the Area Program East Lombok team for their hard work in supporting the preparation and implementation of this Baseline study, and all the enumerators who helped during data collection. We thank the National Office of Wahana Visi Indonesia, especially the Health technical team and PEARL team for their help in reviewing the plans, survey tool, and the draft Baseline report. We also thank the technical support from World Vision US Senior Technical Advisor for SBC (Joel Mercado), and funding support from World Vision US and World Vision International. Thank you also for the support and guidance from World Vision International Global Health and Nutrition team.

Lastly, we appreciate the participation of the Baseline survey respondents from the six villages in East Lombok. May the result of this survey be useful for the health and nutrition of children in those villages and in East Lombok district in general.

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Respectfully,

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World Vision International: Esther Indriani (Senior Technical Advisor for Health & Nutrition, and Principal Investigator for the SBC Pilot Testing Research in Indonesia)

Executive Summary

World Vision must have a Social and Behaviour Change (SBC) Framework and Toolkit to ensure all our programs and projects are aligned to conduct innovative, scalable, and impactful SBC activities and document its implementation to generate evidence of impact for WV. To ensure their field offices can design innovative, scalable, and impactful SBC activities, WV created its first SBC Framework and Toolkit (draft completed in December 2023).

WVUS Health Research & Development, and WV International Advocacy & External Engagement, funding was generated to support the formative research and pilot-testing of the SBC Toolkit and interventions, as a collaboration of WVUS, World Vision International Advocacy and External Engagement team and the Global Centre Health & Nutrition team, and Wahana Visi Indonesia (WVI).

WVI was selected based on its commitment to strengthen the SBC capacity and to fund the implementation of SBC pilot testing in 6 villages in Area Program (AP) East Lombok. This cost sharing was the most important positive point of the proposal for Accelerator Funding.

This study will use a mixed method design and will fill the gaps of previous studies done in East Lombok. The aim of this study is to explore differences of nutrition and caring practices of younger mothers aged ≤ 24 years old and older mothers aged ≥ 28 years old and explore the effectiveness of World Vision's SBC Intervention Design Guide in designing participatory SBC intervention to teach primary caregivers of children under five years old in East Lombok District.

For the purpose of this research, WVI chose 6 villages within the AP east Lombok working area. These 6 villages were chosen because, based on the data from AP, they have highest number of mothers with under five years old children. The 6 villages are:

Sembalun sub-district:

1. Sembalun Bumbung village
2. Sembalun Lawang village
3. Sembalun Timba Gading village

Pringgabaya sub-district:

4. Pohgading Timur village
5. Tanak Gadang village
6. Labuhan Lombok village

This testing will be conducted through a mixed-method approach which preceded by baseline (quantitative), photovoice (qualitative) which includes in-depth interviews and focus group discussion (FGD) with the Photovoice participants, and the process of discerning the results from quantitative baseline and Photovoice to develop an SBC intervention targeting caregivers of children 0-59 months old, and the intervention in 6 villages, and a quantitative endline.

The quantitative method for baseline and endline use LQAS (Lot Quality Assurance Sampling) method (1). This LQAS method is chosen by WV for its ability to show supervision area specific results and requires smaller sample compared to other methods, such as cluster sampling method. In addition, LQAS allows the use of parallel sampling, of two age groups of mothers. In LQAS, a minimum of 5 supervision areas is needed, and from each SA 19 samples is required. In this Baseline study, a total sample of 228 respondents were obtained.

Summaries of the LQAS baseline results are:

Social characteristic

- Biological mothers' ages varies between 16 – 45 years old. The average is 27.9 years old. 44.7% of then graduated from senior high school.
- Biological mothers first got married when they were between 10 to 34 years old, with the average age is 19.9 years old. 35.5% of biological mothers first got married when they were 18 years old or younger.
- A majority (92.1%) of primary caregivers are housewife. 17.5% of 228 respondents mentioned that they are also farmer, which own the land.
- Almost all of the primary caregivers are biological mothers (98.7%), except for the three primary caregivers. Two of them work abroad and one of them work in local pharmacy from 08.00 – 21.00. The intial assumption that many children were left behind by biological mothers due to work is not proven in these 6 villages.

Living condition

- The average number of household members is 3.7 people for younger biological mothers group, while the average for older biological mothers group is 4.6 people per household.
- Most households of younger biological mothers group (90.3%) and older biological mothers groups (91.2%) have one child under five years old in their households at the time of survey.
- Households of younger biological mothers group (95.6%) and older biological mothers group (95.61%) have flush toilet with septic tank.
- The most common drinking water sources are covered well (58.8% for younger biological mothers group and 55.3% for older biological mothers group)
- Only about half of the households have regular income, for both younger biological mothers group (51.8%) and older biological mothers group (46.5%). SA 3 (Sembalun Timba Gading village) is below the average.

FIES

- A small portion of the households were food secure in the household of younger mother group (28.1%) and the household of older mother group (29.0%).

- Almost half of the households of younger biological mothers group (46.5%) and older biological mothers group (42.1%) had mild food insecurity experiences in the last year.
- 22.8% households of younger biological mothers group and 22,8% of older biological mothers group had moderate food insecurity experiences.
- A small proportion had severe food insecurity experiences in the last year, with 2.6% households of younger biological mothers group and 6.1% of older biological mothers group.

Child care practices

- Primary caregivers from both younger biological mothers group (79.8%) and older biological mothers group (62.3%) received help in taking care their youngest child. Primary caregivers' spouse and grandmothers plays a big role in taking care the youngest child.
- Hygiene practices among primary caregivers can be improved
  - More than half of the primary caregivers always wash their hands with soap before feeding the youngest child, from households of younger biological mothers group (57.0%) and older biological mothers group (62.3%).
  - Most of the primary caregivers always wash their hands with soap after defecation/going to toilet, for both households from younger biological mothers group (83.3%) and older biological mothers group (88.6%).
  - There were 74.1% of children $\leq$ 59 months who got diarrhea before the survey, and 73.4% of them were brought to Puskesmas (community health center).
- There is no significant problem found related to access to regular basic child health services.
  - Almost all children from younger biological mothers group (94.7%) and older biological mothers group (97.3%) were always taken to Posyandu (Integrated Service Post). Furthermore, based on card, 96.3% of children ≤ 59 months old were taken to Posyandu (Integrated Service Post) in the last 3 months.
  - Almost all children under five years old surveyed were ever immunized in the past, with 97.4% in the younger biological mothers group and 98.2% in the older biological mothers group.
  - In total, 83.0% of children 12 months old or older received deworming medication in the last 6 months.
  - A large number of households own a GMP (Growth Monitoring and Promotion) / KMS card, 84.2% in younger biological mothers group and 83.3% in older biological mothers groups.
- Primary caregivers' knowledge can be improved
  - A big portion of primary caregivers from both younger (60.5%) and older (78.9%) biological mothers groups mentioned hygiene practices as an effort to prevent their children from sickness.

- Primary caregivers from both younger biological mothers group (57.9%) and older biological mothers group (59.6%) also mentioned that good nutritious food for children could prevent child illness.
- The proportion of primary caregivers who know at least two danger signs of childhood illnessthat needs medical help immediately is still low, 41.2% in the younger biological mothers group and 37.7% in the older biological mother group.

- A large number of households own a family card (*Kartu Keluarga*), 84.2% in the younger biological mothers group and 83.3% in the older biological mothers group. Although a large portion of the households own a famly card, but the accuracy of data written in the family card is still questionable.

Parent – child interaction

- Only a few primary caregivers answered all questions related to Brigance score correctly, equally only 1.7% in the younger and older biological mothers groups. The average score is 13.2 for younger biological mothers group, while the older biological mothers group has an average score of 13.7.
- A lot of primary caregivers gave toys to their youngest child, with 89.5% in the younger biological mothers group and 90.3% in the older biological mothers group.
- There were not many primary caregivers who mentioned that their youngest children have a really safe and clean place to play, with only 18.4% in the younger biological mothers group and 28.9% in the older biological mothers group.

Nutrition practices

- Breastfeeding practices is good, because there is a high proportion of children under five years old who were ever breastfed, with 97.4% in the younger and 95.6% in the older biological mothers groups.

  The problem lies in exclusive breastfeeding practice. The proportion of children under five years old who received only breast milk during the first 3 days was 60.5% among the younger biological mothers group, and 72.8% among the older biological mothers group, suggesting that the remaining 30% of children in each group were not exclusively breastfed.
- Supplementary feeding was given too early for children ≤ 59 months old.
  - Primary caregivers from both younger biological mothers group (41.0%) and older biological mothers group (27.9%), mentioned that their children received solid food before they reached 6 months old.
  - The age of children under five years old received the first solid food ranges between 0 – 12 months old, with the average of 3.8 months old for younger biological mother group, and 4.6 months old for older biological mothers group.

- In total, 72.6% of children ≥ 6 months old received at least 5 food groups, meeting the Minimum Dietary Diversity guidance.
- Only a small portion of children did not receive any ultra-processed food in the last 24 hours, with only 20.2% in the younger biological mothers group and 19.3% in the older biological mother group.

Nutritional status and the use of Iodised Salt

- In this Baseline Survey, nuritional status was measured using Mid Upper Arm Circumference (MUAC) to screen for wasting (acute malnutrition). The result shows that 97.5% of the children under five years old in this survey are considered to be in normal nutritional status (not wasted), while 2.5% are in moderate wasting.
- The test for Iodine content in salt used for daily use shows that the positive result for Iodine content were found only in 19.3% households in the younger biological mothers groups, and 22.8% in the older biological mothers group. SA 2 (Sembalun Lawang) and SA 3 (Sembalun Timba Gading) shows the lowest score.

Learning sources

- Primary caregivers from the younger biological mothers group (52.6%) learned about child care and feeding practices from their own family. Social media (47.4%) was the second source of learning sources, followed by Posyandu cadres or community health volunteers (36.8%) and health workers (30.7%).
- Primary caregivers from the older biological mothers group learned about child care and feeding practices from Posyandu cadres or community health volunteers (45.6%) and health workers (44.7%). The next learning sources are their own family (36.0%) and social media (32.5%).
- Primary caregivers from younger biological mothers group mentioned that family (71.9%) is the most important source of information. It is followed by neighbors (31.6%), health workers (23.7%), and Posyandu cadres or community health volunteers (21.9%).
- Primary caregivers from older biological mothers group mentioned that Family (53.5%) is the most important source of information. It is followed by neighbors (32.5%), health workers (30.7%), and Posyandu cadres or community health volunteers (29.8%).
- Most of the primary caregivers (82.2%) from both biological mothers groups are interested in a direct education process or approaches, such as demonstration.

Recommendations

Based on the results of this study, below are some recommendations for the future SBC project planning:

1. To continue with Qualitative research

   The quantitative research method should be followed by qualitative research to have a more comprehensive information regarding the reasons for poor infant and young child feeding practices and poor interaction between parens and child.

2. To use only direct education process or approaches

   As described in the primary caregivers' preferred learning method, the education or promotion process or approach should always use a more direct methodology to directly show to the audiences such as demonstration and preferably, also let the audiences try themselves on the spot. This method will allow more interaction for the audiences and get direct feedbacks from them.

3. The importance of family and neighbours

   The neighbours and the surrounding households play a big role in influencing the primary caregivers. The close proximity of houses might be suitable for small-group training or education sessions in open space.

   By using small groups training in a relatively open space, the surroundings (neighbours, family members, etc) will also have the opportunity to watch and participate in the process. The location choices will play a big role to enable participation of people in the surroundings area. Posyandu (Integrated Service Post) might be a good location choice but probably there are better ones.

4. The role of Health workers and Community Health Volunteers (*Kader Posyandu*)

   Health workers and Community Health Volunteers are important in providing information to primary caregivers, especially to biological mothers $\geq$ 28 years old group.

   They can be involved in SBC interventions and become trainers and mentors to primary caregivers and beyond. In designing the SBC interventions, WV and WVI can explore the possibilities of using them as an extension of the project to help conducting SBC interventions.

   It is also recommended to WV and WVI to conduct Posyandu (Integrated Service Post) quality assessment using the Ministry of Health Indonesia's guidance to see areas for improvement especially related to how health education is conducted at Posyandu (Integrated Service Post), as some indicators show contradictive results:

   - Both groups have the majority of primary caregivers always brought the youngest child to Posyandu (Integrated Service Post), with 94.7% in the younger mothers group and 97.3% among the older mothers group.
   - Both groups have almost all children ever immunised, with 97.4% in the younger mothers group, and 98.2% among the older mothers group.

- Only a small percentage of primary caregivers mentioned vaccination as a way to prevent child sickness for younger (7%) and older (3.5%) biological mothers groups.

5. Based on the results of the survey, there are possibilities for future SBC interventions. The possible areas to be targeted for improvements are:
   - Washing hands with soap before feeding the child and after going to toilet.
   - Primary caregivers' knowledge on danger signs in children under 5 illness.
   - Parent – child interaction to support early childhood development
   - Primary caregivers' knowledge and practice on child feeding: exclusive breastfeeding, introduction of solid food, variety/types of food, consumption of ultra-processed food.
   - Primary caregivers' knowledge and practices that support good infant and child feeding, such as: What to do when the child does not want to eat, how to introduce new food to the child, amount and frequency of meals for children in different age groups, preparing variety of child's menu using available/affordable local food, preparing healthy snacks.
6. The Endline survey will collect the same indicators, with the same processes. The results will be compared to baseline. Since the time for SBC implementation during the research is limited, WVI needs to carefully select a few priority indicators and activities that most likely will change before or during endline.

Abbreviations

AP	Area Programme
CWN	Children Are Well Nourished
ELCSA	Latin American and Caribbean Food Security Scale
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FIES	Food Insecurity Experience Scale
FIES-SM	Food Insecurity Experience Scale - Survey Module
FK-UI	Medicine Faculty -University Of Indonesia
FY	Fiscal Year
GMP	Growth Monitoring and Promotion / KMS card
HFIAS	Household Food Insecurity Access Scale
HH	Household
KPC	Knowledge, Practice, And Coverage
LL	Labuhan Lombok village
LQAS	Lot Quality Assurance Sampling
MUAC	Mid Upper Arm Circumference
PT	Pohgading Timur village
SA	Supervision Area
SB	Sembalun Bumbung village
SBC	Social And Behaviour Change
SBCC	Social And Behaviour Change Communication
SL	Sembalun Lawang village
STG	Sembalun Timba Gading village
TG	Tanak Gadang village
TOR	Term Of Reference
UNICEF	United Nations Children's Fund
USDA	U.S. Department Of Agriculture
VOH	Voices Of The Hungry
WV	World Vision
WVI	Wahana Visi Indonesia
WVUS	World Vision United States
YO	Years Old

Table of contents

List of tables

List of figures

LQAS Baseline report for the Research on Pilot Testing of Social and Behaviour Change Design Guide to Enhance Child Care and Feeding Practices in East Lombok District, Indonesia

I. Background

In 2022 alone, World Vision (WV) implemented and managed $1.73 million funds for development programs, $967 million for relief and rehabilitation programs, and $27 million for community education and advocacy. The projects reached over 4.3 million children in 37 countries. With those massive reach, partnerships, and investments, World Vision must have a Social and Behaviour Change (SBC) Framework and Toolkit to ensure all our programs and projects are aligned to conduct innovative, scalable, and impactful SBC activities and document its implementation to generate evidence of impact for WV.

To ensure their field offices can design innovative, scalable, and impactful SBC activities, WV created its first SBC Framework and Toolkit (draft completed in December 2023). The new SBC Framework and Toolkit, rooted in current evidence, and Systems Thinking, will provide a robust guide for integrating SBC into our diverse programs.

Using the combined efforts and funding from WVUS' Accelerator Funding, WVUS Health Research & Development, and WV International Advocacy & External Engagement, funding was generated to support the formative research and pilot-testing of the SBC Toolkit and interventions, as a collaboration of WVUS, WV Global Centre Health & Nutrition team, and WVI.

The pilot testing of SBC framework, approach and toolkit will be done through a collaboration of World Vision US, World Vision International, and Yayasan Wahana Visi Indonesia. Funding for the 18-months testing will be co-shared amongst these entities.

To the best of WV and WVI's knowledge, there is no current or previous testing of SBC Framework that has been conducted in East Lombok district, particularly in Sembalun and Pringgabaya sub-districts. This study will use a mixed method design and will fill the gaps of previous studies done in East Lombok, such as on early marriage among girls and feeding practices among children. Most of those studies were conducted in Mataram, the capital of West Nusa Tenggara province. Their chosen scope was narrow and in the limited timeframe, notably during the COVID-19 pandemic, and used qualitative methods (2–4).

To fill the gap from the previous existing research, this testing will be conducted through a mixed-method approach which preceded by a baseline survey (quantitative), Photovoice method (qualitative) which includes in-depth interviews and focus group discussion (FGD) with the Photovoice participants, and the process of discerning the results from quantitative baseline and Photovoice to develop an SBC intervention targeting caregivers of children 0-59 months old, and the intervention in 6 villages, and a quantitative endline survey.

A mixed-methods design will give the comprehensive understanding of the subject matter by incorporating insights from observations and interviews with the population's prevalence of particular qualities, which is derived via surveys (Wasti et al., 2022).

II. Study Location

The research is conducted in Area Programme (AP) East Lombok in West Nusa Tenggara Province. AP East Lombok has been funded by World Vision Australia since 2022. From FY2022 to 2025, East Lombok AP will implement the Children Are Well Nourished (CWN) Technical Program and requires support in SBC activity design to address the barriers around child malnutrition.

The community in AP East Lombok are frequently affected by natural disasters such as earthquakes, landslides, and tsunamis. Most of the population relies on traditional farming and fisheries, making them vulnerable to the inability to adapt to climate change.

The AP operates in 16 villages, spread across 2 sub-districts: Sembalun sub-district (Bilok Petung village, Sajang village, Sembalun village, Sembalun Bumbung village, Sembalun Lawang village, and Sembalun Timba Gading village), and Pringgabaya sub-district (Bagik Papan village, Gunung Malang village, Kerumut Village, Labuan Lombok village, Pohgading Timur village, Seruni Mumbul village, Tanak Gadang village, Teko village, and Telaga Waru village).

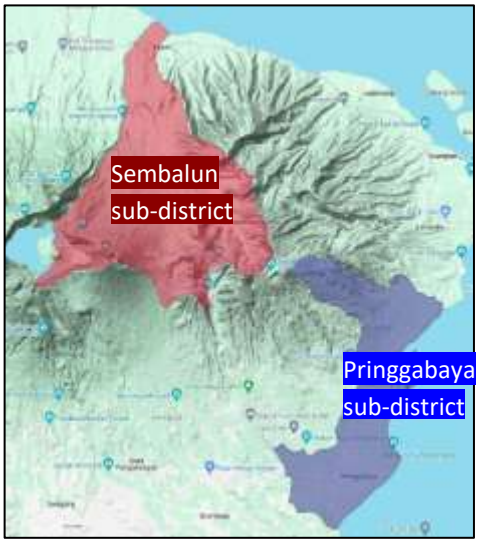


Figure 1: East Lombok AP Working area

Sembalun sub-district is about 21.7 km from the district and can be reached within a 40-minute drive. Sembalun sub-district is mostly mountainous area. Pringgabaya sub-district is located about 11.1 km from the district and can be reached within 20 minutes drive. Pringgabaya sub-

district is mostly located in low land area. In the 2021 Census Report, AP East Lombok has a total population of 134,381 (66,897 males and 67,484 females).

From the assessment conducted by AP in the first year of their operation, AP East Lombok has identified several vulnerabilities based on mapping and secondary data, i.e.:

- Natural disasters frequently affecting the area, such as earthquakes, landslides, and tsunamis.
- High incidence of child marriage. According to the Government official, during the COVID-19 pandemic, there was an increase in child marriages, leading to an increase in stunting prevalence in East Lombok District.
- High prevalence of children of below-poverty-line households (income less than USD 1.25 a day), with some parents working as day labourers for other people's farmland, with no certainty of income.
- High prevalence of malnutrition among children under five years old (stunting, wasting, and underweight). West Nusa Tenggara province is one of the 12 provinces in Indonesia with the highest prevalence of Stunting. East Lombok District in West Nusa Tenggara province has the highest stunting prevalence, with 37.6% stunting among children under five in 2022.

Some identified root causes of child malnutrition in East Lombok were suboptimum care or neglect by parents due to economic demand, where both parents migrate to other cities to find work. The parentsleave their young children with a grandmother or other relatives who do not have much awareness of good child feeding practices. Babies born of teenage mothers are cared for sub-optimally, as the young parents do not understand how to take care of their pregnancy and how to care for a newborn. Irregular feeding time, inadequate amounts of food and poor nutrition intake are common causes of malnutrition in the area.

The Social and Behavior Change Communication (SBCC) approach for the caregivers are delivered in Posyandu (Integrated Service Post) and usually done through Infant and Young Child Feeding (IYCF) Counselling, either as a group counselling or one-to-one counselling, depending on the availability and capacity of the Posyandu Cadres (Community health volunteers). However, previous study showed that the quality of counselling at Posyandu (Integrated Service Post) in Indonesia were not always of high quality, and highly dependant on the positive attitude of the Posyandu Cadres (community health volunteers), which is influenced by their high education level, long experience of being a cadre, and the results of the training on IYCF counselling (5). The Posyandu cadres or community health volunteers desperately need training on Infant and Young Child Feeding counselling. In addition, there

are serious hygiene issues in the form of inadequate water treatment and poor waste management in East Lombok.

As the location of the SBC formative research and pilot testing, WVI was selected based on its commitment to strengthen the SBC capacity and to fund the implementation of SBC pilot testing in the six villages in AP East Lombok. This cost sharing was the most important positive point of the proposal for Accelerator Funding.

For the purpose of this research, WVI chose 6 villages within the AP east Lombok working area. These 6 villages were chosen because, based on the data collected from village leaders by the AP East Lombok prior to the survey, they have highest number of mothers with under five years old children. The 6 villages are:

Sembalun sub-district:

1. Sembalun Bumbung village
2. Sembalun Lawang village
3. Sembalun Timba Gading village

Pringgabaya sub-district:

4. Pohgading Timur village
5. Tanak Gadang village
6. Labuhan Lombok village

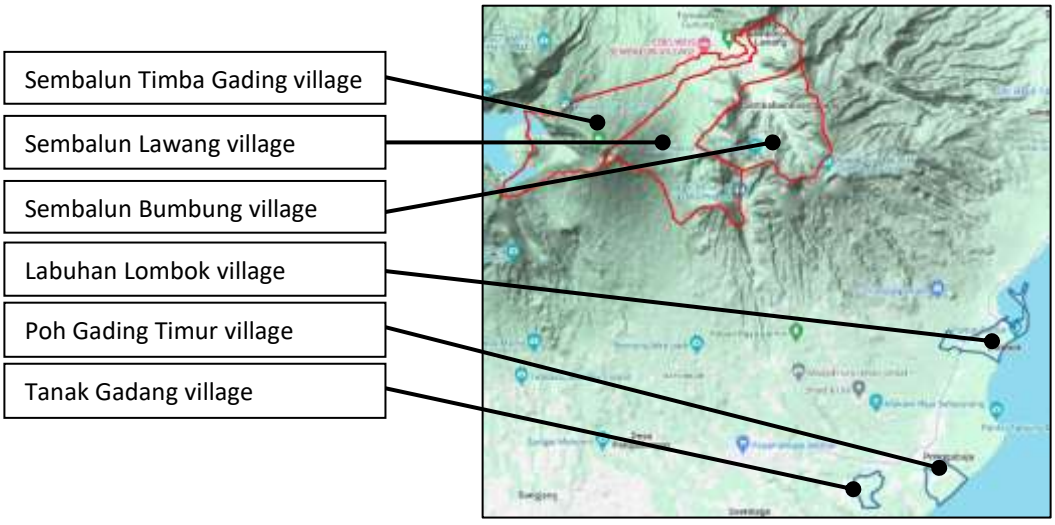


Figure 2: Map of SBC area

III. Research Design and Objectives

The quantitative research is designed to identify childcare and feeding practices of the mothers in the 6 villages, compare childcare and feeding practices between younger and older mothers, and identify mothers' prefererences in learning about child care and feeding practices.

To increase the likelihood that the research team would be able to find these young and adolescent mothers who married at the age of 10 to 18 years old, this study set the age

group of “younger mothers” as those mothers of children under five years old who are presently aged 24 years old or below.

In this study, the “older mothers” was defined as mothers of children under five years old who are 28 years old or older presently. This means that they were married or pregnant when they were 23 years or older in the last five years. However, it is also possible that the child under five is not their first child, and these older mothers also married young.

Inclusion Criteria: Young Mothers aged (≤24 years old) or older mothers aged (≥28 years old) with U5C or the primary caregivers responsible for the U5C’s caring and nutritional needs; child is still alive; child can be boy or girl; can be breastfeeding or non-breastfeeding; any education level of the primary caregiver; any marital status of the caregiver; primary caregiver presently resides in one of the 6 villages; primary caregiver is willing to participate.

Exclusion Criteria: Mothers or primary caregivers of U5C with severe mental health condition; Primary caregivers with significant language or communication barriers that prevent effective participation in the study; Primary caregivers who plan to relocate from the study area soon (within one month), which could affect data continuity; Primary caregivers with U5C who have health conditions requiring special dietary or nutritional interventions that do not reflect the general population's situation; Primary caregivers who refuse to participate; Primary caregivers who live in other village than the selected 6 villages.

The younger and older mothers of the child 0-59 months are the primary target of this study. The research team has decided that if the biological mothers were away due to migration or not living in the same house with the child 0-59 months, then the research team would replace the respondents with the primary caregiver of the child 0-59 months, either the father, grandmother, grandfather, or older sister or brother.

1. General Objectives

The aim of this study is to explore differences of nutrition and caring practices of younger mothers aged $\leq$ 24 years old and older mothers aged $\geq$ 28 years old and explore the effectiveness of World Vision’s SBC Intervention Design Guide in designing participatory SBC intervention to teach primary caregivers of children under five years old in East Lombok District.

2. Research Questions and Research Objectives

There are four research questions with the corresponding research objectives:

Research Question 1: What is the socio-demographic characteristics of younger mothers (≤ 24 years old) and older mothers (≥ 28 years old) in in Sembalun and Pringgabaya sub-districts, East Lombok District?

