

Nutrition Programs Coverage, Toddlers Anemic Pregnant Women and Groups in Health Department in Supiori Distric

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Abstract: According to health department of Indonesia (2006), nutritional problem is still a public health program and Become cause of death in the high risk groups (baby and toddler) the health development strategy is done though the effort of targeted health program and it is continuous to the improvement of service quality health hat and servw reach the community and focuses on disease prevention and health Efforts fee exemption.

The research is description, with the make the evaluation methods. Based on the result of research and discussion in health department in Supiori district at five community health centers, 27 sub-cumcommunity health centers and 42 integrated service post, it revealed that the results were: a). Coverage of vitamin A on baby and toddler, b). Counseling and recovery by supplementary feeding, c). Coverage of baby and toddler service, d). coverage of malnourished toddlers who got treatment, e). Coverage of afour-visit to pregnancy women, f). Coverage of tetanus toxoid immunitation to pregnant woman, g). Coverage of pregnant with high risk that were handled, h). Coverage pregnant woman with a high risk that were referenced, i) .Coverage of pregnant woman high risk neonates that were referenced, j). Coverage of pregnant woman with Hb <8g / dl, k). Coverage of giving Fe pregnant woman, l). Coverage of supplementary eeding to pregnant woman.

Success of the program was supported by infrastructure and budget availability. However in fact, there were no consciousness and willingness from mothers by Reviews their husband and families the support to go Reviews their children to heakthservice center, health worker liveliness, Obtained nutritional intake from food was deficient, low income and pregnancy distance. So there needed governmentattention through cross-sectoral cooperation (agriculture department, social department, transportation department, family welfare programs, village official throug the village fund), improvement in health human resource aspect, quality improvement for crade of integrated service post as hand connection.

Keywords: baby nutrition, nutrition toddler, anemic pregnant woman.

I. INTRODCUTION

According to MOH RI (2006), malnutrition remains a public health problem and a cause of death, especially in high-risk groups (infants and toddlers). Status malnourished infants at risk of dying is higher than babies nourished. Every year approximately 11 million children under five in the world die from respiratory diseases, malaria, diarrhea, measles and 54% of infant mortality due to malnutrition, (WHO, 2002). While the impact of malnutrition in pregnant women causes failure to thrive in infants who ultimately have an impact on their future and difficult to repair. Undernourished (stunted) weight,

decreased IQ by 11 points compared to children who are not stunted (UNICEF, 1998).

In 1989, the prevalence of malnutrition in children under five (z score weight for age), from a 37.5% decrease to 24.7%. Since 1998 the economic crisis in Indonesia has made nutrient intake decreased significantly so that they are experiencing a shortage of calories, protein, vitamins and minerals. Lack of nutrients is defined by the results of upper arm circumference <23.5 cm and infants born to mothers who experience a lack of energy in calories with an average weight 2.568 g, (Nutrition, 2000). The prevalence of malnutrition through increased caloric energy shortage of 50% (Hadi, 2002), anemia toddler 48.1% (Survey, 2001), 36.1% of school children (MOH, 2004), anemia pregnant women 50% -70% (Hadi, 2002). In 2000, Indonesia experienced multidimensional crisis, an increase in the prevalence of malnutrition in a row became 26.1%, 27.3%, 27.5% in 2001, 2002 and 2003 (IPR 2000; Department of Health, 2000; Department of Health, 2004)

Strategic Plan (Strategic Plan) Supiori district health development in 2012-2016 one of which is a nutrition improvement program includes among others: vitamin A supplementation two times in infants and toddlers in February and August, the child's weight gain weight, toddler BGM, the provision of breastfeeding in infants BGM, stunting, malnutrition children who received treatment. Adapaun one of the programs of the ministry of Maternal and Child Health of anemia in pregnant women is through examination of pregnant women (weight, height, height of fundus, upper arm circumference), provision of iron tablets 90 pregnant women, vitamin A supplementation, provision of immunizations TT, supplementary feeding for pregnant women. With these efforts, it can lower the mortality rate from 34 to 24 per 1,000 live births, the decline in maternal mortality from 228 to 118 per 100,000 live births, the decline in neonatal mortality rate of 19 to 15 per 1,000 live births, a decline in the prevalence of children under five short (stunting) from 36.8 percent to 32 percent, (Strategic Plan, 2012).

