

Health Education for Mothers With Stunting Toddlers About Supplementary Feeding (PMT) in RW 01 Wetan City Village Sub-District Garut Kota

Dadang Purnama, Iwan Shalahuddin^{a)}, Udin Rosidin,
Nina Sumarni, Witdiawati

Faculty of Nursing, Padjadjaran University, Bandung, Indonesia

^{a)}Corresponding author: shalahuddin@unpad.ac.id

Abstract

Stunting is not a minor issue; according to World Bank study, losses owing to stunting range between 3 and 11% of GDP. Economic losses due to stunting in Indonesia are projected to be Rp. 300 T-Rp. 1,210 T per year, with a GDP of Rp. 11000 trillion. The money lost is due to the government having to spend additional funds on noncommunicable disease health insurance and addressing stunting instances. Education's goal is to increase knowledge and support stunting prevention behavior in order to lower stunting rates and prevent the appearance of new stunting cases. Learn more about the challenges faced by the residents of RW 01 Babakan Abid Wetan City in their attempts to avoid and overcome stunting. The lecture technique, question and answer, discussion, and demonstration are all used. The health counseling efforts resulted in roughly 33 women with toddlers. When the content was presented, the therapy participants appeared ecstatic. Participants happily participated in the therapy because it was done in an entertaining way. The counselling activity was beneficial since the participants paid close attention to the information offered. This is demonstrated by the amount of participants that want to answer questions during the question and answer session. Participants willingly participated in the counselling because it was done in a nice face-to-face setting. The counseling activity was beneficial since the participants paid close attention to the information offered regarding Supplementary feeding to prevent stunting.

Keywords: Health Education, Maternal Knowledge, Stunting, Toddlers

INTRODUCTION

Indonesia continues to suffer nutritional issues, which have a negative impact on the quality of human resources (HR). One of the dietary issues that is still a major worry today is the short stature of children under the age of five (stunting). In 2013, basic health research found that the stunting rate in Indonesia was 37.2%. The WHO restriction for the highest stunting rate in a country is 20%. This suggests that the state of stunting in Indonesia is still very poor, with 37.2% of the stunting rate equal to 8.9 million children, or one in every three children in Indonesia (Sandjojo, 2017).

Stunting is not a minor issue; according to World Bank study, losses owing to stunting range between 3 and 11% of GDP. Economic losses due to stunting in Indonesia are projected to be Rp. 300 T-Rp. 1,210 T per year, with a GDP of Rp. 11000 trillion. The

sum lost is due to the government's need to spend additional expenditures on noncommunicable disease health insurance and stunting cases (Sandjojo, 2017).

In response, the government launched many cross-sectoral campaigns and enlisted the help of the community in attempts to combat stunting. In August 2017, the National Action Plan for Stunting Reduction emphasized convergence activities at the national, regional, and village levels to prioritize nutrition-specific and nutrition-sensitive intervention activities in the first 1000 days of life up to the age of 6 years. This work is prioritized in 100 districts/cities around the country. In response, the government launched many cross-sectoral campaigns and enlisted the help of the community in attempts to combat stunting. In August 2017, the National Action Plan for Stunting Reduction emphasized convergence activities at the national, regional, and village levels to prioritize nutrition-specific and nutrition-sensitive intervention activities in the first 1000 days of life up to the age of 6 years. In 2018, this activity is prioritized in 100 districts/cities.

Stunting prevention continues in 2018. Every year, stunting prevention initiatives are pushed with a variety of other sorts of interventions. Presidential regulation no. 42 of 2013 concerning the acceleration of nutrition improvement, presidential instruction no. 1 of 2017 concerning the healthy community movement, and presidential regulation no. 83 of 2017 concerning strategic food and nutrition policies are some of the legal foundations underlying the program's sustainability (Sandjojo, 2017).

