



Vol. 02, No. 02, 2021

DOI: 10.55299/ijcs.v2i2.270

The Community Empowerment in Stunting Prevention at Posyandu Cenrana District Bone Regency

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ABSTRACT

Stunting refers to the condition of a child's height being shorter than their age, which is caused by a long-term lack of nutrition during the first 1000 days of life (HPK). As adults, children who are stunted are vulnerable to non-communicable diseases. Apart from nutritional factors, stunting is caused by a lack of public knowledge. Because most people do not understand correctly about stunting, and think that stunting or the term commonly used in society is a hereditary factor. The purpose of this community service is to increase public knowledge through counseling about stunting at the Cenrana District Posyandu. The method used is interactive lectures and questions and answers and this activity will be carried out in August 2021. Based on the results of the pretest and post test which were attended by 20 respondents, it can be stated that the results of the pre test regarding the level of knowledge of respondents regarding stunting prevention by 5 respondents (25%) understand regarding stunting prevention, while based on the results of the post test there were 18 respondents (90%) who understood stunting prevention. The enthusiasm of the participants in participating in the training activities was also very good.

Keywords: Empowerment, Stunting, Prevention.

Received:	Revised:	Accepted:	Available online:
11.11.2021	21.11.2021	23.12.2021	30.12.2021

Suggested citations:

Metasari, AR., & et al. (2021). The Community Empowerment in Stunting Prevention at Posyandu Cenrana District Bone Regency. *International Journal of Community Service*, 02 (02), 37-42. DOI: 10.55299/ijcs.v2i2.270

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INTRODUCTION

In developing countries stunting is a serious public health problem and its prevalence remains high. Stunting is caused by a long-term lack of nutrition during the first 1,000 days of life (HPK), which is a critical period. Toddlers after measuring length or height according to their age, when compared with the standard WHO-MGRS (*Multicentre Growth Reference Study* 2005, the z-score value is less than -2SD, and it is categorized as very short if the z-score value is less than -3SD (Ministry of Health, 2016).

The World Health Organization (WHO) stated that the number of stunted children under five in the world in 2017 was 151 million (22%) (WHO & Unicef, 2018). Indonesia is one of the developing countries with more than half of the number of children experiencing stunting, where the prevalence of stunting in Indonesia is in 115th position out of 151 countries in the world (Young et al., 2018).

One of the main factors for the high prevalence of stunting in Indonesia is poor nutritional intake from the time the fetus is still in the womb (pregnancy), newborn, until the child is two years old (Danaei et al., 2016). Limited knowledge of mothers about the importance of nutritional intake during pregnancy and nutritional preparation during the first 1000 days of a baby's life also increases the risk of children experiencing growth disorders and suffering from stunting (Unicef Indonesia, 2020). Similar research suggests that parental knowledge has a significant relationship with the incidence of stunting in toddlers (Musaidah et al., 2020). Most stunted children have abnormal motor and psychosocial development (Pangaribuan et al., 2021).

The lack of involvement of health workers with mothers in providing nutrition promotion during pregnancy has an impact, among other things, on the knowledge of mothers and the health of mothers and children (Jamila at all, 2017). Therefore efforts are needed to prevent stunting in toddlers both directly (specific nutrition interventions) and indirectly involving cross-sectors and the community in food supply, clean water and sanitation, poverty alleviation, education, social affairs and so on (Ministry of Health, 2016).

Interventions for stunting proclaimed by the government include pregnant women getting blood supplement tablets of at least 90 tablets during pregnancy, providing supplementary food to pregnant women, fulfilling nutrition, delivering with a doctor or midwife who is an expert, IMD (Early Breastfeeding Initiation), Exclusive Breastfeeding for babies up to 6 months of age, provide complementary feeding for children aged 6 months to 2 years, provide complete basic immunization and vitamin A, monitor the growth of toddlers at the nearest Posyandu, and apply clean and healthy living habits.

Public understanding of the problem of *stunting* in children is still quite low. One way that can be done to increase understanding and awareness of the problem of *stunting* in children is by providing health education. Education is very important to do to increase mothers' understanding of *stunting prevention* by implementing correct feeding practices according to WHO recommendations.

