

THE USE OF BOOKLET MEDIA IN HEALTH COUNSELING ABOUT STUNTING
PREVENTION IN CHILDRENIta Susanti^{1*}, Nur Asyiah Putri Helnasari², Jeny Riska Vatica³, Riska
Nurrahmah⁴¹⁻⁴STIKes Medika Nurul Islam

Email Korespondensi: itasusanti1990@gmail.com

Submitted: 11 February 2023

Received: 18 March 2023

Published: 01 May 2023

Doi: <https://doi.org/10.33024/jkpm.v6i5.9279>

ABSTRAK

Pemeliharaan kesehatan anak dimulai sejak dalam kandungan. Oleh karena itu, sepenuhnya bayi mendapatkan asupan dari orang tua hingga usia kehamilan sembilan bulan. Asupan makanan yang sehat dan bergizi selama kehamilan dapat menciptakan generasi anak yang sehat dan cerdas. Disamping itu, asupan zat gizi juga dapat mencegah berbagai macam kelainan maupun gangguan tumbuh kembang pada anak. Salah satu masalah yang kerap terjadi pada balita yaitu kegagalan atau terhambatnya pertumbuhan tinggi badan anak sehingga tinggi anak tidak sesuai dengan usianya, keadaan ini dinamakan dengan balita pendek (kerdil) atau *stunting*. Data dunia menunjukkan bahwa sebanyak 150,8 juta anak atau 22,2% mengalami *stunting*. Angka kejadian *stunting* di Provinsi Aceh menduduki urutan pertama paling tinggi di Indonesia. Kejadian *stunting* di Aceh Besar pada tahun 2017 yaitu sebanyak 31,2%. Hal ini menunjukkan bahwa persentase kejadian *stunting* di Aceh Besar melebihi toleransi yang ditetapkan WHO yaitu maksimal 20%. Pada dasarnya *stunting* dapat dicegah sejak kehamilan melalui pemberian makanan tambahan pada orang tua selama kehamilan, yaitu dengan pemberian Fe, asam folat, yodium dan perlindungan dari malaria. Adapun kegiatan pengabdian kepada masyarakat bertujuan untuk meningkatkan pengetahuan masyarakat tentang upaya pencegahan *stunting* pada anak. Kegiatan tersebut dilakukan di Desa Lam Batee, Simpang Tiga, Aceh Besar pada tanggal 11 Agustus 2022, dengan memberikan penyuluhan kesehatan pada orang tua yang memiliki bayi dan balita sebanyak 36 orang, dimana kegiatan tersebut diawali dengan *pre test* dan diakhiri dengan *post test*. Setelah diberikan pendidikan kesehatan, hasil yang diperoleh menunjukkan bahwa pengetahuan orang tua meningkat dengan kategori baik yaitu sebanyak 58%. Dengan meningkatnya pengetahuan masyarakat tentang pencegahan *stunting*, akan memberikan kesadaran kepada masyarakat. Dengan demikian, perubahan perilaku yang didasari oleh kesadaran diri sendiri dan tidak dikarenakan paksaan dari orang lain akan bersifat tahan lama.

Kata Kunci: Penyuluhan, Pencegahan Stunting, Anak

ABSTRACT

Child health care begins in the womb. Therefore, the baby is fully fed from the mother until the age of nine months of pregnancy. Healthy and nutritious food intake during pregnancy can create a generation of healthy and intelligent children. In addition, the intake of nutrients can also prevent various kinds of disorders and disorders of growth and development in children. One of the problems that often occurs in toddlers is the failure or inhibition of the child's height growth so that the child's height does not match his age, this situation is called stunting or stunted. World data shows that as many as 150.8 million children or 22.2% are stunted. The incidence of stunting in Aceh Province is the highest in Indonesia. The incidence of stunting in Aceh Besar in 2017 was 31.2%. This shows that the percentage of stunting in Aceh Besar exceeds the tolerance set by WHO, which is a maximum of 20%. Basically, stunting can be prevented from pregnancy by giving additional food to the mother during pregnancy, namely by giving Fe, folic acid, iodine and protection from malaria. The community service activities aim to increase public knowledge about efforts to prevent stunting in children. The activity was carried out in Lam Batee Village, Simpang Tiga, Aceh Besar on August 11, 2022, by providing health education to 36 mothers with babies and toddlers, where the activity began with a pre test and ended with a post test. After being given health education, the results showed that mother's knowledge increased in the good category as many as 58%. With increasing public knowledge about stunting prevention, it will provide awareness to the public. Thus, behavioral changes that are based on self-awareness and not due to coercion from others will be durable.