In the district Supiori based on the reports of clinics the number of malnutrition cases in 2012 were 59 cases, in 2013 as many as 34 cases, the 2014sebanyak 26

cases, in 2015 as many as 82 cases, in as many as 42 cases, while malnutrition / BGM 2012 as many as 65 cases, in 2013 as many as 1656 cases, 2014 were 29 cases, in 2015 a total of 36 cases, as many as 619 cases of 201 years). While the percentage of pregnant women who received iron tablet during the period of pregnancy is still very low with percentages in 2012 as much as 13.6%, in 2013 as much as 33.16%, in 2014 as much as 27.7%, year 2015sebanyak 33.83%, 2016 total 36.02%).

Based on the above background, the researchers are interested in doing research on performance evaluation of nutrition programs in the group of infants, toddlers and pregnant women as well as anemia in the district health office Supiori years 2012-2016.

II. MATERIALS AND METHODS

A. Types of Research.

This type of research is descriptive research evaluative, where the research activities that are evaluating an activity or program that aims to measure the success of an activity or program and determine the success or usefulness of a program and whether it has been as expected, (Sukadinata, 2009)

B . Location and time Research.

a. Location.

As for the location Penelitianini implemented, namely in Supiori District Health Office.

b. Time.

The time required to conduct research iniselama one month that was conducted in September-October 2017.

C. Population and Sample.

a. Population

Population in this research is all the result of recording and reporting coverage of nutrition programs and maternal anemia prevention program at the Health Department.

b. Samples.

The sample in this study are all the result of recording and reporting of nutrition programs and prevention programs anemia in pregnant women.

III. RESULTS

health programs that have been implemented in the district Supiori aims to improve the quality of health

services, while activity on a regular basis on the days dilaksanakan Posyandu every month include:

a. Coverage of vitamin A 2 times in infants.

Table 1 Coverage of vitamin A supplementation in infants 6-11 months

Year 2012-2016 in the district Supiori

No	Year	Giving vit.A infants		Achievement(%)
		Target	Receive	
1	2012	215	146	67
2	2013	276	276	100
3	2014	75	76	100
4	2015	732	379	52
5	2016	589	473	80

Based on the graph above, that the number of target infants who received vitamin A in February and August in the district Supiori in 2012 and 2015 from the figure tesebut illustrates that these activities do not achieve the expected target, it can caused by many things because of inactivity of the mother to deliver the child to receive services, then the activity of health workers or the distance to the health service which influence the level of achievement of the program.

b. Provision coverage A 2 times in toddlers

Table. 2 Coverage of vitamin A supplementation on infant

age 12-36 months, years 2012 to 2016 in the county Supiori

No	Year	Giving vit.A in infants		Achievement (%)
		Target	Receive	
1	2012	1058	958	90
2	2013	1363	1246	91
3	2014	2593	535	21
4	2015	2593	1354	52
5	2016	3509	3304	94

Based on the above table it can be seen that of the five-year assessment of performance over three years among mm of programs that can achieve the target. Meanwhile, two of which were not able of reaching the target it is also influenced by the inactivity of parents for their children to places menantarkan service, or inactivity of medical personnel and on the other side of the distance to the health service.

No.	Year	Visits baby		Achievement
		Goal	Receive	
1	2012	345	146	67
2	2013	467	325	70
3	2014	489	406	83
4	2015	732	543	74
5	2016	589	525	89

Table. 3. Coverage of vitamin A supplementation on infantage (36-59 months), in the district Supiori

No	Year	Giving vit.A in toddler		Achievement
		Goal	Receive	
1	2012	1058	146	67
2	2013	1363	1542	113
3	2014	75	76	100
4	2015	732	379	52
5	2016	589	473	80

Based on the above table, that giving vitamin A to children aged 36-59 months of a five-year performance assessment three of which have a very significant program achievement of specified targets by 90%, while two of them showed a low value of achievement, while influenced by the same causes which parents do not actively deliver their toddlers to the health service, health care workers who are not active in their duties or because of the distance to the place of service.

