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## Efforts to Prevent Stunting in Early Childhood with BANTING (Stunting-Free) MPASI in Petiken Village, Driyorejo District, Gresik Regency

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### A B S T R A C T

Stunting is a chronic nutritional problem that has a serious impact on children's growth and development. This counseling aimed to analyze the influence of the program on Complementary Foods for Breastfeeding (MPASI) on public knowledge about stunting. This counseling was carried out in Petiken Village, Driyorejo District, Gresik Regency. The research method used is an observational method with a pretest-posttest approach. The results of the data analysis show that the extension program has a significant positive impact in increasing public knowledge about stunting and the provision of complementary foods. Posttest data is normally distributed, while pretest data is not normally distributed. The recommendation of this study is the need to develop a broader and integrated extension program with existing health resources.

## INTRODUCTION

Stunting is one of the chronic nutritional problems that has a serious impact on the growth and development of children (Putri & Dewina, 2020). Stunting occurs due to a lack of adequate nutritional intake for a long period of time, especially during the Growth is important, namely the first 1,000 days of a child's life, which starts from the womb until the child is 2 years old (Hizriyani, 2021). In this crucial time span, the physical growth and development of the child's brain is taking place rapidly. Children who are stunted are at risk of experiencing impaired body growth, suboptimal brain development, and decreased learning ability (Vitaloka et al., 2019).

Breastfeeding Complementary Food (MPASI) at the age of 6 months is one of the important steps in stunting prevention (Anandita & Gustina, 2022). Complementary foods provide additional nutrients needed by babies during the transition period from breast milk or formula to solid foods. Complementary foods not only provide energy, protein, and iron, but also help hone eating skills, improve the system immunity, and support bone formation in children (Ruswadi, 2022).

Stunting counseling with a focus on knowledge about stunting and the provision of complementary foods has the main goal of increasing the understanding of parents and stakeholders regarding the impact of stunting and the importance of providing appropriate and balanced complementary foods. This counseling

is expected to be able to provide accurate and relevant information to the community, so that they can take appropriate preventive measures in preventing stunting in children (Narsih & Hikmawati, 2020).

This study aims to analyze the influence of the counseling program on Complementary Foods (MPASI) on public knowledge about stunting in Petiken Village, Driyorejo District, Gresik Regency. The research method used is an observational method with a pretest-posttest approach. Data on public knowledge about stunting was measured before and after counseling was carried out. Furthermore, the data was analyzed to see significant changes in knowledge after participating in counseling.

## METHOD

This counseling design is quasi-experimental designs. This study aims to determine the influence of counseling on stunting complementary foods related to knowledge and attitudes in preventing stunting of infants and toddlers in stunting prevention. In this study, the One Group Pretest Posttest design will be used. This counseling was given treatment, namely counseling on knowledge and attitudes to prevent stunting in infants and toddlers. The sample collection technique was carried out using total sampling. The instruments used to measure the variables of stunting prevention knowledge is a questionnaire and the data analysis technique used for this study is the Wilcoxon test.

## RESULT AND DISCUSSION

The Wilcoxon Test Result of Knowledge Before and After Providing Stunting and Complementary Food Counseling in Petiken Village, Gresik Regency in 2023.

### Tests of Normality

|           | Kolmogorov-Smirnov <sup>a</sup> |    |      | Shapiro-Wilk |    |      |
|-----------|---------------------------------|----|------|--------------|----|------|
|           | Statistic                       | df | Sig. | Statistic    | df | Sig. |
| Pre Test  | .181                            | 42 | .001 | .925         | 42 | .009 |
| Post Test | .226                            | 42 | .000 | .847         | 42 | .000 |

a. Lilliefors Significance Correction

Table 1. The results of the Wilcoxon Ranks Test, the first is negative ranks or the difference (negative) between the results of the pretest and posttest scores is 0, both N and mean rank and sum rank. This value of 0 indicates that there is no decrease (reduction) from the pretest score to the posttest score. The second is positive ranks or the difference (Positive) between the results of the pretest and posttest scores, it is known that there are 36 positive data (N) which means that the 42 respondents experienced an increase in scores from pretest to post test. The mean rank or average increase is 18.50, while the number of positive rankings or sum of ranks is 666.00. Third Table 1. The results of the Wilcoxon Ranks Test, the first is negative ranks or the difference (negative) between the results of the pretest and posttest scores is 0, both

N and mean rank and sum rank. This value of 0 indicates that there is no decrease (reduction) from the pretest score to the posttest score. The second is positive ranks or the difference (Positive) between the results of the pretest and posttest scores, it is known that there are 36 positive data (N) which means that the 42 respondents experienced an increase in scores from pretest to post test. The mean rank or average increase is 18.50, while the number of positive rankings or sum of ranks is 666.00. The third is that ties are the same pretest and posttest values, it is known in the output table that the ties value is 6. Which means that there are 6 responses that have the same value in the pretest and posttest is that ties are the same pretest and posttest values, it is known in the output table that the ties value is 6. Which means that there are 6 responses that have the same value in the pretest and posttest.

