

Increasing Public Knowledge about Stunting and Complementary Foods as an Effort to Prevent Stunting in Tanjungwangi Village Tanjungmedar District

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Abstract

Stunting is a nutrition problem which caused children's growth and development disruption in Indonesia. Tanjungwangi Village is the priority locus of stunting for 2021 in Tanjungmedar District with incidence rate reached 28.57%. The implementation of this community service aimed to increase public knowledge about stunting and the fulfilment of nutritious complementary foods as an effort to prevent stunting. This community service activity was carried out in September 2021. The focus of this community service activity was to increase public awareness about stunting and its prevention efforts through the fulfilment of nutritious Complementary foods. The community conducts a pre-test before providing counselling with the aim of knowing the description of community knowledge about stunting and Complementary feeding. Counselling is carried out offline, including counselling on stunting and stunting prevention efforts including the fulfilment of Complementary feeding for toddlers. The community returned to do post-tests after being given counselling with the aim of knowing the overview of community knowledge after being given counselling. The result is that after being given counselling, public knowledge about stunting and Complementary feeding has increased. This activity went good and the community was very enthusiastic about listening to the counselling.

Keywords : Children, Knowledge, Stunting, Complementary foods

INTRODUCTION

Stunting is a global issue because of its consistently high prevalence. In developing countries, including Indonesia, the incidence of stunting is higher, this is due to the incidence of low levels of haemoglobin in the blood, low birth weight, poor nutrition and body length that is not in accordance with age, which are nutritional problems that are often encountered. In 2017, more than half of children under five in the world undergo stunting condition came from Asia (55%) while more than a third (39%) from Africa. In Asia it estimated 83.6 million stunted children under five, the highest proportion comes from South Asia (58.7%) and the least proportion is in Central Asia (0.9%) (Joint Child Malnutrition Eltimotes, 2018).

According to WHO, Indonesia is in third place with the highest prevalence of stunting in the Southeast Asia region, the average prevalence of stunting toddlers in Indonesia in 2005-2017 is 36.4% (WHO, 2018). The stunting prevalence rate in Sumedang Regency is still above the stunting rate limit of the World Health Organization (WHO) which estimated 20%. It was recorded that at least 28.1% of the prevalence of stunting from the number of children under five in Sumedang Regency (Dinkes, 2018). According to the priority locus (2020), the area with the highest number of stunting at risk is Tanjungmedar district (Sukamukti village (33,14607), Tanjung Wangi village (28,79581) and Kertamukti village (26.00897)).

According to the priority locus, the Tanjungmedar sub-district is the sub-district with the three villages that have the highest number of the most vulnerable and very dangerous stunting risks, namely Sukamukti, Tanjungwangi, and Kertamukti villages (Dinkes, 2020). Data collected by the Tanjungmedar Health Center in 2021 revealed that the prevalence of stunting in Tanjungmedar District reached 19.33%. Tanjungwangi Village is the village with the highest prevalence of stunting, with data reaching 28.57%. Tanjungmedar sub-district has an area of

175.89 ha with a population of 2,555 people consisting of 1,1267 men and 1,288 women. The majority of the population has a livelihood as entrepreneurs and farmers.

Stunting is a chronic condition characterized by stunted growth due to long term malnutrition. It became the main indicator in assessing the quality of human resources in the future growth disorders. Growth disorders suffered by children at the beginning of life can cause permanent damage (Wanimbo & Wartiningsih, 2020). Impaired growth is a feature of stunting, which is characterized by the condition of height or body length compared to age (Kementrian Kesehatan RI, 2018; Manary & Solomon, 2009).

In areas with high poverty rates, the incidence of stunting generally begins when toddlers reach the age of 6 months and its manifestations are seen at the age of 2-3 years of life and continue at the age of 18 years (Sudirman, 2008). The risk factors for stunting are: There are several aspects of parenting that play a role, one of which is the personality of the parents. Parents differ from one another in attitude and parenting, character maturity, patience, energy and intelligence. This affects the reliability of parents to carry out demands their role in the family, especially in their sensitivity to the needs of the child (Nshimiyiryo et al., 2019).

Kemenkes (2018), divides the risk factors that cause stunting in children into 4 major categories, namely family and household factors, inadequate Complementary and supplementary food, breastfeeding and infection. Family and household factors include maternal factors in the form of poor nutrition during preconception, pregnancy and lactation. Inadequate Complementary food factors are divided into 3, namely low food quality, improper way of giving and food and drink safety that is not maintained. Supplementary food or complementary feeding is also one of the important factors in preventing stunting. MPASI given must contain the nutritional elements needed by infants for optimal growth and development. Based on the need analysis conducted in Tanjungwangi Village, one of the efforts that can be done to reduce the prevalence of stunting is to increase public knowledge about stunting and complementary feeding as a stunting prevention.

