

Aisyiyah's Role in Stunting Prevention through Educational Kit in Pandemic Covid 19 In Tamansari Health Center (Puskesmas Tamansari) Working Area of Tasikmalaya City

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ABSTRACT

The numbers of stunting issue in Indonesia is currently still high although various program efforts and activities carried out by the government including in Puskesmas Tamansari Working Area are vociferous to prevent stunting and reduce stunting rates. In line with the program Aisyiyah branch of Muhammadiyah University of Tasikmalaya in efforts to prevent stunting to improve the quality and competitive of human resources including avoiding stunting by encouraging the government to give priority to stunting rate reduction programs, implement policies in earnest by moving all bureaucratic devices and synergizing with community groups. The purpose of this activity is to provide education to the community, especially cadres and adolescents in the prevention of stunting during the COVID 19 pandemic. The activities are carried out by providing educational kits containing materials and videos about household PHBS, stunting prevention in pregnant women and adolescents. This educational kit is given to cadres as part of the community in providing the first information of stunting prevention and health education directly to cadres and adolescents. The activities held on November 23rd, 2021 to all cadres out of Setiawargi and Posyandu Remaja Setiamulya. The implementation of the activities is carried out by lecturers and students and assisted by the person in charge of nutrition program and UKS PKM Tamansari Kota Tasikmalaya.

Keywords: COVID 19, Education, Stunting

INTRODUCTION

Stunting is a chronic malnutrition condition that occurs during a critical period of fetal growth and development. In Indonesia, there are currently an estimated 37.2% of children aged 0-59 months or about 9 million children with stunting conditions, which continues until school age 6-18 years. Stunting is defined as the condition of children aged 0- 59 months, where the height by age is below minus 2 Standard Deviation (<-2SD) from the WHO median standard. In further it said that stunting will have an impact and is associated with impaired brain development processes, which in the short term affect cognitive abilities. In Long-term condition reduced capacity to be better educated and loss of opportunities for better-income employment opportunities (Riskasdas, 2018).

The prevalence of stunting in Indonesia in 2019 reached 27.67% compared to 2018 which was 30.8%. This figure is still above the WHO-determined threshold so it is the work of all parties to reduce the incidence of stunting. The prevalence of stunting toddlers in West Java amounted to 29.6% which is as much as 9.8% has a very short nutritional status and 19.8% short (Dinas Kesehatan Kota Tasikmalaya, 2019).

There are two large groups of factors that cause stunting, namely direct and indirect causes. The direct cause in question is low nutritional intake and health status (UNICEF, 2013). The results of the Mandlik et al study (2015) stated that the direct causative factors of under nutrition status (stunting) are food consumption and infectious diseases. Low food consumption causes the immune system to decrease and susceptible to infectious diseases. While indirect causes are food availability at the household level, parenting, environmental sanitation, health services, maternal education, maternal work, maternal nutrition knowledge, number of family members, family income and poverty. Environmental sanitation is one of the factors that affect nutritional status (Suhardjo, 2003).

Stunting begins to occur during pre-conception, which is when a teenager becomes an undernourished and anaemic mother, becoming severe when pregnant with insufficient nutritional intake, mothers who live in environments with inadequate sanitation. Rikesda data in 2018 amounted to 46.6% of young women in Indonesia aged 15-19 years the condition is at risk of chronic lack of energy (CED) and by 24.4% of women aged 15-49 years pregnant with a risk of KEK and anaemia as low as 37.1%.

Chronic Energy Deficiency (CED) is a condition in which a person suffers from a state of chronic (chronic) food deficiency those results in health in this case mothers and adolescents (Kemenkes, R.I., 2018). CED that occurs in young women is associated with malnutrition; the occurrence of menstruation and infectious diseases in young women is one of the causes. Infectious diseases are caused by low environmental and sanitary factors that cause the immune system to decline and stunting (Mandlik et al, 2015). This is related to zinc intake, if zinc intake is low, found to be stunting and this will have implications for growth disorders. Growth disorders are nutritional problems that are affected by poor consumption over a long period of time (EL Sulistianingtias, MS Dasuki, 2017).

The results of the research Ringgo Alfarisi, et al (2019) showed that the group of mothers who experienced CED obtained results of 85 (100%) mothers. There are as many as 45 (52.9%) mothers with CED who have toddlers with (stunting) $\leq -2SD$ and as many as 40 (47.1%) mothers who have normal toddlers. The statistical test results obtained a value of $p = 0.005 = (0.05)$, which means that there is a relationship between the nutritional status of the mother during pregnancy and the incidence of stunting. From the results of the analysis also obtained the value of $OR = 2,228$, meaning that the nutritional status of the mother during pregnancy has a risk of 2.2 times greater the occurrence of stunting toddlers compared to the nutritional status of mothers during pregnancy who have normal LILA. The health condition of the baby born is greatly influenced by the nutritional state of the mother during pregnancy. CED in pregnant women need to be aware of the possibility of the mother giving birth to a low birth weight baby, the growth and development of the fetal brain is hampered so that it affects the child's intelligence in the future and the possibility of birth weight babies.