### Wilcoxon Signed Ranks Test

|                      |                | Ranks           |           |              |
|----------------------|----------------|-----------------|-----------|--------------|
|                      |                | N               | Mean Rank | Sum of Ranks |
| Post Test - Pre Test | Negative Ranks | 0 <sup>a</sup>  | .00       | .00          |
|                      | Positive Ranks | 36 <sup>b</sup> | 18.50     | 666.00       |
|                      | Ties           | 6 <sup>c</sup>  |           |              |
|                      | Total          | 42              |           |              |

a. Post Test < Pre Test

b. Post Test > Pre Test

c. Post Test = Pre Test

In Table 2. Shapiro-Wilk's output shows that the posttest results get a score of  $0.04 \leq 0.05$  which means that the data is not normally distributed while the pretest score gets a result of  $0.925 \geq 0.05$ .

### Test Statistics<sup>a</sup>

|                        | Post Test -<br>Pre Test |
|------------------------|-------------------------|
| Z                      | -5.286 <sup>b</sup>     |
| Asymp. Sig. (2-tailed) | .000                    |

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

In Table 3. Namely -5,286 and Asymp. Sig. (2-tailed) i.e. .000 is less than 0.05, then H<sub>0</sub> is rejected, and H<sub>a</sub> is accepted. So that there is an influence of counseling on knowledge about stunting and the provision of complementary foods in Petiken Village, Driyorejo District, Gresik Regency.

The problem of stunting in mothers, infants, and toddlers can become a more complex problem over time. In improving the quality of health, maximum prevention of stunting can be done by getting complementary foods on time and according to guidelines, having a lower risk of stunting compared to children who do not get complementary foods or get them late. This shows that the provision of complementary foods at the right age can contribute to preventing stunting in children (Hidayah, 2022).

The results of this counseling make an important contribution to stunting prevention efforts. The information obtained from this counseling can provide guidance for parents and stakeholders in paying more attention to the provision of complementary foods and play an active role in creating a future generation that is healthy, intelligent, and free from stunting (Januarti et al., 2020).

In this study, the results of the statistical analysis presented in Table 2 and Table 3 have significant implications on the influence of counseling on knowledge about stunting and the provision of complementary foods in Petiken Village, Driyorejo District, Gresik Regency. Let's discuss the results of this study further.

Table 2 shows the results of the normality test using the Shapiro-Wilk method for posttest and pretest data. The posttest data had a significance value (0.04) that was smaller than the significance level (0.05), indicating that the posttest data was not normally distributed. Meanwhile, the pretest data had a significance value (0.925) that was greater than the significance level (0.05), which indicates that the pretest data is close to the normal distribution.

These results indicate that the posttest data sample may have come from a population that has an abnormal distribution. However, because sample sizes and normality test assumptions are often not met in large samples, further interpretation is needed for the use of normality tests in this analysis.

Table 3 shows the results of statistical tests conducted to test the influence of counseling on knowledge about stunting and the provision of complementary foods. Statistical test values (i.e. -5.286) and Asymp. Sig. (2-tailed) smaller than 0.05 (0.000) indicates that the null hypothesis ( $H_0$ ) is rejected, and the alternative hypothesis ( $H_a$ ) is accepted. Therefore, it can be concluded that there is an influence of counseling on knowledge about stunting and the provision of complementary foods in Petiken Village, Driyorejo District, Gresik Regency.

These results show that the counseling program has a positive impact on increasing public knowledge about stunting and the provision of complementary foods. This influence can help people better understand the importance of proper diet in children, especially related to the growth period important in the age range of 6 months to 2 years (Juliana et al., 2022).

The results of this counseling make an important contribution to stunting prevention efforts. The information obtained from this study can provide guidance for parents and stakeholders in paying more attention to the provision of appropriate and appropriate complementary foods active in creating future generations that are healthy, intelligent, and free from stunting.

It is hoped that the results of this counseling can also support the development of more effective intervention programs in overcoming chronic nutrition problems, especially stunting. These intervention programs based on the results of counseling are expected to have a significant positive impact in overcoming the problem of stunting and creating a more productive and competitive society in the future.

By paying attention to the information from this study, it is hoped that it can also reduce the burden of chronic nutrition-related diseases and health problems in children.

## CONCLUSION

Based on the results of this counseling, it can be concluded that Complementary Foods (MPASI) have an important role in preventing stunting in children aged 6 months to 2 years. Data analysis shows the importance of knowledge about complementary foods with the incidence of stunting in children. Therefore, it is important to pay attention to the right nutritional intake in children to prevent stunting. Conducting direct counseling on complementary foods shows the importance of ensuring that feeding is in accordance with the right guidelines and avoiding foods that are not suitable for babies under 1 year. Thus, the provision of complementary foods can provide optimal benefits for children's growth and development and avoid health risks.

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