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Implementation of Mother's School to Prevent Stunting "Secanting" among Mothers in Bange Village, Sanggau Ledo District

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Abstract

Background: Mothers have a relatively low level of education, lack of knowledge and understanding about the importance of care during pregnancy to maintain the health of the mother and baby and nutritional needs during pregnancy and for the baby/child, failure to provide exclusive breastfeeding, early marriage, and early pregnancy due to unwanted pregnancies, pregnancies that are too close together, anemia in pregnant women are thought to be triggers for stunting. The Secanting program and health education for teenagers is an alternative action to help minimize the incidence of stunting. Objective: Increase knowledge, attitudes, and behavior of pregnant women and teenagers to prevent stunting by optimizing community empowerment for independence in health. Method: The mapping intervention approach in community-based implementation in program development is packaged in the form of maternal schools to prevent stunting abbreviated as "Secanting" and school-based sexual health education activities for teenagers in high school. Results: Before being given the Secanting program, pregnant women had an average knowledge score of 69.09±11.36, and after being given an average knowledge score of 86.36±8.09. There is a difference in the average score, amounting to 17.27 ± 13.48. The results of observations made regarding the skills of pregnant women in selecting, processing nutritious food ingredients, preparing menus, and serving, showed that before participating in the program, pregnant women had skills with an average score of 58.18 ± 7.5 and after being given the average score skills 81.81±7.5. There is a difference in the average score, amounting to 23.64 ± 8.08. There is an increase in knowledge and skills in pregnant women after being given the Secanting program. The program for adolescents shows that, before being given health education, adolescents know with an average score of 78.67 ± 4.24, and after being given an average knowledge score of 98.44 ± 11.40. There is a difference in the average score, amounting to 19.77 ± 10.33. There is an increase in knowledge in adolescents after being given health education. Conclusion: The Secanting program has proven effective in increasing knowledge in pregnant women and health education has proven effective in increasing knowledge in adolescents.

Keywords: Health education, pregnant women, secanting, stunting, teenagers,

INTRODUCTION

Stunting indicates impaired linear growth (body length/height according to age) below -2 Standard Deviation (<-2SD) according to the World Health Organization (WHO) median standard, occurring due to chronic malnutrition and recurrent infections during the first 1000 days of life (Kemenkes, 2018). Indonesia is one of the countries contributing to the third highest stunting

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incidence rate in Southeast Asia, reaching 36.4% from 2005 to 2017 (Supriansah & Suryaningsih, 2019). The stunting prevalence rate in Indonesia reached 21.6% (Norsan, 2023), while the Development Plan (RPJMN) 2020-2024 targets a maximum reduction in stunting rates of 19% in 2024. The results of previous research found that to prevent an increase in the prevalence of stunting, treatment is needed starting early, such as monitoring the growth and development of toddlers, and health education to increase mothers' knowledge to create nutritionally aware families (Ibrahim & Faramita, 2015). Children who suffer from stunting have an impact not only on the physical shorter ones, but also on intelligence, productivity, and their achievements when they grow up will become a burden on the state (Haryani, Astuti, Sari, 2021). Efforts are needed to prepare children to grow and develop well, with care from the people around them, especially the role of father and mother (Maulid, 2018). The family has an important and strategic role in improving the growth and development of early childhood (Kusuma, Hastuti, Ariyanti, 2022). The role of a good family is the basis for preparing a healthy lifestyle for children to avoid various kinds of disease so that stunting prevention can be carried out optimally (Qolby, 2020).

The stunting rate in West Kalimantan province is 27.8%. Bengkayang Regency is one of the districts in West Kalimantan Province which has a fairly high stunting rate, reaching 30.1%3, exceeding the national stunting rate of 21.6%. Located in the Indonesia-Malaysia border region, with an area of 5,075.48 km2, it has 17 sub-districts and 124 villages. One of them is Sanggau Ledo sub-district, which has 5 villages, one of which is Bange village. Bange Village has a stunting rate of 28.65%. Bange Village has 3 hamlets with a population of 2988 people a male population proportion of 1541 people and a female population of 1447 people, with a percentage of women of childbearing age of 31%. The majority of livelihoods come from farming work, namely 71.51% with the majority being Dayak (77.5%), apart from other residents who are Javanese, Malay, Batak, and Chinese. The area of Bange village is 7950 km2 with hilly topography and flat areas. The majority of women's jobs in Bange village are housewives, some also work part-time as oil palm farm laborers (Kantor Desa Bange, 2022).