Research Objective 1:

To describe the social, economy, demography, assets and living condition of the households with children under-five years old including age, gender, education level, occupation, numbers of household member, electricity ownership, toilet facility type, source of drinking water, and regular income.

Research Question 2: What is the food insecurity experience of younger mothers (≤ 24 years old) and older mothers (≥ 28 years old) in in Sembalun and Pringgabaya sub-districts, East Lombok District in the last one year?

Research Objective 2: To describe food security status of the respondent.

Research Question 3: What are the different nutrition and caring practices of younger mothers (≤ 24 years old) and older mothers (≥ 28 years old) in in Sembalun and Pringgabaya sub-districts, East Lombok District?

Research Objective 3.1: To describe the child caregiving practices of the respondent.

Research Objective 3.2: To describe parent-child interaction of the respondent.

Research Objective 3.3: To describe nutrition practices of the respondent.

Research Objective 3.4: To identify and compare caring and feeding practices among households with children under five years old born of younger mothers (≤ 24 years old) and households with children under five years old born of older mothers (≥ 28 years old) (Quantitative)

Research Objective 3.5: To compare the caring and feeding practices among households with children under five years old born of younger mothers (≤ 24 years old) at Baseline versus Endline in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

Research Objective 3.6: To compare the caring and feeding practices among households with children under five years old born of older mothers (≥ 28 years old) at Baseline versus Endline in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

Research Objective 3.7: To identify proportion of children under five years old being taken care of by their own mother in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

Research Objective 3.8: To identify barriers and enablers of good dietary diversity among children under five in the 6 villages include food insecurity, household economy. (Quantitative and Qualitative)

Research Objective 3.9: To identify barriers and enablers of good dietary diversity among children under five in Sembalun and Pringgabaya sub-district, East Lombok District include food insecurity, household economy. (Quantitative and Qualitative)
Research Objective 3.10: To identify barriers and enablers of frequent interactions and stimulations between primary caregivers and the children under five in Sembalun and Pringgabaya sub-district, East Lombok District (Qualitative)
Research Objective 3.11: To identify barriers and enablers for primary caregivers to stop feeding their child under five ultra-processed food in Sembalun and Pringgabaya sub-district, East Lombok District (Qualitative)

Research Question 4: Do younger mothers prefer different social and behaviour change communication (SBCC) interventions, compared to the traditional SBCC interventions in the area e.g., Posyandu (Integrated Service Post) **health awareness session in Sembalun and Pringgabaya sub-districts, East Lombok District?**
Research Objective 4.1: To describe the social behaviour change communication channel, information and preferred method to learn about child caring and feeding practices.
Research Objective 4.2: To gather insights on preferred method of learning about child caring and feeding practices from the younger mothers and the older mothers in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

3. Conceptual framework

For this study, the research team uses the 2020 UNICEF Conceptual Framework for Maternal and Child Nutrition, which describes the various determinants of maternal and child nutrition (6). The 2020 Conceptual Framework on Maternal and Child Nutrition builds on UNICEF's 1990 conceptual work, acknowledging the increasing triple burdens of malnutrition – undernutrition, micronutrient deficiencies, and overweight – and highlights the role of diets and care as immediate determinants of maternal and child nutrition.

There are immediate determinants which include diets and care; underlying determinants which include food, practices, and services; and enabling determinants which include resources, norms and governance. Mother's education, employment, stability of income, and social and cultural norms are the enabling determinants and will determine the nutritional status of the child.

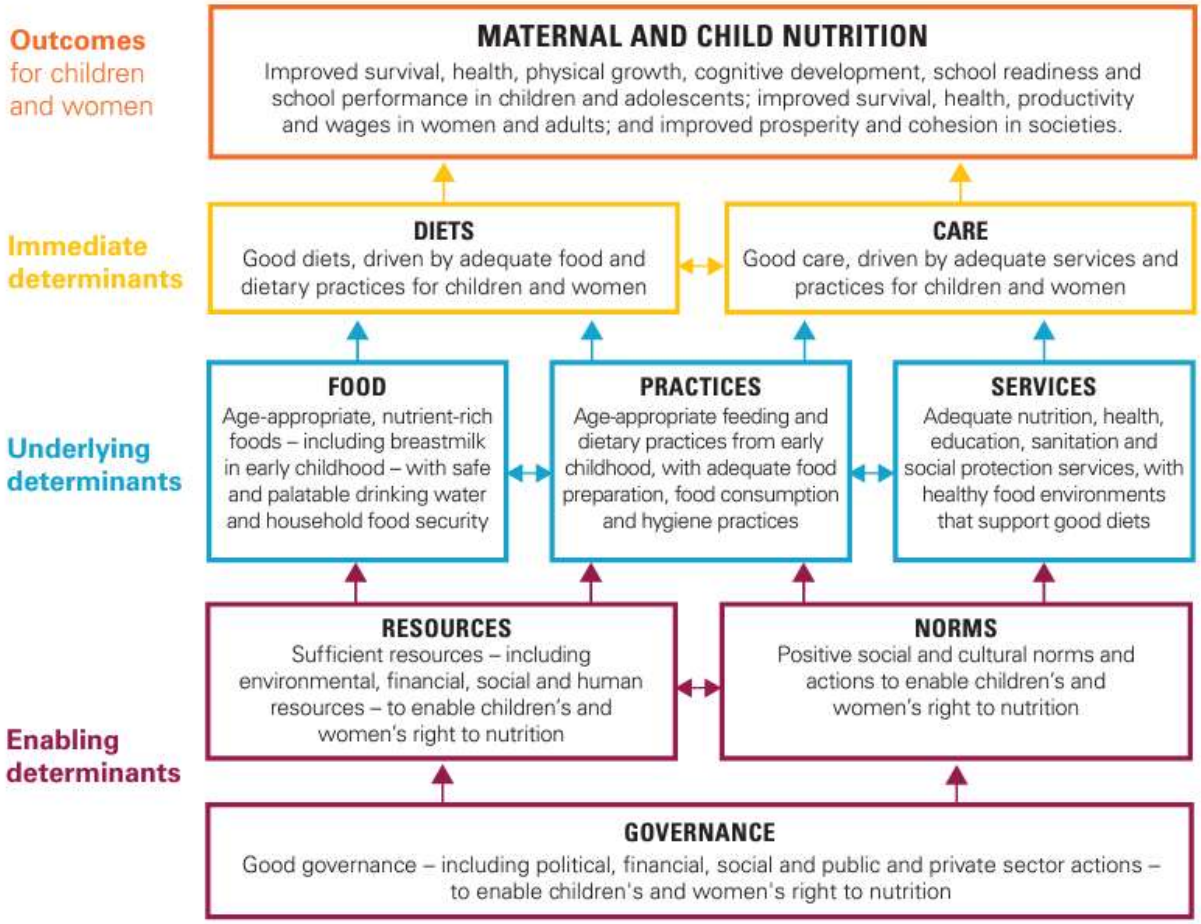
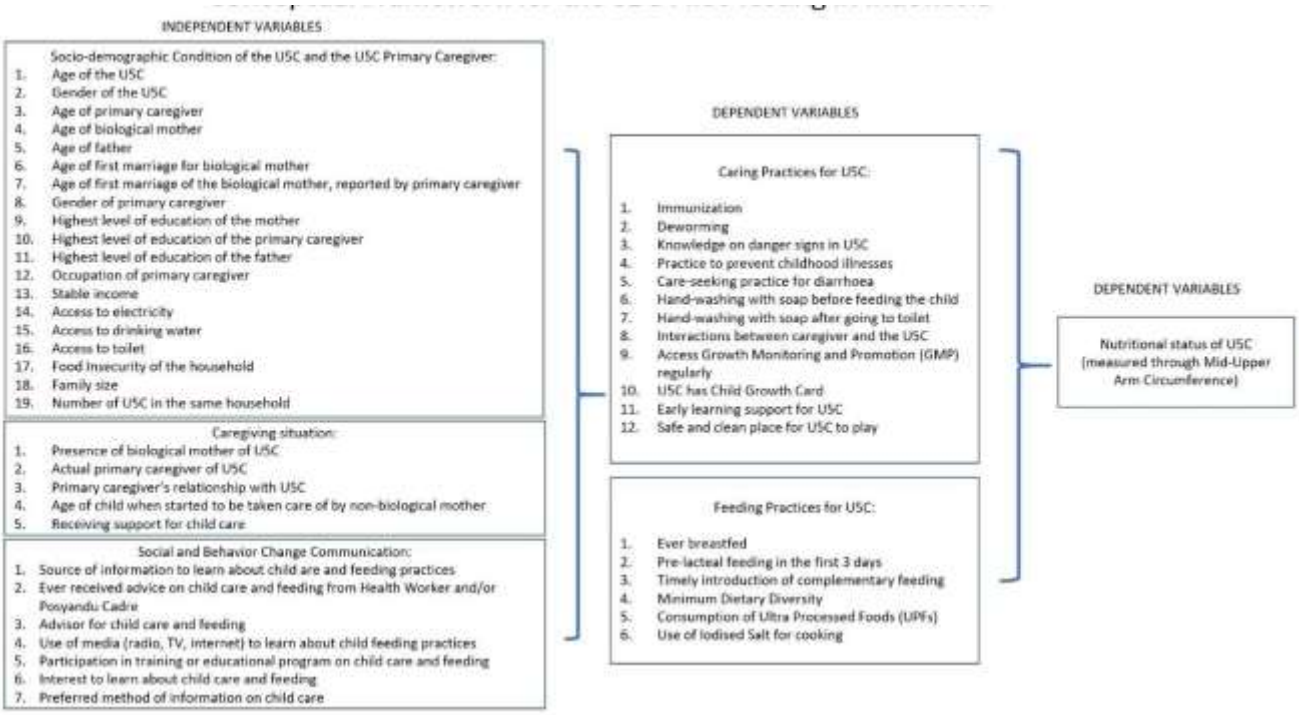


Figure 3 Unicef Conceptual framework on determinants of Maternal & Child Nutrition, 2020

In this study, the research team adapted the UNICEF Conceptual Framework as shown in Figure 4. The conceptual framework of this study shows the independent and depent

Figure 4: Conceptual framework for SBC pilot testing in Indonesia



variables in this study.

4. Indicators

Based on the research objectives mentioned above, to answer the research questions the following indicators were chosen. These indicators would be collected at baseline and endline, and the differences would be compared during endline to measure the changes.

Research Objective 1:

To describe the social, economy, demography, assets and living condition of the households with children under-five years old including age, gender, education level, occupation, numbers of household member, electricity ownership, toilet facility type, source of drinking water, and regular income.

- % of Households based on gender of Primary caregiver
- Primary caregiver age distribution
- Youngest child age distribution
- Distribution of Primary caregiver status to youngest child

- Distribution of time since primary caregiver took care the youngest child
- Youngest child's mother age when she got married the first time
- Distribution of youngest child's mother current location
- Distribution of youngest child's mother education
- Distribution of primary caregiver education
- Age distribution of youngest child's father
- Distribution of youngest child's father education
- Distribution of primary caregiver occupation
- Distribution of total number of people living in household
- Distribution of number of children under five years old living in household
- % of household with electricity
- Distribution of toilet types in household
- Distribution of drinking water sources
- % of households with regular income

Research Objective 2: To describe food security status of the respondent.

- % of households with Food security status
- % of households with Moderate Food Insecurity status
- % of households with Severe Food Insecurity status

Research Objective 3.1: To describe the child caregiving practices of the respondent.

- % of primary caregiver who received help taking care youngest child
- Distribution of people who helped primary caregiver taking care youngest child
- % of primary caregiver who always wash hands with soap before feeding youngest child
- % of primary caregiver who always wash hands after going to toilet
- % of primary caregiver who can show youngest child's growth chart
- % of primary caregiver who has knowledge to prevent illnesses
- % of primary caregiver who knows at least 2 danger signs
- % of youngest child who ever received vaccination
- % of youngest child who received deworming medication in the last 6 months
- % of primary caregiver who gives ORS when the youngest child had diarrhea

Research Objective 3.2: To describe parent-child interaction of the respondent.

- % of primary caregiver responding correctly to all 18 brigance questions
- % of primary caregiver who gave toys to youngest child
- % of caregiver who think youngest child have safe and clean place to play

Research Objective 3.3: To describe nutrition practices of the respondent.

- % of youngest child ever been breastfed
- % of youngest child who only receive breast milk during the first 3 days
- % of youngest child received solid/semi solid food > 6 months old
- % of youngest child age >6 months old who received at least 5 food groups in the last 24 hours (Minimum Dietary Diversity)
- % of youngest child age > 6 months old who did not eat junk food in the last 24 hours
- % of youngest child age > 6 months old whose muac is between > 125mm
- % of households that use iodized salt

Research Objective 3.4: To identify and compare caring and feeding practices among households with children under five years old born of younger mothers (≤24 years old) and households with children under five years old born of older mothers (≥28 years old) (Quantitative)

Comparisons of above indicators results divided by biological mothers aged ≤ 24 years old and ≥ 28 years old – please see section 5. Data Analysis

Research Objective 3.5: To compare the caring and feeding practices among households with children under five years old born of younger mothers (≤24 years old) at Baseline versus Endline in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

- Comparisons of above indicators for biological mothers ≤24 years old results during baseline versus endline

Research Objective 3.6: To compare the caring and feeding practices among households with children under five years old born of older mothers (≥28 years old) at Baseline versus Endline in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

- Comparisons of above indicators for biological mothers ≥28 years old results during baseline and endline

Research Objective 3.7: To identify proportion of children under five years old being taken care of by their own mother in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

- % of primary caregiver who is also the biological mother of the youngest child

Research Objective 3.8: To identify barriers and enablers of good dietary diversity among children under five in the 6 villages include food insecurity, household economy. (Quantitative and Qualitative)

- % of children under 5 received $\geq$ 5 food groups from the 8 food groups in MDD questions
- % of each level of food insecurity from questions in FIES group

Research Objective 4.1: To describe the social behaviour change communication channel, information and preferred method to learn about child caring and feeding practices.

- Distribution of primary caregiver' current learning sources
- % of primary caregiver who received health education from health workers
- % of primary caregiver who received health education from community health volunteers
- Distribution of people whom primary caregiver trust and use as information sources for child caring and feeding
- % of primary caregiver who use media (TV, internet, radio) as information source for child feeding knowledge
- % of primary caregiver who attended training or other educational program for child feeding and caring practices.
- % of primary caregiver who wants to learn more on child caring and feeding practices
- Distribution of preferred ways for primary caregiver to receive information on child caring and feeding practices

Research Objective 4.2: To gather insights on preferred method of learning about child caring and feeding practices from the younger mothers and the older mothers in Sembalun and Pringgabaya sub-district, East Lombok District (Quantitative)

- Compare indicators results on preferred method of learning for younger mother versus older mother

5. Data Analysis

The analysis of this Baseline Survey result uses descriptive analysis for all the variables (socio demographic condition, caregiving situation, social and behavior change communication, caring practices and feeding practices for children under five, and nutritional status measured using mid-upper arm circumference or Wasting).

A non-parametric test using Chi Square test of independence is used to determine whethere there is an association between some categorical variables. In this study, the Chi square test is used to see whether there is association between mother's age, which is a categorical data of younger mothers (≤ 24 years old) or older mothers (≥ 28 years old), compared to selected indicators, as follows:

- Receiving help to care for the youngest child or not
- Always washing hands with soap after defecation or not
- Brought child to Posyandu (Integrated Service Post) or not
- Child under five ever vaccinated or not
- Own GMP Card (KMS) and able to show it to enumerator or not
- Brigance score equals to 18 or not
- Gave toy to the child under five or not
- Child under five ever breastfed or not
- Only gave breastmilk in the first 3 days after birth or not
- Gave solid food to child before 6 months old or not
- Household used Iodised salt or not

6. Methodology for the LQAS Quantitative Baseline

The quantitative method for baseline and endline survey in this study used the LQAS (Lot Quality Assurance Sampling) method (1). LQAS method is chosen by WV for its ability to show supervision area specific results and requires smaller sample compared to other methods, such as cluster sampling method. It is also possible to use parallel sampling in LQAS methodology, useful to measure practices in younger mother and older mother groups. In LQAS, a minimum of 5 supervision areas is needed, and from each SA 19 samples is required (1,7).

This Baseline survey had two groups of samples, and parallel sampling in the LQAS method (8) was used to cover both groups:

- Mothers of child under five years old, who are presently aged 24 years old and below
- Mothers of child under five years old, who are presently aged 28 years old and above

The 6 villages became **6 Supervision Areas (SAs)**, and in each SA there are 19 samples for each group. In total, there are 228 samples in this Baseline survey.

Villages	Samples of Mother $\leq$ 24 years old with < 5 yo child	Samples of Mother $\geq$ 28 years old with < 5 yo child

SA1	19	19
SA2	19	19
SA3	19	19
SA4	19	19
SA5	19	19
SA6	19	19
Total	114	114

Table 1: LQAS sample size

The number of population for each sub-village (dusun) within the 6 SAs was collected by AP East Lombok, and used for random sampling selection process. Following the LQAS standard procedure for random sampling, the locations of respondents were distributed within the dusun (sub-village). Enumerators went to each dusun (sub-village), and these respondents were randomly selected in each dusun. The complete table of sample locations is available in appendix 2, page 109.

7. Minimum Dietary Diversity (MDD)

In this study, Minimum Dietary Diversity is measured using the guideline on measuring Minimum Dietary Diversity (MDD) for 6 to 23 years old from WHO and UNICEF (9), but asked to the caregivers of children 6 to 59 months. There are eight food groups in MDD:

1. Breastmilk
2. Grains, white/pale starchy roots, tubers and plantains
3. Beans, peas, lentils, nuts and seeds
4. Dairy products (milk, infant formula, yoghurt, cheese)
5. Flesh foods (meat, fish, poultry, organ meats
6. Eggs
7. Vitamin-A rich fruits and vegetables
8. Other fruits and vegetables

The analysis for MDD was done using this formula:

Numerator: children 6–59 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day. The eight food groups used for tabulation of this indicator are: 1. Breast milk; 2. Grains, roots, tubers and plantains; 3. Pulses (beans, peas, lentils), nuts and seeds; 4. Dairy products (milk, infant formula, yogurt, cheese); 5. Flesh foods (meat, fish, poultry, organ meats); 6. Eggs; 7. Vitamin-A rich fruits and vegetables; and 8. Other fruits and vegetables. Denominator: children 6–59 months of age.

8. Brigance Scale to measure parent-child interaction

The Brigance parent – child interaction scale, has 18 questions, is used for measuring parent – child interaction (10). These questions were integrated into the questionnaire.

9. Food Insecurity Experience Scale (FIES)

The FIES was developed by the Food and Agriculture Organization (FAO) through the Voices of the Hungry (VoH) project, building on the pioneering work to develop the USDA Household Food Insecurity Survey Module (FIES-SM), HFIAS[1], and the Latin American and Caribbean Food Security Scale (ELCSA). The FIES was derived from the adult-referenced questions of the ELCSA to create a shortened, standardized experience-based measure for use across socio-cultural contexts (11).

The FIES-SM questions refer to the experiences of the individual respondent or of the respondent's household as a whole. The questions focus on self-reported food-related behaviors and experiences associated with increasing difficulties in accessing food due to resource constraints. The period of recall for FIES is in the last 12 months.

During the last 12 months, was there a time when, because of lack of money or other resources:

1. You were worried you would not have enough food to eat?
2. You were unable to eat healthy and nutritious food?
3. You ate only a few kinds of foods?
4. You had to skip a meal?
5. You ate less than you thought you should?
6. Your household ran out of food?
7. You were hungry but did not eat?
8. You went without eating for a whole day?

[1] Coates, Jennifer, Anne Swindale and Paula Bilinsky. 2007. Household Food Insecurity Access Scale (HFIAS) for Measurement of Household Food Access: Indicator Guide (v. 3). Washington, D.C.: FHI 360/FANTA.

Scale items	Domains of the food insecurity construct	Assumed severity of food insecurity
You were worried you would run out of food because of a lack of money or other resources?	Uncertainty and worry about food	Mild
You were unable to eat healthy and nutritious food because of a lack of money or other resources?	Inadequate food quality	Mild
You ate only a few kinds of foods because of a lack of money or other resources?	Inadequate food quality	Mild
You had to skip a meal because there was not enough money or other resources to get food?	Insufficient food quantity	Moderate
You ate less than you thought you should because of a lack of money or other resources?	Insufficient food quantity	Moderate
Your household ran out of food because of a lack of money or other resources?	Insufficient food quantity	Moderate
You were hungry but did not eat because there was not enough money or other resources for food?	Insufficient food quantity	Severe
You went without eating for a whole day because of a lack of money or other resources?	Insufficient food quantity	Severe

Figure 5: FIES scale from Ballard, T.J., Kepple, A.W. & Cafiero, C. 2013

The results are then differentiated into four groups: severe food insecurity, moderate food insecurity, mild food insecurity, and food secure.

10. Ultra-processed food

The ingredients of ultra-processed products make them fatty, sugary or salty, often high in saturated fats or trans-fats, and depleted in dietary fibre and various micronutrients and other bioactive compounds. Higher consumption of these products is associated with unhealthy dietary nutrient profiles and several diet-related non-communicable diseases (12).

Processes and ingredients used for the manufacture of ultra-processed foods are designed to create highly profitable products (low-cost ingredients, long shelf-life, branded products).

In ultra-processed food, Monteiro et al. proposed the use of NOVA classification. NOVA is the food classification that categorises foods according to the extent andpurpose of food processing, rather than in terms of nutrients (12). NOVA (a name, not an acronym) classifies all foods and food products into four clearly distinct and meaningful groups (12,13). It specifies which foods belong in which group, and provides precise definitions of the types of processing underlying each group.

NOVA is now recognised as a valid tool for nutrition and public health research, policy and action, in reports from the Food and Agriculture Organization of the United Nations and the Pan American Health Organization.

This study used 13 types of ultra-processed food from Monteiro et al., which are:

1) Breakfast cereals, cake mixes, 'energy' bars; wafer, biscuit
2) Instant packaged soups and noodles;
3) many types of sweetened breads and buns, cakes, pastries and desserts;
4) chips (crisps), many other types of sweet, fatty or salty snack products;
5) Sugared milk and fruit drinks, soft cola and 'energy' drinks.
6) Pre-prepared meat, fish, vegetable or cheese dishes, pizza and pasta dishes, burgers and hot dogs, French fries (chips), poultry and fish 'nuggets' or 'sticks' ('fingers');
7) Bread and other cereal products, animal products made from flour and salt with scraps or remnants of meat;
8) cookies (biscuits), preserves (jams);
9) sauces, meat, yeast, other extracts;
10) ice cream, chocolates, candies (confectionery);
11) margarines;
12) canned or dehydrated soups;
13) Infant formula, follow on milks, baby products.

The survey questionnaire included local and relevant examples of ultra-processed foods in the above 13 categories, and enumerator asked the respondents whether their youngest child consume any of the food in these 13 categories in the last 24 hours.

11. Test of Iodised salt

In this baseline survey, the test of Iodised salt was conducted using Iodine Test Kit with the brandname "BE Reagent" produced by PT Amanah Saff Prima, in the 10 mililitre packaging. The expiry date for these reagents is November 2026. Enumerator asked for sample of salt from each respondent, a teaspoon full of salt. Enumerator then put 2 drops of the Iodine test kit reagent to the sample and observed the change in color. If the salt's colour changes to purple, it means the salt sample contains Iodine at least 30 parts per million.

12. Data Collection Tools

The questionnaire used in this study was developed based on several international standard questionnaires and scales i.e., KPC Survey, Minimum Dietary Diversity, IYCF[2], FIES-SM, Brigance, and NOVA classification for Ultra Processed Food groups. Discussion with the SBC pilot testing team in WV and WVI was done to decide which questions are considered suitable to measure the selected indicators.

Questions were selected from KPC module, especially from the modules of Sick Child, WASH, and Child Nutrition. The eight questions from FIES survey module were added to the questionnaire, along with 18 questions from the Parent – Child interaction from Brigance. Questions related to the 13 types of processed food groups were added. The final questionnaire was translated into Bahasa Indonesia language. The final questionnaire is available in appendix 1.

The research team did not conduct any validity and reliability test for the survey instrument, as the survey questionnaire was developed from the internationally tested questions and scales, which have undergone separate validity and reliability test by the respective researchers.

For easy data collection process, the team decided to do paperless survey and used Kobocollect for data collection. Kobocollect questionnaire version was developed after the final questionnaire was available and approved by WV and WVI.

13. Limitations of the study

Initially, the research team would like to use formal Kartu Keluarga (Family Card) as a means of verification for the age of mothers and children. However, during the survey the team found out that not all Family Cards contained accurate data such as name and correct date of births, due to many reasons. The date of birth of the mother and of the child mentioned by the primary caregivers are generally considered more reliable and used for the analysis in this study.

14. Ethics

The research design, research protocol and all the research instruments, including the quantitative questionnaire and the Informed Consent and Informed Assent forms were submitted to the Ethics Review Committee in the Faculty of Medicine, University of

[2] Indicators for assessing infant and young child feeding practices: definitions and measurement methods. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2021. Licence: CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo.

Indonesia in early September 2024. There was a minor revision suggested by the Ethics Review Committee, i.e., to add into the Informed Consent and Informed Assent forms the phone number of local staff in East Lombok Area Programme, and the information of monetary compensation for the respondents. The Principal Investigator (GC Senior Technical Advisor for Health & Nutrition) submitted the revised proposal on 30 September 2024. The final approval from the Ethics Review committee was obtained on 28 October 2024. The signed Inform Consent and Informed Assent forms collected during this Baseline survey are kept by WVI (AP East Lombok) until the whole SBC pilot testing activities are completed.

IV. LQAS Baseline Survey implementation

1. Enumerators training

The training for enumerators and supervisors was conducted in three days, before the survey started. Ten enumerators attended the training, along with the several local AP staff who helped the coordination process. The training was conducted in the meeting room of Puskesmas (Community Health Center) Sembalun for two days, and the last day was done in a local restaurant as the venue was used by the Puskesmas team that day.

Figure 6: Enumerators practicing the interview using kobocollect with each other

The enumerator training was conducted to ensure that the enumerators have the same understanding of the questionnaire so that they could get accurate data and to avoid bias, and to ensure that they have enough skills to conduct interviews.

