

Nutritional Fulfillment Counseling for Pregnant Women & Toddlers for Stunting Prevention in Babakan Village, Pangandaran

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ABSTRACT

The prevalence rate of stunting in Indonesia is considered high at 27.5% on a national scale and 25.1% for West Java province. Stunting is a chronic malnutrition problem characterized by short stature. Stunting may be hereditary, but consumption patterns play a role as a risk factor for stunting. Knowledge about proper consumption patterns is known to prevent stunting. This includes conducting educational activities about nutritious feeding patterns in families. Nutritional fulfillment counseling for pregnant women and toddlers has been conducted for the community in Babakan Village, Pangandaran. Participants who took part in this activity were members of the Dewi Manik Integrated Health Post (Pos Yandu). In addition to counseling, questionnaires were also distributed to assess the community's level of knowledge about nutrition in the family. A total of 64 participants aged 20 to 35 years completed the questionnaire. From the results of questionnaires given before and after the counseling, it was found that participants' knowledge about nutrition for pregnant women and toddlers was already quite good, but it has not been well applied as there is still a stunting rate of about 25% among toddlers from the survey subjects. Several efforts, such as providing more interactive and specific counseling materials about stunting and independent nutritional fulfillment, as well as more detailed and regular information about disease impacts, can be carried out for residents to help increase their awareness to independently prevent stunting.

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INTRODUCTION

Stunting is a chronic malnutrition problem characterized by short stature. Individuals with stunting are susceptible to diseases, have below-normal intelligence levels, and low productivity. The high prevalence of stunting in the long term will have an economic impact on Indonesia. Nationally, stunting in Indonesia is considered chronic at 27.5%, with West Java province at 25.1%. (Ministry of Health RI, 2018)

Basic services at integrated health posts (posyandu) include maternal and child health (MCH), family planning (FP), immunization, nutrition, and diarrhea management. The utilization of posyandu services and education about child nutrition are among the determinants of stunting in children under five. (Ministry of Health RI, 2011)

Education about stunting and nutritional intake to prevent stunting includes proper nutritional intake during pregnancy, adequate consumption of blood-boosting tablets during pregnancy, exclusive breastfeeding for the first 6 months, and continued with appropriate complementary foods until the child is 2 years old. (Ministry of Health RI, 2012)

There is no Basic Health Research Data (Ministry of Health, 2013) on the nutritional status of short children (short and very short) in Pangandaran Regency. One of the objectives of this activity is to increase the knowledge of posyandu participants about nutrition for pregnant women & toddlers to prevent stunting in Babakan Village, Pangandaran District, Pangandaran Regency."

METHOD

The counseling was conducted according to the schedule of activities at the Dewi Manik integrated health post (posyandu) in Babakan Village, Pangandaran District, Pangandaran Regency, West Java. The counseling for posyandu participants was carried out in one session on November 3, 2018.

The counseling was conducted using PowerPoint slide visual aids, followed by a question and answer session and discussion about the material, which covered stunting and nutritional fulfillment for pregnant women and toddlers.

After the presentation of the material, the success of the community service program was measured using the results of a post-counseling questionnaire survey. The questionnaire contained 11 questions. Three components of the questions were:

- Understanding of the definition of stunting and its prevention
- Implementation of food provision in accordance with nutritional values for pregnant women and toddlers

The method for determining the success of the counseling was through measuring survey results by calculating the percentage of questionnaire responses

RESULTS AND DISCUSSION

Before the counseling was conducted, data collection was carried out on the posyandu participants' profiles, including information about the mothers and the height condition of toddlers to get a general overview of the posyandu participants.

Research subjects were categorized as suffering from stunting when the z-score of length-for-age (PB/U) was $< -2SD$ and categorized as normal if the z-score of length-for-age (PB/U) was $\geq -2SD$.

TABLE 1. General characteristics of research subjects

Characteristic	Normal (%)	Stunting (%)	Total (n = 62, %)
Gender			
Female	21 (75)	7 (25)	28 (45.1)
Male	25 (73.6)	9 (26.4)	34 (54.83)
Mother's age (years)			
<20	3 (100)	0 (0)	3 (4.47)
20-34	42 (80.7)	10 (19.23)	52 (77.61)
>35	7 (58.3)	5 (41.6)	12 (17.91)
Mother's Education			
Elementary School	5 (62.5)	3 (37.5)	8 (12.9)
Junior High School	21 (67.7)	10 (32.3)	31 (50%)
Senior High School	17 (80.9)	4 (19.04)	21 (33.8)
Higher Education	2 (100)	0 (0)	2 (3.22)
Mother's occupation			
housewife	43 (71.6)	17 (28.3)	60(96.7)
other	2(100)	0 (0)	2 (3.22)

TABLE 2. Measurement of Posyandu Participants' Knowledge in Stunting Prevention Before and After Counseling Intervention in Babakan Village, Pangandaran District, Pangandaran Regency

	T	Df	Minimum value – Maximum value	P value
Pre-Post Child nutrition counseling	- 1.676	33	50-100	.103
Pre-Post mother nutrition counseling	0.000	33	50-100	1.000

Table 1 shows that the participants of Dewi Manik pos yandu in Babakan Village, Pangandaran District, Pangandaran Regency consist of mothers and children. There are 62 toddlers, of which 16 are experiencing stunting (9 boys and 7 girls). The average age of mothers is 20-34 years, with an average education level of junior high school, and most are housewives.

From Table 2, the results of measuring the knowledge of posyandu participants show no significant difference in participants' knowledge before and after the counseling, with scores ranging from 50-100.

The average questionnaire score above 70 indicates that posyandu participants have fairly good knowledge about nutrition for pregnant women and children. However, the survey still found 16 children experiencing stunting, about 25% of the total subjects participating in the survey.

From this data, it is known that participants only have general knowledge about stunting but do not know in detail about the impacts, percentage of disease occurrences, and types of diseases that stunting sufferers may experience. There is a need for other teaching aid methods besides PowerPoint that can be more interactive and facilitate understanding, ability to act, and cognitive skills of the participants.

CONCLUSION

There is no significant difference in the knowledge of mother participants before and after the counseling. The knowledge score regarding nutrition for pregnant women and toddlers is already good, but the application is not yet satisfactory, as there is still a stunting rate of about 25% among toddlers from the survey subjects. There is a need for more interactive and specific counseling materials about stunting and its physiological impacts, more detailed information about diseases, and training on stunting and nutritional fulfillment.

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