

Stunting Prevention Education with Nutrition Counseling and Provision of Nutritional Food at Rantauprapat City Community Health Center, Labuhanbatu Regency

Halimah Tusakdiyah Harahap ¹, Agusta Dian Elliana ²

Universitas Strada Indonesia, Indonesia ^{1,2}

Correspondence: halimah.tusyadiyah1987@yahoo.com

ABSTRACT

This Study to ensure that every mother and toddler gets the right access and necessary health information, thereby reducing the risk of stunting and other health problems that can affect their growth and development. Using a qualitative approach, the study examines stunting. Community Service Activities on stunting prevention education by providing nutritional counseling and providing food and examining the nutritional status of toddlers were carried out on March 22, 2025 at the Rantauprapat City Health Center. This activity has increased the knowledge of the target audience. Increasing the knowledge of mothers of toddlers about balanced nutrition in toddlers is expected to improve the attitudes and actions of mothers in providing balanced nutrition to toddlers so that the nutritional status of toddlers is in the normal category. This activity can make a positive contribution in reducing and preventing nutritional problems in Indonesia, especially in the Rantauprapat City Health Center area, Labuhanbatu Regency.

Keywords: stunting, nutrition, counseling, education.

Received:
21.05.2025

Revised:
24.06.2025

Accepted:
05.07.2025

Available online:
17.07.2025

Suggested citations:

Harahap, H.T., & et al. (2025). Stunting Prevention Education with Nutrition Counseling and Provision of Nutritional Food at Rantauprapat City Community Health Center, Labuhanbatu Regency. *International Journal of Community Service*, 4 (1), 192-201. DOI: <https://doi.org/10.55299/ijcs.v4i1.1361>

INTRODUCTION

Accelerating the reduction of stunting is one of the government's priority programs in the 2015-2019 National Medium-Term Development Plan (RPJMN), which is continued with the 2020-2024 RPJMN. This is especially in the last 10 years during the administration of President Joko Widodo (Jokowi). The target for reducing stunting in the 2015-2019 RPJMN is 28 percent, while the

2020-2024 RPJMN targets 14 percent.

Stunting is a condition in which a toddler experiences growth failure or whose height is not in accordance with their age caused by chronic malnutrition in the first thousand days of life (HPK), starting from in the womb until the child is two years old. This condition makes the child more susceptible to disease and can reduce their productivity in the future. In general, stunting can hamper economic growth, increase poverty, and widen inequality.

According to the results of the 2023 Indonesian Health Survey published by the Ministry of Health, the prevalence of stunting in Indonesia is currently at 21.5 percent. This figure is only down 0.1 percent from the 2022 Indonesian Toddler Nutrition Status Survey data of 21.6 percent. The realization of stunting reduction can be said to be still far from the target of 14 percent in 2024.

In order to prevent children from being born with stunting, the government has prepared an intervention framework that is divided into two. First, specific nutritional interventions which are interventions for children in the first 1,000 days of life (HPK), which contribute to a 30 percent reduction in stunting. This intervention is generally carried out in the health sector and is short-term. According to the National Team for the Acceleration of Poverty Reduction in the book Summary of 100 Priority Districts/Cities for Stunting Interventions (2017), some of these interventions include providing additional food to pregnant women, encouraging early initiation of breastfeeding in breastfeeding mothers, and encouraging the provision of breast milk until the child is 23 months old.

Labuhanbatu Regency is one of the regencies that is a priority for stunting. In North Sumatra, Labuhanbatu Regency according to the results of the 2021 Indonesian nutritional status survey has a prevalence stunting 27.0 percent and in 2022 Labuhanbatu will be at a stunting prevalence of 23.9 percent. From these results, Labuhanbatu Regency was able to reduce 3.1 percent, which is not yet from the national target that has been set, which is 23.45 percent. In 2023, it is hoped that all OPDs will be involved so that they can carry out activities that are more touching to the community, so that prevention stunting in Labuhanbatu Regency decreased significantly to a minimum so that we were able to reduce it to 19.53 percent.