The first day of the training was started by opening ceremony by the head of Puskesmas (Community Health Center) Sembalun and the Manager of AP East Lombok. The Manager of AP East Lombok explained about the purpose of the Baseline survey and the overall connection to the current research implemented by WV and WVI in East Lombok. Afterwards, the enumerators received explanation on WVI Safeguarding policy, and enumerators signed the Safeguarding form. The Consultant team (2 persons) already signed the WVI Safeguarding form during contract signing.

Detailed explanations of the questionnaire, informed consent and asent forms, and the use of kobocollect mobile data collection application version 2024.2.4 was provided by the consultant team. After the explanation, the enumerators practices using the

kobocollect application in their mobile phone. On the second half of the first day, the consultant team explained the procedure to measure Mid Upper Arm Circumference (MUAC) in children using MUAC tape. Consultant also explained about the steps in conducting Iodine test for the household salt samples. Each enumerator tried him/herself to conduct Iodine test for non iodized and iodized salt using Iodine test kit, and watch the difference result. The enumerators then switch roles and continue practicing interview using kobocollect. On the first day, enumerators completed each interview within 50 to 70 minutes. The enumerators also practiced sending the completed questionnaires using kobocollect.

At the end of the first day, there were some modifications done for the questionnaire in kobocollect form, based on inputs from enumerators. The modifications were:

- Question number 30, the original question was "What measures do you take to prevent illnesses in your child?". Changed to "What did you do to prevent your child becomes sick?".
- Question number 31, added a choice for "Others, please specify...".
- Question number 34, the original question was "When the youngest child had diarrhea, what was given to treat the diarrhea?" It became "When the youngest child had diarrhea, what did you do or gave to treat the diarrhea?".

The second day of training started with explanation on mistakes made in kobocollect questionnaire submissions on the first day. During the first half of the second day training, enumerators continued practicing interview using kobocollect application and they were able to complete one interview within 40-50 minutes.

Field testing was done on the second day training, after lunch. The purpose of the field testing was to train enumerators to conduct interview and to know the approximate duration for each interview. The area for field testing was chosen by AP East Lombok, i.e., Lendang Luar sub-village and Lendang Luar Barat sub-village. These two sub-villages are not located in the six selected villages for SBC pilot testing area and Baseline survey.

The enumerators were divided into two teams, each team visited one sub-village mentioned above. Each enumerator did two interviews with primary caregivers from each group of households from biological mothers aged $\leq$ 24 years old and $\geq$ 28 years old. The time taken to complete each interview during the field testing was around 30 to 45 minutes. The field-testing interview results were sent to Kobocollect server and then analized by the consultant team.

The third day of the training was started with discussions on field testing experiences and results sent from kobocollect. GC STA H&N helped explaining some questions that some enumerators still had challenge in asking the respondent, such as the questions in Brigance parent-child interaction. She went through the whole questionnaire from the beginning to end, and discussed with the consultant team for a few questions that needed clarification. She also conducted another training on measuring MUAC and checked the accuracy of MUAC measurement conducted by the enumerators. There was no new modification to the questionnaire after the third day of the training. As the last session, the AP East Lombok staff distributed survey logistics to all enumerators.

The training schedule is available below:

Date	Time	Activities
5 Nov 2024	09.00 – 09.30	Opening ceremony by AP manager (and other parties)
	09.30 – 10.30	• Brief Explanation on the research and data collection process • Questionnaire installation into enumerators' android phone
	10.30 – 11.00	Break
	11.00 – 12.00	Questionnaire discussion
	12.00 – 13.00	Lunch
	13.00 – 14.00	Questionnaire discussion
	14.00 – 15.00	• Practice using questionnaire among enumerators, including using MUAC tape • Practice sending the finished questionnaire through wifi/internet
	15.00 – 15.30	Break
	15.30 – 16.00	• Questions and answer • Necessary revision requests • Dividing enumerators into groups, inline with the data collection management. Led by AP manager
	16.00 – 17.00	Closing and preparing for tomorrow's agenda
6 Nov 2024	09.00 – 09.30	• Brief explanation on yesterday's topics • Breaking enumerators into groups
	09.30 – 10.30	• Practice using questionnaire among enumerators

Date	Time	Activities
		• Practice sending the finished questionnaire through wifi/internet
	10.30 – 11.00	Break
	11.00 – 12.00	• Practice using questionnaire among enumerators • Practice sending the finished questionnaire through wifi/internet
	12.00 – 12.30	Lunch
	12.30 – 13.00	Travelling to nearby sub-village (*dusun*) which was not selected for the survey for the Field Testing
	13.00 – 15.00	• Enumerators randomly find respondents • Enumerators practiced interviews with mothers, and using MUAC tape to measure children • Practice sending the finished questionnaire through wifi/internet
	15.00 – 15.30	Travelling back to training room
7 Nov 2024	09.0 – 09.30	Brief explanation on yesterday's topics
	09.30 – 10.30	Discussions on questionnaire usage Questions and answer
	10.30 – 11.00	Break
	11.00 – 12.00	• Coordination and management for data collection process, lead by AP manager/staff • Logistic distribution, lead by AP staff
	12.00 – 13.00	Lunch

Table 2: Enumerators training schedule

2. Data collection

The Baseline survey data collection was conducted on 8 – 10 November 2024, with 10 enumerators, using Kobocollect version 2024.2.4. One enumerator had a minor road accident and she was not able to join the first day of data collection, but was able to join the other 2 days of data collection.

During the first day of data collection process, due to miscommunication among enumerators, they collected two additional respondents for biological mothers aged ≤ 24 years old group, while the biological mothers ≥ 28 years old group still needed two more respondents.

Figure 7: Enumerator conducting interview

This issue was resolved during the last day of data collection, with the enumerators went back to the same villages and randomly selected two new respondents from the ≥ 28 years old mother group. The last two additional samples from biological mothers aged ≤ 24 years old were excluded.

The results are divided into six Supervision Areas (SAs), which are:

SA	Village
SA1:	Sembalun Bumbung village or SB
SA2:	Sembalun Lawang village or SL
SA3:	Sembalun Timba Gading village or STG
SA4:	Pohgading Timur village or PT
SA5:	Tanak Gadang village or TG
SA6:	Labuhan Lombok village or LL

Table 3: Supervision Areas locations

SA 1, SA 2 and SA 3 are located in Sembalun sub-district, while SA 4, SA 5, and SA 6 are located in Pringgabaya sub-district. SAs in table 3 is used for the analysis of the whole survey results.

The final number of respondents interviewed are:

	SA						
Mothers age group	SB	SL	STG	PT	TG	LL	Total
≤ 24 years old	19	19	19	19	19	19	114
≥ 28 years old	19	19	19	19	19	19	114
TOTAL	38	38	38	38	38	38	228

Table 4: Mother age group survey results

3. Data cleaning

Data cleaning process was conducted by the consultant team, first by checking the completeness of records from Kobocollect form. The questionnaire in this survey used

the mandatory format for questions that are mandatory for the respondents. Hence, this helped ensuring completeness of the data for all the questions.

For optional questions, skip function was used in Kobocollect, thus preventing the mistake due to human error. Questions related to numeric have been set to include the upper value and lower value and the number of digits allowed.

After all the data from 228 respondents have been checked for completeness and clarity of texts, the survey records are considered ready for data analysis. Epiinfo 7 version 7.2.6.0 was used to check and clean the data. Every day of the data collection, the consultant team confirmed the number of interviews completed and clarified ambiquous responses with the enumerators.

V. Results & analysis

Epiinfo 7 version 7.2.6.0 was used to calculate the results. The 95% Confidence Limit shown in the results tables are weighted for SA population sizes (1).

Overall, the analysis in this chapter will be based on the two groups of sampling: Households with biological mother aged ≤ 24 years old and ≥ 28 years old. They will be referred to as "Household of younger mother group" and "Household of older mother group".

1. General characteristic

a. Biological mother's age, highest education completed, and age at first marriage

The biological mothers' age varies between 16 – 45 years old, with average (means) age is 27.9 years old.

Biological mother's highest education completed	Frequency	%	95% Confidence Limit
Did not go to school	2	0.9%	± 1.1%
Elementary school but not finished	11	4.8%	± 2.2%
Graduated from elementary school	23	10.1%	± 4.2%
Graduated from junior high school	63	27.6%	± 7.1%
Graduated from senior high school	102	44.7%	± 7.5%
Graduated from university	27	11.9%	± 4.7%
Total	228	100.00%	

Table 5: All biological mothers' education level

Almost half of the biological mothers (44.7%) graduated from senior high school, while 15.8% of biological mothers graduated from elementary school or below. This might affect the SBC strategy in the future.

Age of biological mothers during her first marriage	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
≤ 18 years old	11	12	20	8	14	16	81	35.5%	± 6.7%
> 18 years old	27	26	18	30	24	21	146	64.1%	± 6.7%
Dont know	0	0	0	0	0	1	1	0.4%	
TOTAL	38	38	38	38	38	38	228	100.00%	

Table 6: All biological mothers' age when they got married for the first time

The biological mothers' age, when they were first married, ranges from 10 to 34 years old, with means (average) is 19.9 years old. One respondent did not remember the answer. Table 6 shows the biological mothers's age when she married for the first time. As many as 35.5% of biological mothers had their first marriage when they were 18 years old or younger.

b. Primary caregiver's age, gender, relationship with the youngest child, highest education completed, primary occupation

Primary caregivers' age groups	Frequency	%
≤ 18 years old	5	2.2%
19 – 24 years old	107	46.9%
25 – 30 years old	34	14.9%
31 – 36 years old	46	20.2%
37 – 42 years old	30	13.2%
43 – 48 years old	4	1.8%
49 – 54 years old	1	0.4%
55 – 60 years old	1	0.4%
Total	228	100.00%

Table 7: All primary caregivers' age groups

Primary caregivers' age ranges between 16 – 60 years old. Almost half (46.9%) of the primary caregivers interviewed are between 19 – 24 years old.

Primary caregivers' gender	Frequency	%
Female	227	99.6%
Male	1	0.4%
Total	228	100.00%

Table 8: Primary caregivers' gender

Only one primary caregiver is a male, while the rest are females.

Relationship	Frequency	%
Biological mother	225	98.7%
Father	1	0.4%
Grandmother	2	0.9%
Total	228	100.00%

Table 9: Primary caregiver's relationship with youngest child

Almost all of the primary caregivers are the biological mothers (98.7%). This result contradicts the initial assumption put forward by WV and WVI team in the Ethics Review Proposal that a significant proportion of children in East Lombok area are taken care of by other caregiver while their mother work away from home.

Three biological mothers were not at home during the survey: two of them were working abroad (in different country), while one was working daily from 08.00 – 21.00 at a local pharmacy.

Primary caregivers' education	Frequency	%
Did not attend school	2	0.9%
Elementary School, not completed	11	4.8%
Graduated from elementary school	23	10.1%
Graduated from junior high school	64	28.1%
Graduated from senior high school	102	44.7%
Graduated from university	26	11.4%
Total	228	100.00%

Table 10: All primary caregivers education level

As many as 98.7% primary caregivers out of 228 are also the biological mother, thus the education status of primary caregivers is almost identical to the biological mothers.

Primary caregivers' occupation	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Housewife	32	36	31	38	37	36	210	92.1%	± 3.2%
Farmer	10	20	8	0	1	1	40	17.5%	± 3.6%
Small business owner	3	2	1	5	2	5	18	7.9%	± 4.4%
Farming labourer	4	0	7	1	0	1	13	5.7%	± 3.4%
Food vendor	1	1	0	1	1	7	11	4.8%	± 2.3%
Teacher	3	2	4	0	1	0	10	4.4%	± 2.5%
Construction labourer	0	0	0	0	2	0	2	0.9%	± 0.9%
Others (community health volunteers, dental nurse, tailor, secretary of family welfare program, nurse, washing clothes worker, barber, gardening, employee of private business)	2	4	1	2	0	2	11	4.8%	± 3.0%

Table 11: Primary caregivers' occupations

Table 11 shows that 92.1% of 228 primary caregivers are housewife. 17.5% of 228 respondents mentioned that they are also farmer, which own the land. From Table 11 above, the primary caregivers who work as farmers are mostly located in SA1, SA2, and SA3.

Biological mothers' age group	Number of occupations			Total
	1	2	3	
≤ 24 years old	83	30	1	114
Row%	72.8%	26.3%	0.9%	100.0%
Col%	56.5%	40.0%	16.7%	50.0%
≥ 28 years old	64	45	5	114
Row%	56.1%	39.5%	4.4%	100.0%
Col%	43.5%	60.0%	83.3%	50.0%
TOTAL	147	75	6	228
Row%	64.5%	32.9%	2.6%	100.0%
Col%	100.0%	100.0%	100.0%	100.0%

Table 12: Biological mothers' age groups & number of occupations

Table 12 shows the number of works that the primary caregivers mentioned, for example, housewife, farmer, shop keeper, etc. They could mention more than one answer. Based on table 12, 64.5% of primary caregivers said they only have one job, while 32.9% of primary caregivers have two jobs, and a small portion (2.6%) have three jobs.

As many as 72.8% of the primary caregivers from the Household of younger mother group have one job. This is higher than the Household of older mother group. Table 12 also shows that the Household of older mother group tends to have more jobs than the Household of younger mother group.

Biological mother aged ≤ 24 yo group	SA						Total	%
Time primary caregivers had been taking care the youngest child	SB	SL	STG	PT	TG	LL		
0-5 months	3	1	2	3	3	2	14	12.3%
6 - 11 months	3	3	3	1	5	7	22	19.3%
12 - 23 months	9	7	9	5	4	2	36	31.6%
24 - 35 months	2	6	3	6	6	6	29	25.4%
36 - 47 months	2	0	2	4	1	1	10	8.8%
48 - 59 months	0	2	0	0	0	1	3	2.6%
TOTAL	19	19	19	19	19	19	114	100.00%

Table 13: Time primary caregivers had been taking care the youngest child, for biological mothers aged ≤ 24 yo group

Biological mother aged ≥ 28 yo group	SA							
Time primary caregivers had been taking care the youngest child	SB	SL	STG	PT	TG	LL	Total	%
0-5 months	0	5	3	2	1	2	13	11.4%
6 - 11 months	1	2	4	4	3	2	16	14.0%
12 - 23 months	8	9	6	5	3	5	36	31.6%
24 - 35 months	4	2	2	4	5	7	24	21.1%
36 - 47 months	5	1	3	2	5	2	18	15.8%
48 - 59 months	1	0	1	2	2	1	7	6.1%
TOTAL	19	19	19	19	19	19	114	100.0%

Table 14: Time primary caregivers had been taking care the youngest child, for biological mothers aged ≥ 28 yo group

Tables 13 and 14 show the duration of time the primary caregivers have been taking care of the youngest child. Since the majority of the primary caregivers are also the youngest child's biological mother (except for three primary caregivers), the duration of child care in the table 13 and 14 also reflecting the children age.

c. Father's age and highest education completed

Fathers' age groups	Frequency	Percent
19 – 24 years old	37	16.2%
25 - 30 years old	71	31.1%
31 - 36 years old	57	25.0%
37 - 42 years old	39	17.1%
43 - 48 years old	18	8.0%
49 - 54 years old	5	2.2%
61 - 66 years old	1	0.4%
Total	228	100.00%

Table 15: Fathers' age groups

As many as 31.1% of fathers are between 25 – 30 years old, and almost half of fathers (47.4%) are 30 years old or below. Fathers' age varies between 20 – 63 years old, with means (average) is 32.1 years old.

Fathers' highest education completed	Frequency	Percent	95% confidence limit
Did not attend school	1	0.4%	± 0.9%
Elementary school, not completed	15	6.7%	± 3.1%
Graduated from elementary school	44	19.3%	± 5.6%
Graduated from junior high school	52	22.8%	± 6.5%
Graduated from senior high school	86	37.7%	± 7.2%
Graduated from university	27	11.8%	± 4.7%
Others, Graduated from Paket C & Diploma	2	0.9%	± 1.2%
Do not know	1	0.4%	± 0.3%
Total	228	100.0%	

Table 16: Fathers' education level

As many as 37.7% of fathers graduated from senior high school, while 26.4% graduated from elementary school or below. Compared to biological mothers' highest education level completed, father's education is slightly lower than the biological mother's education.

d. Children under five years old's age and gender

Children's age groups	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
0-5 months old	3	6	5	5	4	3	26	11.4%	± 5.0%
6-11 months old	4	5	7	5	8	8	37	16.2%	± 5.4%
12-23 months old	17	16	15	10	7	7	72	31.6%	± 6.8%
24-35 months old	6	8	5	10	11	14	54	23.7%	± 6.3%
36-47 months old	7	1	5	6	6	4	29	12.7%	± 5.4%
48 - 59 months old	1	2	1	2	2	2	10	4.4%	± 3.1%
TOTAL	38	38	38	38	38	38	228	100.0%	

Table 17: Youngest child age groups under five years old

Table 17 shows the age distribution of the children under five years old included in the baseline survey. More than half (55.3%) are children between 12 – 35 months

old. This finding might affect the future SBC strategy, such as focusing on feeding practices among 12-35 months old children.

Children <5 yo	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Girl	20	15	16	20	23	16	110	48.2%	± 7.5%
Boy	18	23	22	18	15	22	118	51.8%	± 7.5%
TOTAL	38	38	38	38	38	38	228	100.0%	

Table 18: Youngest child gender

Table 18 shows the gender distribution of the children under five years old included in the baseline survey. More than half (51.8%) are boys.

2. Household assets and Living condition

Biological mothers aged ≤ 24 yo	SA						Total	%
Number of household members	SB	SL	STG	PT	TG	LL		
2	0	0	0	1	4	0	5	4.4%
3	16	12	11	8	9	10	66	57.9%
4	2	3	5	6	1	4	21	18.4%
5	0	1	1	4	2	2	10	8.8%
6	1	1	1	0	2	2	7	6.1%
7	0	2	1	0	0	0	3	2.6%
8	0	0	0	0	0	1	1	0.9%
9	0	0	0	0	1	0	1	0.9%
TOTAL	19	19	19	19	19	19	114	100.0%

Table 19: Households members in ≤ 24 years old biological mother group

Table 19 shows that 76.3% of the Household of younger mother group have household's members between three to four persons. The average of household members is 3.7 people.

Biological mothers aged ≥ 28 yo	SA							
Number of household members	SB	SL	STG	PT	TG	LL	Total	%
2	0	0	0	1	0	0	1	0.9%
3	1	4	2	3	1	0	11	9.6%

Biological mothers aged ≥ 28 yo	SA							
Number of household members	SB	SL	STG	PT	TG	LL	Total	%
4	6	5	11	8	8	6	44	38.6%
5	8	7	5	6	7	6	39	34.2%
6	2	2	1	1	3	4	13	11.4%
7	2	1	0	0	0	3	6	5.3%
TOTAL	19	19	19	19	19	19	114	100.0%

Table 20: Households members in ≥ 28 years old biological mother group

Table 20 shows that 72.8% of the Household of older mother group have household's members between four to five persons. The average of household members is 4.61 people.

Biological mothers aged < 24 yo	SA							
Number of children currently in household	SB	SL	STG	PT	TG	LL	Total	%
1	18	18	16	16	17	18	103	90.3%
2	1	1	3	2	2	1	10	8.8%
3	0	0	0	1	0	0	1	0.9%
TOTAL	19	19	19	19	19	19	114	100.0%

Table 21: Number of children in ≤ 24 years old biological mother group

Biological mothers aged ≥ 28	SA							
Number of children currently in household	SB	SL	STG	PT	TG	LL	Total	%
1	16	19	18	17	17	17	104	91.2%
2	3	0	1	2	2	2	10	8.8%
TOTAL	19	19	19	19	19	19	114	100.0%

Table 22: Number of children in ≥ 28 years old biological mother group

Tables 21 and 22 show that most respondents in the Household of younger mother group (90.3%) and Household of older mother group (91.2%) have one under five years old child in their household at the time of survey.

Have electricity in household	SB	SL	STG	PT	TG	LL	Total	%
Biological mothers aged ≤ 24 yo	19	19	19	19	19	19	114	100.0%
Biological mothers aged ≥ 28 yo	19	19	17	19	19	19	112	98.3%

Table 23: Electricity in primary caregivers houses

Table 23 shows that all Households interviewed, except two respondents, reported to have access to electricity in their house.

Biological mothers aged ≤ 24 yo	SA						Total	%	95% confidence limit
Toilet types	SB	SL	STG	PT	TG	LL			
Toilet with septic tank	18	18	18	19	18	18	109	95.6%	± 3.2%
Toilet without septic tank	0	1	1	0	0	1	3	2.6%	± 2.3%
No toilet	0	0	0	0	1	0	1	0.9%	± 1.7%
Other	1	0	0	0	0	0	1	0.9%	± 1.3%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 24: Toilet types in ≤24 years old biological mother group

Biological mothers aged ≥ 28 yo	SA								
Toilet types	SB	SL	STG	PT	TG	LL	Total	%	95% confidence limit
Toilet with septic tank	17	19	18	18	19	18	109	95.6%	± 4.5%
Toilet without septic tank	2	0	1	1	0	0	4	3.5%	± 4.5%
Other	0	0	0	0	0	1	1	0.9%	± 0.6%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 25: Toilet types in ≥ 28 years old biological mother group

Tables 24 and 25 show that most respondents in the Household of younger mother group (95.6%) and the Household of older mother group (95.61%) reported to have flush toilet with septic tank. A few of them use their relatives' toilet (which are next door) or defecate in open space.

Biological mothers aged ≤ 24 yo	SA						Total	%	95% confidence limit
Drinking water sources	SB	SL	STG	PT	TG	LL			
Covered well	5	2	18	14	15	13	67	58.8%	± 8.6%
Surface water	13	10	0	0	4	2	29	25.4%	± 4.6%
Piped water	0	6	1	0	0	1	8	7.0%	± 2.7%
Open well	0	0	0	4	0	1	5	4.4%	± 6.6%
Buy	1	1	0	1	0	2	5	4.4%	± 4.0%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 26: Drinking water sources in ≤ 24 years old biological mother group

Biological mothers aged ≥ 28 yo	SA						Total	%	95% confidence limit
Drinking water sources	SB	SL	STG	PT	TG	LL			
Covered well	7	3	13	15	17	8	63	55.3%	± 8.8%
Surface water	12	11	1	0	2	6	32	28.0%	± 4.7%
Piped water	0	4	2	0	0	5	11	9.7%	± 3.4%
Open well	0	1	3	3	0	0	7	6.1%	± 6.8%
Buy	0	0	0	1	0	0	1	0.9%	± 3.6%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 27: Drinking water source in ≥ 28 years old biological mother group

Tables 26 and 27 show that the common drinking water source for the households are covered well (58.8% among Household of younger mother group and 55.3% among Household with older mother group) and surface water (25.4% and 28.0%, respectively). Those who use surface water mostly reside in SA 1 and 2, which are located in Sembalun sub-district (mountainous area).

Regular income	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Biological mothers aged ≤ 24 yo	9	9	6	13	10	12	59	51.8%	± 10.1%
Biological mothers aged ≥ 28 yo	10	7	6	11	11	8	53	46.5%	± 10.4%

Table 28: Primary caregivers households with regular income

Table 28 shows that only half of all households have regular income, for both the younger mother group (51.8%) and the older mother group (46.5%). SA 3 is below the average, and this should receive more attention during SBC planning process.

3. Food insecurity experience scale

FIES Scale	SA						Total	%	95% confidence limit
Biological Mothers Aged ≤ 24 Yo	SB	SL	STG	PT	TG	LL			
Food Secure	4	3	4	9	8	4	32	28.1%	± 10.1%
Mild Food Insecurity	9	8	9	5	10	12	53	46.5%	± 10.0%
Moderate Food Insecurity	4	8	5	5	1	3	26	22.8%	± 8.9%
Severe Food Insecurity	2	0	1	0	0	0	3	2.6%	± 2.7%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 29: FIES scale for <24 years old biological mother group

FIES scale	SA						Total	%	95% confidence limit
Biological Mothers Aged ≥ 28 Yo	SB	SL	STG	PT	TG	LL			
Food Secure	4	2	1	5	11	10	33	29.0%	± 8.8%
Mild Food Insecurity	7	10	7	11	6	7	48	42.1%	± 10.4%
Moderate Food Insecurity	5	5	9	3	2	2	26	22.8%	± 8.4%
Severe Food Insecurity	3	2	2	0	0	0	7	6.1%	± 3.7%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 30: FIES scale for ≥28 years old biological mother group

Tables 29 and 30 show that only small portion of the Households which are food secure for younger mother group (28.1%) and Household of older mother group (29.0%). Almost half of the households of younger biological mothers group (46.5%) and older biological mothers group (42.1%) are having mild food insecurity experiences in the last year. 22.8% households of younger biological mothers group and 22,8% of older biological mothers group were having moderate food insecurity experiences. While 2.6% households of younger biological mothers group and 6.1% of older biological mothers group had severe food insecurity experiences in last year.

4. Child care practices

Primary caregivers who received help taking care the youngest child	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Biological mothers aged ≤ 24 yo	17	14	15	17	11	17	91	79.8%	± 7.7%
Biological mothers aged ≥ 28 yo	11	14	13	16	6	11	71	62.3%	± 8.8%

Table 31: Primary caregivers who received help taking care the youngest child

Table 31 shows that 79.8% of primary caregivers in the Household of younger mother group and 62.3% of primary caregivers in the Household of older mother group received help for taking care of their youngest child. SA 5 has the lowest scrore compared to other SAs.

Number of people who helped primary caregivers, from biological mothers aged ≤ 24 yo group, taking care the youngest child	SA						Total	%
	SB	SL	STG	PT	TG	LL		
1	10	7	7	10	6	5	45	49.4%
2	5	3	4	3	4	8	27	29.7%
3	2	4	4	4	1	4	19	20.9%
TOTAL	17	14	15	17	11	17	91	100.0%

Table 32: Number of people who helps primary caregivers in ≤ 24 years old biological mother group

Number of people who helped primary caregivers, from biological mothers aged ≥ 28 yo, taking care the youngest child	SA						Total	%
	SB	SL	STG	PT	TG	LL		
1	5	5	6	5	5	4	30	42.2%
2	5	5	5	5	0	2	22	31.0%
3	1	3	2	6	1	5	18	25.4%
5	0	1	0	0	0	0	1	1.4%
TOTAL	11	14	13	16	6	11	71	100.00%

Table 33: Number of people who helps primary caregivers in ≥ 28 years old biological mother group

Tables 32 and 33 show that more than half of respondents received help for taking care of their child, with 50.6% in the Household of younger mother group and 57.8% in the Household of older mother group, received help from more than one person.