Keywords : *Counseling, Prevention of stunting, Children.*

1. INTRODUCTION

Maintenance of child health begins in the womb, and babies receive food from their parents for nine months. Healthy and nutritious food intake during pregnancy can give birth to healthy and intelligent children. Besides that, nutrient intake can also prevent various kinds of disorders and growth and development disorders in children. (Kemensos RI, 2018).

The most common problem that occurs in toddler growth is failure or stunted growth so that the child's height does not match his age, which is called stunting. (Wira Mutika, 2018). Based on world data, there are 150.8 million children or 22.2% experiencing stunting. (WHO, 2018).

Stunting is a condition characterized by a child's height that does not match the height of his age. The state of stunting is assessed based on nutritional status indicators, height/age equal to or less than minus two standard deviations (-2 SD) below the standard average. Indonesia has the highest number of toddlers experiencing stunting, ranking 5th. (WHO, 2018).

Based on the results of the Riskesdas survey in Indonesia in 2013, as many as 37.2% of toddlers were stunted. Then in 2018, children under five (age <5 years) with stunting decreased by 30.8%, while for under five (under 2 years old) that was as much as 29.9%. (Kementerian Kesehatan Republik Indonesia, 2018). In Aceh province there were 35.7% of children

under five who experienced stunting in 2017, this incident increased by 8.9% from the previous year. (Alfridsyah, Erlindawati, Fitri Herlina, 2018).

Meanwhile, in 2018 there was a decrease in the number of stunting cases, namely as much as 30.8%. Aceh Province occupies the first position with the highest incidence of stunting in Indonesia. (Ministry of Health RI, 2018). The incidence of stunting in Aceh Besar in 2017 was 31.2%, the percentage of stunting events in Aceh Besar exceeded the tolerance set by WHO, which was a maximum of 20%. (Dinkes Aceh Besar, 2017b).

Stunting causes 1.5 million (15%) child deaths in the world every year and as many as 55 million children experience a loss of healthy life span. Children with stunting will have a negative impact on school performance, so that children with low education and when they become adults also earn low income. Toddlers with stunting are estimated to be individuals who are often sick and have low income during their adulthood. Children with stunting are very vulnerable to communicable and non-communicable diseases (PTM) to the risk of being overweight and obese which then have an impact on the risk of degenerative diseases. The incidence of stunting under five in a country shows the low quality of these human resources. Children with stunting will have a negative impact on their ability to think, decrease productivity, and increase the risk of various diseases so that they have a negative impact on Indonesia's economic status. (Trihono T, Atmarita A, Tjandrarini DH, 2015).

The high incidence of stunting in toddlers is caused by several factors, including unbalanced nutritional intake such as protein, fat, minerals, water, carbohydrates, and vitamins. Besides that, it is also caused by a history of disease, history of low birth weight (LBW), quality of parenting, including low parental knowledge regarding consumed nutrition (pre-pregnancy and during pregnancy, post-delivery, exclusive breastfeeding, and complementary foods). (Kementerian Kesehatan Republik Indonesia, 2018).

Children need balanced nutritional food substances to support their growth and development. In fulfilling children's nutrition, the role of parents is very necessary. This is because the support and attention of parents is needed in the process of child development. Therefore, parents are required to have good knowledge about nutrition, so that parents can meet the intake of nutritious food for their children. (Dinkes Aceh Besar, 2017a).

Given the magnitude of the adverse effects caused on children with stunting, therefore the role of parents is needed in meeting children's nutritional needs to support their growth and development process. One of the efforts that can be made to activate the role of parents in meeting children's nutritional needs is to increase parents' knowledge about a balanced nutrition menu. (Susanti, 2022).

Meanwhile, parents with less knowledge about nutrition, their children will have an impact on nutritional problems. (Mubarak WI, 2012). Parents who have good knowledge about stunting will certainly affect the growth and development of their children. The process of forming a person's behavior is a form of knowledge which then forms attitudes and influences the formation of behavior after obtaining information about nutrition through counseling or from experience experienced by oneself and others. (Dinkes Aceh Besar, 2017a).