In order to continue to reduce the incidence of stunting, Labuhanbatu Regency is actively forming various programs to reduce stunting rates. Many factors underlie the occurrence of stunting, one of which is inadequate energy and nutritional intake. Therefore, efforts to accelerate the reduction of stunting continue to be carried out intensively through a comprehensive approach that includes specific nutritional interventions. Specific nutritional interventions focus on addressing the direct causes of stunting, such as lack of food and nutritional intake and infectious diseases. In this case, the author carries out prevention and handling by providing counseling and providing food to pregnant women and mothers with toddlers.

1. Definition of Stunting

Stunting (short) or chronic malnutrition is another form of growth failure. Chronic malnutrition is a condition that has occurred for a long time, not like acute malnutrition. Children who experience stunting often appear to have normal and proportional bodies, but in fact their height is shorter than the normal height of children their age (RI., 2019). Stunting and other malnutrition that occurs in the first 1,000 HPK not only causes physical growth retardation and increases susceptibility to disease, but also threatens cognitive development which will affect the current level of intelligence and the child's productivity in adulthood.

Stunting is a condition of growth failure in toddlers (babies under five years old) due to chronic malnutrition so that the child is too short for his age. Malnutrition occurs since the baby is in the womb and in the early period after the baby is born, however, the condition of stunting only appears after the baby is 2 years old. Short toddlers (stunted) and very short (severely stunted) is a toddler with a body length (PB/A) or height (TB/A) according to his age compared to the WHO-MGRS (Multicentre) standard. Growth Reference Study) 2006. Meanwhile, the definition of stunting according to the Ministry of Health is a toddler with a z-score of less than -2SD/standard deviation (stunted) and less than -3SD (severely stunted).

2. Causes of Stunting

Stunting is related to many causes, including maternal and child nutritional intake, toddler health status, food security, social and health environment, residential environment, poverty, and others (UNICEF, 2013; WHO, 2013). Stunting in toddlers in Indonesia is not caused by 1 cause in 1 growth stage only, but the process is caused by multifactors and is continuous in 1000 HPK, starting from the time of conception until the toddler is 2 years old. During this period, many health problems can occur, especially regarding less than optimal parenting practices, including anemia and KEK during pregnancy, ANC not according to standards, childbirth not assisted by health workers, not doing IMD, not providing exclusive breastfeeding, not providing complete basic immunizations to not providing good MP ASI. All cycles of these problems occur in 1000 HPK of children. So that mothers as the closest people who provide care for toddlers, must get adequate information about optimizing child growth in 1000 HPK so that they can maximize their role and cases of 35 malnutrition in toddlers can be prevented (RI., 2020).

3. Impact of Stunting

Short term is the disruption of brain development, intelligence, physical growth disorders, and metabolic disorders in the body. In the long term, the negative effects that can arise are decreased cognitive abilities and learning achievement, decreased immunity so that people become sick easily, and a high risk of developing diabetes, obesity, heart and blood vessel disease, cancer, stroke, and disability in old age.

4. Critical Point

Period in pregnancy (280 days)

Pregnant women are a group that is vulnerable to nutrition. Therefore, it is important to provide good nutritional needs during pregnancy so that pregnant women can obtain and maintain optimal nutritional status so that they can undergo pregnancy safely and give birth to babies with good physical and mental potential, and obtain enough energy to breastfeed later (Arisman, 2004). Pregnant women with poor nutritional status will cause fetal growth disorders, the main cause of short babies (stunting) and increase the risk of obesity and degenerative diseases in adulthood.

