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Counseling to Prevent Stunting from an Early Age with Tulung Village Cadres, Kedamean District, Gresik Regency

Agusti Adi Setiawan¹, Ratna Sari Devi¹, Aprilia Ristiawati Bidayatul H¹

¹Universitas Nahdlatul Ulama Surabaya, East Java, Indonesia

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CORRESPONDENCE

E-mail:
adiibrownies17@gmail.com

A B S T R A C T

The problem of stunting is one of the nutrition problems that the Government of Indonesia focuses on, stunting is a nutritional status based on the PB/U or TB/U index where in the anthropometric standard for assessing children's nutritional status, the result of the measurement are at the threshold (Z-Score) of <-2 SD to -3 SD (short) and <-3 SD (very short). The purpose of this study is to find out the understanding of Tulung Village cadre mothers about stunting in children. The design of this study uses observational with a cross-sectional method with a population of 30 cadre mothers from Tulung village. The results of this study showed that the results of the Pre-Test obtained information that participants obtained a score of 60 (13.33%). The results of the pre-test assessment generally identified that there were still participants who did not understand stunting. Distribution of Respondents Based on the results of the Post Test, information was obtained that there was an increase in knowledge after stunting counseling (96.67%) and the lowest score of the posttest (3.33%). This indicates that there has been an increase in better knowledge after the implementation of counseling.

INTRODUCTION

The problem of stunting in Indonesia is still a common concern. According to data from Basic Health Research (Riskesdas) in 2018, the incidence of stunting in Indonesia reached 30.8%. Although it has decreased compared to 2013, which is around 37.2%, consisting of a short prevalence of 18.0 percent and a very short prevalence of 19.2 percent. This figure is still relatively high because it is still above the maximum threshold from WHO, which is 20% (Laili, 2019).

Stunting is considered a serious public health problem if the prevalence of stunting is in the range of 30-39 percent. This shows that Indonesia is experiencing severe public health problems in the case of stunting toddlers (Health Research and Development Agency, Ministry of Health of the Republic of Indonesia, 2013). Stunting is defined as an indicator of TB/U nutritional status less than minus two standard deviations (-2 SD) below the standard average or a condition where the child's body is shorter than that of children. This is an indicator of the health of chronically malnourished children who provide an overview of nutrition in the past and those influenced by the environment and socio-economy.

Stunting is not only caused by malnutrition factors experienced by pregnant women and children under five but can also be caused by multi-dimensional factors. The most decisive thing to reduce the incidence

of stunting is that it needs to be done in the first thousand days of life of children under five (Surtanto, 2018).

Stunting in children under five can have long-term effects, namely it can interfere with their health, education, and productivity in the future (Yuwanti dkk., 2019). Children under five who are stunted tend to have difficulty achieving optimal growth and development potential, both physically and psychologically. These disorders can occur in many areas of development, for example in gross and fine motor development, social language or thinking. The inhibition of motor development is caused by the delay in the maturation of nerve cells, especially the cerebellum which is the center of motor coordination so that it results in the child's intelligence being inhibited, and stunted children tend to be quiet and do not have a good response to motor, cognitive and affective (Firrahmawati, 2021).

Wahyurin, dkk. (2019) explained that in overcoming stunting there are two methods, specific interventions and sensitive interventions. The sensitive intervention method is a long-term stunting control method carried out by health extension workers available in various health institutions from hospitals to health centers. While specific interventions are methods of directly addressing the causes, usually using the administration of blood-boosting tablets, the administration of supplements, the provision and promotion of complementary foods, and the administration of stunting pocketbooks (Rahmawati dkk., 2019).

METHOD

Design, Place and Time of Research

The design of this study uses observation with the cross-sectional method, that is, observations are carried out at the same time. Then, the type of research presented in this study is quantitative. This research was conducted in Tulung village, Kedamean District, Gresik Regency with a research time of 1 day on August 31, 2022 with 30 respondents.

Research Population & Sample

In this study, the population used was cadre women, the sample taken in this study was as many as 30 people from Tulung village. This sampling technique uses a pre-experimental design, which is a design that includes only one group or class given pre and post-test. Health counseling was given after the pre-test and then followed by the provision of post-test questionnaires to find out the level of knowledge of mothers who have stunted toddlers after being given health counseling.

The variables in this study are as follows:

1. Independent variable (independent)

Independent variables or independent variables are variables that are the cause of changes or the occurrence of dependent variables or bound variables. The independent variable in this study was female as many as 36.7% of participants aged 46-50 years.