The results of Lia Tanzil & Hafriani's research show that toddlers with

less maternal nutrition knowledge are at risk of 7,000 times experiencing stunting compared to toddlers with sufficient maternal nutritional knowledge. (Tanzil & Hafriani, 2021).

Knowledge can have an influence on the way a person understands knowledge about nutrition, attitudes and behavior in choosing food and has an impact on a person's nutritional status. The higher the nutritional knowledge of a mother, the better the child's nutritional status is expected to be. (Bening, 2016).

One of the causes of nutritional disorders is a lack of knowledge about nutrition or a lack of ability to apply information about nutrition in everyday life. Knowledge about the disturbance of the nutrient content in various foodstuffs, the use of food for family health can help mothers choose foodstuffs that are not so expensive but have high nutritional value. (Oktarina, Z., Sudiarti, 2013).

Based on the results of the pre-test given to the community before being given counseling using booklets, the community's knowledge about stunting in children in Lam Batee Village is still low. However, the community was very enthusiastic when listening to the counseling and question and answer session. Based on the analysis of the situation and problems, the aim of community service activities is to help partners by increasing community knowledge through community empowerment in an effort to prevent stunting in children in Lam Batee Village, Simpang Tiga District, Aceh Besar.

2. PROBLEMS AND QUESTIONS

Lam Batee Village is one of the villages with the highest number of stunting cases in Simpang Tiga District, Aceh Besar. Based on the results of the pre-test given to the community before being given counseling, the community's knowledge about stunting in children in Lam Batee Village is still low. However, the community was very enthusiastic when listening to the counseling and question and answer session.

Based on the analysis of the situation and problems, the formulation of the question on this problem is how to increase parents' knowledge in preventing stunting?

3. LITERATURE REVIEW

Stunting or short toddlers is a condition of toddlers with chronic nutritional problems, namely children with nutritional status based on length or height according to toddler's age when compared to the WHO-MGRS (Multicentre Growth Reference Study) standard in 2005, has a z-score value of less than -2SD and if the z-score is less than -3SD it is categorized as a very short toddler. (Kementerian kesehatan RI, 2015).

Malnutrition and stunting are two interrelated problems. Stunting in children is the impact of nutrient deficiencies during the first thousand days of life. This has an impact on children's irreversible physical development disorders, causing a decrease in cognitive and motor skills and a decrease in work performance. Children with stunting have an average Intelligence Quotient (IQ) score eleven points lower than the average IQ score for normal children. Growth and development disorders in children with malnutrition will continue into adulthood if intervention is

not carried out early. (Trihono, Atmarita, Tjandrarini DH, Irawati A, Utami NH, Tejayanti T, 2015). This is because the condition of stunting will have a lifelong impact on children. Stunting raises concerns about children's development because of long-term effects. (Tanzil & Hafriani, 2021).

The incidence of stunting in toddlers must receive special attention, this is because stunting can cause delays in physical growth, mental development and health status in children. Recent studies have shown that stunting is associated with poor school performance, low educational attainment and low income as adults. Children who are stunted have a greater possibility of growing into adults who are unhealthy and poor. Stunting in children is also associated with an increased vulnerability of children to diseases, both communicable and non-communicable diseases (NCDs) as well as an increased risk of overweight and obesity. Long-term overweight and obesity can increase the risk of degenerative diseases. Cases of stunting in children can be used as a predictor of the low quality of a country's human resources. Stunting causes poor cognitive ability, low productivity, and an increased risk of disease resulting in long-term losses for the Indonesian economy. (Rahayu A, 2014).

Stunting in toddlers has a major impact on children's health for now and in the future. Stunting and other nutritional problems can be prevented, especially in the first 1,000 days of life and other efforts such as supplementary feeding and fortification of iron in foodstuffs. (Mugianti, S., Mulyadi, A., Khoirul, A., & Najah, 2018).

Many factors cause stunting consisting of basic factors such as economic factors and mother's education, then intermediate factors such as number of family members, mother's height, mother's age, and number of mother's children. Next are proximal factors such as exclusive breastfeeding, child's age and low birth weight. (Darteh E.K., 2014).