Furthermore, the Indonesian government has developed five pillars for stunting reduction. 1) state leadership commitment and vision; 2) national campaigns focusing on understanding, change, behavior, political commitment, and accountability; 3) convergence, coordination, and consolidation of national, regional, and community programs; 4) encouraging policies on access to nutritious food; and 5) monitoring and evaluation (Sandjojo, 2017). As a result, the range of stunting mitigation measures is not only accommodated by the national sector, but also promoted to the community level, such as through the Minister of Village regulation on the use of village finances, which allows villagers to participate in stunting reduction efforts.

One of these can be found at RW 01 Kota Wetan, Garut. Puskesmas and the community have advocated for a number of stunting countermeasures. However, stunting cases are still identified in RW 01, according to the results of a study conducted by us in January 2023, namely, height in infants aged 0-12 months in RW 1 was determined to be 1 baby (14.3%) stunted. There were 3 toddlers (10%) in the stunting category and 9 toddlers (30%) in the extremely stunting category in toddlers aged 1-60 months. As a result, the total number of newborns and toddlers with fewer height is 13 toddlers.

As a result, health education about stunting and supplementary feeding (PMT) is required for the people of RW 01 Babakan Abid Kota Wetan so that public awareness

grows and deepens about the challenges that the community faces in its attempts to overcome stunting in the RW.

The goal of this service is to increase knowledge and encourage stunting prevention behavior, reduce stunting rates, and prevent the emergence of new stunting cases, as well as learn more about the challenges faced by the RW 01 Babakan Aid Kota Wetan community in its efforts to prevent and overcome stunting.

METHODS

The method of health education carried out is in the form of mass health education methods which consist of:

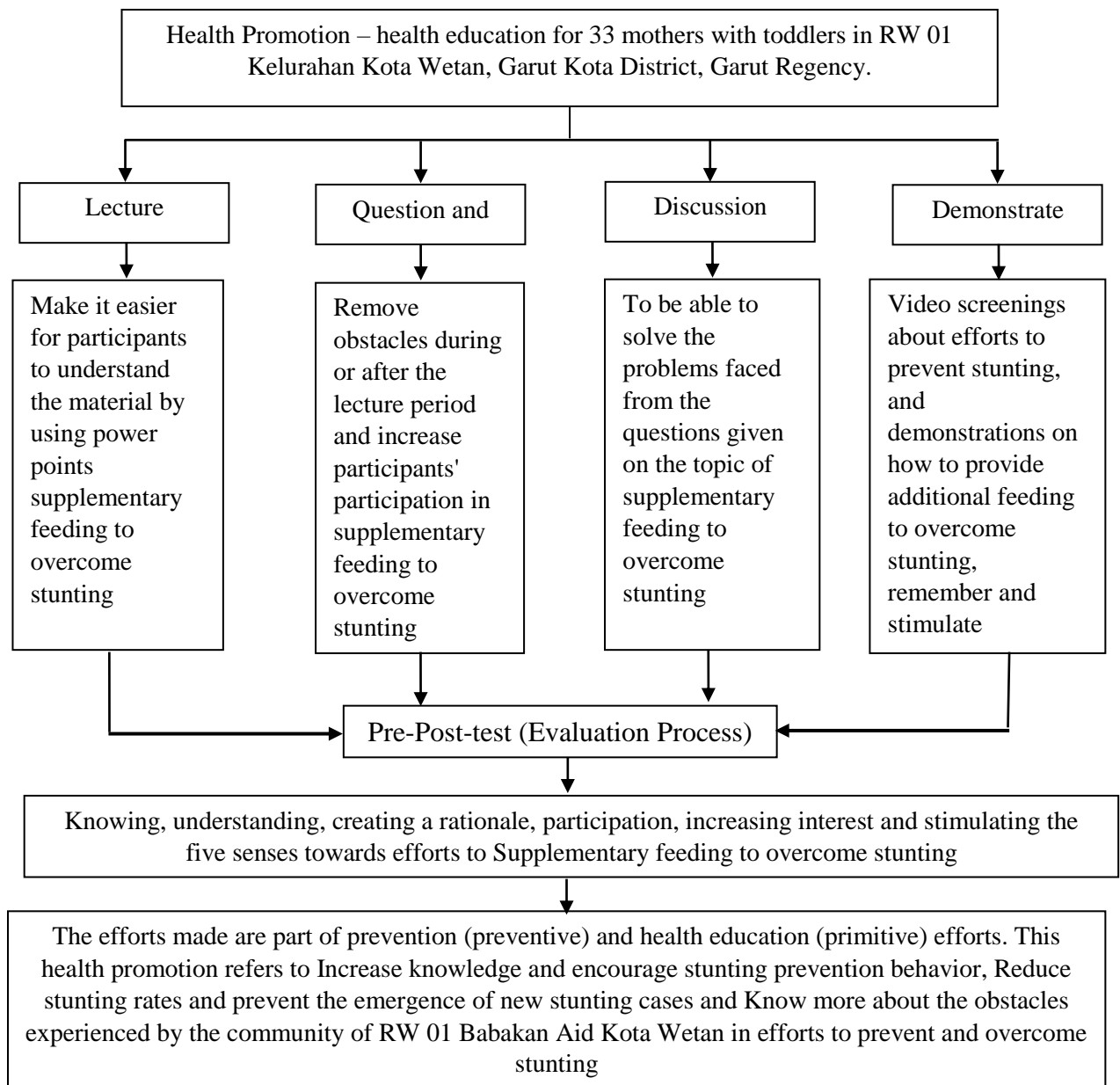


Figure 1. Diagram of the health counselling process

RESULTS

The results of the study are divided into several dimensions, namely physical dimension which

With the high prevalence of stunting in Indonesia, one of which is in the RW 01 region of Wetan City Village, Garut Regency, it is anticipated that all stakeholders can work together to avoid and manage stunting situations. As a result, one approach to addressing stunting is to educate mothers under the age of five about the significance of supplementary feeding for infants, toddlers, and pregnant women. Pregnant women and moms with newborns and toddlers in Wetan City Village's RW 01 area deliver this health instruction. This education seeks to expand understanding, stimulate stunting prevention behavior, and improve the condition of stunting toddlers in Wetan City Village's RW 01 region.

There were 33 pregnant women and moms with newborns or toddlers in the RW 01 area, Wetan City Village, Garut City District, and Garut Regency. The audience included people from all backgrounds as well as mothers with toddlers of varying ages. The activities will be carried out on February 23, 2023, at 08.00 a.m., at Posyandu Harapan Ibu RW 01 Kota Wetan.

DISCUSSION

Health education is a type of autonomous nursing action that assists clients, including individuals, organizations, and communities, in resolving health problems through learning activities. Before offering health education, it is critical to assess the client's health education needs in order to set appropriate goals and methods. Previously, the team conducted an assessment for approximately 4 days beginning January 11-15, 2023, and then the study results were analyzed, resulting in several problems in the RW01 environment, one of which was the problem of adolescents' lack of knowledge about reproductive health. RW 01 revealed that 13 of 32 toddlers were classified as stunted.

Stunting is characterized by chronic nutritional issues caused by a variety of causes, including socioeconomic status, maternal nutrition during pregnancy, baby discomfort, and a lack of nutritious intake in infants. Stunting toddlers will struggle in the future to achieve appropriate physical and cognitive development (Kurnasih, 2017). Health education with the topic "Let's Prevent Stunting with PMT" has been introduced in RW 01 and is aimed at moms with toddlers.

This health education is provided in an effort to raise the awareness of women who have toddlers about stunting prevention and treatment. The group then instantly divided the jobdesk into those who would work in front of the TV and those who would work behind the scenes. Several teams are involved in the process of implementing this health center, each with their unique duties and tasks, notably 1) SAP Team and Material (4 people), 2) Media Team (4 people), and 1 Speaker. The allocation of job desks is set through discussion and permission from the nominated party.