The fetus grows by taking nutrients from the food consumed by the mother and from the nutrient stores in the mother's body. During pregnancy or breastfeeding, a mother must increase the amount and type of food eaten to meet the growth needs of the baby and the needs of the mother who is carrying her baby and to produce breast milk. If the mother's daily food does not contain enough nutrients, the fetus or baby will take the supplies in the mother's body, such as the mother's fat cells as a source of calories; iron from reserves in the mother's body as a source of iron for the fetus/baby. Likewise, certain nutrients are not stored in the body, such as vitamin C and vitamin B which are found in abundance in vegetables and fruits. In this regard, the mother must have good nutritional status before becoming pregnant and consume a variety of foods both in proportion and quantity (RI., 2020).

Period 0 – 6 months (180 days)

There are two important things in this period, namely early initiation of breastfeeding (IMD) and exclusive provision of breast milk (ASI). Early initiation of breastfeeding is to provide an opportunity for a newborn to breastfeed on its own from its mother within the first hour of birth. In the first hour of its life after being born into the world, make sure to get the opportunity to do Early Initiation of Breastfeeding (IMD). IMD is the process of placing a newborn on the mother's chest or stomach so that the baby can naturally find its own source of breast milk (ASI) and breastfeed. It is very beneficial because the baby will get colostrum contained in the mother's first drop of breast milk which is rich in immune substances. Not only for babies, IMD is also very beneficial for mothers because it helps speed up the post-natal recovery process. Although the benefits are so great, many mothers fail to get the opportunity for IMD, due to lack of knowledge and support from the environment.

Exclusive breastfeeding is the provision of breast milk after birth until the baby is 6 months old without any other food. Some factors that cause failure of exclusive breastfeeding include the condition of the baby, namely LBW, congenital abnormalities, infection, and others; and due to factors from the mother's condition, namely breast swelling/abscess, anxiety and lack of self-confidence, malnutrition, and the mother wanting to work.

Period 6 – 24 months (540 days)

Starting from the age of 6 months and above, children begin to be given complementary foods (MP-ASI) because from this age, breast milk alone is not sufficient for children's needs. Knowledge in providing MP ASI becomes very important considering that there are many mistakes in the practice of providing it, such as providing MP ASI too early to babies who are less than 6 months old. This can cause digestive problems or diarrhea. Delaying the provision of MP ASI (not providing MP-ASI on time) will inhibit the growth of babies due to allergies and the nutrients produced from breast milk are no longer sufficient for needs, which will cause malnutrition.

5. Stunting Handling Program

Handler stunting is carried out through Specific Interventions and Sensitive Interventions on the target of the first 1,000 days of a child's life until the age of 6 years. Presidential Regulation No. 42 of 2013 states that the 1000 HPK Movement consists of specific nutritional interventions and sensitive nutritional interventions. Specific interventions are actions or activities that in their planning are specifically intended for the 1000 HPK group. While sensitive interventions are various development activities outside the health sector. The target is the general public, not specifically for 1000 HPK

METHOD

This community service activity was carried out in the Rantauprapat City Health Center Working Area by providing Stunting Prevention Education with Nutrition Counseling and Food Provision for pregnant women and mothers with toddlers in order to prevent and reduce the incidence of stunting with the following stages:

Preparation Stage

- Conducting a survey at the location where the community service was carried out, namely at the Rantauprapat City Health Center.
- Application for permission to carry out community service to the City Health Center, Sub-district, Hamlet Head, Cadres and Community Leaders.
- Administrative management (correspondence, invitations)
- Preparation of materials, tools, accommodation and place

Feeding Activities

- Prepare ingredients and tools for cooking the food that will be served by paying attention to the CONTENTS OF MY PLATE
- Ensure that the food ingredients cooked are clean and comply with balanced nutrition rules (collaborating with the Health Center Nutrition Section)
- Serve food in a clean and covered container and give it to the target.