C. Coverage of supplementary feeding counseling and recovery.

Table. 4 Coverage PMT counseling and recovery,

Year 2012-2016, the district Supiori

No	Year	Achievement PMT counseling and recovery	Remarks
1	2012	100	Lap. PHC
2	2013	100	Lap. PHC
3	2014	100	Lap. PHC
4	2015	100	Lap. PHC
5	2016	100	Lap. PHC

Based on the above table can describe outcomes assessment program of activities supplementary feeding counseling and recovery reached the target of 100%, which

medical personnel and the role of the family contribute both to the achievement of the program.

d. Infant visit coverage.

Table. 5 Coverage baby visit

dikabupaten2012-2016 Year

Based on the above table, that within five years of assessment the program achievements illustrate the achievements of the program of activities is excellent although in 2012 only reached 67%, but can show improvement thereon. It's back again to the level of participation of parents and health care professionals to improve health services which have an impact on the baby visits to the health service.

e. Coverage Service toddlers.

Table 6 Scope visit toddlers

Year 2012-2016, in the district Supiori

No	of	Visit toddler		Achievement
		Goal	Receive	
1	2012	325	298	91
2	2013	1801	1585	88
3	2014	360	197	54
4	2015	452	389	86
5	2016	3509	3304	94

Based on the above table, we can see the achievements of the program for five years running, is very good although in 2014 has decreased and can not reach the expected target of 90%. It can be influenced by a variety of the same causes that have been described in the tables above.

f. Coverage of children malnutrition treatment.

Table 7. Coverage of infants and children malnutrition got

Perawatantahun 2012 to 2016, in the district Supiori

No	Year	Babies and children malnutrition can care		Accomplishment
		Goals	received	
1	2012	65	65	100
2	2013	165	165	100
3	2014	29	29	100
4	2015	366	366	100
5	2016	619	619	100

Based on the above table, that for five years running all infants and toddlers were detected suffering from severe malnutrition immediate treatment to be given food recovery for 90 days without dotted with monitoring weight through weighing a continuous basis and in addition to treatment of infants and toddlers up to the recovering weight as expected. Achievement of this program is influenced by the participation of families, communities and health workers as well as government support.

i. Coverage of pregnant women visit K4.

Table 8. Coverage of pregnant women visit K4

In 2012-2016, the district Supiori

No	Year	of pregnant women visit K4		Achievement
		Goal	receive	
		1	2012	
2	2013	599	251	41
3	2014	629	220	34
4	2015	559	289	52
5	2016	647	320	49

based on the above table, we can see the achievement a five-year program has a very low achievement diwah 50% is far from the expected target. Based on these achievements can be assessed that the lack of awareness of pregnant women to come checkups according to the standards prescribed, as it also can be affected by health care workers or mileage for Sampa into service very much. Besides, it can be influenced also by the lack of support from the family of the mother so that the mother was reluctant to come checkups.

j. Tetanus toxoid immunization coverage among pregnant women.

Table 9. Coverage of TT immunization for pregnant women

In 2012-2016, the district Supiori

No.	Year	TT immunization of pregnant women		Achievement (%)
		target	TT1	
1	2012	536	171	32
2	2013	599	77	13
3	2014	629	90	14

4	2015	559	60	11
5	2016	647	75	12

Based on the above table can be drawn, that the immunization coverage of pregnant women TT1 at very low away from the target to be achieved. Achievement of this program can be measured by the achievements of the program of pregnant women visit K4. Lack of knowledge of mothers on the importance of tetanus toxoid immunization.