Following the jobdesk division, each team member immediately begins working on their own objectives. Field supervisors are consulted by SAP (Extension Event Unit), which includes material and media design. Following approval, the media team prints all material so that it is in the form of a hardfile. On the D-day, after completing all material preparations, the group decided to arrive 30 minutes before the action began. The group began to identify the location to be utilized for health education and began to invite the audience, which consisted of patients and families, to listen to the health education activities that would be carried out.

On Thursday, February 2, 2023, health education "Let's Prevent Stunting with PMT" was carried out through lecture and demonstration techniques with media in the form of Postert (attached) in combination with the implementation of posyandu. Posyandu events are always held once a month, with parties from the puskesmas assisting and Rw 01 cadres assisting. There were 27 women with toddlers among those who attended health education and posyandu. Participants shown a high level of passion and initiative in relation to the material delivered during the course of the health education activities. Furthermore, participants took an active role in asking questions. Five of the 27 people present raised questions, indicating that formative evaluation produces beneficial effects.

Behavior change in patients and families following health education cannot be assessed because behavior change necessitates multiple treatments and evaluations. However, health education has resulted in good changes in the level of understanding of patients and families. In addition to the clear expression of understanding of the material presented, the success of the health education that has been carried out can be seen from the number of participants present, which is approximately 33 people, the number of participants who asked, and the results of evaluations during the activity, as well as oral evaluations by speakers.

CONCLUSIONS AND RECOMMENDATIONS

Stunting health education is an activity that can raise the understanding of moms who have toddlers about the necessity of giving appropriate nutritional meals for toddler growth and development. Based on the findings and discussions of stunting education, it appears to have had a positive impact on the knowledge of mothers of toddlers, with knowledge of mothers under the age of five increasing after the implementation of this health education.

It is hoped that this health education would become one of the ongoing activities, assisting in the reduction of stunting rates in RW 01.

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APPENDIX



Figure 2. Documentation of health education

**PROGRAM PROFESI NERS ANGKATAN XLIV
 FAKULTAS KEPERAWATAN
 UNIVERSITAS PADJADJARAN**

Ayo Cegah Stunting dengan PMT!

Stunting (kerdil) adalah kondisi ketika balita memiliki panjang atau tinggi badan yang kurang jika dibandingkan dengan umurnya

Pencegahan Stunting
 Pencegahan dan penanganan stunting dapat dilakukan pada ibu hamil dan bersalin serta pada balita. Salah satu penanganannya adalah dengan PMT atau Pemberian Makanan Tambahan

Penyebab Stunting
 Dua penyebab langsung stunting adalah faktor penyakit dan asupan zat gizi. Kedua faktor ini berhubungan dengan faktor pola asuh, akses terhadap makanan, akses terhadap layanan kesehatan dan sanitasi lingkungan

Sumber Gizi PMT

- Karbohidrat
- Hewani
- Nabati
- Vit & Mineral

Usia 6-8 Bulan
 Contoh Menu Makanan Tambahan Lokal

- Makanan keluarga yang disaring atau diblender dengan tekstur kental
- Bubur saring ayam, tahu, dan bayam
- Bubur saring ikan, kacang merah dan wortel
- Bubur saring hati ayam, tahu dan buncis

Usia 9-12 Bulan
 Contoh Menu Makanan Tambahan Lokal

- Makanan keluarga dengan tekstur lebih kental atau makanan yang dicincang halus kental
- Nasi tim, tempe, dan sawi hijau
- Nasi tim, ayam kecap cincang, dan kangkung
- Bubur pure, tumis hati ayam, tahu dan cah buncis

Usia 12-59 Bulan
 Contoh Menu sekali makan :

- Nasi = 1/2 piring (100 gr)
- Ikan tongkol bumbu kuning = 1 potong sedang (75 gr)
- Tempe goreng = 2 potong sedang (50 gr)
- Tumis sayuran (buncis, wortel, kembangkol) = 1 mangkuk (100 gr)
- Pisang Ambon = 1 buah sedang (75 gr)

Figure 3. Poster Installation About Stunting