Chi Square Analysis

Group	Received help for taking care of youngest child	Did not get any help for taking care of young child	Total
Younger mothers	91	23	114
Older mothers	71	43	114
Total	162	66	228

Table 34: Chi square analysis for primary caregiver receiving help

The chi-square statistic is 8.5297. The p-value is .003494. Significant at p < .05.
The chi-square statistic with Yates correction is 7.6981. The p-value is 0.005528. Significant at p < 0.05

This means, the chi-square test of independence showed that there was a significant association between age of mothers and receiving help for taking care of their youngest child, with p value < 0.05.

Biological mothers aged ≤ 24 yo	SA						Total	%
Who helped taking care the youngest child	SB	SL	STG	PT	TG	LL		
Grandmother	13	14	13	9	8	13	70	76.9%
Respondent_Spouse	8	5	6	8	2	11	40	44.0%
Other Relatives	4	2	4	5	5	3	23	25.3%
Grandfather	1	2	2	6	1	4	16	17.6%
Etc (Biological Mother, In Laws, Neighbor)	0	2	2	0	0	1	5	5.5%
Older Sibling	0	0	0	0	1	1	2	2.2%

Table 35: People who helped primary caregivers from ≤ 24 yo group

Biological mothers aged ≥ 28 yo	SA							
Who helped taking care the youngest child	SB	SL	STG	PT	TG	LL	Total	%
Respondent_Spouse	5	8	7	15	2	7	44	62.0%
Grandmother	6	9	8	8	2	5	38	53.5%
Other Relatives	4	5	4	3	3	7	26	36.6%
Grandfather	1	2	2	3	1	1	10	14.1%
Older Sibling	1	1	0	4	0	3	9	12.7%
Etc (In Laws, Neighbor)	1	4	1	0	0	0	6	8.5%

Table 36: People who helped primary caregivers from ≥ 28 yo group

Tables 35 and 36 show that respondent's spouse and grandmother play a major role in taking care of the youngest child. These groups should be considered in future SBC project implementation.

Biological mothers aged ≤ 24 yo	SA						Total	%	95% confidence limit
Wash hands with soap before feeding the youngest child	SB	SL	STG	PT	TG	LL			
Always	9	11	10	15	8	12	65	57.0%	± 9.6%
Sometimes	8	6	4	3	8	6	35	30.7%	± 8.7%
Never	2	2	5	1	3	1	14	12.3%	± 6.5%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 37: Primary caregivers who always wash hands with soap, from ≤ 24 yo group

Biological mothers aged ≥ 28 yo	SA						Total	%	95% confidence limit
Wash hands with soap before feeding the youngest child	SB	SL	STG	PT	TG	LL			
Always	12	8	11	15	10	15	71	62.3%	± 9.5%
Sometimes	5	11	8	4	9	4	41	36.0%	± 9.4%
Never	2	0	0	0	0	0	2	1.7%	± 1.8%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 38: Primary caregivers who always wash hands with soap, from ≥ 28 yo group

Tables 37 and 38 show that more than half of the primary caregivers always wash their hands with soap before feeding the youngest child: 57.0% in the Household of younger mother group, and 62.3% in the Household of older mother group. SA 5 and SA 2 show the lowest score compared to other SAs.

However, it should be noted that almost half of the primary caregivers do not always wash their hands with soap before feeding the youngest child.

Biological mothers aged ≤ 24 yo	SA						Total	%	95% confidence limit
Wash hands with soap after going to toilet	SB	SL	STG	PT	TG	LL			
Always	13	16	15	18	17	16	95	83.3%	± 6.5%
Sometimes	5	3	2	1	2	3	16	14.1%	± 6.0%
Never	1	0	2	0	0	0	3	2.6%	± 3.1%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 39: Primary caregivers who wash hands with soap after toilet from ≤ 24 yo group

Biological mothers aged ≥ 28 yo	SA								95% confidence limit
Wash hands with soap after going to toilet	SB	SL	STG	PT	TG	LL	Total	%	
Always	13	16	18	18	19	17	101	88.6%	± 5.1%
Sometimes	6	3	1	1	0	2	13	11.4%	± 5.1%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 40: Primary caregivers who always wash hands with soap after toilet from ≥ 28 yo group

Tables 39 and 40 show that the proportion of primary caregivers who always wash their hands with soap after going to the toilet is high, with 83.3% in the Household of younger mother group and 88.6% in the Household of older mother group. SA 1 shows the lowest score compared to other SAs.

Chi Square Analysis

Group	Always wash hands with soap after defecation/going to toilet	Does not always wash hands with soap after defecation/going to toilet	Total
Younger mothers	95	19	114
Older mothers	101	13	114
Total	196	32	228

Table 41: Chi square analysis for primary caregivers wash hands after defecation

The chi-square statistic is 1.3087. The p-value is .252635. Not significant at $p < .05$.
The chi-square statistic with Yates correction is 0.9088. The p-value is 0.340433. Not significant at $p < 0.05$. This means, the chi-square test of independence showed that there was not a significant association between age of mothers and always washing hands with soap after defecation/going to toilet, with p value greater than 0.05.

Biological mothers aged ≤ 24 yo	SA						Total	%	95% confidence limit
Primary caregivers took the youngest child to Posyandu/(Integrated Service Post)	SB	SL	STG	PT	TG	LL			
Always	17	19	19	17	19	17	108	94.7%	± 5.3%
Sometimes	1	0	0	1	0	1	3	2.6%	± 3.8%
Other (used to bring, but currently not)	0	0	0	0	0	1	1	0.9%	± 0.6%
Never	1	0	0	1	0	0	2	1.8%	± 3.8%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 42: Children taken to Posyandu (Integrated Service Post) from ≤24 yo group

Biological mothers aged ≥ 28 yo	SA						Total	%	95% confidence limit
Primary caregivers took the youngest child to Posyandu (Integrated Service Post)	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**			
Always	19	18	18	19	19	18	111	97.3%	± 2.3%
Sometimes	0	0	1	0	0	1	2	1.8%	± 2.2%
Never	0	1	0	0	0	0	1	0.9%	± 0.7%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 43: Children taken to Posyandu (Integrated Service Post) from ≥ 28 yo group

Tables 42 and 43show that almost all children were always taken to the Posyandu (Integrated Service Post), with 94.7% children in the Household of younger mother group and 97.3% children in the Household of older mother group.

Chi Square Analysis

Group	Always took the youngest child to Posyandu (Integrated Service Post)	Did not always took youngest child to Posyandu (Integrated Service Post)	Total
Younger mothers	108	6	114
Older mothers	111	3	114
Total	219	9	228

Table 44: Chi square analysis for children taken to posyandu (Integrated Service Post)

The chi-square statistic is 1.0411. The p-value is .307567. Not significant at $p < .05$.
The chi-square statistic with Yates correction is 0.4627. The p-value is 0.496361. Not significant at $p < 0.05$.
This means, the chi-square test of independence showed that there was not a significant association between age of mothers and always bringing the youngest child to Posyandu (Integrated Service Post), with p value greater than 0.05.

Biological mothers aged ≤ 24 yo group	SA								
Primary caregivers did to prevent sickness to the youngest child	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**	**95% confidence limit**
Vaccination	0	0	0	3	1	4	8	7.0%	± 6.2%
Hygiene practice	9	10	8	15	13	14	69	60.5%	± 9.5%
Food (food patern, healthy food)	11	9	11	10	14	11	66	57.9%	± 10.5%

Biological mothers aged ≤ 24 yo group	SA								
Primary caregivers did to prevent sickness to the youngest child	SB	SL	STG	PT	TG	LL	Total	%	95% confidence limit
Others(don't play with soil, use eucalyptus oil, massage child, give vitamine, not allowed to buy snack food, keep feeding tools clean, watch play ground environtment, bring directly to community community health center, keep giving plenty breastmilk, make herbal potion and smear it to child's body, preparing medication at home, use jacket if cold, keep the child healthy)	3	5	3	1	0	1	13	11.4%	± 5.6%
Nothing	1	0	1	1	0	0	3	2.6%	± 4.3%
Don't know	1	0	0	0	0	0	1	0.9%	± 1.3%

Table 45: Activities to prevent children from sickness, from ≤ 24 yo group

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Primary caregivers did to prevent sickness to the youngest child	SB	SL	STG	PT	TG	LL			
Vaccination	0	0	0	2	2	0	4	3.5%	± 5.5%
Hygiene practice	12	14	13	18	16	17	90	78.9%	± 7.1%
Food (food patern, healthy food)	12	7	9	13	14	13	68	59.6%	± 10.0%
Others (don't play with soil, use eucalyptus oil, massage child, give vitamine, not allowed to buy snack food, keep feeding tools clean, watch play ground environtment, bring directly to community health center, keep giving plenty breastmilk, make herbal potion and smear it to child's body, preparing medication at home, use jacket if cold, keep the child healthy)	3	5	1	2	1	2	14	12.3%	± 6.2%

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Primary caregivers did to prevent sickness to the youngest child	SB	SL	STG	PT	TG	LL			
Nothing	0	1	1	0	0	1	3	2.6%	± 2.3%
Don't know	0	1	1	0	0	0	2	1.8%	± 2.2%

Table 46: Activities to prevent children from sickness, from ≥ 28 yo group

Tables 45 and 46 show that a big portion of primary caregivers, from both the Household of younger mother group (60.5%) and Household of older mother group (78.9%), mentioned hygiene practices as an effort to prevent sickness in their child.

The questionnaire was also capturing primary caregivers' other responses which were given in a sentence format. These were captured in the "Other" section. Interestingly, many responses from "Other" were related to giving children nutritious food. The responses which were related to children's food were then excluded from "Other" part, and became a new item (food).

As many as 57.9% of primary caregivers in the Household of younger mother group and 59.6% of primary caregivers in the Household of older mother group mentioned giving nutritious food to the child could prevent sickness.

Primary caregivers who know at least 2 danger danger signs on youngest child that needs medical help immediately	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Biological mothers aged ≤ 24 yo group	8	11	5	7	6	10	47	41.2%	± 9.4%
Biological mothers aged ≥ 28 yo group	7	7	3	8	11	7	43	37.7%	± 9.3%

Table 47: Caregiver knowledge at least two danger signs

The KPC Survey's Sick Child module assesses a mother's ability to recognize signs of childhood illnesses that indicate a need for treatment. In this module, KPC counts the proportion of Caregiver who knows at least two danger signs in children (14).

Table 47 shows primary caregivers who know at least two danger signs on youngest child that needs medical help immediately. There are 41.2% of primary caregiver in the

Household of younger mother group, and only 37.7% of primary caregivers in the Household of older mother group, know at least two danger signs in children. This might be useful for the future SBC interventions.

Chi Square Analysis

Group	Know at least 2 danger signs in children	Does not know at least 2 danger signs in children	Total
Younger mothers	47	67	114
Older mothers	43	71	114
Total	90	138	228

Table 48: Primary caregivers knowledge on 2 danger signs

The chi-square statistic is 0.2937. The p-value is 0.587847. Not significant at $p < 0.05$. The chi-square statistic with Yates correction is 0.1652. The p-value is 0.684398. Not significant at $p < 0.05$. This means, the chi-square test of independence showed that there was not a significant association between age of mothers and knowing at least 2 danger signs in children, with p value greater than 0.05.

Biological mothers aged ≥ 24 yo group	**SA**						**Total**	**%**	**95% confidence limit**
Primary caregiver's knowledge on danger signs on youngest child that needs medical help immediately	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**			
High fever	15	17	14	14	18	18	96	84.2%	± 8.7%
Lethargic / Tired / Slow to respond / Doesn't want to Play	2	1	4	6	3	6	22	19.3%	± 9.1%
Not able to drink	2	1	1	5	1	4	14	12.3%	± 7.9%
Vomiting Everything	1	3	2	0	4	1	11	9.7%	± 4.7%
Fast / Difficult breathing	1	4	0	1	0	4	10	8.78%	± 4.2%
Does not look well	1	0	1	3	0	2	7	6.1%	± 6.4%
Diarrhea with dehydration	3	1	0	0	0	2	6	5.3%	± 2.4%
Convultions	0	1	0	0	1	1	3	2.6%	± 2.0%
Diarrhea with blood in stool	0	1	0	0	0	0	1	0.9%	± 0.7%
Loss of Consciousness	0	0	0	0	0	0	0	0%	
Stiff neck	0	0	0	0	0	0	0	0%	
Don't know	0	0	1	0	0	0	1	0.9%	

Biological mothers aged ≥ 24 yo group	SA						Total	%	95% confidence limit
Primary caregiver's knowledge on danger signs on youngest child that needs medical help immediately	SB	SL	STG	PT	TG	LL			
Others (Flu, cough, crying, annoying, suddenly shocked, red dots appeared, red eye, diarrhea, itchy, child skin becomes blue or yellow, decreasing in appetite, rash on the butt, cheeks becomes red, bloated stomach, watery eyes, stomach ache)	15	13	13	10	13	11	75	65.8%	± 10.3%

Table 49: Primary caregiver's knowledge on danger signs for ≤ 24 years old group

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Primary caregiver's knowledge on danger signs on youngest child that needs medical help immediately	SB	SL	STG	PT	TG	LL			
High fever	17	17	16	19	16	12	97	85.1%	± 5.1%
Lethargic / Tired / Slow to Respond / Doesn't want to play	1	1	1	5	5	3	16	14.0%	± 8.3%
Fast / Difficult breathing	3	2	1	1	3	2	12	10.5%	± 5.6%
Vomiting everything	2	4	1	1	2	1	11	9.6%	± 5.3%
Does not look well	0	1	0	1	3	1	6	5.3%	± 4.7%
Diarrhea with dehydration	2	1	1	1	1	3	9	7.9%	± 5.0%
Not able to drink	1	0	0	2	3	2	8	7.0%	± 5.9%
Convulsions	1	0	0	0	0	1	2	1.7%	± 1.4%
Diarrhea with blood in stool	1	0	0	0	0	0	1	0.9%	± 1.3%
Loss of consciousness	0	0	0	0	0	0	0	0%	
Stiff neck	0	0	0	0	0	0	0	0%	
Don't know	0	0	0	0	0	0	0	0%	
Others(Flu, cough, crying, annoying, suddenly shocked, red dots appeared, red eye, diarrhea, itchy, child skin becomes blue or yellow, decreasing in appetite, rash on the butt, cheeks becomes red, bloated stomach, watery eyes, stomach ache)	9	13	13	11	11	12	69	60.5%	± 10.4%

Table 50: Primary caregiver's knowledge on danger signs for ≥ 28 years old group

Table 49 and 50 above show that primary caregivers' knowledge, from the Household of younger mother and Household of older mother groups, are limited to high fever as a danger sign for children. These primary caregiver's knowledge situation might help SBC interventions in the future.

	SA								
Youngest child ever received vaccination	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**	**95% confidence limit**
Biological mothers aged ≤ 24 yo group	18	19	18	18	19	19	111	97.4%	± 4.3%
Biological mothers aged ≥ 28 yo group	19	18	19	19	19	18	112	98.2%	± 1.0%

Table 51: Children under five years old who ever received vaccination

The questionnaire did not ask for data on complete immunization in children, but only asked whether the child has ever received immunization in the past or not. Table 51 shows that almost all children under five years old, 97.4% in the Household of younger mother group, and 98.2% in the Household of older mother group, have ever received immunization in the past.

Chi Square Analysis

Group	Youngest child ever received vaccination	Youngest child never received vaccination	Total
Younger mothers	111	3	114
Older mothers	112	2	114
Total	223	5	228

Table 52: Chi square analysis of children ever vaccinated

The chi-square statistic is 0.2045. The p-value is 0.651125. Not significant at $p < 0.05$. The chi-square statistic with Yates correction is 0. The p-value is 1. Not significant at $p < 0.05$. This means, the chi-square test of independence showed that there was not a significant association between age of mothers and the youngest child ever received vaccination, with p value greater than 0.05.

All children ≥ 12 months old	**SA**						**Total**	**%**	**95% confidence limit**
	SB	**SL**	**STG**	**PT**	**TG**	**LL**			
Received deworming medication in the last 6 months	24	21	22	23	25	22	137	83.0%	± 6.4%

Did not received deworming medication in the last 6 months	7	6	4	5	1	5	28	17.0%	
TOTAL	31	27	26	28	26	27	165	100.0%	

Table 53: All children ≥ 12 months old who received deworming medication in the last 6 months

The questionnaire only asked whether the youngest child ever received deworming medication in the last 6 months. Since the number of children ≥ 12 months old were not enough (less than 19 per SA), therefore both groups (Household of younger mothers and Household of older mothers) were combined together.

In Indonesia, deworming medicine is given to children one year old and older, according to the Maternal and Child Health Handbook published by the Ministry of Health in Indonesia (15). Table 53 show percentages of children 12 months old or older, who received deworming medication in the last 6 months. Majority of them (83.0%) received deworming medication.

Children ≤ 59 months old who ever had diarrhea in the past	**SA**						**Total**	**%**	**95% confidence limit**
	SB	**SL**	**STG**	**PT**	**TG**	**LL**			
Yes	27	27	23	29	31	32	169	74.1%	± 6.6%
No	11	11	15	9	7	6	59	25.9%	
TOTAL	38	38	38	38	38	38	228	100.00%	

Table 54: Children ≤ 59 months old who ever had diarrhea in the past

Tables 54 shows that 169 children under five years old (74.1%) got diarrhea before the survey.

What primary caregivers gave to youngest child when s/he got diarrhea	**SA**						**Total**	**%**	**95% confidence limit**
	SB	**SL**	**STG**	**PT**	**TG**	**LL**			
Took to Puskesmas (community health center)	20	20	13	22	24	25	124	73.4%	± 7.8%
ORS (Oral Rehydration Solution)	5	2	6	9	5	7	34	20.1%	± 7.7%
Herbal medicine	3	3	1	4	5	0	16	9.5%	± 5.6%
Home made fluid (e.g. sugar salt solution, tea)	0	1	4	5	2	1	13	7.7%	± 6.1%
Traditional medication	1	1	0	1	1	1	5	3.0%	± 2.8%
Pill or syrup, not Zinc	0	0	0	1	0	0	1	0.6%	± 2.4%
Nothing	1	2	3	1	2	3	12	7.1%	± 4.2%

What primary caregivers gave to youngest child when s/he got diarrhea	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Other	3	0	4	3	1	4	15	8.9%	± 5.5%

Table 55: Home treatment by primary caregivers when the youngest child had diarrhea

Table 55 shows that a big portion of the primary caregiver (73.4%) brought their child to community health center when they had diarrhea. SA 3 shows the lowest score (13 caregivers) compared to other SAs. As many as 20.1% of the primary caregivers gave Oral Rehydration Salt (ORS) to their youngest child at that time, again SA 2 shows the lowest score compared to other SAs.

Biological mothers aged ≤ 24 yo group	SA								
GMP card / KMS ownership	SB	SL	STG	PT	TG	LL	Total	%	95% confidence limit
Yes, shown to enumerator	14	17	18	14	18	15	96	84.2%	± 8.1%
Yes, not shown	3	1	1	4	1	1	11	9.7%	± 7.4%
Don't have	2	1	0	1	0	3	7	6.1%	± 4.2%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 56: GMP card ownership for biological mothers aged ≤ 24 yo group

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
GMP card ownership	SB	SL	STG	PT	TG	LL			
Yes, shown to enumerator	13	13	17	18	19	15	95	83.3%	± 5.6%
Yes, not shown	2	5	2	1	0	4	14	12.3%	± 5.2%
Don't have	4	1	0	0	0	0	5	4.4%	± 2.5%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 57: GMP card ownership for biological mothers aged ≥ 28 yo group

Tables 56 and 57 show that a large number of households surveyed own a GMP (Growth Monitoring and Promotion) card / KMS for the youngest child: 84.2% in the Household of younger mother group and 83.3% in the Household of older mother group.

From those primary caregivers who were able to show GMP card to enumerator, the date of last visit to Posyandu (Integrated Service Post) was recorded on the GMP card. To count how many children were attended Posyandu (Integrated Service Post) in the

last 3 months can be analyzed from those records. To make sure there are enough samples for each SA, the data from both Household of younger mother group and Household of older mother group were combined.

Chi Square Analysis

Group	Own KMS and can show to enumerator	Could not show KMS to enumerator	Total
Younger mothers	95	19	114
Older mothers	96	18	114
Total	191	37	228

Table 58: Chi square analysis on GMP card ownership

The chi-square statistic is 0.0323. The p-value is 0.857452. Not significant at $p < 0.05$. The chi-square statistic with Yates correction is 0. The p-value is 1. Not significant at $p < 0.05$.

This means, the chi-square test of independence showed that there was not a significant association between age of mothers and possession of KMS Card of the youngest child, with p value greater than 0.05.

Children taken to Posyandu (Integrated Service Post) **in the last 3 months**	**SA**						**Total**	**%**	**95% confidence limit**
	SB	**SL**	**STG**	**PT**	**TG**	**LL**			
Yes	24	29	34	32	35	30	184	96.3%	± 2.3%
No	3	1	1	0	2	0	7	3.7%	
TOTAL	27	30	35	32	37	30	191	100.00%	

Table 59: Children ≤ 59 months old taken to Posyandu (Integrated Service Post) in the last 3 months, based on card

Table 59 shows that, based on card, 96.3% of the children 0-59 months old surveyed were taken to Posyandu (Integrated Service Post) in the last 3 months.

Biological mothers aged ≤ 24 yo group	**SA**								
Family card ownership	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**	**95% confidence limit**

Yes, shown to enumerator	15	13	13	18	19	18	96	84.2%	± 6.3%
Yes, not shown	4	6	5	1	0	0	16	14.0%	± 6.1%
Don't have	0	0	1	0	0	1	2	1.8%	± 2.2%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 60: Family card ownership for biological mothers aged ≤ 24 yo group

Biological mothers aged ≥ 28 yo group	**SA**								
Family card ownership	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**	**95% confidence limit**
Yes, shown to enumerator	13	11	18	18	17	18	95	83.3%	± 5.8%
Yes, not shown	6	8	1	1	1	1	18	15.8%	± 5.5%
Don't have	0	0	0	0	1	0	1	0.9%	± 1.7%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 61: Family card ownership for biological mothers aged ≥ 28 yo group

Tables 60 and 61 show that a large number of households own a family card (*Kartu Keluarga*), for both Household of younger mother group (84.2%) and Household of older mother group (83.3%). The "not shown" were causes by various reasons. According to enumerators' note, many primary caregivers mentioned that the data written on their family card were incorrect.

5. Parent & child interaction

Brigance total score = 18	**SA**								
Biological mothers aged ≤ 24 yo group	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**	**95% confidence limit**
Yes	0	0	0	0	1	1	2	1.7%	± 1.8%
No	19	19	19	19	18	18	112	98.3%	
TOTAL	19	19	19	19	19	19	114	100.00%	

Table 62: Brigance maximum score from biological mother aged ≤ 24 yo

Brigance total score = 18	**SA**								
Biological mothers aged ≥ 28 yo group	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**	**95% confidence limit**
Yes	0	0	0	2	0	0	2	1.7%	± 4.9%
No	19	19	19	17	19	19	112	98.3%	
TOTAL	19	19	19	19	19	19	114	100.00%	

Table 63: Brigance maximum score from biological mother aged < 24 yo

The parent – child interaction was measured using Brigance Parent – Child Interaction Scale (10). This scale has 18 questions, with standard correct responses. Each correct response has one point, thus the maximum point (all answers are correct) is 18.

Table 62 & 63 shows a very small proportion of primary caregivers, from the Household of younger mother group (1.7%) and the Household of older mother group (1.7%), with all 18 correct responses.

Responses from primary caregivers ranged between 4 – 18 points, with means (average) of 13.2 for the Household of younger mother group. In the Household with older mother group, the means (average) is 13.7. The total score of Brigance is 18, so the means of 13.2 and 13. 7 show that the parent and child interaction is not yet optimal, but already more than 70%

Chi Square Analysis

Group	Brigance Score = 18	Brigance Score < 18	Total
Younger mothers	2	112	114
Older mothers	2	112	114
Total	4	224	228

Table 64: Chi square analysis on brigance score

The chi-square statistic is 0. The p-value is 1. Not significant at $p < .05$. The chi-square statistic with Yates correction is 0.2545. The p-value is 0.613949. Not significant at $p < 0.05$. This means, the chi-square test of independence showed that there was not a significant association between age of mothers and achieving perfect score of BRIGANCE, with p value greater than 0.05.

Primary caregivers who gave toys to youngest child	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Biological mothers aged ≤ 24 yo group	16	17	16	18	17	18	102	89.5%	± 6.0%
Biological mothers aged ≥ 28 yo group	19	16	17	18	17	16	103	90.3%	± 5.4%

Table 65: Primary caregivers who gave toys to youngest child

Table 65 shows that a very high proportion of primary caregivers, 89.5% in the Household of younger mother group and 90.3% in the Household of older mother group, gave toys to their youngest child.

Chi Square Analysis

Group	Gave toys to the youngest child	Did not give toys to the youngest child	Total
Younger mothers	102	12	114
Older mothers	103	11	114
Total	205	23	228

Table 66: Chi square analysis on primary caregivers gave toys

The chi-square statistic is 0.0484. The p-value is 0.825949. Not significant at $p < 0.05$. The chi-square statistic with Yates correction is 0. The p-value is 1. Not significant at $p < 0.05$. This means, the chi-square test of independence showed that there was not a significant association between age of mothers and giving toys to the youngest child, with p value greater than 0.05.

