

Prevention of Stunting and TB in Banjarejo Village, Panekan District, Magetan Regency through Preventive Health Education Content

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Abstract

One of the problems of toddler growth in Indonesia is stunting. Stunting is caused by various factors, such as the condition of the pregnant mother, nutritional intake in infants and toddlers, economic conditions and the condition of the toddlers themselves. The stunting prevalence in Magelang district in 2021 was 17.2%. This is still quite high because it is not in accordance with the 2024 RPJMN, which is < 14%. This study will try to discuss efforts to prevent stunting and tuberculosis through preventive health education. The results show that through preventive health education, there is a growing understanding that the pengetahuan ibi greatly contributes to the prevention and handling of stunting. Through this method, a good network is expected to grow in stunting prevention, including family support, children's physical health, nutritional status and contributive home environment conditions. This is productively expected to be able to prevent and handle stunting and TB cases more comprehensively.

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1. INTRODUCTION

The most common type of malnutrition (PE), known as stunting, is related to the size of the mother, her nutrition during pregnancy, and the growth of the fetus. It impacts newborns both before and immediately after birth. Stunting in children under five is an indicator of chronic nutritional status. This can paint a picture of overall disruption of socioeconomic conditions in the past and impact on the child that is challenging to address during the first two years of life. The financial situation of parents and the stability of the family's food supply are two socio-economic factors that influence stunting. The country with the fifth highest prevalence of stunting is Indonesia. Stunted toddlers, also known as toddlers (babies under two years old), will have a lower IQ, which increases their vulnerability to disease now and in the future.

Due to ongoing nutritional problems in Indonesia, the government has set a goal to reduce the proportion of stunted children under five by 40% by 2025 under the National Medium Development Plan (RJPM) Program. To meet this goal, the Indonesian government initiated a national stunting reduction initiative in 2017 with a focus on addressing specific and sensitive nutritional issues during the first 1000 days of life up to six years of age. Prolonged periods of malnutrition result in stunting, which is characterized by the development of stunting in children and a height that is below average for their age. Distraction is another effect of stunting.

According to the findings of Basic Health Research in 2013, 37.2% of Indonesians experienced stunting. WHO sets guidelines for stunting of less than 20%, but based on Nutrition Monitoring in 2016, it was found to be 27.5%. This shows that 1 in 3 children in Indonesia experience stunting or 8.9 million children do not achieve adequate growth. In addition, in Indonesia, almost a third of children under the age of five have below average nutrition. Long-term malnutrition, which can occur from conception to 24 months of age, can cause stunting, growth and development problems in children. A common indicator in children, especially toddlers, is a slowdown in their growth rate. Apart from hampering physical growth, stunting also affects children's brain, cognitive and intellectual development. It will be a challenge to improve child stunting if it has been diagnosed during infancy and is expected to persist throughout adulthood. The possibility of giving birth to a baby with a low birth weight does not disappear even in cases when the child suffers losses in the future.

Many children at home are food secure but are hampered by inappropriate feeding and care practices, inadequate health services, and unsanitary conditions. The reasons for stunting are varied and do not only come from food difficulties. In the world, Indonesia is in fifth position for the prevalence of stunting. There are direct and indirect causes of stunting. Stunting is caused directly by infections, poor nutrition in mothers during pregnancy, and poor nutrition in toddlers; Indirect causes can come from various sources. These sources include: Water, Sanitation and Hygiene (WASH) includes ownership of latrines, drinking water sources and hand washing practices. This is also one of the indirect causes of stunting. Stunting in the nutritional conditions of children under five is influenced by WASH, namely through the presence of infectious diseases. The occurrence of toddler diarrhea serves as one illustration. As many as 88% of patients involved diarrhea.