Table 10. Coverage of TT2 immunization of pregnant women

In 2012-2016, the district Supiori

No	Year	maternal immunization TT2		Achievement
		target	TT2	
1	2012	536	143	27
2	2013	599	114	19
3	2014	629	100	16
4	2015	559	59	11
5	2016	647	59	9

According to the table above can be seen the results of TT2 immunization coverage among pregnant women for five years running does not reach the target, and very far from what was expected. Achievement K4 visit to describe the achievements of immunization against tetanus toxoid.

IV. DISCUSSION.

a. Giving vitamin A in infants and toddlers.

One of the government's efforts in tackling malnutrition through the provision of vitamin A which is usually held in February and August to infants, as well as Vitamin A capsules were also given to pregnant and postpartum mothers, Giving vitamin A is performed on infants (6-11 months) with 100,000 doses of SI. But on the master table above only shows results coverage of vitamin A in infants and toddlers, while achievements that do not reach the target which is to coverage of vitamin A for infants in 2012 and 2015, while the toddler namely in 2014 and 2015. This may be due lazy attitude own mother to bring the child to come to the health service, or can be influenced by the distance that must ditempu to get to the health service. Besides, it can be affected by the activity of health workers in providing information on the importance of vitamin A in which people are not getting the information to the months of vitamin A in February and agustus. Dengan increase is not too high, it is still necessary

to improve the coverage of vitamin A supplementation such efforts among others, through increased integration of child health services, sweeping in areas with low coverage and campaign supplementation of vitamin A.

as for the efforts made by the health department conducted regularly every year, where vitamin A supplementation is one of the priority programs in the work plan and the budget of the local work force with the target group is infant and toddler care, with a target of one hundred per cent in one year. The expected result is the availability of vitamin capsules for babies and toddlers with details direct expenditure of Rp. 50,000,000.00 annually through Otsus. Dengan fund budget gaps so then displayed on the master table above occurred because of inactivity of parents of infants and toddlers to deliver their children to the health care tempat.

b. Supplementary feeding counseling and pemuliharaan pada infants and toddlers.

One of the government's efforts in addressing problems and malnourished due to protein-energy malnutrition in infants and toddlers is through supplementary feeding activities undertaken counseling dalam satu one month to all children in all working areas Posyandu. Activities undertaken when feeding counseling in the form of counseling to mothers of infants, toddlers with expectations of what was communicated to the toddler's mother could be adopted and can apply it in every day life.

As was stated that the need to change the mindset or their understanding of the importance of nutrition. In this case eating habits or diet varies in community life. Where their eating habits is to eat the origin of satiety, and how their understanding of the diverse foods that have not been applied. Thus, through Posyandu, polindes and health centers to provide at least an understanding of eating three times a day. Then the food they eat are foods that do not contain food we did not expect. Meals are eaten should contain protein, vitamins and minerals. Adapaun to run continuously from the health department expects our cooperation (health department) and the public.

The supplementary feeding is given to toddlers recovery arm circumference <23 cm. The activities are supplementary feeding to infants and pregnant women. As for the number of days of eating children and the number of days that mothers eat for 90 days without a dotted followed by monitoring or controlling weight. The main program of nutritional perbaikan where children are the next generation through supplementary feeding already terprogramkan. In the growing need protein, vitamins, minerals and carbohydrates into their basic kebutuhan. The existence of public awareness of diet 1x2 1x3 day can

turn into a day, so that there is strength and power builders also exist.

The success of a program can be viewed and can be measured by the availability of reports success of the program each year. As can be seen in the master table above where supplementary feeding is successful because it can reach the target of 100%, this is because of the support from the public against government programs with community participation in this case the parents who have infants and toddlers suffering from undernourishment and malnutrition as well as the activity of health workers and midwives as well as the existing cadre of health service venue. The procurement of the PMT from the center through the province and continued into the district both to babies, toddlers and pregnant women.