The government has launched the National Action Plan on Stunting In August 2017, which emphasizes convergence activities at the national, regional, and rural levels, to prioritize specific nutritional intervention activities and sensitive nutrition on the First 1,000 Days of Life up to the age of 6 years. The national strategy for accelerating stunting countermeasures is structured with the aim of ensuring that all resources are directed and prioritized to support and finance priority activities (Team Indonesiabaik.id, 2019).

In line with the government's program in the prevention and handling of stunting, Tanwir Aisyiyah II in 2019 in Yogyakarta produced 11 decisions on 6 recommendations, one of which is stunting prevention for improving the quality of SDM by increasing quality and competitive human resources including avoiding stunting by encouraging the government to give priority to stunting rate reduction programs, implementing policies in earnest with It mobilizes all bureaucratic devices and synergizes with community groups.

To realize this goal, Aisyiyah in UMTAS twigs conducts prevention starting from the family for community service this time focusing on Clean and Healthy Living Behaviour (PHBS) households, providing education to pregnant women, and reproductive health in adolescents in Tamansari Health Center work area considering the number of stunting incidents in the region is still high compared to other PKM in Tasikmalaya City. Data from the Tasikmalaya City Health Office in 2020, the number of stunting cases in Tasikmalaya City reached 7. 731 or 17.58 percent and the figure is higher than the previous year 2019 recorded a figure of 5,373 or 10.95 percent, although the case in Tamansari District is the lowest compared to other sub-districts which is 174 cases, but this should remain a concern and also be a reference for other sub-districts in Tasikmalaya City. (<https://mediaindonesia.com/nusantara/412124/di-tengah-pandemi-angka-stunting-di-kota-tasikmalaya-capai-17>).

One of the efforts to reduce stunting rates, PKM Tamansari conducts a movement for pregnant women and the community, namely Gasing (Gerakan Anti Stunting/Anti Stunting

Movement) especially to pregnant women, children and the community, especially PHBS. In line with the program and in the current condition in the COVID 19 pandemic period that does not allow gathering crowds because of the presence of physical distancing, then our health education in the form of Educational kits where this kit contains health videos related to the targets of adolescents, pregnant women and the public. But directly we provide health education through cadres, community leaders accompanied by the spread of educational kits.

METHOD OF IMPLEMENTATION

The method of implementation in community service is the socialization and promotion of health to the community by approaching cadres, and community leaders as media intermediaries for partner groups. The stage to solve the problems faced by partners, the solution offered is to solve the problem, namely Educational Kit as a tool in health promotion efforts in this case stunting prevention with the target of the group of young women, pregnant women trimester 1, 2, 3 and the community. The educational kit contains: videos and instructions according to the target. And to socialize educational kits this is also done socialization and direct counselling to the target group. Educational Kits distributed to cadres consist of:

1. Young Women; Educational videos and leaflets/booklets on adolescent reproductive health;
2. Pregnant Women Trimester 1,2,3; Nutrition education videos during pregnancy, leaflets/booklets;
3. Community; PHBS educational videos

RESULTS AND DISCUSSIONS

The activity is carried out by preparing for kit education by making media in the form of videos and leaflets for almost 2 months. Then finishing and printing leaflets and multiplying videos that are put into the flash so that if the cadre later requires the media can be played as media information to the community. Furthermore, direct education is carried out to cadres and adolescents. Stunting prevention education activities to cadres are carried out for 1 day at The Setiawargi Auxiliary Health Center which is attended by 23 cadres in Setiawargi village environment which begins with education about household PHBS and stunting prevention in pregnant women and adolescents, ending with demonstrations and the practice of directly washing hands 6 steps to use soapy water and running water.

Furthermore, health education to adolescents in Posyandu Remaja in Setiamulya exit was attended by 23 teenagers aged 13-18 years. The noise begins with height measurements, weight weighing and blood pressure measurements. Further education is about the prevention of stunting in adolescents and ended with demonstrations and the practice of directly washing hands with running water and soap.

CONCLUSIONS AND SUGGESTIONS

The implementation of community service carried out went well and smoothly. The programs implemented are:

1. arrangement of educational kits as a medium of information to the public that is shared with cadres so that if revealed the media can be material that can be conveyed;
2. Direct education is carried out to cadres and adolescents in the prevention of stunting during the COVID 19 pandemic.

Based on the activities that have been carried out by lecturers and students, it is expected that partner cooperation with PKM Tamansari can continue as a part of the community that also participates in the prevention of stunting in the Tamansari PKM Region. And the devotion to this community can continue to be continued to be continued to other programs in PKM Tamansari.

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