Biological mothers aged ≤ 24 yo group	**SA**						**Total**	**%**	**95% confidence limit**
Primary caregivers who think the youngest child has safe and clean space to play	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**			
Really safe and clean place	3	5	6	4	2	1	21	18.4%	± 8.6%
Enough safe and clean place	14	13	11	12	15	17	82	71.9%	± 10.0%
Combination of safe but not clean and vice versa	2	1	2	2	2	1	10	8.8%	± 6.5%
Don't know	0	0	0	1	0	0	1	0.9%	± 3.6%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 67: Primary caregivers from biological mothers aged ≤ 24 yo group, who think youngest child have clean and safe place to play

Biological mothers aged ≥ 28 yo group	**SA**						**Total**	**%**	**95% confidence limit**
Primary caregivers who think the youngest child has safe and clean space to play	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**			
Really safe and clean place	4	5	7	5	5	7	33	29.0%	± 9.5%
Enough safe and clean place	15	10	10	13	13	12	73	64.0%	± 10.0%

Combination of safe but not clean and vice versa	0	3	2	1	1	0	7	6.1%	± 5.0%
Don't know	0	1	0	0	0	0	1	0.9%	± 0.7%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 68: Primary caregivers from biological mothers aged ≥ 28 yo group, who think youngest child have clean and safe place to play

Tables 67 and 68 show that a small proportion of primary caregivers, 18.4% in the Household of younger mother group and 28.9% in the Household of older mother group, mentioned that their youngest children have a really safe and clean place to play.

However, a bigger portion of primary caregivers mentioned that their youngest child has enough safe and clean place to play, 71.9% in the Household of younger mother group and 64.0% in the Household of older mother group. In other words, these primary caregivers think that children should have a better place to play.

Chi Square Analysis

Group	Considers having really clean and safe place to play for child	Does not consider having really clean and safe place to play for child	Total
Younger mothers	21	93	114
Older mothers	33	81	114
Total	54	174	228

Table 69: Chi sqare analysis on clean and safe place for child to play

The chi-square statistic is 3.4943. The p-value is 0.061582. Not significant at $p < 0.05$.
The chi-square statistic with Yates correction is 2.9361. The p-value is 0.086617. Not significant at $p < 0.05$.

This means, the chi-square test of independence showed that there was not a significant association between age of mothers and considering they have a really safe and clean place for child to play, with p value greater than 0.05.

6. Nutrition practices

Youngest child who is ever breast fed	**SA**						**Total**	**%**	**95% confidence limit**
	SB	**SL**	**STG**	**PT**	**TG**	**LL**			
Biological mothers aged ≤ 24 yo group	19	19	18	19	19	17	111	97.4%	± 2.2%

Biological mothers aged ≥ 28 yo group	17	19	19	19	17	18	109	95.6%	± 3.0%

Table 70: youngest child who ever breastfed

The questionnaire asked whether the youngest child was ever breastfed or not. A high proportion of children under five years old in the Household of of younger mother group (97.4%) and Household of older mother group (95.6%) were breastfed.

Chi Square Analysis

Group	Child ever breastfed	Child never breastfed	Total
Younger mothers	111	3	114
Older mothers	109	5	114
Total	220	8	228

Table 71: Chi square analysis on child ever breastfed

The chi-square statistic is 0.5182. The p-value is 0.471618. Not significant at $p < 0.05$. The chi-square statistic with Yates correction is 0.1295. The p-value is 0.718904. Not significant at $p < 0.05$. This means, the chi-square test of independence showed that there was not a significant association between age of mothers and child ever breastfed, with p value greater than 0.05.

Biological mothers aged ≤ 24 yo group	**SA**						**Total**	**%**	**95% confidence limit**
Types of food given to youngest child during her/his first 3 days	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**			
Breast milk only	13	18	12	12	7	7	69	60.5%	± 10.2%
Breast milk	14	18	16	17	19	14	98	86.0%	± 6.6%
Infant formula	6	1	6	6	6	9	34	29.8%	± 9.8%
Plain water	0	0	0	0	0	0	0	0%	
Honey	1	0	2	1	6	4	14	12.3%	± 6.1%
Other (coconut water)	0	0	0	0	1	0	1	0.9%	± 1.7%

Table 72: Food given to youngest child during the first 3 days, from biological mothers aged ≤ 24 yo group

Biological mothers aged ≥ 28 yo group	SA								
Types of food given to youngest child during her/his first 3 days	SB	SL	STG	PT	TG	LL	Total	%	95% confidence limit
Breast milk only	14	15	16	15	14	9	83	72.8%	± 8.7%
Breast milk	15	16	16	19	18	17	101	88.6%	± 4.7%
Infant formula	5	3	2	3	3	5	21	18.4%	± 7.7%
Plain water	0	0	1	0	0	1	2	1.7%	± 2.2%
Honey	1	1	1	1	2	3	9	7.9%	± 5.1%
Other (coconut water, rice water)	0	0	1	0	1	1	3	2.6%	± 2.8%

Table 73: Food given to youngest child during the first 3 days, from biological mothers aged ≥ 28 yo group

Tables 72 and 73 show that during the first three days, the children under five years old surveyed received breast milk (along with other kinds of food), 86.0% in the Household with younger mother group, and 88.6% in the Household of older mother group.

The proportion of children under five years old who received ONLY breast milk during the first 3 days is lower, with 60.5% in the Household of younger mother group and 72.8% in the Household of older mother group.

Chi Square Analysis

Group	Only gave breastmilk in the first 3 days after birth	Gave other liquids in the first 3 days after birth	Total
Younger mothers	69	45	114
Older mothers	83	31	114
Total	152	76	228

Table 74: Chi square analysis on primary caregivers only gave breast milk for the first 3 days

The chi-square statistic is 3.8684. The p-value is 0.049203. Significant at $p < 0.05$.
The chi-square statistic with Yates correction is 3.3355. The p-value is 0.067799. Not significant at $p < 0.05$.

This means, the chi-square test of independence showed that there was not a significant association between age of mothers and giving only breastmilk to newborn in the first 3 days after birth, with p value greater than 0.05.

In terms of also receiving infant formula in the first 3 days, 29.8% of children in the Household of younger mothers and 18.4% of children in the Household of older mothers experienced this, according to the primary caregivers.

Youngest child who already received solid food	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Biological mothers aged ≤ 24 yo group	17	19	18	18	16	17	105	92.1%	± 5.4%
Biological mothers aged ≥ 28 yo group	19	15	16	18	18	18	104	91.2%	± 5.4%

Table 75: Youngest child that already received solid food at the time of survey

Table 75 shows that most of the children from 0 – 59 months old, from the Household of younger mothers (92.1%) and Household of older mothers (91.2%), already received solid food at the time of survey.

Biological mothers aged ≤ 24 yo group	SA						Total	%	95% confidence limit
Youngest child age when s/he received solid food for the first time	SB	SL	STG	PT	TG	LL			
< 6 months old	5	1	8	7	11	11	43	41.0%	± 10.6 %
≥ 6 months old	12	18	10	11	5	6	62	59.0%	± 10.6 %
TOTAL	17	19	18	18	16	17	105	100.0%	

Table 76: Youngest child age when s/he received the first solid food, younger biological mothers group

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Youngest child age when s/he received solid food for the first time	SB	SL	STG	PT	TG	LL			
< 6 months old	3	2	3	7	6	8	29	27.9%	± 10.1%
≥ 6 months old	16	13	13	11	12	10	75	72.1%	± 10.1%
TOTAL	19	15	16	18	18	18	104	100.0%	

Table 77: Youngest child age when s/he receive the first solid food, older biological mothers group

Tables 76 and 77 show the age the children under five years old first received solid food. Primary caregivers from the Household of younger mother group (41.0%) and the Household of older mother group (27.9%) groups, mentioned that the child received solid food before reaching 6 months old.

The age of children under five years old when they received the first solid food ranged between 0 – 12 months old, with means (average) of 3.8 months old for the Household of younger mother group, and 4.6 months old for the Household of older mother group.

Chi Square Analysis

Group	Youngest child already received solid food before 6 months old	Youngest child has not received solid at 6 months old	Total
Younger mothers	43	62	105
Older mothers	29	75	104
Total	72	137	209

Table 78: Chi square analysis on youngest child received solid food before 6 months old

The chi-square statistic is 3.9511. The p-value is 0.046841. Significant at $p < 0.05$. The chi-square statistic with Yates correction is 3.3936. The p-value is 0.06545. Not significant at $p < 0.05$. This means, the chi-square test of independence showed that there was not a significant association between age of mothers and the youngest child already received solid food before 6 months old, with p value greater than 0.05.

Table 79: MDD ≥ 5 food groups for children ≥ 6 months old **Youngest child ≥ 6 months old, who received ≥ 5 food groups**	**SA**						**Total**	**%**	**95% confidence limit**
	SB	**SL**	**STG**	**PT**	**TG**	**LL**			
No	7	10	10	5	11	12	55	27.4%	
Yes	28	22	23	28	23	22	146	72.6%	± 6.5%
TOTAL	35	32	33	33	34	34	201	100.00%	

The survey asked primary caregivers about 8 food groups the children under five years old received in the last 24 hours. Since the number of children ≥ 6 months old was not enough to calculate this indicator for each group, both groups were combined.

Table 79 shows the proportion of children who are 6 months old or older who received at least 5 food groups, for both Household of younger mothers and older mothers groups (72.6%).

Biological mothers aged 24 yo or younger group	SA						Total	%	95% confidence limit
Youngest child who received processed food in the last 24 hours	SB	SL	STG	PT	TG	LL			
Breakfast cereals	4	4	3	6	5	5	27	23.7%	± 9.4%
Instant packaged	3	5	2	8	4	6	28	24.6%	± 9.4%
Sweetened bread	8	6	5	6	5	4	34	29.8%	± 9.8%
Chips	7	4	9	12	4	10	46	40.3%	± 10.1%
Sugared milk	0	0	2	7	4	6	19	16.7%	± 8.9%
Pre prepared meat	2	3	8	5	3	6	27	23.7%	± 9.2%
Bread and other cereals	1	4	1	4	1	5	16	14.0%	± 7.4%
Cookies	1	2	2	3	5	1	14	12.3%	± 7.6%
Sauces	5	5	3	8	10	7	38	33.3%	± 10.0%
Ice cream	2	2	4	10	4	6	28	24.6%	± 9.7%
Margarines	1	0	0	0	0	0	1	0.9%	± 1.3%
Canned / dehydrated soups	0	0	0	0	0	0	0	0%	
Infant formula	0	5	3	2	3	6	19	16.7%	± 6.9%
Did not consume all	6	1	5	5	4	2	23	20.2%	± 9.2%

Table 80: Ultra Processed food receive by youngest child for biological mother aged ≤ 24 yo group

Biological mothers aged 28 yo or older group	SA						Total	%	95% confidence limit
Youngest child who received processed food in the last 24 hours	SB	SL	STG	PT	TG	LL			
Breakfast cereals	4	3	4	5	5	3	24	21.0%	± 9.2%
Instant packaged	7	3	5	6	9	6	36	31.6%	± 9.9%
Sweetened bread	4	3	1	6	8	5	27	23.7%	± 9.1%
Chips	8	7	7	11	4	8	45	39.5%	± 10.3%
Sugared milk	0	0	1	4	5	4	14	12.3%	± 7.7%
Pre prepared meat	4	3	4	2	5	3	21	18.4%	± 7.6%
Bread and other cereals	5	1	2	4	5	5	22	19.3%	± 8.4%
Cookies	6	1	2	6	3	3	21	18.4%	± 9.0%
Sauces	5	5	1	7	12	9	39	34.2%	± 9.4%
Ice cream	8	3	4	4	9	9	37	32.5%	± 9.1%

Biological mothers aged 28 yo or older group	SA						Total	%	95% confidence limit
Youngest child who received processed food in the last 24 hours	SB	SL	STG	PT	TG	LL			
Margarines	1	0	0	0	0	0	1	0.9%	± 1.3%
Canned / dehydrated soups	0	0	0	0	0	0	0	0%	
Infant formula	4	3	2	2	0	2	13	11.4%	± 6.3%
Did not consume all	1	6	6	4	2	3	22	19.3%	± 8.5%

Table 81: Ulra Processed food receive by youngest child for biological mother aged ≥ 28 yo group

The questionnaire asked about the 13 types of ultra-processed food that were consumed by the under five years old children. This questions were asked to all respondents, 19 respondents per SA and 114 total respondents for each biological mother group.

Tables 80 and 81 show that all these 13 types of ultra-processed food were given to the children in the last 24 hours, except the canned/dehydrated soups. The denominators for each related tables are all children from the Household of younger mother group and Household of older mother group.

Based on the 24-hours food recall, consumption of chips and sauces seem to be quite common in both groups. In the Household of younger mother group, 40.3% of children consumed chips and 33.3% of children consumed sauces the day before. In the Household of older mother group, 39.5% of children consumed chips and 34.2% of children consumed sauces the day before.

Only a small portion of children, 20.2% of children in the Household of younger mother group and 19.3% of children in the Household of older mother group, did not receive any ultra-processed food in the last 24 hours.

Chi Square Analysis

Group	Youngest child did not consume any Ultra Processed Food in the last 24 hours before survey	Youngest child consumed Ultra Processed Food in the last 24 hours before survey	Total
Younger mothers	23	91	114
Older mothers	22	92	114
Total	45	183	228

Table 82: Chi square analysis on youngest child did not consume ultra processed food

The chi-square statistic is 0.0277. The p-value is 0.867848. Not significant at $p < 0.05$. The chi-square statistic with Yates correction is 0. The p-value is 1. Not significant at $p < 0.05$.

This means, the chi-square test of independence showed that there was not a significant association between age of mothers and the youngest child did not consume any ultra processed food in the last 24 hours before survey, with p value greater than 0.05.

7. Nutrition measurements

	SA							
Youngest child aged ≥ 6 months old	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**
Biological mothers aged ≤ 24 yo group	16	18	17	16	16	17	100	87.7%
Biological mothers aged ≥ 28 yo group	19	14	16	17	18	17	101	88.6%

Table 83: Youngest child who was ≥ 6 months old

The nutritional status in this survey was measured using Mid-Upper Arm Circumference (MUAC) (16). MUAC is used for early detection of wasting risk. In order to show the Mid-Upper-Arm Circumference (MUAC) status, the children under five years old surveyed were divided into two age groups: children aged < 6 months old and aged ≥ 6 months old. The MUAC status is calculated using samples of children ≥ 6 months old.

Since children less than 6 months old were excluded, the sample size for each SA became lower than 19. To prevent widening the Confidence Interval, the MUAC status was calculated by combining all children from the Household of younger mother group and the Household of older mother group.

MUAC status for youngest child	**SA**						**Total**	**%**	**95% confidence limit**
	SB	**SL**	**STG**	**PT**	**TG**	**LL**			
Moderate Acute Malnutrition	0	0	1	3	0	1	5	2.5%	± 3.7%
Normal Nutritional status	35	32	32	30	34	33	196	97.5%	± 2.7%
TOTAL	35	32	33	33	34	34	201	100.0%	

Table 84: MUAC status for children ≥ 6 months old

Table 84 shows that 97.5% of the children under five years old are in normal nutritional status, while 2.5% are in moderate acute malnutrition status.

	SA								
Positive result on daily use salt	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**	**95% confidence limit**
Biological mothers aged ≤ 24 yo group	2	3	0	5	3	9	22	19.3%	± 8.0%
Biological mothers aged ≥ 28 yo group	3	1	0	7	6	9	26	22.8%	± 8.9%

Table 85: Iodine test results on daily use salt

To conduct the Iodine content Test in the salt used for cooking, the enumerators asked for a small amount of salt that the primary caregivers used daily, and conducted the Iodine test.

Figure 8: Enumerator conducted Iodine test

Table 85 shows the results of Iodine test of salts that are used in households. Only a small proportion of household used Iodised salt. The positive result of Iodine content in salt were found only in 19.3% of households in younger mothers' group, and 22.8% of households in the older mothers' group. SA 2 and 3 show the lowest score.

This result shows a much lesser coverage of households with enough Iodine in the salt using rapid test in Riset Kesehatan Dasar Indonesia 2013 (Indonesia Basic Indonesian Health Research 2013)(17), both compared to Indonesia (77.1%) and for West Nusa Tenggara Province (54.6%). Although the quantitative baseline survey did not explore further the reason for not using Iodised salt, some mothers mentioned that the price of Iodised salt in their village is about Rp. 2,000 (0.12 USD) for one small pouch and lasts for one week, whereas the price of regular and uniodised salt is Rp. 5,000 (USD 0.31) for one medium size plastic bag, which lasts for one month.

Chi Square Analysis

Group	Household used Iodised Salt	Household did not use Iodised Salt	Total
Younger mothers	22	92	114
Older mothers	26	88	114
Total	48	180	228

Table 86: Chi square analysis on iodine test

The chi-square statistic is 0.4222. The p-value is 0.51583. Not significant at $p < 0.05$.
The chi-square statistic with Yates correction is 0.2375. The p-value is 0.626018. Not significant at $p < 0.05$.

This means, the chi-square test of independence showed that there was not a significant association between age of mothers and household used Iodised saltas tested during the survey, with p value greater than 0.05.

8. Learning on child caring and feeding practices

Biological mothers aged ≤ 24 yo group	SA						Total	%	95% confidence limit
From where/whom did the primary caregivers learned child feeding and caring	SB	SL	STG	PT	TG	LL			
Family	8	9	5	13	13	12	60	52.6%	± 9.9%
Social media	14	10	7	6	8	9	54	47.4%	± 10.1%
Community Health Volunteers	5	6	10	9	6	6	42	36.8%	± 10.4%
Health workers	4	3	0	12	7	9	35	30.7%	± 9.1%
Elders	0	1	0	7	0	2	10	8.8%	± 7.8%
Neighbours	0	1	0	4	2	1	8	7.0%	± 7.0%
Community events	0	0	0	0	0	0	0	0%	
Others	1	4	5	6	1	6	23	20.2%	± 9.0%

Table 87: Learning sources for primary caregivers from younger biological mothers group

Table 87 shows that primary caregivers from younger biological mothers group (52.6%) learned about child caring and feeding practices from their own family. Social media (47.4%) was the second source of learning sources, followed by community health volunteers (36.8%) and health workers (30.7%).

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
From where/whom did the primary caregivers learned child feeding and caring	SB	SL	STG	PT	TG	LL			
Community Health Volunteers	12	8	8	9	8	7	52	45.6%	± 10.6%
Health Workers	7	5	7	12	10	10	51	44.7%	± 10.3%
Family	3	6	3	10	10	9	41	36.0%	± 10.0%
Social media	4	3	6	8	8	8	37	32.5%	± 10.2%
Neighbours	2	1	1	3	3	3	13	11.4%	± 7.2%
Elders	1	0	0	4	1	4	10	8.8%	± 7.0%
Community events	0	1	2	0	1	0	4	3.5%	± 3.4%

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
From where/whom did the primary caregivers learned child feeding and caring	SB	SL	STG	PT	TG	LL			
Others	2	6	4	4	5	4	25	21.9%	± 8.7%

Table 88: Learning sources for primary caregivers from older biological mothers group

Table 88 shows that primary caregivers from older biological mothers group learned child caring and feeding practices from health volunteers (45.6%) and health workers (44.7%). The next learning sources are their own family (36.0%) and social media (32.5%). The "Others" sources were mostly from mother and child book.

Biological mothers aged ≤ 24 yo group	SA						Total	%	95% confidence limit
Health workers gave health education	SB	SL	STG	PT	TG	LL			
Often	4	3	3	6	5	4	25	21.9%	± 9.3%
Sometimes	8	4	7	10	7	8	44	38.6%	± 10.5%
Once	4	5	4	0	3	2	18	15.8%	± 5.6%
Never	3	7	5	3	4	5	27	23.7%	± 8.3%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 89: How often health workers provided health education according to primary caregivers from younger biological mothers group

Table 89 shows that 21.9% of primary caregivers from younger biological mother group mentioned that health workers often provided health education. A bigger portion of them (39.5%) mentioned that health workers provided only once, or never provided health education.

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Health workers gave health education	SB	SL	STG	PT	TG	LL			
Often	11	5	3	3	5	6	33	29.0%	± 8.3%
Sometimes	7	10	8	13	13	8	59	51.8%	± 10.1%

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Health workers gave health education	SB	SL	STG	PT	TG	LL			
Once	0	0	6	2	1	2	11	9.6%	± 6.8%
Never	1	4	2	1	0	3	11	9.6%	± 5.0%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 90: How often health workers provided health education according to primary caregivers from older biological mothers group

Table 90 shows that 29.0% of primary caregivers from older biological mothers group, mentioned that health workers often provided health education. A bigger portion of them (51.8%) mentioned that health workers sometimes provided health education. As many as 19.2% of them have never, or only once ever received health education from health workers.

Biological mothers aged ≤ 24 yo group	SA								
Community Health Volunteers gave health education	SB	SL	STG	PT	TG	LL	Total	%	95% confidence limit
Often	6	3	6	4	8	4	31	27.2%	± 9.3%
Sometimes	7	6	6	8	4	7	38	33.3%	± 10.2%
Once	1	3	2	2	2	1	11	9.7%	± 6.4%
Never	4	7	5	5	5	7	33	28.9%	± 9.4%
Don't know	1	0	0	0	0	0	1	0.9%	± 1.3%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 91: How ofter CHV provided health education according to primary caregivers from younger biological mothers group

Table 91 shows that 27.2% of primary caregivers from the younger biological mothers group mentioned that community health volunteers often provided health education. While 39.5% of primary caregivers from older biological mothers group mentioned that community health volunteers provided health education one time or never provided or did not know if they ever did it.

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Community Health Volunteers gave health education	SB	SL	STG	PT	TG	LL			
Often	11	6	2	3	7	4	33	28.9%	± 8.3%
Sometimes	5	9	9	12	7	7	49	43.0%	± 10.3%
Once	0	2	2	2	2	2	10	8.8%	± 6.3%
Never	2	2	5	2	3	6	20	17.5%	± 7.4%
Don't know	1	0	1	0	0	0	2	1.8%	± 2.4%
TOTAL	19	19	19	19	19	19	114	100.0%	

Table 92: How ofter CHV provided health education according to primary caregivers from older biological mothers group

Table 92 shows that 28.9% of primary caregivers from older biological mothers group mentioned that community health volunteers often provided health education. While 28.1% of primary caregivers from the same group, mentioned that community health volunteers provided health education once or never provided or did not know if the community health volunteers ever did it.

Biological mothers aged ≤ 24 yo group	SA						Total	%	95% confidence limit
Whom did primary caregivers usually seek for advice on child caring and feeding	SB	SL	STG	PT	TG	LL			
Family	13	15	12	16	13	13	82	71.9%	± 8.8%
Neighbours	3	2	4	10	8	9	36	31.6%	± 10.0%
Friends	0	0	0	4	3	4	11	9.6%	± 7.2%
Community Health Volunteers	4	6	4	5	2	4	25	21.9%	± 8.9%
Health workers	4	4	4	5	5	5	27	23.7%	± 8.9%
No one	2	0	0	3	1	3	9	7.9%	± 6.4%
Other	5	2	3	0	1	2	13	11.4%	± 4.8%

Table 93: Whom the primary caregivers seek for advices from younger biological mothers group

Table 93 shows whom the primary caregivers ask for advices on child caring and child feeding practices. Primary caregivers from younger biological mothers group mentioned that Family (71.9%) is the most important source of information. It is followed by neighbors (31.6%), health workers (23.7%), and health volunteers (21.9%).

Biological mothers aged ≥ 28 yo group	SA						Total	%	95% confidence limit
Whom did primary caregivers usually seek for advice on child caring and feeding	SB	SL	STG	PT	TG	LL			
Family	5	7	9	13	13	14	61	53.5%	± 10.0%
Neighbours	4	2	3	11	9	8	37	32.5%	± 9.9%
Friends	0	0	1	3	5	5	14	12.3%	± 7.2%
Community Health Volunteers	5	10	4	6	6	3	34	29.8%	± 9.6%
Health workers	10	6	5	7	2	5	35	30.7%	± 9.7%
No one	3	6	5	1	4	3	22	19.3%	± 6.9%
Other	4	1	3	0	0	0	8	7.0%	± 4.2%

Table 94: Whom the primary caregivers seek for advices from older biological mothers group

Table 94 shows that primary caregivers from the older biological mothers group mentioned that Family (53.5%) is the most important source of information. It is followed by neighbors (32.5%), health workers (30.7%), and health volunteers (29.8%). Primary caregivers from both the older and the younger biological mothers groups looked for information from the same source. Family and neighbors are the most important source of information, followed by health workers and community health volunteers. These four groups should be included in the future SBC implementation.

Primary caregivers who use social media to learn about child feeding and caring	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Biological mothers aged ≤ 24 yo group	18	18	17	8	13	8	82	71.9%	± 9.4%
Biological mothers aged ≥ 28 yo group	11	12	11	9	9	7	59	51.7%	± 10.6%

Table 95: Primary caregivers who use social media to find information

Table 95 shows that primary caregivers have used social media to find information regarding child feeding and caring practices, the proportion is high for both younger (71.9%) and older (51.7%) biological mothers groups.

	SA		%	

Primary caregivers who participated in training/educational program on child feeding and caring	SB	SL	STG	PT	TG	LL	Total		95% confidence limit
Biological mothers aged ≤ 24 yo group	7	7	5	2	11	6	38	33.3 %	± 8.2%
Biological mothers aged ≥ 28 yo group	12	6	7	7	11	8	51	44.7 %	± 10.3%

Table 96: Primary caregivers who participated in training program

Table 96 shows that primary caregivers have attended a training to learn information regarding child feeding and caring practices, for both younger biological mothers (33.3%) and older (44.7%) groups.

Primary caregivers who would like to learn about child feeding and caring	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Biological mothers aged ≤ 24 yo group	18	19	19	15	16	14	101	88.6%	± 7.3%
Biological mothers aged ≥ 28 yo group	18	16	19	17	15	16	101	88.6%	± 6.2%

Table 97: Primary caregivers who wants to learn about child feeding and caring

Table 97 shows that a large portion of primary caregivers are interested to learn more abour child feeding and caring practices, for both younger (88.6%) and older (88.6%) biological mothers groups.