The activity is also a program that prioritized annually basis through public nutrition improvement program with activities undertaken are providing additional food and vitamins. The type of indicator which is expected output is the availability of food supplements and vitamins while input is achieving the provision of supplementary food and vitamins for the community. With the target in one year is one hundred per cent, while the annual budgeted through the special autonomy fund of Rp. 400,700,000.00 have additional annually by 30%. The target of performance through activities coverage are a thousand days of life with a toddler as much as 4x 240 targeted supplementary feeding with supplementary feeding 1x volume price Rp.27.000 / person then with 240 goals toddler amount of funds needed is Rp. 25,920,000.00, and the number of infants who received multivitamins target is 120 infants with 4x volume administration costs Rp. 80.000,00 the required fund of Rp. 38,400,000.00 incurred for these activities.

C. Scope visit babies and toddlers.

Based on the figures the achievements displayed on the master table above that there is gap between the achievements and the expected target of 11%, it can be influenced by older people as lazy deliver her child to the health service or the lack of information on the importance of health care for the baby, in addition to the can be influenced by the distance to the health service or their parents are negligent in delivering her child having to make a living either go to the sea or to the garden so did not get to deliver her child.

With the many considerations that reason, while the government's efforts through the service program toddlers from the age of 0-59 months diaggarkan routinely every year through special autonomy fund budget of Rp. 200,000,000.00 with the target number of infants and toddlers of 800 people x Rp. 30.000,00 / person for 5

districts and 38 villages with a target of 100% within 12 months or one year, with final results expected are all the toddlers 0-59 months receive appropriate services and standards in this activity midwives who participated actively in the service is, thus it is necessary to increase public knowledge about the importance of health care to infants and toddlers through their parents' support through penyuluhan. Adapun through the IMCI (integrated quality management for sick infants), with a special autonomy budget of Rp. 30.000.000,00 with a target of 500 infants and toddlers, which is the detection of indicators of infants and toddlers with pneumonia.

d. coverage malnutrition children who received treatment.

Based on the achievements of existing figures on the master table above that reached the target of 100%. In accordance with the results of field research that every baby and toddler were detected suffering from undernourishment and malnutrition soon be done quickly and precise handling. Recovery through supplementary feeding continuously without a break and given the treatment by administering vitamin, while handling requires referral policy requiring puskesmas heads to take action and financing of the posts taken from existing funds in primary health centers operational example Rp. 1,000,000,000.00 to 5 health centers health centers each received Rp. 200,000,000.00 or health centers that use for reference and healthcare, with a budget of Rp. 200,000,000.00 for 27 pustu each pustu Rp. 7,407,407 annually. As with the 1000 days of life service program with the goal of 120 infants and 120 toddlers can terkaver in these activities because these activities are available in pediatrics, nutrition experts, health analysts, personnel management of drug and cooks. Thus, infants and toddlers with severe malnutrition can be treated according to the standard and experience recovery.

Based on the description that the length it can be concluded that the need to do a lot of outreach to the community about the importance of health, especially the impact caused by poor nutrition on the future of the child, in this case requires inter-sectoral cooperation through agriculture department on how to cultivate farmland well to yield good food. Through social services for families can not afford to reduce poverty levels there. Through the PKK how to produce healthy food with local ingredients and local village funds to support through funding for the program while the PMT and extension services only provide support personnel. Thus setian routinely budgeted annually tracking and handling activities nutrition (nutritional surveillance system) through the special autonomy fund budget of Rp. 150.00.000,00.

e. Coverage of pregnant women visit K4.