Ivanica asserts that weight, length, bone age, and metabolic balance are indicators of changes in size, number, measure, or dimension at the cell, organ, or individual level. One of the goals of the second sustainable development goal, namely to achieve food security and end hunger and all types of malnutrition by 2030, is stunting. By 2025, the goal is to reduce the stunting rate to 40%. Minister of Health Regulation Number 39 of 2016 concerning Guidelines for Implementing the Healthy Indonesia Program with a Family Approach, steps taken to minimize the incidence of stunting, sets the government's goals in dealing with stunting. In accordance with this rule, actions taken to reduce the risk of toddler stunting consist of (a) tracking toddler development, (b) planning activities for toddlers to get additional food (PMT), and (c) stimulation planning.

Stunting prevention requires integrated nutritional interventions, or targeted and sensitive nutritional interventions. Healthy nutritional care that addresses underlying issues as the target population consists of pregnant women and children under five, the following initiatives will be implemented: Greater access to nutrient-dense foods; increasing public awareness of, and commitment to, maternal nutritional care; increasing access to, and quality of, nutrition-health services; and increasing the provision of sanitation facilities and clean water. Adequate food and nutritional intake, feeding, care and nurturing, and treatment of infections are some of the special nutritional treatments to address the direct causes of stunting.

During the first thousand days after birth, or 1000 HPK, the child's growth and development is most important. Nutritional deficits at an early age result in lifelong harm and have the potential to impact future generations. While children between the ages of 24 and 59 months have surpassed the HPK of 1000 months, they still require similar care and attention as toddlers. According to UNICEF (2020), malnutrition accounts for more than half of all deaths in children under five; Malnourished children have a greater risk of death. Increased risk of infection-related death, increased frequency and severity of infections, and slowed healing. Factors causing stunting in children aged 24 to 59 months will be the main topic of this further investigation. The main target group is children aged 24-59 months.

Considering the various health risks that exist today, health awareness is the norm in modern times. Pandemics, disease mutations, and genetic disease prognosis are problems when trying to keep each other healthy, from toddlers to the elderly. Maintaining normal, age-appropriate development is one strategy to avoid this. For example, stunting can occur due to reduced growth of babies who are malnourished, according to scientific articles which claim that toddlers will become stunted if their nutritional intake is inadequate at a certain point in time. Thus, it is very important to provide nutrition and live a healthy lifestyle, especially throughout the growing years.

Stunting in children is a serious public health problem that affects health in the short and long term. Morbidity, mortality, and delayed cognitive development in children are some of the direct impacts. Poor cognitive development, substandard academic performance, low productivity, and small adult height are long-term effects. Stunting reduces a child's chances of leading a healthy adult life, impairs cognitive development and academic success, and increases the risk of low birth weight. Significant national consequences of stunting include poor economic output and high infant mortality rates. The reason for stunting is a multi-factor relationship. One of the main reasons contributing to the prevalence of stunting is parenting style.

There are many practices that can help prevent stunting, including exclusive breastfeeding, feeding according to the body's needs, adapting to the child's new lifestyle, carrying out physical activities, balancing energy expenditure and nutritional intake, and regularly observing the child's growth and development. According to the guidelines provided by UNICEF and the World Health Organization (WHO), exclusive breastfeeding should begin within the first hour of labor, continue exclusively for the first six months, and continue for two years, with the addition of complementary foods starting from the sixth month. Exclusive care or, more precisely, breastfeeding.

It is important to educate parents, especially mothers, about the problem of stunting in children. If this happens, parents need to accept to overcome the problem of stunting in their family. Families must help each other in managing the stunting of their members. Children in this country may be devastated by parents who are unaware of the risks associated with stunting and who do not understand them. We need to protect our country's youth from the dangerous impacts of stunting. Early education is essential to ensure that no child in this country loses their future because of their parents' carelessness. This is intended so that socialization activities to prevent stunting in early childhood and its influence on educational and economic variables will help parents—especially mothers—gain new perspectives and understanding that will help them raise extraordinary children in the future so that Indonesian youth will grow into a great generation capable of competing globally (Sari, 2023).