Stunting is caused by problems with nutritional intake consumed during pregnancy and toddlerhood. Lack of mother's knowledge about health and nutrition before pregnancy, as well as during the postpartum period, limited health services such as antenatal care, postnatal services and low access to nutritious food, low access to sanitation and clean water are also causes of stunting. (Mulyaningrum et al., 2021).

Based on a preliminary study, the high incidence of stunting in Simpang Tiga District, Aceh Besar is partly due to the low knowledge of parents about nutritional intake for both pregnant women and toddlers. This community service activity is carried out with the aim of increasing public knowledge about preventing stunting in children by using booklet media in order to create a smart and bright generation. The formulation of the problem is how to increase parental knowledge in preventing stunting?

4. METHOD

The method of this activity is carried out with lectures (health education) using booklets, questions and answers and discussions, with a pre-post test design. The number of people who took part in this activity were all parents with the criteria of having babies and toddlers, and were willing to take part in the activity until it was finished, namely 36 people. The instrument used in this activity was a questionnaire consisting of 20 questions related to stunting prevention.

Before carrying out health education regarding stunting prevention efforts, a pre-test was carried out first by asking respondents to fill out a questionnaire consisting of 20 questions related to the health education provided. After the health education was carried out, a post test was carried out to measure the respondent's knowledge of the health education that had been given.

5. RESULTS AND DISCUSSION

Based on the results of community service activities regarding efforts to prevent stunting, the following results are obtained:

a. Pre test Data

Table 1
Knowledge of Parents Before Giving Health Education about Stunting Prevention Efforts

No	Knowledge	Frekuensi (f)	Persentase (%)
1	Good	5	14
2	Enough	7	19
3	Not enough	24	67
Total		36	100

Based on table 1, it shows that before being given health education about stunting prevention efforts, most parents had insufficient knowledge of 24 people (67%).

b. Post test Data

Table 2
Knowledge of Parents After Being Given Health Education about Stunting Prevention Efforts

No	Knowledge	Frekuensi (f)	Persentase (%)
1	Good	21	58
2	Enough	11	31
3	Not enough	4	11
Total		36	100

Based on table 2, it shows that after being given health education about efforts to prevent stunting, parents' knowledge increased to a good category by 21 people (58%).

This evaluation activity aims to assess the success of the activities that have been implemented. The post test was carried out by filling out a questionnaire with a total of 20 questions regarding efforts to prevent stunting.

After being given health education based on the information presented in the booklet, people's knowledge increased. This is one form of the result of the learning process. Using learning media in health education activities, the success of health education goals will be more easily achieved. This is because learning media can provide convenience for recipients of information. The educational media used in this activity is a booklet

entitled "Let's Prevent Stunting". The booklet media used in this activity was developed by the author and the team based on the problems and information needs needed by the community during community service activities that had been carried out previously.

Based on the evaluation results, it was found that after being given health education using the media booklet entitled "Let's Prevent Stunting". The average public knowledge about stunting prevention efforts has increased. Increasing public knowledge about stunting prevention efforts shows the success of health education using booklet media. Health education is carried out by conveying information based on booklets and convincing other people with the aim that the community, especially parents, know and care about the nutritional status of children.

The use of booklet media in health education activities about stunting is believed to be able to increase public knowledge based on the evaluation results of activities that have been carried out. This shows that the information presented in the booklet can be easily understood by those who receive the message, so that it can improve individual health behavior better. (Susanti et al., 2020).

In fulfilling child nutrition, the role of parents (parents) is very necessary. This is because the attention and support of parents is very important in the process of child development, so it is expected that parents have good knowledge about nutrition in fulfilling children's nutritional intake. (Mubarak WI, 2012).

Parental behavior is strongly motivated by parental knowledge in parenting. This is closely related to the incidence of wasting in toddlers. Parents who have good knowledge will have children with good nutritional status, and vice versa, parents with less knowledge tend to have children with poor nutritional status. (Delmi Sulastri, 2012).

Parents who have good knowledge about nutrition, parents will fulfill adequate nutrition for their children, even parents will prepare nutrition for their children since pregnancy. Conversely, parents who do not understand information about their child's health, parents cannot provide adequate nutrition for their children so that children experience stunting.

Based on the results of Adelina's research, et al (2018) showed that there was a significant relationship between parental knowledge about nutrition and stunting. This is supported by several factors including age, education, and local culture and beliefs. In his research most of the people have elementary level education. Knowledge is related to education, someone who has higher education will have wider knowledge. (Adelina, 2018).