Coverage of K4 is an indicator that shows pregnant women had antenatal checks as standard complete set which is 4 times during pregnancy with waktu 1 times in the first trimester, 1 time in trimester II and 2 times trimester pregnant women to III. Apabila routine of doing K4 then the mother can know the mother's own health condition and the fetus, so pregnant women can reduce the risk of anemia, even if there are certain risks can be handled quickly. Based on the above table master can seemingly achievement figures each year do not reach the target with a gap value of 40%. This indicator shows the access to health services to pregnant women and the level of compliance of pregnant women in labor to health checkups at least 4 times, in accordance with the provisions of visits. In addition, these indicators describe the level of protection of pregnant women in the region, this activity is expected Through pregnant women can be detected early problem or disorder or abnormality in her pregnancy and the handling is done quickly and accurately. At the time pregnant women do prenatal care, health workers provide antenatal care complete consisting of: weigh and measure height, measuring blood pressure, the value of nutritional status (measuring MUAC), measure the height of the uterine fundus, determine fetal presentation and fetal heart rate, screening TT immunization status and if necessary, TT immunization, provision of iron tablets (90 tablets during pregnancy), lab test is simple (Blood, hemoglobin, Glukoprotein Urine) or based on indications (HBsAg, syphilis, HIV, Malaria, tuberculosis) governance cases, and colloquium or counseling including P4K and KB PP. In an active and effective counseling, pregnant women are expected to do planning pregnancy and childbirth well as well as confirming the decision of pregnant women and their families to give birth assisted health workers in health facilities.

This can be caused by maternal lazy checkups on a regular basis as for other possible causes such as maternal shame because it is too young to contain or too old to conceive, on the other hand because of the lack of attention and support from her husband and family, besides for other activities such as gardening so negligent mother went to the health service. As for spacing pregnancies too close so hard to come mothers during their pregnancy because they have to take care of children. Then, one of which is that most pregnant women who have recorded some of their home district to multiply Noemfoor or outside the district so that it can affect performance.

Efforts by the government through the budget planning on a regular basis each year through a program of safety improvements to maternal and child health through the activities of pregnant women with indicators that are expected are pregnant women get the standard K4 according to a ceiling of Rp. 150,000,000.00 with a target

amount of 400 pregnant women the target of 100% in one year.

As for the training of cadres through the planned budgetary autonomy fund annually Rp.100,000,000.00 with 210 goals cadres. As for vitamins and milk to pregnant women through kagiatan first 1,000 days of life with the goal of 120 pregnant women, of which Rp. 80.000,00 / bumil x 4 Award that limit the number of Rp.59.200.000,00. Besides, the operational availability of midwives Rp. 273,600,000.00 for 210 midwives, thus it can be concluded that the government provide good support to the various programs and kagiatan just how that society is conscious and able to come to the place of health services to receive health care.

f. TT immunization coverage among pregnant women.

Based on the master table above shows that TT immunization coverage of pregnant women, since 2012-2016 have very low coverage even below 50%. One of the causes of maternal mortality and infant mortality are tetanus infection caused by the bacterium *Clostridium tetani* as a result of unsafe childbirth / sterile or derived from wounds obtained pregnant women before delivery. *Clostridium tetani* enter through an open wound and produce a toxin that attacks the central nervous system. In an effort to control the tetanus infection is a risk factor for

maternal mortality and infant mortality rates, the immunization program implemented tetanus toxoid (TT) for the Women of fertile age (WUS) and pregnant women. Minister of Health Regulation No. 42 Year 2013 on the Implementation of Immunization mandates that women of childbearing age and pregnant women are one group of the target population continued immunization. Advanced Immunization is an activity that aims to complement the basic immunization in infants who are given to children toddlers, school-age children and women of childbearing age, including pregnant women. Women of childbearing age are the target of TT were women aged between 15-49 years which consists of WUS pregnant (pregnant women) and not pregnant. Immunization continued on WUS one of them carried out at the time did antenatal care. WUS TT immunization is given as 5 doses at specific intervals, beginning before or during pregnancy that are useful for lifelong immunity. TT immunization interval and length of protection given as follows. TT2 has intervals of at least 4 weeks after TT1 withperiod. 3-year protection TT3 has intervals of at least 6 months after TT2 withperiod.

5-year protection TT4 has intervals of at least 1 year after TT3 with a 10-year protection period. TT5 has intervals of at least 1 year after TT4 with a 25-year protection period. Screening TT immunization status should be done before the administration of the vaccine.