METHOD

This community service activity was carried out in Tanjungwangi Village, Tanjungmedar District, Sumedang on 27 September 2021 offline. The target of this community service is the entire community of Tanjungwangi Village. In the implementation of community service through direct (offline) meetings, the methods used are counselling and discussion. This outreach activity began by conducting a pre-test, then continued with the first material counselling on stunting for 20 minutes and the second material on Complementary feeding for 20 minutes. After giving the material, the community held a discussion with the relevant speakers. At the end of the outreach event, the community again conducted a post-test with the aim of knowing the effectiveness of the outreach activities on public knowledge about stunting and Complementary feeding. The enthusiasm of the community can be seen from the presence of the community during the counselling and discussions during the activity.

The stages of community service activities to increasing public knowledge about stunting and Complementary foods as an effort to prevent stunting consist of planning, implementing and evaluating with the following description:

1. Planning

Preparations for this community service activity have been carried out since April 2021, including:

- a. Communication with the Tanjungwangi village head and asking for permission to carry out community service. This stage was carried out smoothly because the Tanjungwangi village head agreed with the problems and obstacles felt by the community related to stunting.
- b. The needs analysis was carried out by holding an audience with the Tanjungwangi village head and village midwives, as well as cadres regarding the counselling needs needed by the Tanjungwangi village community regarding stunting conditions in Tanjungwangi village.

- c. Conducting a literature review on stunting and stunting prevention efforts through the fulfillment of nutritional Complementary foods.
- d. Coordinate with village heads, village midwives, and cadres related to scheduling and implementation of counselling.

2. Implementation

The implementation of this program is carried out with offline counselling including:

- a. The pre-test was carried out before the counselling began with the aim of knowing the description of public knowledge about stunting and complementary feeding before being given the counselling material.
- b. The provision of the first counselling material on the concept of stunting which lasted for 20 minutes. The materials presented included definitions, causes, characteristics, effects, and stunting prevention efforts. The media used in this counselling is in the form of presentation which can be easily accessed by all people who attend the counselling, because it is distributed through WhatsApp Messenger.



Figure1. Counselling about stunting

Provision of second counselling material regarding Complementary feeding as an effort to prevent stunting which lasted for 20 minutes. The materials presented included food consumption patterns for stunting prevention, Complementary feeding menus and healthy keys for healthy children. The media used in this counselling is in the form of presentation which can be easily accessed by all people who attend the counselling, because it is distributed through WhatsApp Messenger.



Figure 2. Counselling about Complementary foods

3. Evaluation

At the post test evaluation stage which was carried out after the counselling was completed with the aim of knowing the description of the effectiveness of providing health education through counselling on public knowledge about stunting and Complementary feeding, the post test was carried out by distributing an online questionnaire about knowledge of stunting

and Complementary feeding with a total of five questions to the public. who attended the counselling. In the last session, a discussion session with two speakers was also opened and certificates were given to the two speaker.



Figure 3. Giving certificates to speakers

In the last session, the community outreach stated that the material was quite clear and easy to understand. Discussions with village midwives and cadres also discussed strengths, weaknesses, development opportunities and challenges that arise in the application of the extension materials. There were no significant obstacles that occurred during the first outreach program.

RESULTS

The community service program in Tanjungwangi village in an effort to increase public knowledge about stunting and Complementary feeding has been going well with the following activities: At this stage, the level of knowledge of the community was measured before and after providing counselling about stunting and Complementary feeding. The level of community knowledge before being given counselling about stunting and Complementary feeding. Most people have low knowledge as much as 42%, moderate knowledge 33%, and high knowledge 25%.

The level of community knowledge after being given counselling about stunting and Complementary feeding. Most people have low knowledge as much as 20%, moderate knowledge 42%, and high knowledge 28%. The data revealed that there was an increase in the knowledge of the Tanjungwangi Village community after being given stunting counselling and Complementary feeding. This is in line with other studies which revealed that there were differences in the level of knowledge before and after stunting counselling (Wahyuni et al., 2019). The effectiveness of this health education or counselling activity is also proven by Anggraini et al. (2020), which says there is an effect on increasing knowledge about stunting before and after the counselling intervention is given.