Extension Activities

- Filling out the attendance list, giving flyers about stunting and inviting them to sit down.
- Opening and introduction to the target
- Conducting counseling by providing information about the definition, causes, characteristics, impacts and prevention of stunting with specific nutritional interventions.
- Q&A session. Provides an opportunity for targets to ask questions related to stunting

RESULTS AND DISCUSSION

The main program of the Health Center is a health service program that must be implemented because it has great leverage to improve the level of public health: the highest. There are 7 main health service programs in the Health Center, namely:

- Treatment programs (curative and rehabilitative) are a form of health service to diagnose and carry out treatment on a patient carried out by a doctor scientifically based on findings obtained during anamnesis and examination.
- Health Promotion is a community health center health service program that is aimed at helping the entire community to live optimally healthy lives through counseling activities.
- KIA and KB services are KIA and KB health service programs at Community Health Centers which are aimed at providing services to PUS (Fertile Age Couples) for KB, services for pregnant women, childbirth and postpartum women as well as services for babies and toddlers.
- Immunization services, namely routine immunization activities include providing immunization to infants aged 0-1 years (BCG, DPT, Polio, Measles, HB), infants aged over 4 months-1 year receive IPV immunization (inactivity polio vaccine). Immunization for women of childbearing age/ pregnant women (TT), and immunization for elementary school children (grade 1: DT and grade 2-3: TT). While additional immunization activities are carried out on the basis of problems found such as KLB, found/ suspected presence of wild polio virus or other activities based on technical policies.
- Prevention and Control of Communicable and Non-Communicable Diseases, namely the Community Health Center's health service program to prevent and control the transmission of communicable/infectious diseases (e.g. TB, DBD, Leprosy, etc.).
- Environmental Health is an environmental health service program at community health centers to improve the health of residential environments through basic sanitation efforts, environmental quality control and public places including environmental pollution control by increasing community participation.
- Community Nutrition Improvement is a health service activity program, community nutrition improvement at the Community Health Center which includes improving nutrition education, overcoming Protein Energy Deficiency, Iron Nutritional Anemia, Iodine Deficiency Disorders (IDD), Vitamin A Deficiency, Excessive Nutritional Conditions, Improvement, Nutrition Surveillance, and

Empowerment of Family/Community Nutrition Improvement Efforts.

Health development efforts carried out in the Rantau prapat City Health Center area :

- a. Cataract Surgery Service Activities
Cataract surgery services in 2022 were served by 3 (three) people and the activity was carried out at the Old State Health Center. While for 2023 there were 3 (three) people and the activity was carried out at the Old State Health Center. While for 2023 there were no cataract patients.
- b. UKS Activities
One of the UKS activities in the Rantau prapat City Health Center Area is the activity of screening school children by holding health checks (measuring height/weight, eye and ear examinations, dental and oral examinations) and for 2023, screening has been carried out starting from PAUD, TK/RA, SD, SMP/MTS, SMA/SMK/MA school children with a total of 7961 students.
- c. Santun Usila Health Center
There are 9 Posyandu for the Elderly that were formed in the Santun Usila Health Center Area and the activities in these Posyandu are actively carried out every month by holding health checks /services and holding elderly gymnastics every week.
- d. Child Friendly Health Center
Rantau prapat City Health Center providing health services to children by holding child health checks, providing playgrounds, and breastfeeding corners

Community Service Assessment Results Area

To overcome the problem of stunting, especially in the Rantau prapat City Health Center Working Area, the local government has made various efforts by collaborating with various sectors in efforts to prevent and reduce the incidence of stunting, such as additional food programs for pregnant women and toddlers, as well as campaigns/counseling to increase public awareness about the importance of balanced nutrition and child health.

Specific nutritional interventions in efforts to reduce stunting aim to ensure nutritious food intake, prevent infection, maintain maternal nutritional status, and maintain environmental health. From the above problems, the author is interested in conducting counseling on stunting and its prevention by conducting specific nutritional interventions by providing additional food to pregnant women and those with toddlers.

Intervention Plan

Specific Nutrition Intervention. This is an intervention aimed at children in the First 1,000 Days of Life (HPK) and contributes to a 30% reduction in stunting.