TT immunization not be necessary if the screening results indicate women of childbearing age have been immunized against TT5 to be proved by KIA books, medical records, or cohort. Group of pregnant women who have received TT2 up to TT5 TT2 + is said to be immunized. The following figure shows the immunization coverage TT5 in women of childbearing age and immunization coverage TT2 + in pregnant women.

The routine activities funded annually through activities such as AFP Surveillance, integrated Measles Surveillance PD3I and integrated disease (STP) health centers and hospitals with the regular budget each year Rp.60.000.000,00., Divided each activity Rp. 12,000,000.00.

V. CONCLUSIONS.

Based on the results of research and discussion in the previous chapter, the researchers were able to conclude that.

- a. Provision of vitamin A capsules 2 times in infants and toddlers in February and December in the coverage table coverage that, having coverage in accordance with the target but there are years that can not achieve this target can be caused by lack of knowledge and awareness of the mother to deliver their children to get the service at the health service. As in influenced by the distance to the place of service, lack of information and availability and activeness of midwives and cadres
- b. Supplementary feeding and recovery services based on the table's explanation in the previous chapter, that for five consecutive years has 100% coverage and is said to be successful because of the mutual cooperation and support among health workers both midwives and cadres and the community in this case children, mothers supported by heads of households so that all additional feeding processes can be well organized.
- c. Infant visits in accordance with the table in the previous chapter can be seen that 95% coverage reaches the target due to the activeness of health workers and supported by cadres and the awareness of parents to deliver their children to the health service. While the previous years achievement that did not reach the target can also be caused by various things because of the distance, the lack of parent activeness to deliver their children to health care or the availability of health workers.
- d. Toddler service based on previous chapter table exposure, that have achievement according to target

determined 95%. In previous years there were achievements that could not reach the target. This has the same cause which is due to transportation problems or distance to the service, the level of parent activeness to deliver their children to get services, or lack of health workers.

- e. K4 visits of pregnant women describe the mother's status is still very low through the exposure of the table, the previous chapter. The coverage is very low describes the lack of awareness of mothers to check their pregnancy in addition to the activeness of health workers and cadres posyandu. In addition to the things that become success factors, some of which become obstacles: 1) When viewing the district master data table then seen the gap between the number of pregnant women, where 2) All years of very low coverage, unequal distribution of health personnel in remote areas of superiors, borders, and islands. 3) The geographical condition of people living in remote areas, borders, and islands makes it difficult to access health care facilities.
- f. Tetanus toxoid immunization in pregnant women also has very low coverage ranging from TT1-TT5 and 2 + TT coverage, illustrates the lack of awareness of pregnant women to come to receive services in health care, lack of information, distance to service sites, or lack of active posyandu cadres or midwives to perform services.
- g. Maternal health status is still low marked by the low coverage of services, indicating the lack of awareness of mothers to come check the pregnancy and get services in health care. So there are still many high-risk pregnant women and neonates who need to be treated and referred.
- h. Maternal health status is still low, marked by the low coverage of services, indicating the lack of awareness of mothers to come to check the pregnancy and get services in health care. So there are still many high-risk pregnant women and neonates who need to be treated and referred.
- i. Nutritional status of the community that has not improved marked by the still high case of malnutrition and malnutrition, which indicates still weak public attention to the problem of malnutrition and malnutrition is influenced by the low knowledge and awareness of the community about good nutrition in addition to the socioeconomic level of society is still low and lack of health information.