Prefered method of information that primary caregivers would like to receive	SA						Total	%	95% confidence limit
	SB	SL	STG	PT	TG	LL			
Written materials	1	4	0	8	7	8	28	13.9%	± 6.1%
Direct education	28	28	29	29	27	25	166	82.2%	± 5.4%
Movies	5	2	3	1	3	0	14	6.9%	± 3.7%
Songs	0	1	0	0	0	0	1	0.5%	± 0.4%
Games	4	2	3	0	1	0	10	5.0%	± 2.5%
Other	8	7	9	3	4	5	36	17.8%	± 5.4%

Table 98: Methods prefered by primary caregivers to learn

From those respondents who mentioned that they would like to learn, the questionnaire then asked what methods of learning that they prefer. Since the number

of number was not enough for the analysis, then the younger and older biological mothers groups were combined.

Tables 98 show that most of the primary caregivers (82.2%) from both groups are interested in a direct learning or education process, such as a training with direct demonstration on specific topics such as cooking demonstration or demo on how to bathe a child, or something else that the primary caregivers can see and try directly on the spot.

Biological mothers aged ≤ 24 yo group	**SA**							
Preference method of information that primary caregivers would like to receive	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**
Written materials	1	2	0	3	3	4	13	12.9%
Direct method	14	15	14	13	12	11	79	78.2%
Movies	1	1	2	1	2	0	7	6.9%
Songs	0	0	0	0	0	0	0	0%
Games	2	1	2	0	1	0	6	5.9%
Other (Youtube, online, tiktok)	4	4	5	2	4	3	22	21.8%

Table 99: Learning methods preferred by primary caregivers from biological mothers aged ≤ 24 yo group

Biological mothers aged ≥ 28 yo group	**SA**							
Preference method of information that primary caregivers would like to receive	**SB**	**SL**	**STG**	**PT**	**TG**	**LL**	**Total**	**%**
Written materials	0	2	0	5	4	4	15	14.8%
Direct method	14	13	15	16	15	14	87	86.1%
Movies	4	1	1	0	1	0	7	6.9%
Songs	0	1	0	0	0	0	1	1.0%
Games	2	1	1	0	0	0	4	4.0%
Other (Online, tiktok, youtube)	4	3	4	1	0	2	14	13.9%

Table 100: Learning methods preferred by primary caregivers from biological mothers aged ≥ 28 yo group

Tables 99 and 100 show the details for primary caregivers' preference methods of learning from both biological mother aged ≤ 24 yo group and ≥ 28 yo group. Both

primary caregivers from both younger biological mother group (78.2%) and older biological mother group (86.1%) prefers direct method.

VI. Summary & Conclusions

Based on the results of the Baseline LQAS survey, it answers the research questions' indicators as follow:

Research Question 1: What is the socio-demographic characteristics of younger mothers (≤24 years old) and older mothers (≥28 years old) in in Sembalun and Pringgabaya sub-districts, East Lombok District?

Research Objective 1:

To describe the social, economy, demography, assets and living condition of the households with children under-five years old including age, gender, education level, occupation, numbers of household member, electricity ownership, toilet facility type, source of drinking water, and regular income.

- Only one primary caregiver is a male, while the rest are females (99.6%).
- Primary caregivers' age ranges between 16 – 60 years old. Almost half (46.9%) of the primary caregivers interviewed are between 19 – 24 years old.
- More than half (55.3%) of children in this survey are between 12 – 35 months old.
- Almost all of the primary caregivers are the biological mothers (98.7%).
- Since the majority of the primary caregivers are also the youngest child's biological mother (except for three primary caregivers), the duration of child care in the table 13 and 14 also reflect the children's age.
- The biological mothers' age when they were first married ranges from 10 to 34 years old, with the means (average) age is 19.9 years old. As many as 35.5% of biological mothers had their first marriage when they were 18 years old or younger.
- All biological mothers were present at the time of survey, except 3 biological mothers. Two mothers were working abroad in other countries, and the other one was working in local pharmacy from 08.00 – 21.00.
- Almost half of the biological mothers (44.7%) graduated from senior high school, while 15.8% of biological mothers graduated from elementary school or below.
- As many as 98.7% primary caregivers out of 228 are also the biological mother, thus the education status of primary caregivers is almost identical to the biological mothers.
- As many as 31.1% of fathers are between 25 – 30 years old, and almost half of fathers (47.4%) are 30 years old or below. Fathers' age varies between 20 – 63 years old, with the means (average) age is 32.1 years old.

- As many as 37.7% of fathers graduated from senior high school, while 26.4% graduated from elementary school or below.
- As many as 92.1% of primary caregivers are housewife. 17.5% of 228 respondents mentioned that they are also farmer, which own the land.
- The average number of household members is 3.7 people for younger biological mothers group, while the average for older biological mothers group is 4.6 people per household.
- All respondents, except for two, have electricity in their houses.
- Households of younger biological mothers group (95.6%) and older biological mothers group (95.61%) have flush toilet with septic tank.
- The most common drinking water sources are covered well (58.8% for younger biological mothers group and 55.3% for older biological mothers group)
- Only about half of the households have regular income, for both younger biological mothers group (51.8%) and older biological mothers group (46.5%). SA 3 is below the average.

Research Question 2: What is the food insecurity experience of younger mothers (≤24 years old) and older mothers (≥28 years old) in in Sembalun and Pringgabaya sub-districts, East Lombok District in the last one year?

Research Objective 2: To describe food security status of the respondent.

- Only a small portion of the households are food secure, among the younger mother group is 28.1% and among the household of older mother group is 29.0%.
- Almost half of the households of younger biological mothers group (46.5%) and older biological mothers group (42.1%) experienced mild food insecurity in the last one year.
- As many as 22.8% households of younger biological mothers group and 22,8% of older biological mothers group experienced moderate food insecurity in the last one year.
- A very small proportion of the households (2.6%) in the younger biological mothers group experienced severe food insecurity last year, while 6.1% households in the older biological mothers group had severe food insecurity experiences in the last one year.

Research Question 3: What are the different nutrition and caring practices of younger mothers (≤24 years old) and older mothers (≥28 years old) in in Sembalun and Pringgabaya sub-districts, East Lombok District?

Research Objective 3.1: To describe the child caregiving practices of the respondent.

- In total, 79.8% of primary caregivers in the Household of younger mother group and 62.3% of primary caregivers in the Household of older mother group received help for taking care of their youngest child.
- That respondent's spouse (44.9% for younger mother group and 62.0% for older mother group) and grandmother (76.9% for younger mother group and 53.5% for older mother group) play a major role in taking care of the youngest child.
- More than half of the primary caregivers always wash their hands with soap before feeding the youngest child: 57.0% in the Household of younger mother group, and 62.3% in the Household of older mother group.
- Percentage of primary caregivers who always wash their hands with soap after going to the toilet is high, with 83.3% in the Household of younger mother group and 88.6% in the Household of older mother group.
- A large number of households own a family card (*Kartu Keluarga*), for both Household of younger mother group (84.2%) and Household of older mother group (83.3%).
- A big portion of primary caregivers, from both the Household of younger mother group (60.5%) and Household of older mother group (78.9%), mentioned hygiene practices as an effort to prevent sickness in their child. As many as 57.9% of primary caregivers in the Household of younger mother group and 59.6% of primary caregivers in the Household of older mother group mentioned giving nutritious food to the child could prevent sickness.
- There are 41.2% of primary caregiver in the Household of younger mother group, and only 37.7% of primary caregivers in the Household of older mother group, know at least two danger signs in children.
- Almost all children under five years old, 97.4% in the Household of younger mother group, and 98.2% in the Household of older mother group, have ever received immunization in the past
- Among children 12 months old or older, a majority of them (83.0%) received deworming medication in the last 6 months.
- In total, 20.1% of the primary caregivers gave Oral Rehydration Salt (ORS) to their youngest child when they had diarrhoea.

Research Objective 3.2: To describe parent-child interaction of the respondent.

- A very small proportion of primary caregivers, from the Household of younger mother group (1.7%) and the Household of older mother group (1.7%), with all 18 correct responses.

- Very high proportion of primary caregivers, 89.5% in the Household of younger mother group and 90.3% in the Household of older mother group, gave toys to their youngest child.
- A small proportion of primary caregivers, 18.4% in the Household of younger mother group and 28.9% in the Household of older mother group, mentioned that their youngest children have a really safe and clean place to play. However, a bigger portion of primary caregivers mentioned that their youngest child has enough safe and clean place to play, 71.9% in the Household of younger mother group and 64.0% in the Household of older mother group.

Research Objective 3.3: To describe nutrition practices of the respondent.

- A high proportion of children under five years old in the Household of younger mother group (97.4%) and Household of older mother group (95.6%) were ever breastfed.
- During the first three days, the children under five years old surveyed received breast milk (along with other kinds of food), 86.0% in the Household with younger mother group, and 88.6% in the Household of older mother group. The proportion of children under five years old who received ONLY breast milk during the first 3 days is lower, with 60.5% in the Household of younger mother group and 72.8% in the Household of older mother group.
- Children who received solid/semi solid food when they are $\geq$ 6 months old are 59.0% for younger mother group and 72.1% for older mother group.
- The proportion of children under five years old, aged 6 months old or older, who received at least 5 food groups or Minimum Dietary Diversity (MDD) is 72.6%.
- A small portion of children, 20.2% of children in the Household of younger mother group and 19.3% of children in the Household of older mother group, did not receive any ultra-processed food in the last 24 hours.
- As many as 97.5% of the children under five years old are in normal nutritional status, while 2.5% are in moderate acute malnutrition status
- A small proportion of household used Iodised salt. The positive result of Iodine content in salt were found only in 19.3% of households in younger mothers' group, and 22.8% of households in the older mothers' group.

Research Objective 3.4: To identify and compare caring and feeding practices among households with children under five years old born of younger mothers (≤24 years old) and households with children under five years old born of older mothers (≥28 years old) (Quantitative)

Only one indicator has significant association between mother's age and the practice:

- Both groups received help in taking care of their youngest child, especially from the spouse and grandmothers, but the chi-square test of independence showed that there was a significant association between age of mothers and receiving help for taking care of their youngest child, with p value < 0.05. Younger mothers received more help in taking care of the youngest child, compared to older mothers.

The remaining indicators do not have significant association of mother's age and the practices, based on the chi-square test of independence, with p value > 0.05. This means, there are no differences between the practice of younger biological mothers group and the older biological mothers group:

- Always wash their hands with soap after defecation/going to the toilet, with 83.3% ± 6.5 in the younger mothers group and 88.6% ± 5.1 among the older mothers group.
- Always brought the youngest child to Posyandu (Integrated Service Post), with 94.7% ± 5.3 in the younger mothers group and 97.3% ± 2.3 among the older mothers group.
- Know at least two danger signs in children that requires medical help immediately, with 41.2% ± 9.4 in the younger mothers group and 37.7% ± 9.3 in the older mothers group.
- Child ever immunised, with 97.4% ± 4.3 in the younger mothers group, and 98.2% ± 1.0 among the older mothers group.
- Owning the GMP card or KMS and were able to show it to the enumerator, with 84.2% ± 8.1 among the younger mothers group, and 83.3% ± 5.6 in the older mothers group
- Considers that they have a really safe and clean place for the youngest child to play, with 18.4% ± 8.6 among the younger mothers group, and 29.0% ± 9.5 in the older mothers group
- Child ever breastfed, with 97.4% ± 2.2 among the younger mothers group, and 95.6% ± 3.0 in the older mothers group
- Only gave breastmilk to the newborn in the first 3 days after birth, with 60.5% ± 10.2 among the younger mothers group, and 72.8% ± 8.7 in the older mothers group
- Child already received solid food before 6 months old, with 41.0% ± 10.6 among the younger mothers group, and 27.9% ± 10.1 in the older mothers group
- Children under 5 did not consume Ultra Processed Food at all in the last 24 hours, with 20.2% ± 9.2 among the younger mothers group, and 19.3% ± 8.5 among the older mothers group.
- Use of Iodised salt, with only 19.3% ± 8.0 in the younger mothers group, and 22.8% ± 8.9 in the older mothers group.

- Achieved perfect score of 18 in Brigance (18 scores), which means the interaction between parent and child are low, in the younger mothers group it is 1.7% ± 1.8 and in the older mothers group it is 1.7% ± 4.9.
- Gave toys to their youngest child, with 89.5% ± 6.0 among the younger mothers group, and 90.3% ± 5.4 in the older mothers group.

Research Objective 3.5: To compare the caring and feeding practices among households with children under five years old born of younger mothers (≤24 years old) at Baseline versus Endline in Sembalun and Pringgabaya sub-districts, East Lombok District (Quantitative)

- Comparisons of above indicators for biological mothers ≤24 years old results during baseline versus endline. This will be done during Endline.

Research Objective 3.6: To compare the caring and feeding practices among households with children under five years old born of older mothers (≥28 years old) at Baseline versus Endline in Sembalun and Pringgabaya sub-districts, East Lombok District (Quantitative)

- Comparisons of above indicators for biological mothers ≥28 years old results during baseline and endline. This will be done during Endline.

Research Objective 3.7: To identify proportion of children under five years old being taken care of by their own mother in Sembalun and Pringgabaya sub-districts, East Lombok District (Quantitative)

- Almost all of the primary caregivers are the biological mothers (98.7%).

Research Objective 3.8: To identify barriers and enablers of good dietary diversity among children under five in the 6 villages include food insecurity, household economy. (Quantitative and Qualitative)

Enablers

- Almost all of the primary caregivers are the biological mothers (98.7%).
- The proportion of children under five years old, aged 6 months old or older, who received at least 5 food groups is 72.6%.
- As many as 97.5% of the children under five years old are in normal nutritional status or not wasted (measured using MUAC), while 2.5% are in moderate acute malnutrition (moderate wasting) status
- Children who received solid/semi solid food when they are ≥ 6 months old are 59.0% for younger mother group and 72.1% for older mother group.

- During the first three days, the children under five years old surveyed received breast milk (along with other kinds of food), 86.0% in the Household with younger mother group, and 88.6% in the Household of older mother group.
- As many as 57.9% of primary caregivers in the Household of younger mother group and 59.6% of primary caregivers in the Household of older mother group mentioned giving nutritious food to the child could prevent sickness.
- Almost half of the biological mothers (44.7%) graduated from senior high school

Barriers

- Only about half of the households have regular income, 51.8% amongst the younger biological mothers group and 46.5% in the older biological mothers group. SA 3 (Sembalun Timba Gading) is below the average.
- Almost half of the households of younger biological mothers group (46.5%) and older biological mothers group (42.1%) experienced mild food insecurity in the last one year.
- As many as 22.8% households of younger biological mothers group and 22.8% of older biological mothers group experienced moderate food insecurity in the last one year.
- A very small proportion of the households (2.6%) in the younger biological mothers group experienced severe food insecurity last year, while 6.1% households in the older biological mothers group had severe food insecurity experiences in the last one year.
- As many as 15.8% of biological mothers graduated from elementary school or below

Research Question 4: Do younger mothers prefer different social and behaviour change communication (SBCC) interventions, compared to the traditional SBCC interventions in the area e.g., Posyandu (Integrated Service Post) **health awareness session in Sembalun and Pringgabaya sub-districts, East Lombok District?**

Research Objective 4.1: To describe the social behaviour change communication channel, information and preferred method to learn about child caring and feeding practices.

- Most of the primary caregivers from younger biological mothers group (52.6%) learned about child caring and feeding practices from their own family. Social media (47.4%) was the second source of learning sources, followed by community health volunteers (36.8%) and health workers (30.7%)
- Most of the primary caregivers from older biological mothers group learned child caring and feeding practices from health volunteers (45.6%) and health workers

(44.7%). The next learning sources are their own family (36.0%) and social media (32.5%).

- As many as 21.9% of primary caregivers from younger biological mother group mentioned that health workers often provided health education
- As many as 29.0% of primary caregivers from older biological mothers group, mentioned that health workers often provided health education.
- As many as 27.2% of primary caregivers from the younger biological mothers group mentioned that community health volunteers often provided health education
- As many as 28.9% of primary caregivers from older biological mothers group mentioned that community health volunteers often provided health education
- Primary caregivers from younger biological mothers group mentioned that Family (71.9%) is the most important source of information. It is followed by neighbors (31.6%), health workers (23.7%), and health volunteers (21.9%).
- Primary caregivers from the older biological mothers group mentioned that Family (53.5%) is the most important source of information. It is followed by neighbors (32.5%), health workers (30.7%), and community health volunteers (29.8%).
- Primary caregivers have used social media to find information regarding child feeding and caring practices, the proportion is high for both younger (71.9%) and older (51.7%) biological mothers groups.
- Primary caregivers have attended a training to learn information regarding child feeding and caring practices, for both younger biological mothers (33.3%) and older (44.7%) groups
- A large portion of primary caregivers are interested to learn more about child feeding and caring practices, for both younger (88.6%) and older (88.6%) biological mothers groups.
- Both primary caregivers from both younger biological mother group (78.2%) and older biological mother group (86.1%) prefers direct method in learning about child care and feeding.

Research Objective 4.2: To gather insights on preferred method of learning about child caring and feeding practices from the younger mothers and the older mothers in Sembalun and Pringgabaya sub-districts, East Lombok District (Quantitative)

- Both primary caregivers from both younger biological mother group (78.2%) and older biological mother group (86.1%) prefers direct method.

VII. Recommendations

Based on the results of this study, below are some recommendations for the future SBC project planning:

1. Qualitative research

   Quantitative results can only show number, percentage or proportions as this Baseline study used cross sectional survey method. However, WV and WVI research team will need more in-depth information related to explain the reasons infant and young child feeding practices and poor interaction between parens and child, and to help designing the SBC interventions. Therefore, the quantitative research method should be followed by qualitative research to have a more comprehensive information.

2. Use only direct education process or approaches

   No matter what topic for the future SBC intervention would be, as described in the primary caregivers' preferred learning method, the education or promotion process or approach should always use a more direct methodology to directly show to the audiences such as demonstration and preferably, also let the audiences try themselves on the spot. This method will allow more interaction for the audiences and get direct feedback from them.

3. The importance of family and neighbours

   The situation of the six villages surveyed is more like a slum area in urban context (small houses located really close to each other, small walk path), located along the main road. However, the survey locations are in small town in semi-rural areas.



Figure 9: Situation in surveyed areas

The neighbours and the surrounding households play a big role in influencing the primary caregivers. The close proximity of houses might be suitable for small-group training or education sessions in open space. For example, cooking demonstration using locally available and affordable materials, or how to feed children when they do not want to eat, etc.

By using small groups training in a relatively open space, the surroundings (neighbours, family members, etc) will also have the opportunity to watch and participate in the process. The location choices will play a big role to enable participation of people in the surroundings area. Posyandu (Integrated Service Post) might be a good location choice but probably there are better ones.

4. Health workers and Community Health Volunteers (*Kader Posyandu*)
   Health workers and Community Health Volunteers are important in providing information to primary caregivers, especially to biological mothers $\geq$ 28 years old group. They can be involved in SBC interventions and become trainers and mentors to primary caregivers and beyond. In designing the SBC interventions, WV and WVI can explore the possibilities of using them as an extension of the project to help conducting SBC interventions.

   It is also recommended to WV and WVI to conduct Posyandu (Integrated Service Post) quality assessment using Ministry of Health Indonesia's guidance to see areas for improvement especially related to how health education is conducted at Posyandu (Integrated Service Post), as some indicators show contradictive results:
   - Both groups have the majority of primary caregivers always brought the youngest child to Posyandu (Integrated Service Post), with 94.7% in the younger mothers group and 97.3% among the older mothers group.
   - Both groups have almost all children ever immunised, with 97.4% in the younger mothers group, and 98.2% among the older mothers group.
   - Only a small percentage of primary caregivers mentioned vaccination as a way to prevent child sickness for younger (7%) and older (3.5%) biological mothers groups.

Details of Posyandu (Integrated Service Post) assessment depends on how the future project wants to involve the Posyandu (Integrated Service Post) or Posyandu Cadre (community health volunteers) into SBC activities. This will help the project to decide whether there is a need to include quality improvement into SBC activities.

5. Based on the results of the survey, there are possibilities for future SBC project. The possible areas to be targeted for improvements are:
    - Washing hands with soap before feeding the child and after going to toilet.
    - Primary caregivers' knowledge on danger signs in children under 5 illness
    - Parent – child interaction to support early childhood development
    - Primary caregivers' knowledge and practice on child feeding: exclusive breastfeeding, introduction of solid food, variety/types of food, consumption of ultra-processed food.
    - Primary caregivers' knowledge and practices that support good infant and child feeding, such as: What to do when the child does not want to eat, how to introduce new food to the child, amount and frequency of meals for children in different age groups, preparing variety of child's menu using available/affordable local food, preparing healthy snacks.

6. The Endline survey will collect the same indicators, with the same processes. The results will be compared to baseline. Since the time for SBC implementation during the research is limited, WVI needs to carefully select a few priority indicators and activities that most likely will change before or during endline .

VIII. Appendices

1. Ethical approval

KOMITE ETIK PENELITIAN KESEHATAN
RSUP NASIONAL DR. CIPTO MANGUNKUSUMO
FAKULTAS KEDOKTERAN UNIVERSITAS INDONESIA
Gedung H Fakultas Kedokteran UI, Jalan Salemba Raya No. 6 Jakarta 10430 PO. Box 1358
Telp: (021) 3157008, website: https://komite-etik.fk.ui.ac.id/

Nomor : KET-467 /UN2.F1/ETIK/PPM.00.02/2024

KETERANGAN LOLOS KAJI ETIK
ETHICAL APPROVAL

Komite Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Indonesia – RSUPN Dr. Cipto Mangunkusumo dalam upaya melindungi hak asasi dan kesejahteraan subjek penelitian kedokteran, telah mengkaji dengan teliti protokol penelitian yang berjudul:

The Ethics Committee of the Faculty of Medicine, University of Indonesia – Cipto Mangunkusumo Hospital with regards of the Protection of human rights and welfare in medical research, has carefully reviewed the research entitled:

"Pilot Testing of Social and Behaviour Change Design Guide to Enhance Child Care and Feeding Practices in East Lombok District."

Protocol Number	: **24-09-1397**
Peneliti Utama *Principal Investigator*	: **Esther Indriani, MPH**
Nama Institusi *Name of the Institution*	: **World Vision International**
Lokasi Penelitian *Site*	: **Yayasan Wahana Visi Indonesia – wilayah kerja Area Program Lombok Timur, khususnya di 6 desa yang terpilih menjadi lokasi pilot testing yaitu: Sembalun Bumbung, Sembalun Lawang, Sembalun Timba Gading di Kecamatan Sembalun dan Labuhan Lombok, Pohgading Timur, dan Tanak Gadang di Kecamatan Pringga Baya**
Tanggal Persetujuan *Date of Approval*	: 18 OCT 2024 ***(valid for one year beginning from the date of approval)***
Dokumen Disetujui *Document Approved*	: **Proposal Penelitian, Version 1.0 tanggal 07 September 2024** **Lembar Penjelasan kepada Calon Subjek, Version 0.2 tanggal 30 September 2024** **Formulir informed assent, Version 0.2 tanggal 30 September 2024**

dan telah menyetujui protokol berikut dokumen terlampir.
and approves the above mentioned protocol including the attached document.

Ditetapkan di : Jakarta
Specified in
Ketua
Chairman

Prof. Dr. dr. Ratna Dwi Restuti, SpTHTBKL, Subsp.Oto(K), MPH

** Peneliti berkewajiban
1. Menjaga kerahasiaan identitas subjek penelitian.
2. Memberitahukan status penelitian apabila:
   a. Setelah masa berlakunya keterangan lolos kaji etik, penelitian masih belum selesai, dalam hal ini *ethical approval* harus diperpanjang. Harap pengajuan perpanjangan etik dilakukan 30 hari sebelum masa aktif lolos kaji etik habis
   b. Penelitian berhenti ditengah jalan.
3. Melaporkan kejadian serius yang tidak diinginkan (*serious adverse events*).
4. Peneliti tidak boleh melakukan tindakan apapun pada subjek sebelum protokol penelitian mendapat lolos kaji etik dan sebelum memperoleh *informed consent* dari subjek penelitian.
5. Menyampaikan laporan akhir, bila penelitian sudah selesai.
6. Cantumkan nomor protokol ID pada setiap komunikasi dengan KEPK FKUI-RSCM.
7. Semua prosedur persetujuan dilakukan sesuai dengan standar ICH-GCP

2. Questionnaire

Questionnaire for Baseline and Endline

Respondent: Caregiver of Children Under Five in East Lombok AP

Field Information **Informasi Lapangan**	
Enumerator's name/code Nama/kode enumerator	_____/_____
Date of Survey: Tanggal survey	[DD/MM/YYYY] automatic (Tanggal/Bulan/Tahun)
Sub-district name/code: Nama / kode Kecamatan	_____/_____
Village name/code: Nama/kode desa	_____/_____
Sub-Village name/code: Nama/kode dusun	_____/_____
Group code Kode grup	1. ≤ 24 years old mother 2. ≥28 years old mother

SCRIPT: Hello, my name is _____ and this is my colleague _____. We are from Wahana Visi Indonesia East Lombok AP (Area Program). We are doing a survey about nutrition and childcaring in Sembalun and Prigabaya Sub-district. As part of this survey, we are talking with the caregiver in the community who helps care for children under 5 years old about the nutrition and care of these children. We would like to ask you a few questions about your household to see if your household is eligible. If your household is eligible then we will request permission to talk with the mother or primary caregiver in the household about social, economy, demography; household assets, and living condition; food security; child caring practices, parent-child interaction; nutrition practices; learning about child caring and feeding Practices. Besides the interview, we will ask permission to conduct the MUAC (Mid upper arm cirumstance) measurement for the youngest children aged under-five in your house. This step aims for early detection of the malnourished wasting. The estimated time for survey will take no more than 1hour. Do you mind if we ask you a few questions to see if you are eligible being the respondent:

Halo, nama saya …… dan ini adalah teman saya ……. Kami dari Wahana Visi Indonesia Program Area Lombok Timur. Kami sedang melakukan survey tentang gizi dan pengasuhan anak di Kecamatan Sembalun dan Prigabaya. Sebagai bagian dari survey ini, kami akan berbincang dengan pengasuh di masyarakat yang mengasuh anak balita tentang gizi dan

pengasuhan anak-anak ini. Kami ingin mengajukan beberapa pertanyaan kepada anda tentang keluarga anda untuk melihat apakah keluarga anda memenuhi syarat. Apabila keluarga anda memenuhi syarat, maka kami meminta ijin untuk berbincang dengan ibu atau pengasuh anak di rumah ini tentang sosial, ekonomi, demografi; aset rumah tangga, dan kondisi hidup; ketahanan pangan; praktik pengasuhan anak, interaksi anak-orangtua; praktik gizi; pembelajaran tentang Praktik Perawatan dan Pemberian Makan Anak. Selain wawancara, kami akan meminta izin untuk melakukan pengukuran LILA (Lingkar Lengan Atas) untuk anak-anak termuda berusia di bawah lima tahun di rumah Anda. Langkah ini bertujuan untuk deteksi dini masalah gizi-wasting. Estimasi survei ini ialah tidak akan lebih dari 1 jam. Apakah kami dapat bertanya beberapa pertanyaan untuk melihat kesesuaian anda menjadi responden:

Bila terdapat lebih dari 1 anak balita, pilih yang paling muda.