METHOD

This community service activity is carried out using lecture, discussion and question and answer methods. The target of this service is mothers who have toddlers. Participants involved in

Counseling activities there were as many as 20 mothers. This activity was carried out in August 2021 at the Posyandu Kec. Cenrana. Furthermore, the implementation phase begins with conducting free health checks to increase public interest in the activities carried out and filling out the pre-test on stunting with the aim of evaluating the participants' prior knowledge. After that, health education about stunting prevention was carried out followed by a question and answer session between participants and resource persons. This counseling was carried out using interactive lecture methods and questions and answers accompanied by the distribution of leaflets. The evaluation stage is carried out by giving a post-test to the participants with the aim of knowing the final knowledge of the participants after the counseling.

RESULTS AND DISCUSSION

One form of effort in preventing and overcoming stunting is by carrying out counseling activities, which take place at the Posyandu, Cenrana District, which is attended by 20 women. The counseling material is in the form of an explanation of the meaning of stunting, the causes of stunting, the characteristics of children with stunting, the detection of stunting in children, the impact of stunting, the prevention of stunting and the prevention of stunting. At the beginning of the activity the presenters first asked questions about the meaning of stunting in general to the respondents, this was intended to find out understanding. At the beginning of the activity, the presenter gave a pretest before the material was delivered to find out how far the respondents' understanding was related to the material to be delivered. After being given information and education, the presenters again provide an evaluation by asking questions again about the material that has been explained, this is done to find out how far the knowledge or understanding of the respondents has increased, from the 6 questions given by the presenters to the respondents, the results obtained are that almost all respondents were able to answer and re-explain the material presented. This is evidenced by the enthusiasm of the respondents to raise their hands when asked a question. In addition, the respondents were also active in asking questions, this also proved that the respondents seemed enthusiastic about the health education material provided.

Providing health education by conducting mass health education can increase overall public awareness of the importance of health in the family and in society (Hitman et al., 2021).

The results of the *pre test* and *post test* for counseling on stunting prevention programs in infants and toddlers are as follows in table 1.

	Score				
Knowledge	Pre-test		Post test		
	N	%	N	%	
Know	5	25	18	90	
Don't know	15	75	2	10	
Total	20	100	20	100	

Source: processed data

Based on table 1 above, it can be stated that the *pre-test results* of participants who know about stunting prevention are 5 people (25%), while based on the results of the *post-test* participants who know about stunting prevention are 18 people (90%).

Judging from the results of the *pre test*, most of the mothers did not know about the definition and methods of preventing stunting, but after conducting counseling on the results of the *post test*, almost all mothers understood the definition and prevention of stunting. It can be concluded that there is an increase in public knowledge because the *post test scores* are higher than the *pre test scores*.



Figure 1. Counseling on Stunting



Figure 2. Discussion/questions and answers about stunting

The results of this community service are in line with the results of community service carried out by (Astuti, 2018) which stated that the stunting prevention

movement through training increases the knowledge of posyandu cadres and through HKN events can increase community empowerment in preventing stunting. The increase in the average score of community knowledge which was quite significant was due to the very good reception of the material on stunting prevention.

The community's positive behavior regarding stunting prevention can arise due to the suitability of the reaction or response to a stimulus, namely knowledge about stunting prevention. Knowledge is one of the predisposing factors that underlies a person's behavior to behave positively. Good knowledge can improve people's behavior to prevent stunting early (Hamzah, 2020).

CONCLUSION

This community service activity went well. Providing education about the problem of *stunting* and preventing *stunting* for mothers with children under five is an important strategy that needs to be implemented to increase public knowledge about the impacts and dangers of *stunting* on children. Providing education is known to increase new knowledge for mothers who have children under five. Providing education that is carried out routinely in the community can be one of the right solutions to improve public health status and reduce the incidence of *stunting* in children in Indonesia.

Thank-you note

Thank you to all of my team who have worked well together in writing this article to completion

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