In the community there is still a growing notion that education is not important and related to support from the family to pursue higher education which is still not optimal. Indirectly, the level of education of the mother will affect the ability and knowledge of the mother regarding health care, especially in understanding knowledge about nutrition. In a study by Aridiyah et al, it was shown that the level of knowledge of mothers about nutrition is one of the factors that can influence the occurrence of stunting in children under five, both in rural and urban areas. (Aridiyah et al., 2017).

Knowledge about nutrition is the initial process in changing behavior to improve nutritional status, so that knowledge is an internal factor that influences behavior change. Mother's knowledge about nutrition will

determine mother's behavior in providing food for her child. Mothers with good nutritional knowledge can provide different types of food and the right amount to support the growth and development of children under five. (Nasikhah R, 2013).

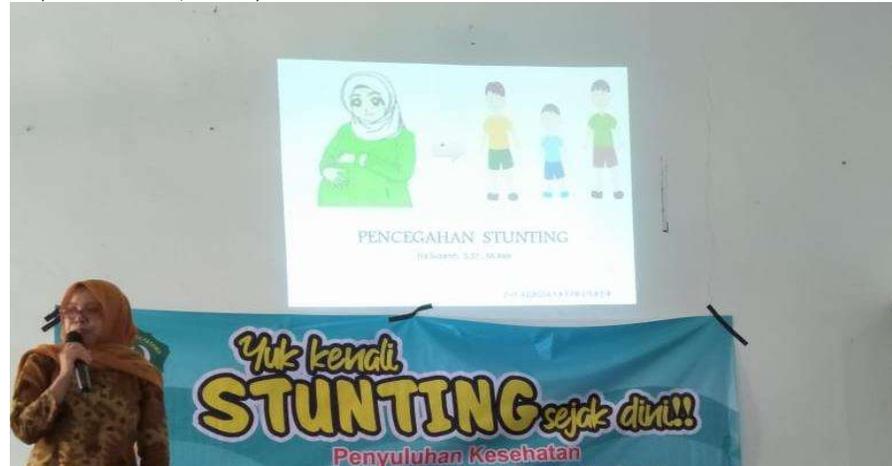


Figure 1. Figure 1. implementation of activities



Figure 2. Group photo

6. CONCLUSION

After the community service activities were carried out, it was shown that there was an increase in parents' knowledge about efforts to prevent stunting in children. This activity was attended by 36 parents who had babies and toddlers with the measurement results obtained by parents who had good knowledge before being given counseling, namely 14% increased to 58%.

It is recommended that the public continue to increase their knowledge about stunting from various sources of information as a form of effort to prevent stunting in children, in order to create a generation of healthy nations and glorious achievements.