FORM A. SCREENING RESPONDENT ELIGIBILITY

A. **IDENTIFIER/ SCREENING RESPONDENT ELIGIBILITY (ASKED TO ALL CAREGIVERS OF 0-59 MONTHS)** **IDENTIFIKASI/SKRINING KELAYAKAN RESPONDEN (DITANYAKAN KEPADA SELURUH PENGASUH 0-59 BULAN)** **Pilih salah satu opsi dan isi jawaban berdasarkan pertanyaan yang ada!**	
Is there a child under 5 years of age (0-59 months) living in this household? Apakah ada anak usia di bawah 5 tahun di dalam rumah tangga ini?	1. Yes Ya 2. No Tidak → Stop, pindah ke rumah lain
What is the mother's age of the youngest child currently? Berapa umur ibu kandung anak balita termuda tersebut saat ini? **If the mother's age does not match the group code, move to other household** **Bila usia ibunya tidak sesuai dengan kode grup, pindah ke rumah lain.**	.....years old .....tahun
Do you take care of the youngest child every day? Apakah Anda sehari-sehari mengurus anak ini?	1. Yes Ya 2. No → wait or come back to meet the primary caregiver and start from the beginning. Tidak. → tunggu atau kembali lagi hingga bertemu dengan orang yang biasa mengurus anak. Bila sudah bertemu, ulangi pertanyaan dari awal

B. RESPONDENT'S SOCIAL, AND ECONOMY **SOSIAL, DAN EKONOMI RESPONDEN** **Pilih salah satu opsi dari jawaban responden/menyesuaikan dari petunjuk pertanyaan, dan isi jawaban berdasarkan pertanyaan yang ada!**		
1.	What is your name? Siapa nama anda?	[Text]
2.	How old are you now? Usia anda sekarang?	[… years old] .....tahun
3.	Gender of Primary caregiver Jenis kelamin pengasuh utama	1. Laki 2. Perempuan
4.	What is the name of the youngest child? Siapa nama anak paling muda?	[text]
5.	What is the youngest child gender? Apa jenis kelamin anak termuda?	1. Male Laki-laki 2. Female Perempuan
6.	Date of birth of the youngest child: Tanggal lahir anak paling muda: IF RESPONDENT DOESN'T KNOW OR DOESN'T REMEMBER, ASK: BILA TIDAK TAHU, GANTI DENGAN PERTANYAAN: How old is the youngest child now? Berapa usia anak ini?	[DD/MM/YYYY] (Tanggal/Bulan/Tahun) Don't remember/don't know Tidak Ingat/tidak tahu [… Months]
7.	What is your relationship with this youngest child? Apa hubungan Anda dengan anak termuda ini?	1. Biological Mother Ibu kandung 2. Adopted Mother 3. Father Ayah 4. Older sibling Kakak 5. Grandmother Nenek 6. Grandfather Kakek 7. Aunt Bibi 8. Uncle

		Paman 9. Other relative Kerabat/saudara lain 10. Somebody paid to help Seseorang yang dibayar untuk membantu/Pengasuh/babysitter 11. Etc. Lainnya…
8.	<u>If the respondent is the biological mother, ask:</u> <u>Bila responden adalah ibu kandung, tanyakan:</u> When did you get married for the first time? Kapan tanggal pertama kali ibu menikah? IF RESPONDENT DOESN'T REMEMBER, ASK: JIKA RESPONDEN TIDAK INGAT TANGGALNYA, TANYAKAN: How old were you when you first got married? Berapa usia ibu ketika pertama kali menikah?	 [DD/MM/YYYY] (Tanggal/Bulan/Tahun) 999 Don't remember Tidak Ingat 888 Never marry Tidak pernah menikah [… Tahun] lalu
9.	<u>If the respondent is NOT the biological mother, ask:</u> <u>Bila responden adalah BUKAN ibu kandung, tanyakan:</u> Since when have you been taking care of this youngest child? (Child's age in months)? Sejak kapan anak termuda ini diasuh oleh Anda? (umur anak dalam bulan)	 [… Months]
10.	<u>If the respondent is NOT the biological mother, ask:</u> <u>Bila responden adalah BUKAN ibu kandung, tanyakan:</u> When did the mother of this child get married for the first time? Kapan tanggal pertama kali ibu dari anak ini menikah? IF RESPONDENT DOESN'T REMEMBER, ASK: JIKA RESPONDEN TIDAK INGAT TANGGALNYA, TANYAKAN:	 [DD/MM/YYYY] (Tanggal/Bulan/Tahun) 999 Don't remember Tidak Ingat 888 Never marry

	How old was the mother when she first got married? Berapa usia ibu anak ini ketika pertama kali menikah?	Tidak pernah menikah [… Tahun]
11.	<u>If the respondent is NOT the biological mother, ask:</u> <u>Bila responden adalah BUKAN ibu kandung, tanyakan:</u> Where is the biological mother of this youngest child? Dimana keberadaan ibu kandung dari anak termuda ini?	1. Passed away Meninggal dunia 2. Work in different city Bekerja di kota lain 3. Work in other country Bekerja di negara lain 4. Moved to different location due to marriage Pindah ke lokasi lain karena menikah lagi 5. Unknown Tidak diketahui keberadaannya 6. Don't know Tidak tahu 7. Other, specify….. Lainnya, jelaskan….
12.	<u>If the respondent is NOT the biological mother, ask:</u> <u>Bila responden adalah BUKAN ibu kandung, tanyakan:</u> What is the mother's highest level of education? Apa tingkat Pendidikan terakhir ibu kandung si anak?	1. Never attended school Tidak sekolah 2. Elementary school/equivalent but not completed SD/sederajat tetapi tidak selesai 3. Completed elementary school /equivalent Lulus SD/sederajat 4. Completed junior high school /equivalent Lulus SMP/sederajat 5. Completed senior high school /equivalent Lulus SMA/sederajat 6. Graduated from college/equivalent Lulus perguruan tinggi/sederajat 7. Others, please specify… Lainnya, Jelaskan…….. 8. Don't know

		Tidak tahu
13.	What is your highest level of education? Apa tingkat Pendidikan terakhir anda?	1. Never attended school Tidak sekolah 2. Elementary school/equivalent but not completed SD/sederajat tetapi tidak selesai 3. Completed elementary school /equivalent Lulus SD/sederajat 4. Completed junior high school /equivalent Lulus SMP/sederajat 5. Completed senior high school /equivalent Lulus SMA/sederajat 6. Graduated from college/equivalent Lulus perguruan tinggi/sederajat 7. Others, please specify… Lainnya, Jelaskan……..
14.	What is the name of the youngest child's father? Siapa nama ayah dari anak termuda ini?	[Text] 999 bila tidak tahu → skip to no 14
15.	What is the date of birth of the youngest child's father Berapa tanggal lahir ayah dari anak termuda ini? IF RESPONDENT DOESN'T KNOW, ASK: BILA RESPONDEN TIDAK TAHU, GANTI DENGAN PERTANYAAN: How old is the father now? Berapa usia ayah dari anak termuda saat ini?	[DD/MM/YYYY] (Tanggal/Bulan/Tahun) Don't know Tidak tahu [… tahun] 999 bila tidak tahu
16.	What is father's highest level of education? Apa tingkat pendidikan terakhir ayah?	1. Never attended school Tidak sekolah 2. Elementary school/equivalent but not completed SD/sederajat tetapi tidak selesai 3. Completed elementary school /equivalent Lulus SD/sederajat

		4. Completed junior high school /equivalent Lulus SMP/sederajat 5. Completed senior high school /equivalent Lulus SMA/sederajat 6. Graduated from college/equivalent Lulus perguruan tinggi/sederajat 7. Others, please specify… Lainnya, Jelaskan…….. 8. Don't know Tidak tahu
17.	What is your occupation? Apa pekerjaan anda? DO NOT READ OPTIONS. RECORD ALL RESPONSES. RESPONDENT CAN HAVE MORE THAN ONE ANSWER PILIHAN JAWABAN JANGAN DIBACA. PILIH JAWABAN YANG DISEBUTKAN. PILIHAN BOLEH LEBIH DARI SATU	a. Housewife Ibu Rumah Tangga b. Farmer Petani c. Fisherwoman Nelayan d. Food vendor Penjual makanan e. Day labourer in construction Buruh harian konstruksi f. Day labourer in farming or fisheries Buruh harian petani atau nelayan g. Teacher Guru h. Civil servant (PNS) Pegawai Negeri Sipil (PNS) i. Small business such as warung or toko Usaha kecil seperti warung atau toko j. Motorbike driver Ojek k. Etc. Lainnya…
18.	May I know your phone number if Wahana Visi Indonesia would like to invite you for community program on child health and nutrition?	[Numeric 1] [Numeric 2]

	RECORD 1) MOTHER'S PHONE NUMBER 2) HUSBAND OR OTHER FAMILY MEMBER'S PHONE NUMBER Mother's phone number and Husband's or Other family member's phone number as alternative Bolehkah saya tahu nomor telepon ibu seandainya Wahana Visi Indonesia ingin mengundang ibu untuk ikut dalam program mengenai Kesehatan dan gizi anak? CATAT 1) NOMOR TELEPON IBU DAN 2) NOMOR TELEPON SUAMI ATAU ANGGOTA KELUARGA LAIN SEBAGAI CADANGAN: Nomor telepon ibu dan nomor telepon suami atau anggota keluarga lainnya	

C. DEMOGRAPHIC AND HOUSEHOLD ASSETS AND LIVING CONDITIONS

DEMOGRAFI, ASSET RUMAH TANGGA, DAN KONDISI KEHIDUPAN

C1.Demographic situation. **Pilih salah satu opsi dari jawaban responden, dan isi jawaban berdasarkan pertanyaan yang ada!**		
19.	How many people currently live in your household? Berapa banyak anggota keluarga di rumah ini?	[Numeric]
20.	How many children aged 0-5 years old are in this household? Berapa banyak anak usia 0-5 tahun di rumah ini?	[Numeric]
C2.Household Assets and Living Conditions:		
21.	Do you have electricity in this house? Apakah Anda punya listrik di rumah?	1. Yes Ya 2. No Tidak 3. Yes, but not PLN. Explain..... Ya, tapi bukan PLN. Jelaskan.....
19.	What kind of toilet facility do most members of your household use? Apa jenis toilet yang digunakan sebagian besar anggota keluarga Anda?	1. Flush Toilet Toilet dengan septic tank/leher angsa 2. PIT TOILET/LATRINE Toilet dengan lubang 3. NO FACILITY/BUSH/FIELD Tidak ada fasilitas, dikebun 4. Other, specify……

		Lainnya, jelaskan……
20.	What is the main source of drinking water for members of your household? Apa sumber air utama untuk air minum bagi rumah ini?	1. PIPED WATER Pipanisasi 2. WATER FROM OPEN WELL Sumur terbuka 3. WATER FROM COVERED WELL OR BOREHOLE Sumur tertutup, sumur bor 4. SURFACE WATER Sungai, mata air, kolam, embung 5. RAINWATER Air hujan 6. Buy from shops Beli dari toko 7. Others, specify……. Lainnya, jelaskan……
21.	Does this household have a regular income? Apakah keluarga Anda punya pendapatan tetap?	*1. Yes* *Ya* *2. No* *Tidak* *3. Don't know* *Tidak tahu*

D. FIES (FOOD INSECURITY EXPERIENCE SCALE)

D.FOOD INSECURITY EXPERIENCE SCALE **Pilih salah satu opsi dari jawaban responden berdasarkan pertanyaan yang ada!**		
22.	**<u>During the last 12 months</u>, was there a time when, because of lack of money or other resources:** **Dalam setahun terakhir, pernahkah ada masa dimana, karena kekurangan uang atau tidak ada sumber daya, sehingga:**	
22.a	Are you/other household members worried that will not have enough food to eat due to lack of money or other resources? Apakah Anda/ART lainnya khawatir tidak akan memiliki cukup makanan untuk disantap karena kurangnya uang atau sumber daya lainnya?	1. Yes Ya 2. No Tidak
22.b	Is there a time when you / other household member cannot eat healthy and nutritious food due to lack of money or other resources?	1. Yes Ya 2. No

	Apakah ada saat dimana Anda/ART lainnya tidak dapat menyantap makanan sehat dan bergizi karena kurangnya uang atau sumber daya lainnya?	Tidak
22.c	Do you / other household member only eats few kinds of food because do not own money or other resources? Apakah Anda/ART lainnya hanya menyantap sedikit jenis makanan karena tidak memiliki uang atau sumber daya lainnya?	1. Yes Ya 2. No Tidak
22.d	Do you / other household members had to skip meal in a particular day because do not have enough money or other resources to have food? Apakah Anda/ART lainnya pernah melewatkan makan pada suatu hari tertentu karena tidak memiliki uang atau sumber daya lain yang cukup untuk mendapatkan makanan?	1. Yes Ya 2. No Tidak
22.e	Do you/other household members eat less than you should due to lack of money or other resources? Apakah Anda/ART lainnya makan lebih sedikit daripada seharusnya karena kurangnya uang atau sumber daya lainnya?	1. Yes Ya 2. No Tidak
22.f	Do you / other household members have run out of food due to lack of money or other resources? Apakah rumah tangga kehabisan makanan karena kurangnya uang atau sumber daya lainnya?	1. Yes Ya 2. No Tidak
22.g	Do you / other household members felt hungry but cannot eat due to lack of money or other resources to have food? Apakah Anda/ART lainnya merasa lapar tetapi tidak makan karena kurangnya uang atau sumber daya lainnya untuk mendapatkan makanan?	1. Yes Ya 2. No Tidak
22.h	Have you / other household members ever did not eat the whole day due to lack of money or other resources? Apakah Anda/ART lainnya tidak makan seharian karena kurangnya uang atau sumber daya lainnya?	1. Yes Ya 2. No Tidak

FORM E. CHILD CARE PRACTICES **E. CHILD CARE PRACTICES** **Pilih salah satu opsi dari jawaban responden berdasarkan pertanyaan yang ada, dan ikuti panduan pertanyaan dari masing-masing soal!**		
23.	Did you get any help in taking care of this youngest child? Apakah ada yang membantu Anda untuk mengasuh anak termuda ini?	1. Yes, Ya 2. No, → to 25 Tidak
24.	Who helps you to take care of this youngest child? Siapa yang membantu anda untuk mengasuh anak ini?	a. Respondent's spouse Pasangan dari responden (suami/istri) b. The youngest child's grandfather Kakek dari anak termuda c. The youngest child's grandmother Nenek dari anak termuda d. Older sibling of the youngest child Kakak dari anak termuda e. Other relatives of the youngest child (for example uncle or aunt of the youngest child) Kerabat/saudara lain dari anak termuda (misalnya paman atau bibi) f. Somebody paid to help Seseorang yang dibayar untuk membantu/Pengasuh/babysitter g. Etc. Lainnya…
25.	How often do you wash your hands with soap before feeding the youngest child? Seberapa sering Anda mencuci tangan dengan sabun sebelum memberi makan anak yang termuda ini?	1. Always Selalu 2. Sometimes Kadang – kadang 3. Never Tidak pernah

26.	How often do you wash your hands with soap after going to the toilet? Seberapa sering Anda mencuci tangan dengan sabun setelah selesai Buang Air Besar atau Buang Air Kecil?	1. Always Selalu 2. Sometimes Kadang – kadang 3. Never Tidak pernah
27.	Do you bring the youngest child to the Posyandu (GMP) every month? Apakah Anda membawa anak termuda ini ke Posyandu setiap bulan ?	1. Always Selalu 2. Never Tidak pernah 3. Not always Tidak selalu 4. Dont know Tidak tahu 5. Etc, specify... Lainnya, lebih spesifik...
28.	Do you have the growth chart of the youngest child? Apakah anak termuda ini punya kartu KMS atau Buku Kesehatan Ibu dan Anak (Buku KIA)?	1. Yes (able to show the card) Ya (dapat menunjukkan kartu) 2. Yes (not able to show the card) –> 30 Ya (tidak dapat menunjukkan kartu) –>30 3. No ☙ 30 Tidak ☙ 30 4. Don't know ☙ 30 Tidak tahu ☙ 30
29.	Record child's date of birth Catat tanggal lahir anak Record child's last visit to Posyandu Catat tanggal terakhir kunjungan anak ke posyandu Select the 1st of the month, if there is no date in the KMS Bila tidak tercatat tanggal di KMS , pilih tanggal 1 pada bulan tersebut Record child's mother name Catat nama ibu si anak	[DD/MM/YYYY] (Tanggal/Bulan/Tahun) Bila tidak tercatat → di KMS Tanggal lahir tidak tercatat [DD/MM/YYYY] (Tanggal/Bulan/Tahun) [Text]
30.	What did you do to prevent your child becomes sick*?*	*a. Vaccination* *Imunisasi anak*

	Apa yang anda lakukan untuk mencegah anak anda sakit? DO NOT READ OPTIONS. RECORD ALL RESPONSES. RESPONDENT CAN HAVE MORE THAN ONE ANSWER PILIHAN JAWABAN JANGAN DIBACA. PILIH JAWABAN YANG DISEBUTKAN. PILIHAN BOLEH LEBIH DARI SATU	*b. Hygiene practice* *Menjaga kebersihan* *c. Nothing* *Tidak ada* *d. Don't know* *Tidak tahu* *e. Etc.* *Lainnya…*
31.	Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs treatment? Kadang-kadang anak menjadi sakit dan memerlukan pengobatan. Apa saja tanda-tanda bahwa anak membutuhkan pengobatan? DO NOT READ OPTIONS. RECORD ALL RESPONSES. PILIHAN JAWABAN JANGAN DIBACA. PILIH JAWABAN YANG DISEBUTKAN	a. HIGH FEVER Panas tinggi b. DIARRHEA WITH BLOOD IN STOOL Diare dengan darah c. DIARRHEA WITH DEHYDRATION Diare dengan dehidrasi d. FAST / DIFFICULT BREATHING OR CHEST IN-DRAWING Nafas cepat/sesak e. NOT ABLE TO DRINK OR FEED OR BREASTFEED Tidak dapat minum atau makan atau menyusui f. VOMITING EVERYTHING Memuntahkan semua g. CONVULSIONS Kejang h. LOSS OF CONSCIOUSNESS Tidak sadar i. LETHARGIC / TIRED / SLOW TO RESPOND / DOESN'T WANT TO PLAY Lemas, lambat merespon, tidak mau main j. DOES NOT LOOK WELL Terlihat tidak sehat k. STIFF NECK Leher kaku l. DON'T KNOW Tidak tahu m. Others, Please specify Lainnya, jelaskan.....
32.	Has your child been immunized?	1. Yes Ya

	Apakah anak termuda ini sudah pernah mendapat imunisasi?	2. No Tidak 3. Don't know Tidak tahu
33.	In the past 6 months, did the youngest child receive any deworming medication? Dalam 6 bulan terakhir, apakah anak termuda ini pernah mendapatkan obat cacing?	1. Yes Ya 2. No Tidak 3. Don't know Tidak tahu
34.	When the youngest child had diarrhea, what did you do or gave to treat the diarrhea*?* *Ketika anak termuda sakit diare, apa yang anda lakukan atau berikan untuk mengobatinya?*	*a. NOTHING* *Tidak ada* *b. FLUID FROM ORS PACKET* *Oralit* *c. HOME-MADE FLUID* *Cairan buatan sendiri* *d. PILL OR SYRUP, ZINC* *Pil atau sirup Zinc* *e. PILL OR SYRUP, NOT ZINC* *Pil atau sirup, tetapi bukan zinc* *f. Go to health center/staff* *Pergi ke petugas kesehatan/ Puskesmas* *g. HOME REMEDIES* *Pengobatan tradisional* *h. HERBAL MEDICINES* *Obat herbal* *i. OTHER……* *Lainnya, jelaskan……* *j. Don't know* *Tidak tahu*
F. PARENT-CHILD INTERACTION will assess the care with the Brigance Score: **READ OUT: "Now, I would like to ask you about your activity with the youngest child"** BACAKAN: "Sekarang, saya akan bertanya mengenai kegiatan yang Anda lakukan bersama si anak yang termuda"		
35.	How often do you play with your child and show him or her things about toys? Berapa sering anda bermain dengan anak termuda ini dan menunjukkan padanya hal – hal tentang mainan?	1. Not very often Jarang 2. Sometimes Kadang – kadang 3. Often Sering
36.	How often do you hug and kiss your child?	1. Not very often

	Berapa sering anda memeluk dan mencium anak termuda ini?	Jarang 2. Sometimes Kadang – kadang 3. Often Sering
37.	Do you mostly talk to your child when he/she is crying? Apakah Anda hanya berbicara/mengobrol dengan anak termuda ini sewaktu dia menangis?	1. Not very true, I talk to my child anytime, not only when s/he is crying only Tidak benar, saya mengobrol dengan anak ini kapan saja, bukan hanya ketika dia menangis 2. Sometimes true Kadang – kadang 3. Mostly true, I talk to my child when s/he is crying only Hampir selalu, saya hanya berbicara/mengobrol dengan anak ini sewaktu dia menangis
38.	How often do you help your child learn by talking and showing him or her new things? Berapa sering Anda membantu anak termuda ini belajar dengan cara berbicara dan menunjukkannya benda – benda baru?	1. Not true, I do not help my child learning that way Tidak pernah, saya tidak membantu anak ini belajar dengan cara itu 2. Sometimes true Kadang – kadang 3. Mostly true. I help my child learning by talking and showing new things Hampir selalu. Saya membantu anak ini belajar dengan mengobrol dan menunjukannya benda – benda baru
39.	How often do you look at or read children's books to your child? Berapa sering anda menunjukkan atau membacakan buku – buku cerita anak kepada anak termuda ini?	1. Not very often Jarang 2. Sometimes Kadang – kadang 3. Often Sering

40.	Does your child seem very interested when you talk to him or her? Apakah anak termuda ini terlihat sangat tertarik waktu Anda berbicara kepadanya?	1. Not very true. My child does not seem very interested to me Tidak benar. Anak ini tidak terlihat sangat tertarik 2. Sometimes true Kadang – kadang 3. Mostly true. My child always seem very interested when I talk to him/her Hampir selalu. Anak ini selalu terlihat sangat tertarik ketika saya berbicara dengannya
41.	How often do you make up games or songs for your child? Berapa sering Anda membuat permainan atau lagu untuk anak termuda ini?	1. Not very often Jarang 2. Sometimes Kadang – kadang 3. Often Sering
42.	When your child looks at or touches a toy, do you talk to him/her about the toy? Ketika anak termuda ini melihat atau menyentuh sebuah mainan, apakah Anda menjelaskan kepadanya tentang mainan tersebut?	1. Not very often Jarang 2. Sometimes Kadang – kadang 3. Often Sering
43.	When your child is looking at you, do you talk to him/her or make sounds? Ketika anak termuda ini melihat Anda, apakah Anda berbicara atau membuat suara – suara kepadanya?	1. Not very often Jarang 2. Sometimes Kadang – kadang 2. Often Sering
44.	Does your child seem to like you? Apakah anak termuda ini tampak menyukai Anda?	1. Not very true. My child does not seem to like me Tidak benar. Anak ini kelihatannya tidak menyukai saya 2. Sometimes true Kadang – kadang 3. Mostly true. My child seems to like me Hampir selalu. Anak ini kelihatannya menyukai saya

45.	Do you enjoy feeding your child or eating with him/her? Apakah anda merasa senang ketika memberi makan anak termuda ini atau makan bersamanya?	1. Not very often Jarang 2. Sometimes Kadang – kadang 4. Often Sering
46.	Do you talk to your child in a special way (ex. With loving care, differently than other kids or other people)? Apakah Anda berbicara kepada anak termuda ini dengan cara yang spesial atau khusus? (Misalnya, dengan penuh kasih sayang, berbeda dari cara Anda berbicara kepada anak lain atau orang lain)	1. Not very often Jarang 2. Sometimes Kadang – kadang 3. Often Sering
47.	Is your child not very much fun to be with? Apakah anak termuda ini <u>tidak</u> begitu menyenangkan (asik)?	1. Not very true. My child is fun to be with Tidak benar. Anak ini menyenangkan (asyik) 2. Sometimes true Kadang – kadang 3. Mostly true. My child is not very much fun to be with Hampir selalu. Anak ini tidak terlalu menyenangkan (asyik)
48.	Can you make your child feel better when s/he is upset? Apakah Anda dapat membuat anak termuda ini merasa lebih baik sewaktu dia sedang merajuk/ngambek?	1. Not very often Jarang 2. Sometimes Kadang – kadang 3. Often, I can make my child feel better when s/he is upset Sering, saya dapat membuat anak ini merasa lebih baik saat dia sedang merajuk/ngambek
49.	When your chid looks at or touches something, is the first thing you say “don’t” or “no”? Apakah ketika anak termuda ini melihat atau menyentuh sesuatu, kata pertama yang anda ucapkan adalah “jangan atau tidak”?	1. Not very true, when my child looks or touch something, I do not directly say don’t or no Tidak benar, ketika anak ini melihat atau menyentuh sesuatu, saya tidak langsung

		mengatakan “jangan” atau “tidak” 2. Sometimes true Kadang – kadang 3. Mostly true, when my child looks or touches something, I always say don’t or no Hampir selalu, ketika anak ini melihat atau menyentuh sesuatu, saya selalu mengatakan “janagan” atau “tidak”
50.	Do you like your child most of the time? Apakah Anda menyukai anak termuda ini hampir setiap saat?	1. Not very true. I usually do not like my child Tidak benar. Saya biasanya tidak menyukai anak ini 2. Sometimes true Kadang – kadang 2. Mostly true. I always like my child Hampir selalu. Saya selalu menyukai anak ini
51.	Does your child not need your help learning new things? Apakah anak termuda ini tidak membutuhkan bantuan Anda untuk belajar hal – hal baru?	1. Not very true. My child needs my help to learn new things Tidak benar. Anak ini membutuhkan bantuan saya untuk belajar hal – hal baru 2. Sometimes true Kadang – kadang 3. Mostly true, my child does not need my help to learn new things Hampir selalu, anak ini tidak membutuhkan bantuan saya untuk belajar hal – hal baru
52.	Do you talk to your child when feeding or eating with him or her? Apakah anda berbicara dengan anak termuda ini sewaktu anda memberinya makan atau makan bersamanya? 2.	1. Not very often I talk to my child when feeding him/her Saya jarang berbicara dengan anak ini ketika memberinya makan 2. Sometimes