DISCUSSION

1. Counselling about stunting

This counselling activity was carried out on September 27, 2021 at the Tanjungwangi Village hall, Tanjungmedar District, 23 participants who took part in this activity, consisting of the Tanjungwangi village community, village midwives, and cadres. The first training starts at 14.00 WIB. Counselling is an activity to spread messages with the aim of increasing knowledge. Another purpose of counselling activity is to influence the behaviour of both individuals and groups (Mulana, 2007). Outreach activities about stunting and nutrition to the community are one form of way to prevent stunting (Kemenkes RI, 2018). This activity was carried out to increase public knowledge about stunting and complementary feeding as an effort to prevent stunting.(Status et al., 2012)

Counselling on stunting was the first material delivered. The community is invited to share perceptions about what stunting is. Stunting is a condition in which a child's growth and

development is impaired and not in accordance with his age. The community was also given material about the causes of stunting, including inadequate nutrition from the womb until the age of 2 years, lack of knowledge about nutrition during pregnancy and nutrition in children. In addition to the causes of stunting, people also need to know the characteristics of stunting, including slowed physical growth, poor performance on tests and learning memory, delayed tooth growth, the face looks younger than its age, and signs of slowed puberty (Kemenkes, 2018).

This counselling on stunting also provides an overview of the consequences and effects of stunting on children. The consequences and effects on children are the occurrence of obstacles in physical development, a decline in cognitive function and difficulty in achieving, susceptible to infectious diseases and at risk for chronic diseases, and decreased children's confidence due to lack of height (Manajemen et al., 2009)

2. Counselling about Complementary foods

This counselling activity was carried out on September 27, 2021 at the Tanjungwangi Village hall, Tanjungmedar District, 23 participants who took part in this activity, consisting of the Tanjungwangi village community, village midwives, and cadres. The second training begins at 13.30 WIB. The community is given an understanding of the challenges of consumption patterns for stunting prevention including consumption behavior of macronutrient deficiencies, lack of animal protein, lack of vegetables and fruits, micronutrient deficiencies, IMD practices, exclusive breastfeeding for 6 months, and Complementary foods (Dewi et al., 2021). Several Complementary food menus for breastfeeding were also provided in this counselling tailored to the potential in Tanjungwangi village.

There are 10 keys to success that must be achieved by mothers in Tanjungwangi village as an effort to prevent stunting, including: expectant mothers to plan when to have their family, consume balanced and safe nutritious food; regularly take iron and folic acid tablets without being absent; prepare "SUCCESS ASI"; scheduled pregnancy check-ups; mothers give birth in health facilities; Quality Early Breastfeeding Initiation (IME); the mother gives exclusive breastfeeding for six full months, and Complementary foods for breastfeeding (MP-ASI) when the baby is exactly six months old with a varied food menu; carry out a health check of the baby; Building communication by telling stories and joking with the baby; consume drinking healthy, safe, and free from contamination water; healthy sanitary such as toilet and septic tanks; and implementing hand washing with soap (Nurkomala et al., 2018). The community looked enthusiastic and interested when the resource persons gave the second counselling material.

3. Community knowledge about stunting and Complementary feeding

At this stage, the level of knowledge of the community was measured before and after providing counselling about stunting and Complementary feeding. Most people have low knowledge as much as 42%, moderate knowledge 33%, and high knowledge 25%. The level of community knowledge after being given counselling about stunting and Complementary feeding. Most people have low knowledge as much as 20%, moderate knowledge 42%, and high knowledge 28%. The data revealed that there was an increase in the knowledge of the Tanjungwangi Village community after being given stunting counselling and Complementary feeding. This is in line with other studies which revealed that there were differences in the level of knowledge before and after stunting counselling (Wahyuni et al., 2019). The effectiveness of this health education or counselling activity is also proven by Anggraini et al. (2020), which says there is an effect on increasing knowledge about stunting before and after the counselling intervention is given.

CONCLUSIONS And RECOMMENDATIONS

Community service activities in Tanjungwangi Village, Tanjungmedar District went well in two counselling sessions, namely counselling about stunting and counselling about Complementary feeding. This activity received a positive response from the community and provided new knowledge for the community. They stated that they could get a lot of information and knowledge about stunting and Complementary foods for stunting prevention efforts. The

village midwife and cadres will provide this new information and knowledge to the entire community, especially those who are unable to attend counselling activities. The results of the community post-test also showed an increase in knowledge after the community was given counselling. There were no obstacles during the implementation of this community service activity. The community hopes that there will be a further counselling session on new and relevant materials to the conditions of Tanjungwangi Village.

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