In terms of health matters, the residents of Bange village use fairly complete health facilities at the Sanggau Ledo Community Health Center which is located relatively close and can be reached by road access, although several places are quite far away. In health services for mothers and children, apart from activities inside the building, the Puskesmas routinely carry out activities outside the building, namely implementing Posyandu for pregnant women and babies/toddlers every month.

The results of previous research conducted by the proposer on pregnant women and mothers who have children with stunting show that mothers have a relatively low level of education, and mothers do not understand the importance of care during pregnancy to maintain the health of the mother and baby. Mothers have a low level of knowledge and skills in fulfilling nutrition and do not understand the importance of providing nutrition to babies and toddlers, Young marriages occur due to out-of-wedlock pregnancies in teenagers and due to dropping out of school (Hastuti, 2022). Through village midwives, health checks are carried out at Posyandu and sometimes at pregnant women's homes. Mothers do not realize the importance of taking iron tablets to increase blood hemoglobin levels so that anemia does not occur during pregnancy. The role of cadres has been running but is not yet optimal in preventing and managing stunting for both pregnant

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women and toddlers.

Mothers' behavior patterns when visiting Posyandu are limited to the perception of providing immunizations to their children so when mandatory immunizations have been completed, mothers tend not to take their children to Posyandu for health checks. If a child is sick they will take him to the Community Health Center for treatment, and some use traditional medicine. Therefore, the health condition of children under five is not monitored comprehensively, and there is a very high risk of failure to thrive due to the mother's lack of knowledge about nutritious food lack of skills and food processing, and a variety of foods for children. The research results also found that the role of parents/in-laws becomes more dominant in childcare patterns when the mother is working. There are still myths that are believed about exclusive breastfeeding, as well as MP-ASI which hurt children's growth and development, such as giving additional food before the baby is 6 months old, and not giving colostrum to newborn babies.

From the analysis of the partners' situation carried out by the proposer when conducting field research, several things that are important problems must be immediately addressed that there are still pregnancies that occur at a young age due to out-of-wedlock pregnancies or pregnancies in young marriages. Another important problem is that mothers who have children with stunting state that they lack knowledge, understanding, and lack of skills in caring for their health during pregnancy, as well as the health of their baby/child. Mothers also have limited knowledge about good parenting patterns for children, nutritional needs for babies and children to optimize growth and development in babies and children, the benefits of colostrum, exclusive breastfeeding, the timing of additional feeding, and lack of skills in preparing nutritious and varied foods. Knowledge about processing additional foods that are rich in nutritional content is very important. Community Health Centers have played their role in providing education regarding this matter. Strengthening is needed from various parties, in increasing the knowledge and understanding of pregnant women and mothers with toddlers to be able to form positive behavior to maintain and improve their health independently.

The solutions offered to overcome partners' problems are the mother's school program to prevent stunting "Secanting", and health education for teenagers to increase teenagers' knowledge about reproductive health, maintain risky behavior with the opposite sex, prevent unwanted pregnancies, and prevent the increase in marriage. child's age, which leads to maternal and child health problems, especially stunting.

METHOD

Intervention activities were carried out in 2 segments, namely a school-based approach to 45 teenagers at SMAN 1 by providing health education about risky behavior and its impact on reproductive health, including preventing early marriage/teenage pregnancy, which is a risk factor for stunting. The implementation of the activity method can be seen in the following figure:

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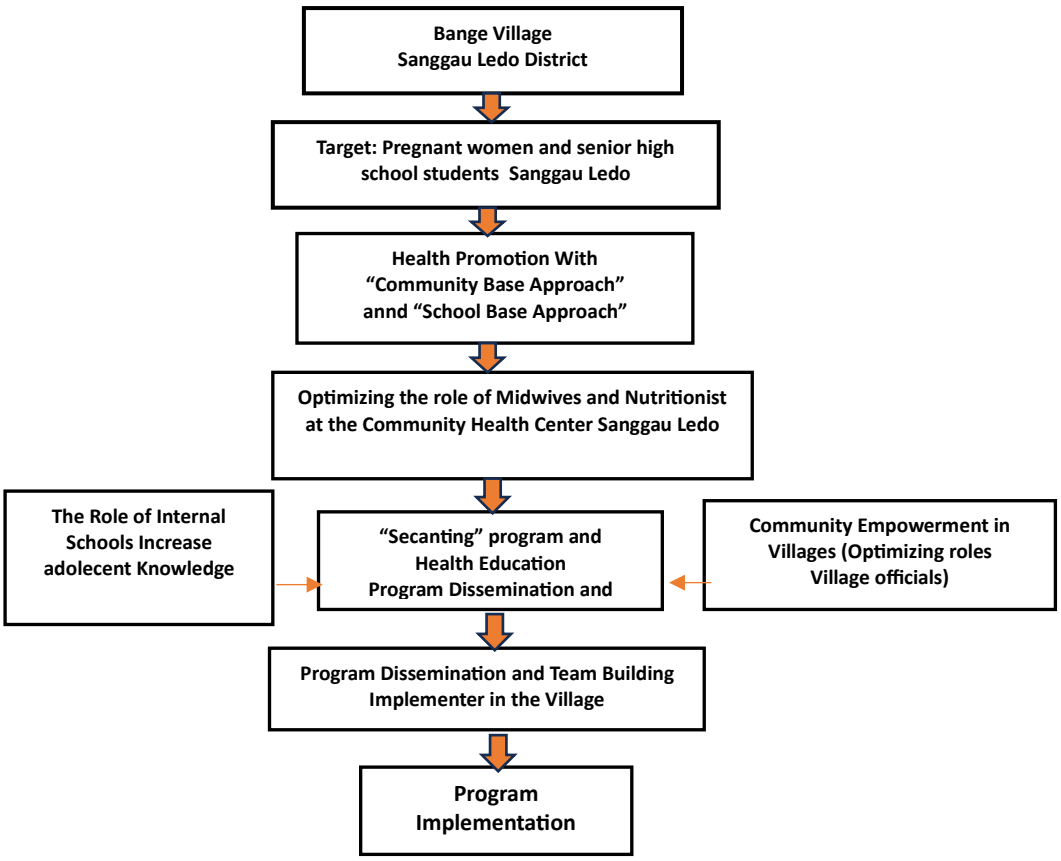

Figure 1. Implementation of activity methods

The community-based approach is intended for pregnant women and mothers who have babies/toddlers with the development of the "Secanting" maternal school program to prevent stunting, targeting 11 pregnant women/having stunted children, by carrying out 6 educational sessions, including evaluation at the beginning and end of the activity. The proposer carries out socialization of activities and program development with FGD (focus group discussion) at the local government and Community Health Center.

RESULTS AND DISCUSSION

RESULTS

Mother's school activity to prevent stunting "Secanting"

The activity was carried out on October 4 2023 in Bange village, Sanggau Ledo subdistrict, Bengkayang district, with 11 pregnant women participating. The activities were implemented as planned, taking place at the Bange village hall, the activities began with a pre-test and ended with a post-test, which aimed to see the effectiveness of the program being implemented. All activities are documented in the form of photographs as seen in Figure 1 and Figure 2 below:

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Figure 1. "Secanting" activity

Figure 2. Adolescent reproductive health education activities to prevent stunting in adolescents

Implementation takes the form of providing education to mothers for 6 sessions including pre-test and post-test evaluations. The evaluation carried out is a process evaluation related to participants' attention during activities and evaluation of results to see the effectiveness of the program. Evaluation of the decanting program implementation process showed that all participants attended the program to completion with 100% attendance. To evaluate the results, the difference in pre-test and post-test scores on aspects of the mother's knowledge and skills is measured. The evaluation of activity results can be seen in the following table:

Table 1. Differences in knowledge and skills of pregnant women before and after the "Secanting" program

Variable	n	*Mean±SD*	*Mean difference*	t	p	95%CI
Knowledge						
Before	11	69,09±11,36	17,27±13,48	4,25	0,02	8,21-26,33
After	11	86,36±8,09				
Skill						
Before	11	58,18±7,5	23,64±8,09	9,69	0,000	18.20-29,07
After	11	81,81±7,5				

Primary data 2023

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Table 1 shows that, before being given the "Secanting" program, pregnant women knew with an average score of 69.09 ± 11.36, and after being given the average knowledge score of 86.36 ± 8.09. There is a difference in the average score, amounting to 17.27 ± 13.48, there is an increase in knowledge in pregnant women. The "Secanting" program was proven to be effective in increasing knowledge in pregnant women with p=0.002 (p<0.05).