2. RESEARCH METHOD

The research method used is descriptive qualitative using interview techniques with MSME owners. The implementation of this activity began with a survey to map the problem. The results of field surveys in Banjarejo Magetan Village, especially those related to the lack of environmental cleanliness, lack of knowledge about child nutrition and health, and data on the age of pregnant women who are still under 20 years old, indicate that cases of stunting in the village may be related to the problems found there. , such as parents' lack of knowledge about parenting, especially in providing nutrition, nutrition, and exclusive breastfeeding, waste bins, and the environment. Regular monitoring of stunting is carried out by posyandu and sub-district health centers (PUSTU), which are the two health services offered in Banjarejo Village. The evaluation used is to use observation guidelines regarding various programs that have been implemented.

Real Work Lectures (KKN) are additional activities that integrate student teaching about community empowerment while practicing the Tridharma of higher education. KKN is a type of real work carried out within the community to empower villages through the implementation of individually designed work programs under the direction of the supervisor. The preventive health

education methods implemented include education on preventing stunting, measurements at posyandu, recording stunting data, and MPASI cooking demonstrations.

3. RESEARCH RESULTS AND DISCUSSION

The first activity is counseling on Stunting Prevention through a cooking demonstration on making MP-ASI in the form of Dragon's Feet and Silky Pudding with the Utilization of Surrounding Natural Resources. This activity takes the form of Emo-Demo Counseling. Among the cadres of mothers and mothers of toddlers at the posyandu there was a high level of response and enthusiasm in making MP-ASI Dragon's Feet and Silk Pudding by utilizing existing resources. This is because the socialization activities include recipes that will be displayed and use chicken breast as the main component. This activity is in line with government initiatives that support calculated efforts to accelerate the reduction in stunting prevalence. Apart from that, the presentation of a cooking demonstration using healthy dragon's feet and the equipment and ingredients available were the reasons for the high level of ease among female posyandu cadres and mothers of toddlers who attended posyandu. Making corn extract pudding is another cooking demonstration activity, both mothers of toddlers and women of posyandu cadres are quite enthusiastic because they provide information on how to process corn in such a way as to make pudding that is delicious and easy to use.

The cooking demonstration activity carried out at the Posyandu provides broad insight to the cadres of mothers and mothers of young children because it involves the use of fruit and vegetables which are difficult for children to eat if they are not creative, as well as the provision of MP-ASI which can inspire ideas for displaying attractive foods. and nutritious for toddlers.

Apart from that, there are several challenges in implementation, namely that stunting prevention counseling cannot be carried out due to time constraints which limit the quantity of material that can be provided for making Dragon's Leg MP-ASI and Silk Pudding. This affected several mothers of children at Posyandu who had not had the opportunity to conduct a question-and-answer session. Apart from that, several mothers of toddlers who attended the Posyandu were still represented by several parents with children who were already at school, so the purpose of the cooking session was not heard by the entire audience. This goal was not achieved because the mothers of toddlers who would later donate additional food could not directly see the cooking demonstration being presented because the mothers of toddlers themselves could not be fully involved in MP-ASI activities. Providing clear instructions is certainly a challenge because the target does not understand and see cooking innovations firsthand; Instead, instructions should be given slowly and methodically so that the target immediately understands. Another challenge in this program is that, when given instructions regarding MP-ASI demonstration activities, some mothers of toddlers are still busy talking to other mothers, and some toddlers cry or are busy in their own world. These things disrupted the focus of MP-ASI demonstration activities. The final obstacle in the MP-ASI cooking demonstration process was the decision made by certain mothers to return home to continue working, which prevented several posyandu mothers from participating in the activity.

When a baby is six months old, breast milk (MP-ASI) is the right stage. very significant and vital in preventing stunting in children. High quality free cooking Inadequate phase at this point can cause the child to become stunted, so it must be done correctly for the best growth and development for the baby. This stage is very important for optimal growth and development of children. Social and cultural problems as well as ignorance about the benefits of breast milk are the main causes of poor breastfeeding in Indonesia (Aprilina & Rahmawati in Zuhri, 2023)¹⁷. Mother's involvement in managing the process. The quality of supplementary feeding is influenced by the child's growth and development. So that a mother's understanding of complementary foods has an impact on her choices and actions when it comes to choosing healthy complementary foods that are suitable for her child.