DAFTAR PUSTAKA

- [1]. Achmad Djaeni, 2000. Ilmu gizi (untuk mahasiswa dan profesi), Dian Rakyat Jakarta.
- [2]. Almatsier, 2006, Penuntun Diet, Pt. Gramedia Utama Jakarta
- [3]. Arikunto, 2006, Prosedur Penelitian Status Pendekatan Praktik, Rineka Cipta.
- [4]. Arisman, 2007, Gizi Dalam Daur Kehidupan, Buku Kedokteran.
- [5]. Arisman, MB 2004. Gizi Dalam Daur Kehidupan: Buku Ajar Ilmu Gizi. EGC. Jakarta.
- [6]. Darlina. 2003. Faktor-faktor yang Berhubungan dengan Kejadian Anemia Gizi
- [7]. De Maeyer, AM, Arisman, MB dan Ronardy, DH Tahun 1995.
- [8]. Departemen Kesehatan, 2006, Anemia Gizi dan Tablet Tambah Darah (TTD) Untuk Wanita Usia Subur, Jakarta
- [9]. Didinkaen. (2006). Saat anemia mengintai wanita. Terdapat pada
- [10]. Guyton dan Hall. 1997. Fisiologi Kedokteran. Jakarta: EGC <http://www.bkkbn.go.id/diakses3/09/2017http://majidzeven.blogspot.co.id/2014/08>. Langkah-langkah evaluasi program.
- [11]. Kartasapoetra, 2005, Ilmu Gizi, Penerbit Rineka Cipta.
- [12]. Kemenkes RI, 2011. Pedoman pelayanan anak gizi buruk, Jakarta.
- [13]. Manuaba, I. (1998). Kapita selekta kedokteran edisi ketiga. Jakarta: EGC
- [14]. Mary E. Beck. 2000. Ilmu gizi dan diet perawat dan dokter. Yogyakarta : Yayasan Esstentia Medica.
- [15]. Mochtar, R. (1998). Sinopsis obstetri. Jakarta: EGC.
- [16]. Notoadmodjo, 2005, Metodologi Penelitian Kesehatan pada Ibu Hamil. Bogor
- [17]. Notoadmodjo, 2007. Kesehatan masyarakat ilmu dan seni, rineka cipta, Jakarta.
- [18]. Notoadmodjo, soekidjo, 2002. Metode Penelitian. Jakarta .
- [19]. Redika Citra., 2008, Pedoman Respon Cepat Penanggulangan Gizi Buruk,
- [20]. Jakarta., 2012, RENSTRA dinas kesehatan kabupaten supiori tahun 2012-2016.
- [21]. 2012, RPJM-D kabupaten supiori.
- [22]. 2015, Profil Kementerian Kesehatan Republik Indonesia,
- [23]. Jakarta., 2007, Pedoman Strategi KIE Keluarga Sadar Gizi (KADARZI),
- [24]. Jakarta. 2008, Apa dan Mengapa Tentang Vitamin A Panduan Praktis Untuk Praktisi Kesehatan,
- [25]. Jakarta. <http://Irc-kmpk.ugm.ac.id>. Proses pelaksanaan manajemen pelayanan posyandu terhadap intensitas posyandu.
- [26]. Sarwono Prawirohardjo. Departemen Gizi Masyarakat dan Sumberdaya Keluarga, Fakultas Pertanian, Institut Pertanian Bogor. Pencegahan dan Pengawasan Anemia Defisiensi Besi. Widya Medika, Jakarta.
- [27]. Sediaoetama, 2008, ilmu gizi jilid 1. Dian Rakyat.
- [28]. Supariasa, 2002, penilaian status gizi, buku kedokteran
- [29]. Tarwoto. Buku Saku Anemia Pada Ibu Hamil, Konsep dan Penatalaksanaannya. TransInfoMedia. Jakarta. 2007

- [30]. Visimedia, 2009, Undang-undang nomor. 23 tahun 1992 dan undang-undang nomor 29 tahun 2004 tentang praktik kedokteran, visimedia Jakarta.
- [31]. Wiknjosastro, H. (2005). Ilmu kebidanan. Jakarta: Yayasan Bina Pustaka
- [32]. Winarno, 1992, kimia pangan dan gizi, buku kedokteran.
- [33]. Wirakusumah, ES. 1998. Perencanaan Menu Anemia Gizi Besi, Jakarta : Trubus Agrowidya, hal. 1 – 30.
- [34]. Wirartha, 2005, pedoman penulisan usulan penelitian, skripsi dan tesis. ANDI