7. REFERENCES

- Adelina. (2018). Hubungan Pengetahuan Gizi Orang tua, Tingkat Konsumsi Gizi, Status Ketahanan Pangan Keluarga Dengan Balita Stunting (Studi pada Balita Usia 24-59 Bulan di Wilayah Kerja Puskesmas Duren Kabupaten Semarang). *Jurnal Kesehatan Masyarakat (e-Journal)*, 6, 361-369.
<https://ejournal3.undip.ac.id/index.php/jkm/article/view/22059/20303>
- Alfridsyah, Erlindawati, Fitri Herlina, Y. (2018). *Laporan Survei Pemantauan Status Gizi Provinsi Aceh 2017* (1 ed.). Dinkes Kesehatan Aceh dan Jurusan Gizi Poltekkes Kemenkes Aceh.
https://dinkes.acehprov.go.id/uploads/Laporan_Hasil_Survey_PSG_Ach_Tahun_2017.pdf
- Aridiyah, F. O., Rohmawati, N., & Ririanty, M. (2017). *Faktor-faktor yang Mempengaruhi Kejadian Stunting pada Anak Balita di Wilayah Pedesaan dan Perkotaan. e-Jurnal Pustaka Kesehatan, vol. 3 (no. 1) 3(1).*
- Bening, S. A. M. dan A. R. (2016). Asupan Gizi Makro dan Mikro Sebagai Faktor Resiko Stunting Anak Usia 2-5 Tahun di Semarang. *Medica Hospitalia*, 4(1), 45-50.
- Darteh E.K., A. E. dan K. A. . (2014). Correlates of Stunting among children in Ghana. *BMC Public Health*, 14:504.
- Delmi Sulastri. (2012). Faktor determinan kejadian stunting pada anak usia sekolah di Kecamatan Lubuk Kilangan Kota Padang. *Majalah Kedokteran Andalas*, 36(1), 39-50.
<http://jurnalnka.fk.unand.ac.id/index.php/art/article/download/111/107>
- Dinkes Aceh Besar. (2017a). *Data Stunting*.
- Dinkes Aceh Besar. (2017b). *Profil Kesehatan Aceh Besar*.
- Kemensos RI. (2018). Modul Kesehatan & Gizi. *Program Keluarga Harapan Kementerian Sos RI*, 1-117.
- Kementerian Kesehatan Republik Indonesia. (2018). *Hasil Utama Riskesdas*.
https://kesmas.kemkes.go.id/assets/upload/dir_519d41d8cd98f00/files/Hasil-riskesdas-2018_1274.pdf
- Kementerian kesehatan RI. (2015). *INFODATIN Pusat Data dan Informasi Kemeterian Kesehatan RI Situasi Balita Pendek*.
- Mubarak WI. (2012). *Promosi kesehatan untuk kebidanan*. Salemba Medika.
- Mugianti, S., Mulyadi, A., Khoirul, A., & Najah, Z. L. (2018). Faktor penyebab anak Stunting usia 25-60 bulan di Kecamatan Sukorejo Kota Blitar. *Jurnal Ners Dan Kebidanan*, 268-278.
- Mulyaningrum, F. M., Susanti, M. M., & Nuur, U. A. (2021). *Faktor-faktor yang Mempengaruhi Stunting AKTOR - FAKTOR YANG MEMPENGARUHI STUNTING PADA*. 74-84.
- Nasikhah R. (2013). Faktor Risiko Kejadian Stunting Pada Balita Usia 24-36 Bulan Di Kecamatan Semarang Timur, Semarang. *JKM*, 1, 56-64.
- Oktarina, Z., Sudiarti, T. (2013). Faktor Risiko Stunting Pada Balita 24-59 bulan di Sumatera. *Jurnal Gizi dan Pangan*, 8(3).
- Rahayu A, K. L. (2014). Risiko pendidikan ibu terhadap kejadian stunting pada anak 6-23 bulan. *Panel Gizi Makan*, 37(2), 129-136.
- Susanti, I. (2022). Pendidikan Kesehatan tentang Sumber Bahan Makanan Gizi Seimbang untuk Bayi dan Balita. *Nawadeepa : Jurnal Pengabdian*

Masyarakat, 1, 1-4.

- Susanti, I., Herawati, D. M. D., Eddy Fadlyana, H. H., Rusmil, K., & Wirakusumah, F. F. (2020). The Differences in Maternal Compliance in Completing Basic Immunization between Two Groups. *Global Medical and Health Communication*, 8(3), 175-180. <https://doi.org/https://doi.org/10.29313/gmhc.v8i3.3280>
- Tanzil, L., & Hafriani, H. (2021). Faktor-Faktor Yang Mempengaruhi Terjadinya Stunting Pada Balita Usia 24-59 Bulan. *Jurnal Kebidanan Malahayati*, 7(1), 25-31. <https://doi.org/10.33024/jkm.v7i1.3390>
- Trihono, Atmarita, Tjandrarini DH, Irawati A, Utami NH, Tejayanti T, et al. (2015). Pendek (stunting) di Indonesia, masalah dan solusinya. In *Lembaga Penerbit Balitbangkes*. Lembaga Penerbit Balitbangkes.
- Trihono T, Atmarita A, Tjandrarini DH, et al. (2015). *Pendek (stunting) di Indonesia, masalah dan solusinya*. [http://repository.bkpk.kemkes.go.id/3512/1/Pendek %28Stunting%29 di Indonesia.pdf](http://repository.bkpk.kemkes.go.id/3512/1/Pendek%28Stunting%29%20di%20Indonesia.pdf)
- WHO. (2018). Global Nutrition Report. *Executive Summary*. <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>
- Wira Mutika, D. S. (2018). Analisis Permasalahan Status Gizi Kurang Pada Balita di Puskesmas Teupah Selatan Kabupaten Simeuleu. *Jurnal Kesehatan Global*, 1(3), 127-136.