		Kadang – kadang 3. Often, I talk to my child when feeding him/her Sering, saya berbicara dengan dengan anak ini ketika memberinya makan
53.	*Do you give any toys or play materials for your youngest child?* *Apakah Anda memberikan mainan atau alat bermain untuk anak termuda ini?*	*1. Yes* *Ya* *2. No* *Tidak* *3. Dont know* *Tidak tahu*
54.	Do you think the youngest child have a safe and clean place to play? Apakah menurut anda anak termuda ini punya tempat bermain yang aman dan bersih?	1. Yes, really safe and clean Ya, sangat aman dan bersih 2. Yes, safe and clean enough Ya, cukup aman dan bersih 3. Not safe and clean Tidak aman dan tidak bersih 4. Don't know Tidak tahu

G. NUTRITION PRACTICES **PRAKTEK GIZI** **Pilih salah satu opsi dari jawaban responden berdasarkan pertanyaan yang ada, dan atau ikuti panduan pertanyaan dari masing-masing soal!**		
55.	Has this youngest child ever been breastfed? Apakah anak termuda ini pernah disusui atau diberi ASI?	1. Yes Ya 2. No Tidak 3. Don't know Tidak tahu
56.	In the first 3 days after birth, what was given to the youngest child? (RESPONDENT CAN GIVE MORE THAN ONE ANSWER. DO NOT READ OUT THE OPTIONS) Dalam waktu 3 hari setelah lahir, makanan atau minuman apa yang diberikan kepada si anak termuda ini? (JAWABAN BOLEH LEBIH DARI SATU. PILIHAN JAWABAN JANGAN DIBACAKAN)	a. Breastmilk ASI b. Infant Formula Susu Formula c. Animal milk Susu segar misalnya susu sapi, susu kambing d. Plain water Airputih e. Tea

		Teh f. Juice Jus buah g. Honey Madu h. Other, specify… Lainnya, sebutkan… i. Don't know or Forget Tidak tahu atau Lupa
57.	Have you started giving semi-solid or solid food to the youngest child? Apakah Anda sudah mulai memberikan makanan padat atau lunak pada anak termuda ini?	1. Yes Ya 2. No → skip to 59 Tidak 3. Don't know → skip to 59 Tidak tahu
58.	At what age was the youngest child first given liquids or foods other than breast milk? Pada umur berapa anak termuda ini pertama kali diberi makan atau minum selain ASI?	[…in months] *If don't know, write 999* *Kalau tidak tahu tulis 999*
59. ,	In the past 24 hours, from yesterday morning until night, did this youngest child consume foods from the following food groups? READ ALL THE FOOD IN EACH FOOD GROUP BELOW Dalam 24 jam terakhir, dari kemarin pagi hingga malam, apakah anak termuda ini makan makanan berikut? BACAKAN SEMUA JENIS MAKANAN DI TIAP KELOMPOK MAKANAN DI BAWAH INI	
	1. Breastmilk Air Susu Ibu (ASI)	1. Yes Ya 2. No Tidak
	2. Grains, roots, and tubers Nasi, bubur, kentang, ubi putih, talas, roti, jagung, singkong atau biji – bijian, akar rimpang dan umbi – umbian lainnya.	1. Yes Ya 2. No Tidak
	3. Legumes and nuts Tempe, tahu, oncom, kacang kedelai, kacang tanah, kacang merah, kacang mete, kacang kenari, kuaci,	1. Yes Ya 2. No

	kelapa, susu kedelai, atau jenis kacang – kacangan dan polong-polongan lainnya.	Tidak
	4. Dairy products (milk, yoghurt, cheese) Produk susu misalnya susu sapi, susu kambing, yogurt, keju	1. Yes Ya 2. No Tidak
	5. Flesh foods (meat, fish, poultry, liver/organ meats, insects, reptiles) Daging misalnya daging yang berasal dari sapi, kambing, kerbau, kuda, rusa, babi ~~(harus dikonfirmasi dulu apakah kita tetap tanyakan "babi" atau tidak)~~ Daging ayam, burung puyuh, bebek, burung merpati, kelinci, musang… Jeroan misalnya hati ayam atau jeroan ayam lainnya, hati sapi atau jeroan sapi lainnya… Jenis ikan misalnya ikan laut, ikan air tawar, ikan asin… Ular, kodok, serangga (belalang), Nyale (cacing laut),	1. Yes Ya 2. No Tidak
	6. Eggs Telur unggas (telur ayam, telur bebek, telur puyuh)	1. Yes Ya 2. No Tidak
	7. Vitamin A-rich fruits and vegetables Buah atau sayuran kaya Vitamin A misalnya ubi kuning, wortel, papaya, mangga matang, paprika, labu parang, kangkung, daun bayam, daun kelor, daun sawi, pokchoy, daun selada, daun singkong, daun ubi jalar, daun papaya, daun labu, daun talas, dan sayuran berdaun hijau lainnya	1. Yes Ya 2. No Tidak
	8. Other fruits and vegetables Sayur dan buah lain misalnya apel, alpukat, kubis, pisang, mentimun, labu siam, kembang kol, terong, pare, jahe, sereh, jeruk, jambu biji, anggur, nanas, melon hijau, apel, strawberi, kiwi, manggis, rambutan, semangka, durian, buah naga, pear, mangga mentah, markisa, jeruk bali, tomat hijau, tomat matang, buncis, lobak.	1. Yes, Ya 2. No Tidak
60.	In the past 24 hours, from yesterday morning until night, did this youngest child consume these foods?	a. Breakfast cereals, cake mixes, 'energy' bars; wafer, biscuit Sereal untuk sarapan misalnya Energen atau

	Dalam 24 jam terakhir, dari kemarin pagi hingga malam, apakah anak termuda ini makan **<u>makanan buatan pabrikan</u>** sebagai berikut?	coco crunch, wafer, biskuit b. 'instant' packaged soups and noodles; Mie instant seperti Indomie atau Mie Sedap c. many types of sweetened breads and buns, cakes, pastries and desserts; Roti manis, kue-kue dan kudapan manis d. chips (crisps), many other types of sweet, fatty or salty snack products; permen, keripik atau snack pabrikan sejenis, coklat instan dalam kemasan bubuk misalnya Milo e. sugared milk and fruit drinks, soft cola and 'energy' drinks. minuman jus dalam kotak, minuman teh dalam kotak atau botol, minuman bersoda dalam botol, f. Pre-prepared meat, fish, vegetable or cheese dishes, pizza and pasta dishes, burgers and hot dogs, French fries (chips), poultry and fish 'nuggets' or 'sticks' ('fingers');

		Daging olahan beku misalnya sosis, nugget, burger; Kentang goreng g. Bread and other cereal products, animal products made from flour and salt with scraps or remnants of meat; Roti dan daging olahan yang dicampur tepung roti misalnya bakso, martabak telur, pangsit, h. cookies (biscuits), preserves (jams); Biskuit, selai i. sauces, meat, yeast, other extracts; saus (misalnya kecap, saus tomat, saus sambal, saus tiram), kaldu ayam bubuk seperti royco j. ice - cream, chocolates, candies (confectionery); Es krim, coklat, permen es krim, coklat batangan atau permen coklat, k. margarines; Margarin seperti Blue Band l. canned or dehydrated soups; sup dalam kemasan,

		m. infant formula, follow on milks, baby products. susu formula, susu bubuk untuk anak usia balita, biscuit bayi, n. Did not consume any of these foods Tidak makan satupun makanan di atas
61.	Measure the youngest child's MUAC and record in centimetre: Ukur LILA anak termuda dan catat dalam satuan sentimeter:	[…in cm]

H. LEARNING ABOUT CHILD CARING AND FEEDING PRACTICES **Pilih salah satu opsi dari jawaban responden berdasarkan pertanyaan yang ada, dan atau ikuti panduan pertanyaan dari masing-masing soal!**		
62.	Where do you learn about child feeding practices? Di mana Anda belajar tentang praktik pemberian makan anak? RESPONDENT CAN HAVE MORE THAN ONE OPTION RESPONDEN BOLEH MEMILIH LEBIH DARI 1 JAWABAN	a. Family members Anggota keluarga b. Health workers Tenaga kesehatan c. Community Health Volunteer Kader Posyandu d. Media and socialmedia such as newspaper, TV, radio, youtube, Instagram, etc. Media dan media social misalnya surat kabar, TV, radio, youtube, Instagram, dll. e. Community events Kegiatan masyarakat f. From elders Dari orang yang lebih tua g. From neighbours Dari tetangga h. Etc. Lainnya…

		i. Don't know Tidak tahu
63.	Have health workers provided you with information on child feeding and care practices? Pernahkah Tenaga kesehatan memberikan informasi tentang praktik pemberian makan dan perawatan/pengasuhan anak?	1. Yes, often Ya, sering 2. Yes, sometimes Ya, kadang-kadang 3. Yes, once Ya, satu kali 4. No Tidak 5. Dont know Tidak tahu 6. Other, explain..... Lainnya, jelaskan.....
64.	Have community health volunteers provided you with information on child feeding and care practices? Pernahkah Kader Posyandu memberikan informasi tentang praktik pemberian makan dan perawatan/pengasuhan anak?	1. Yes, often Ya, sering 2. Yes, sometimes Ya, kadang-kadang 3. Yes, once Ya, satu kali 4. No Tidak 5. Dont know Tidak tahu 6. Other, explain..... Lainnya, jelaskan.....
65.	In your community, who do you typically ask for advice on child feeding and caring? Kepada siapa Anda biasanya bertanya tentang cara mengasuh dan memberi makan anak? RESPONDENT CAN HAVE MORE THAN ONE OPTION RESPONDEN BOLEH MEMILIH LEBIH DARI 1 JAWABAN	a. Family members, parents or family elders Keluarga atau orang tua/anggota keluarga yang lebih tua b. Neighbours Tetangga c. Friends Teman d. Community Health Volunteers Kader posyandu e. Health workers Tenaga kesehatan f. No one Tidak ada g. Others, explain……. Lainnya, jelaskan…….

66.	Do you use any media (radio, TV, internet) to learn about child feeding practices? Apakah Anda menggunakan media misalnya radio, TV, atau internet untuk belajar tentang cara memberi makan anak?	1. Yes Ya 2. No Tidak 3. Don't know Tidak tahu
67.	Have you participated in any training or educational programs on child feeding and caring practices? Apakah Anda pernah ikut dalam pelatihan atau program pendidikan mengenai praktik pemberian makan dan pengasuhan anak?	1. Yes Ya 2. No Tidak 3. Don't know Tidak tahu
68.	Would you like to learn about how to take care of your child and how to feed your child? Apakah Anda tertarik dan mau belajar tentang cara mengasuh dan memberi makan anak Anda?	1. Yes, Ya 2. No → end interview Tidak 3. Don't know → end interview Tidak tahu
69.	If you want, how do you prefer to receive information on child care? RESPONDENT CAN HAVE MORE THAN ONE OPTION Bila anda menginginkan, bagaimana cara yang menurut Anda paling menarik dan Anda ingin ikuti untuk belajar mengenai pengasuhan anak? RESPONDEN BOLEH MEMILIH LEBIH DARI 1 JAWABAN	a. Written materials, such as poster, leaflet Membaca materi tulisan seperti poster, leaflet/brosur a. Direct health education Mengikuti penyuluhan langsung b. Movies Menonton film c. Songs Mendengarkan lagu d. Games Melalui permainan e. Etc …….. Lainnya…
70.	May I have a small amount (a tea spoon) of your cooking salt? Apakah saya bisa meminta garam masak anda sebanyak satu sendok teh?	1. Yes Ya 2. No Tidak 3. Don't have salt Tidak ada garam
71.	Test the salt for Iodine Tes garam tersebut untuk kandungan Yodium	1. Positive Iodine

		Positif mengandung yodium 2. Negative for Iodine Negatif, tidak mengandung yodium
72.	May I see your family card? Bolehkah saya melihat Kartu keluarga anda?	1. Yes Ya 2. No, I have one but I won;t show it to you → Finish Tidak. Saya memiliki tapi tidak ingin menunjukkannya → Selesai 3. No, I don't have it → Finish Tidak, saya tidak memilikinya → Selesai 4. Don't know → Finish Tidak tahu → Selesai
73.	Record the primary care giver name and date of birth Catat Nama pengasuh utama dan tanggal lahirnya Record the youngest child name and date of birth Catat nama dan tanggal lahir si anak If primary care giver is not the chil's mother, record Mother's name and date of birth Bila pengasuh bukan ibu kandung si anak, catat nama ibu dan tanggal lahirnya	[Text] [DD/MM/YYYY] (Tanggal/Bulan/Tahun) [Text] [DD/MM/YYYY] (Tanggal/Bulan/Tahun) [Text] [DD/MM/YYYY] (Tanggal/Bulan/Tahun)

THANK YOU

3. Random sample location based on population of dusuns

Sub-District / Kecamatan	Village / Desa	Sub-Village / Dusun	Population	Cumulative	Sample Locations For ≤ 24 Yo	Sample Locations For ≥ 28 Yo
Sembalun	Sembalun Lawang	Lebak Daya	867	867	3	3
		Lebak Lauk	941	1808	4	3
		Dasan Kodrat	750	2558	2	3
		Baret Desa	1048	3606	4	4
		Mapakin	479	4085	2	2
		Dasan Telaga	610	4695	2	2
		Lebak Benjor	510	5205	2	2
	Sembalun Timba Gading	Dasan Tengak Timuk	743	743	4	4
		Dasan Bantek I	607	1350	4	4
		Dasan Bantek Ii	737	2087	5	5
		Berugak Mujur	925	3012	6	6
	Sembalun Bumbung	Jorong	476	476	1	1
		Jorong Utara	387	863	1	1
		Jorong Tengak	558	1421	1	1
		Jorong Timuk	437	1858	1	1
		Bebante	316	2174	1	1
		Bebante Daya	815	2989	2	1
		Bebante Timuk	333	3322	1	1
		Daya Rurung Barat	550	3872	1	1
		Benyer	877	4749	2	2
		Batu Jalik	692	5441	1	2
		Daya Rurung Timuk	450	5891	1	1
		Otak Desa	419	6310	1	1

Sub-District / Kecamatan	Village / Desa	Sub-Village / Dusun	Population	Cumulative	Sample Locations For ≤ 24 Yo	Sample Locations For ≥ 28 Yo
		Lauk Rurung Barat	804	7114	2	2
		Bedurik	516	7630	1	1
		Lauk Rurung Timuk	753	8383	2	2
Pringgabaya	Labuhan Lombok	Saleh Sungkar	1670	1670	2	2
		Sandubaya Timur	1996	3666	3	2
		Sandubaya Barat	2237	5903	3	3
		Kampung Banjar	1318	7221	1	2
		Kampung Baru	1047	8268	2	1
		Kampung Turingan	1238	9506	1	2
		Jati Makmur	1448	10954	2	2
		Pererenan	1189	12143	2	1
		Kayangan	755	12898	1	1
		Jati Luhur	950	13848	1	2
		Batean	606	14454	1	1
	Pohgading Timur	Bagek Gaet	769	769	2	2
		Bagek Lawang	704	1473	2	2
		Gegurun	881	2354	2	2
		Sukamulia	663	3017	2	2
		Bagek Gaet Selatan	1031	4048	3	3
		Aik Sepolong	466	4514	1	1
		Bagek Kembang	495	5009	2	2
		Gegurun Lauk	743	5752	2	2
		Gegurun Timuk	827	6579	2	2

Sub-District / Kecamatan	Village / Desa	Sub-Village / Dusun	Population	Cumulative	Sample Locations For ≤ 24 Yo	Sample Locations For ≥ 28 Yo
		Dasan Tengak	471	7050	1	1
	Tanak Gadang	Temanjor	852	852	6	7
		Temanjor Timur	888	1740	7	7
		Tegaron	756	2496	6	5

4. Summary of indicators

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
To describe the social, economy, demography, assets and living condition of the households with children under-five years old including age, gender, education level, occupation, numbers of household member, electricity ownership, toilet facility type, source of drinking water, and regular income.	· % of Households based on gender of Primary caregiver		
	Female	99.6%	
	Male	0.4%	
	· Primary caregiver age distribution		
	≤ 18 years old	2.2%	
	19 – 24 years old	46.9%	
	25 – 30 years old	14.9%	
	31 – 36 years old	20.2%	
	37 – 42 years old	13.2%	
	43 – 48 years old	1.8%	
	49 – 54 years old	0.4%	
	55 – 60 years old	0.4%	
	Age of biological mother	16 - 45 years old	
	Age of biological mother in her first marriage, based on her report		
	≤ 18 years old	35.5%	
	> 18 years old	64.1%	
	· Youngest child age distribution		
	0 - 5 months old	11.4%	
	6 - 11 months old	16.2%	
	12 - 23 months old	31.6%	
	24 - 35 months old	23.7%	
	36 - 47 months old	12.7%	
	48 - 59 months old	4.4%	
	Gender of U5C		
	Female	48.2%	
	Male	51.8%	

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
	· Distribution of Primary caregiver status to youngest child		
	Biological mother	98.7%	
	Father	0.4%	
	Grandmother	0.9%	
	· Distribution of time since primary caregiver took care the Youngest child		
	0-5 months	12.3%	11.4%
	6 - 11 months	19.3%	14.0%
	12 - 23 months	31.6%	31.6%
	24 - 35 months	25.4%	21.1%
	36 - 47 months	8.8%	15.8%
	48 - 59 months	2.6%	6.1%
	· Distribution of youngest child's mother current location		
	Working abroad (different country)	0.9%	
	Working daily from 08.00 – 21.00 at a local pharmacy	0.4%	
	· Distribution of youngest child's biological mother's education		
	Did not go to school	0.9%	
	Elementary school but not finished	4.8%	
	Graduated from elementary school	10.1%	
	Graduated from junior high school	27.6%	
	Graduated from senior high school	44.7%	
	Graduated from university	11.9%	
	· Distribution of primary caregiver education		
	Did not attend school	0.9%	
	Elementary School, not completed	4.8%	
	Graduated from elementary school	10.1%	
	Graduated from junior high school	28.1%	
	Graduated from senior high school	44.7%	

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
	Graduated from university	11.4%	
	· Age distribution of youngest child's father		
	19 – 24 years old	16.2%	
	25 - 30 years old	31.1%	
	31 - 36 years old	25.0%	
	37 - 42 years old	17.1%	
	43 - 48 years old	8.0%	
	49 - 54 years old	2.2%	
	61 - 66 years old	0.4%	
	· Distribution of youngest child's father education		
	Did not attend school	0.4%	
	Elementary school, not completed	6.7%	
	Graduated from elementary school	19.3%	
	Graduated from junior high school	22.8%	
	Graduated from senior high school	37.7%	
	Graduated from university	11.8%	
	Others, Graduated from Paket C & Diploma	0.9%	
	Do not know	0.4%	
	· Distribution of primary caregiver occupation		
	Housewife	92.1%	
	Farmer	17.5%	
	Small business owner	7.9%	
	Farming labourer	5.7%	
	Food vendor	4.8%	
	Teacher	4.4%	
	Construction labourer	0.9%	
	Others	4.8%	
	· Distribution of total number of people living in household		

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
	2	4.4%	0.9%
	3	57.9%	9.6%
	4	18.4%	38.6%
	5	8.8%	34.2%
	6	6.1%	11.4%
	7	2.6%	5.3%
	8	0.9%	0.0%
	9	0.9%	0.0%
	Distribution of number of children under five years old living in household		
	1	90.3%	91.2%
	2	8.8%	8.8%
	3	0.9%	0.0%
	· % of household with electricity	100.0 %	98.3%
	% of HHs with access to toilet		
	· Distribution of toilet types in household		
	Toilet with septic tank	95.6%	95.6%
	Toilet without septic tank	2.6%	3.5%
	other	0.9%	0.9%
	No toilet	0.9%	0.0%
	% of HHs with access to drinking water		
	· Distribution of drinking water sources		
	Covered well	58.8%	55.3%
	Surface water	25.4%	28.0%
	Piped water	7.0%	9.7%
	Open well	4.4%	6.1%
	Buy	4.4%	0.9%

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
	· % of households with regular income	51.80 %	46.50%
To describe food security status of the respondent.	· % of households with Food security status		
	· % of households that are food secured	28.1%	28.9%
	· % of households with Mild food insecurity	46.5%	42.1%
	· % of households with Moderate Food Insecurity status	22.8%	22.8%
	· % of households with Severe Food Insecurity status	2.6%	6.1%
To describe the child caregiving practices of the respondent.	· % of primary caregiver who received help taking care youngest child	79.8%	62.3%
	· Distribution of people who helped primary caregiver taking care youngest child		
	Grandmother	76.9%	53.5%
	Respondent_Spouse	44.0%	62.0%
	Other_Relatives	25.3%	36.6%
	Grandfather	17.6%	14.1%
	Etc (Biological Mother, In Laws, Neighbor)	5.5%	8.5%
	Older_Sibling	2.2%	12.7%
	· % of primary caregiver who always wash hands with soap before feeding youngest child	57.0%	62.3%
	· % of primary caregiver who always wash hands after going to toilet	83.3%	88.6%
	· % of primary caregiver who can show youngest child's growth chart	84.2%	83.3%
	% of children < 59 months old who were taken to Posyandu in the last 3 months, based on card		
	· % of primary caregiver who knows at least 2 danger signs	41.2%	37.7%
	· % of youngest child who ever received vaccination	97.4%	98.2%
	· % of youngest child who received deworming medication in the last 6 months (children ≥ 12 months old)	83.0%	
	Practices to prevent childhood illness (distribution)		

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
	Vaccination	7.0%	3.5%
	Hygiene practice	60.5%	78.9%
	Food (food patern, healthy food)	57.9%	59.6%
	Others	11.4%	12.3%
	Nothing	2.6%	2.6%
	Don't know	0.9%	1.8%
	· % of primary caregiver who gives ORS when the youngest child had diarrhea	13.2%	16.7%
To describe parent-child interaction of the respondent.	· of primary caregiver responding correctly to all 18 brigance questions	1.7%	1.7%
	· % of primary caregiver who gave toys to youngest child	89.5%	90.3%
	· % of caregiver who think youngest child have safe and clean place to play		
	Really safe and clean place	18.4%	29.0%
	Enough safe and clean place	71.9%	64.0%
	Combination of safe but not clean and vice versa	8.8%	6.1%
To describe Infant and Young Child Feeding practices by respondent	· % of youngest child ever been breastfed	97.4%	95.6%
	· % of youngest child who only receive breast milk during the first 3 days	60.5%	72.8%
	% U5C who received pre-lacteal feeds in the first 3 days after birth	39.5%	27.2%
	· % of youngest child received solid/semi solid food ≥ 6 months old	59.0%	72.1%
	· % of youngest child age ≥6 months old who received at least 4 food groups in the last 24 hours	72.6%	
	· % of youngest child age ≥ 6 months old who did not eat junk food in the last 24 hours	20.2%	19.3%
	% U5C who consumed Ultra-Processed Food in the last 24 hours	79.8%	80.7%
	· % of youngest child age ≥ 6 months old whose muac is between ≥ 125mm	97.5%	
	% U5C access GMP (Posyandu or Integrated Service Post) regularly	94.7%	97.3%
	% U5C with Growth Card (KMS)		

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
	Yes, shown to enumerator	84.2%	83.3%
	Yes, not shown	9.7%	12.3%
	Don't have	6.1%	4.4%
	% U5C who visited Posyandu in the last 3 months	96.3%	
	· % of households who use iodized salt	19.3%	22.8%
To describe the social behaviour change communication channel, information and preferred method to learn about child caring and feeding practices.	· Distribution of primary caregiver' current learning sources		
	Family	52.6%	36.0%
	Social media	47.4%	32.5%
	Community Health Volunteers	36.8%	45.6%
	Health workers	30.7%	44.7%
	Elders	8.8%	8.8%
	Neighbours	7.0%	11.4%
	Community events	0.0%	3.5%
	Others	20.2%	21.9%
	· % primary caregiver who received health education from health workers		
	Often	21.90%	29.00 %
	Sometimes	38.60%	51.80 %
	Once	15.80%	9.60%
	· % primary caregiver who received health education from community health volunteers		
	Often	27.2%	28.9%
	Sometimes	33.3%	43.0%
	Once	9.7%	8.8%
	· Distribution of people whom primary caregiver trust and use as information sources for child caring and feeding		

Specific objectives	Indicators	Results	
		≤ 24	≥ 28
	Family	71.9%	53.5%
	Neighbours	31.6%	32.5%
	Friends	9.6%	12.3%
	Community Health Volunteers	21.9%	29.8%
	Health workers	23.7%	30.7%
	· % of primary caregiver who use media (TV, internet, radio) as information source for child feeding knowledge	71.9%	51.7%
	· % of primary caregiver who attended training or other educational program for child feeding and caring practices.	33.3%	44.7%
	· % of primary caregiver who wants to learn more on child caring and feeding practices	88.6%	88.6%
	· Distribution of preferred ways for primary caregiver to receive information on child caring and feeding practices		
	Written materials	12.9%	14.8%
	Direct education	78.2%	86.1%
	Movies	6.9%	6.9%
	Songs	0.0%	1.0%
	Games	5.9%	4.0%

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