Meanwhile, the results of observations made regarding the skills of pregnant women in selecting, processing nutritious food ingredients, preparing menus, and serving as written in Table 1 showed that before participating in the program, pregnant women had skills with an average score of 58.18 ± 7 .5 and after being given the average skill score was 81.81±7.5. There is a difference in the average score, amounting to 23.64 ± 8.08, there is an increase in skills in pregnant women. The "Secanting" program was proven to be effective in improving skills in pregnant women with p=0.000 (p<0.05).

Health education for female students at SMAN 1 Sanggau Ledo

Health education about risky behavior in adolescents and its impact on adolescent reproductive health was held on October 5 2023 at SMA N 1 Sanggau Ledo. Participants were teenagers totaling 45 female students. Activities went smoothly and according to plan. Before carrying out health education, female students fill out a pre-test questionnaire and after carrying out the activity a post-test is carried out to assess the effectiveness of the health education provided. The differences in knowledge can be seen in Table 2 below:

Table 2. Differences in adolescent knowledge before and after health Education

Variable	n	*Mean±SD*	*Mean difference*	t	p	95%CI
Knowledge						
Before	11	78,67±4,24	19,77±10,33	12,84	0,000	16,67-22,88
After	11	98,44±11,40				

Primary data 2023

Table 2 shows that, before being given health education, adolescents knew with an average score of 78.67 ± 4.24, and after being given an average knowledge score of 98.44 ± 11.40. There is a difference in the average score, amounting to 19.77 ± 10.33. There was an increase in knowledge in adolescents after being given a health education program, and it was proven to be effective in increasing knowledge in adolescents with p=0.000 (p<0.05).

DISCUSSION

Nutrients function, among other things, to provide energy, growth, and development of body tissue and function in regulating body processes. Nutrients are contained in carbohydrates, proteins, minerals, fats, vitamins, iron, and others. The nutritional needs of pregnant women are very important for the growth and development of the fetus in their womb (Almatsier, 2015). Nutrition has a major role in pregnancy birth outcomes, although it is suspected that there are still many other factors that influence birth outcomes such as biological, economic, demographic, and

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knowledge factors. Lack of knowledge of pregnant women about the importance of nutrition during pregnancy hurts (Mamuroh, Sukmawati, Widiasih, 2019).

Literature studies on the determinants of stunting in children in Indonesia show that there is strong evidence that strong evidence shows that household and family factors, premature birth, short birth length, Low maternal education, and a person's low economic status are the most important proximate factors in determining the incidence of stunting in Indonesia. Apart from that, mothers who do not breastfeed exclusively, lack of cleanliness in water treatment, and the use of unhealthy latrines are also determining factors in the large number of stunted children in Indonesia (Ty Beal et all., 2018). Mothers and prospective mothers must be given knowledge and understanding about the importance of planning a pregnancy well, do not getting pregnant at a young age by delaying the age of marriage at a young age. Maintaining health during pregnancy and consuming nutritious food during pregnancy is very important in preventing stunting in the child who will be born. Even after the child is born, the mother must provide sufficient attention and affection and must breastfeed exclusively. Maintain cleanliness and eat healthy food to avoid diseases that will interfere with children's growth and development.

The determining factors for stunting in children are the size of the child's birth and the disease suffered, as well as the mother's height and education are the strongest determinants in Ethiopia (Wirth, 2017). These findings are in line with those in Indonesia, that the size of the child's birth (especially birth length and premature birth) and the mother's height and education are in line, strengthening the evidence that stunting begins in the womb (Neufeld, 2004). This highlights the importance of reaching adolescent girls, as young women who become pregnant while facing malnutrition are at greater risk of experiencing bad births and the impact that can lead to stunted children. Interventions starting at or after birth only have a limited impact on children who experience stunting in the womb. Providing education to young women from an early age to delay the age of marriage is very important to prevent stunted births.

Providing knowledge and understanding to teenagers about risky sexual behavior and its impacts, such as teenage pregnancy, the unpreparedness of teenagers to face early pregnancy, accompanying diseases and complications, and sexually transmitted infections including becoming parents at a young age, will provide positive changes in attitudes and behavior in teenagers. Empowerment and community involvement are also very important in the incidence of stunting in children in Indonesia, including access to health services, health infrastructure, and qualified health service providers.

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