2. Dependent variables (bound)

Dependent variables or bound variables are variables that are influenced or result from the emergence of independent variables or independent variables. The dependent variables in this study are pre-test and post-test scores before counseling takes place, participants are given a pre-test first and continue to fill out the post-test after counseling. The level of knowledge and understanding of participants can be seen from the results of the pretest and post test scores.

3. Types and Techniques of Data Feeder

The type of data in this study is quantitative, where the data is described in as much detail as possible. The data collection technique itself uses two techniques, namely interview and pre-experimental. The interview technique here was obtained by interviewing the respondents (Definition of stunting, causes of occurrence, and efforts to overcome it). Meanwhile, the data collection technique using pre-experimental here was obtained by one group pretest posttest design. Pre experimental itself is a design where a group or class is given pre and post-test. Meanwhile, in one group, the pretest and posttest are carried out in one group without a control or comparison group. The data collected from the observation technique is not much different from the interview technique, consisting of characteristics (respondent's name, and age).

4. Data Processing and Analysis Techniques

Data analysis at this event uses univariate analysis which is used to find out the picture of each variable. This analysis aims to describe the characteristics of each variable studied. In this study, primary data consisting of age and gender were used. Meanwhile, the measurement data comes from the pretest and posttest that have been answered by the respondents.

Bivariate analyses were used to find out the correlation or influence between variables. In this study, it was seen whether there was an influence between stunting counseling and the knowledge received by the audience which would be tested using the spearman rank testing a final report

RESULT AND DISCUSSION

The implementation of this community service activity shows positive results. The activity was packaged in the form of counseling on education to Prevent Stunting Early in Tulung Village, Kedamean District, Gresik Regency. The following is an overview of the results of this community service activity.

1. General Overview of Society

The target of this community service activity is the mothers of Tulung village cadres. The educational activity to Prevent Stunting from an Early Age was attended by 31 cadre mothers. The following is an overview of the participants of the Early Stunting Prevention Counseling or Education in Tulung Village, Kedamean District, Gresik Regency.

2. Distribution of Respondents by Age

Table 1. Distribution Table of Respondents by Age

Variable (age)	Frequency	Percentage
25 - 35	3	10%
36 – 45	10	33,33%
46 – 55	11	36,67%
56 – 65	5	16,67%
66 – 75	1	3,33%
Total	30	100%

Information was obtained that the participants of the Early Stunting Prevention Counseling in Tulung Village, Kedamean District, Gresik Regency were mostly over 40 years old (83.87%).

3. Distribution of Respondents Based on Pre-Test Results

Table 2. Respondent Distribution Table Based on Pre Test Results

Knowledge	Frequency	Percentage
Low	4	13,33%
Tall	26	86,67%
Total	30	100%

Information was obtained that participants who had low knowledge (13.33%). These results generally identify that there are still participants who do not understand stunting.

4. Distribution of Respondents Based on Post Test Results

Table 3. Respondent Distribution Table Based on Post Test Results

Knowledge	Frequency	Percentage
Low	1	13,33%
Tall	29	86,67%
Total	30	100%

Information was obtained that there was an increase in knowledge after stunting counseling (96.67%) and the lowest score of the posttest (3.33%).

Stunting counseling is an effort made by the Gresik 28 KKN team in providing socialization to cadre mothers in Tulung Village regarding the existence of 14 cases of stunting, where stunting in the long term will have a bad impact on children's growth, emotional development and resulting in economic losses. Stunting counseling aims to provide mothers under five with an understanding of toddler nutrition in stunting prevention, so that it can improve the nutrition of toddlers through feeding practices (Hidayat dan Syamsiyah, 2021).

From the counseling that has been given, it indicates that there is an increase in better knowledge after the implementation of counseling. That is, as many as 96.67% of participants experienced an increase in

knowledge after counseling. The change in knowledge for the better is inseparable from the factors that affect it, counseling related to stunting needs to be carried out regularly and needs support from village officials and local village cadres to be able to provide information to pregnant women and mothers of toddlers to prevent stunting during pregnancy or after childbirth (Musa, 2023).

CONCLUSION

The results of the research conducted in the implementation of community service activities show positive results. Distribution of Respondents Based on the Pre-Test Results, information was obtained that participants obtained a score of 60 (13.33%). The results of the pre-test assessment generally identified that there were still participants who did not understand stunting. Distribution of Respondents Based on the results of the Post Test, information was obtained that there was an increase in knowledge after stunting counseling (96.67%) and the lowest score of the posttest (3.33%). This indicates that there has been an increase in better knowledge after the implementation of counseling. It is hoped that the village can cooperate with health workers to provide counseling about stunting continuously so that cadre mothers can prevent stunting appropriately.

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