The results of the program for making Dragon's Feet MP-Asi and Silk Pudding by Utilizing Environmental Resources to Prevent Stunting is to increase the awareness of posyandu mothers and cadre mothers in managing animal protein, especially chicken, and to innovate more with an attractive appearance so that toddlers will want to eat fruit and vegetables. Apart from that, by consuming healthy food, this cooking demonstration activity program promotes more inventive and imaginative thinking for posyandu mothers and cadre mothers. These women will be motivated to manage fruit and vegetables for consumption or try to become a business idea.



Figure 1. Production and Socialization Process for Making Dragon's Feet and Pudding

The second activity is making a Posyandu MP-ASI recipe book to support the creation of MP-ASI recipe publications, one of which seeks to accelerate the reduction in the incidence of stunting. There are no challenges when creating a recipe book. The aim is to educate children about everyday foods or dishes involving foods that are easily accessible in the Banjarejo community and provide suggestions for design innovations to other communities and organizations.

Insufficient breastfeeding skills and experience by mothers Due to mothers' understanding of the benefits of breast milk, MP plays an important role in toddlers' food intake. MP will prepare healthy food for children. Low knowledge can be influenced by a mother's age, education and occupation, making her continue to believe myths and teachings from parents regarding MP-ASI that are inappropriate and will influence her attitude towards receiving new information about MP-ASI. Actions taken to promote understanding and the habit of giving breast milk to the community are educating mothers on how to provide appropriate nutrition according to their age when needed and providing innovative MP-ASI menus. Instruction is provided through the medium of recipe books and demonstration approaches. Because recipe book media can contain more information than other print media and can convey information quickly, recipe book media was chosen as instructional media.



Figure 2. MP-ASI Recipe Book

The third activity is Minimizing Stunting in Banjarejo Village through Education and Early Detection of Pregnant Women and Children. Registered mothers and children will be examined, and the MCH (Maternal and Child Health) book will be filled in and collected during the activity. Stunting education is provided after physical measurements of babies and toddlers. Influencing factors and prevention strategies are some of the topics discussed in counseling. After being examined and recorded, the mother will receive a call to be given vitamins for the baby or toddler to drink.

Weight, height and length measurements come first in the assessment, followed by LILA and head circumference measurements. To be submitted to the Banjarejo Community Health Center, all information is recorded in the KIA book and data book. Screening for stunting and further child development will be carried out if the graph appears to decrease when the weight graph is filled with age. Mothers will receive PMT (Additional Food) in the form of eggs and green beans after the series of activities are completed.

This program is based on the Government starting to implement several programs to address stunting and continues to do so now. The overall strategy for this project is to: 1) conduct preliminary research in villages to look at issues related to stunting; and 2) distribute socialization materials about stunting door to door and implement other programs. This information serves as support for implementing this community service project, which focuses on managing and teaching communities about stunting.



Figure 3. Weight and Height Measurement Activities

4. CONCLUSION

Implementation of stunting prevention in Banjarejo village is carried out in three ways. The first way is to do a cooking demonstration of high protein foods, namely dragon's feet and silk pudding. This food is a menu that is easy to cook and uses ingredients that are easy to find around Banjarejo. By carrying out this demonstration, it is hoped that it can broaden mothers' insight regarding protein-

rich menu choices that can prevent stunting. Apart from that, with attractive packaging and delicious taste, it is hoped that children's interest in consuming nutritious food will increase. The second way is by making a recipe book for protein-rich dishes. The recipe book is made simple and easy to understand so that mothers can easily get references in cooking food for their children to avoid stunting. The third way is by providing education and stunting detection. This activity is carried out by taking measurements on children, educating mothers, and providing additional nutritional intake in the form of vitamins and PMT so that stunting can be a preventive measure in dealing with stunting in Banjarejo village.

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