Based on the data above, the intervention plans that can be carried out are as follows:

1. Conduct routine pregnancy check-ups (6 times during pregnancy) by involving cadres and community leaders.
2. 90 iron tablets (Fe tablets) during pregnancy.
3. Providing correct nutritional information to pregnant women, and pregnant women with a history of KEK (disturbed ectopic pregnancy), ensures that they receive additional nutritional intake.
4. Ultrasound examination to see whether the fetus' growth is normal or not. "If the fetus' growth is not normal, its nutrition is lacking, then intervention is needed."
5. The intervention will focus on infants aged 0-24 months, because in infants of that age the determinant of stunting is highest. The program is immunization, exclusive breastfeeding, and if symptomatic given animal protein.
6. The Health Center collaborates with cadres, village heads, hamlet heads, neighborhood heads, etc., by creating a WhatsApp Group to disseminate information on integrated health post activities, health check-up activities or counseling carried out.

CONCLUSION

Community Service Activities on stunting prevention education by providing nutritional counseling and providing food and examining the nutritional status of toddlers were carried out on March 22, 2025 at the Rantauprapat City Health Center. This activity has increased the knowledge of the target audience. Increasing the knowledge of mothers of toddlers about balanced nutrition in toddlers is expected to improve the attitudes and actions of mothers in providing balanced nutrition to toddlers so that the nutritional status of toddlers is in the normal category. This activity can make a positive contribution in reducing and preventing nutritional problems in Indonesia, especially in the Rantauprapat City Health Center area, Labuhanbatu Regency.

REFERENCES

- Darwis, Y. (2019). *Buku Pegangan Petugas KUA Sebagai Konselor 1000 HPK dalam Mengedukasi Calon Pengantin Menuju Bengkulu Bebas Stunting*.
- Fahzira, E. (2021). Implementasi Kebijakan Penurunan Stunting. [Http://Repository.Uin-Suska.Ac.Id/56945/1/GABUNGAN%20KECUALI%20BAB%20V.Pdf](http://Repository.Uin-Suska.Ac.Id/56945/1/GABUNGAN%20KECUALI%20BAB%20V.Pdf).
- Juliastuti, E. (2021). *Deteksi Dini Faktor Penyebab Stunting pada Balita*, Poltekkes Kemenkes Aceh.
- Kemenkes. (2022). *Kementerian Kesehatan Republik Indonesia*, 2022.
- Kencana Sari, Y. (2016). Peran Intervensi Gizi Spesifik dan Sensitif dalam Perbaikan Masalah Gizi Balita. [Https://Media.Neliti.Com/Media/Publications-Test/67954-Peran-Intervensi-Gizi-Spesifik-Dan-Sensi-524123d8.Pdf](https://Media.Neliti.Com/Media/Publications-Test/67954-Peran-Intervensi-Gizi-Spesifik-Dan-Sensi-524123d8.Pdf).
- Labuhanbatu, P. D. K. (2023). *Upaya Pemerintah dalam Penanggulangan Stunting di Kabupaten Labuhanbatu*. <https://labuhanbatukab.go.id/index.php/berita/2078-pengukuran-dan-publikasi-stunting-sebagai-aksi-konvergensi-percepatan-penurunan-stunting-di-kabupaten-labuhanbatu>.
- Sekarini, R. F. (2021). *Asuhan Keperawatan Jiwa Masalah Kecemasan pada Keluarga dengan Stunting*.
- Yulastini, U. H. (2022). *Promosi Kesehatan 1000 Hari Pertama Kehidupan (HPK) sebagai Upaya Pencegahan Stunting*.
- Yusnita, Jannah F, A. A. (2020). Hubungan Faktor Gizi Spesifik Pada Ibu Dengan Kejadian Stunting di Kabupaten Pandeglang. *Seminar Inovasi*.

Copyright and License



This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

© 2025 Halimah Tusakdiyah Harahap¹, Augusta Dian Elliana²

Published by IPI Global Press in collaboration with the Inovasi Pratama Internasional Ltd