

Education Pattern Foster Gift Nutrients exist Mother Towards Child nature Attempt Prevention *Stunting*

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Abstract

Parenting in terms of malnutrition problems in children is the treatment or way of the family in providing the wrong food intake continuously. The role of the family in providing parenting to children is very influential and important to overcome the health problems experienced by children. This service is carried out with the aim of helping prevent and overcome the problem of *Stunting* in Gondoriyo Village by creating an adjusted program based on the priority of the cause of the problem. The service begins with problem analysis using observational methods and in-depth interviews with Village Midwives. Problem prioritization using the Bryant Quantitative method and the Quantitative Honlon method are used in determining the priority of the cause of the problem and the preparation of alternative priorities for problem solving. The priority problem obtained is *stunting*, which is the failure of child growth and development or often referred to as stunted children. This health problem is caused by the lack of fulfillment of the needs given to the child. Family understanding in providing parenting for nutrition is one of the causes of *stunting* in Gondoriyo Village. Nutrition is needed by everyone in their lives, the importance of nutrition to build optimal child growth and development can support a good child's future. An indicator of the success of this program is the achievement of proper nutrition in children in accordance with balanced nutrition guidelines.

Keywords: Parenting, Nutrition, *Stunting* Prevention

Introduction

Health problems in the world are still very high and are the main problem, namely malnutrition. Basic Health Research (Riskesdas) data in 2013 showed a prevalence in underweight toddlers of 19.6%. *Stunting* reached 37% and wasting by 12.1%. Factors that cause nutritional problems are the level of nutritional intake consumed, the presence of infectious diseases, environmental sanitation, access to health services, consumption of blood-added tablets, incomplete immunization poverty rates during toddlers (Boli, 2020). Health is highly coveted by every family, according to WHO healthy is a condition of the body free from all kinds of diseases both physical, mental and social (Lestiarini & Sulistyorini, 2020). One of the most important factors that can determine the level of well-being and in particular human health is nutrition. There is a close relationship between eating consumption and the results of a person's nutritional status (AL Rahmad et al., 2013).

Toddlers are a time when the quality of children's health, learning, well-being and behavior will be determined in the future. Various forms of health problems can occur in children under five such as ARI, diarrhea, tuberculosis, measles, malaria, HIV, diarrhea, and malnutrition. Malnutrition experienced by children in the first 1,000 days of birth (HPK), one of which is *Stunting*. In the short term, *stunting* has an impact on brain development, intelligence, impaired physical growth, and impaired body metabolism, while in the long run it can cause a decrease in cognitive ability and decreased learning achievement, children will get sick more easily because of decreased immunity, more risk of non-communicable diseases, and reduced productivity at work.

Stunting is a failure of child growth and development or often referred to as stunted children caused by malnutrition. *Stunting* can occur since the child or prospective baby is still in the mother's womb and will be indicated at the beginning of the child's birth and begin to be seen when the child is 2 years old (Wardana et al., 2019). A study stated that one of the causes of malnutrition cases in the Riau islands is wrong parenting. Stunting is measured as nutritional status by taking into account the height, age, and gender of toddlers. Lack of height monitoring in toddlers will cause stunting events to be difficult to realize. This will continue to be the focus of Health on the target of improving nutrition in the world until 2025 (Boucot & Poinar Jr., 2010). *Stunting* has a major impact on the growth and development of children will generally experience obstacles in the motor and cognitive development of children which will affect future productivity (Supriatin et al., 2020).

The family, especially parents, is the main and first place for individuals to learn in child development to eat, talk, walk and get to know the identity and various behaviors applied (Oktriyanto, 2017). Parenting in terms of malnutrition problems in children is the treatment or way of the family in providing the wrong food intake continuously. Family stuttering or wrong parenting such as not giving exclusive breastfeeding, giving complementary foods (MPASI) too early, the habit of giving unhealthy snacks to children, not implementing Clean and Healthy Living Behaviors (PHBS), poor sanitation (Putri, 2019). Based on research, there is no clarity between the relationship between maternal parenting, maternal factors, and the provision of complementary food with *stunting*, while there is a significant relationship between maternal education and this incident and affects the way mothers take care of children (Indah Nurdin et al., 2019). A healthy child is certainly a valuable dream for every parent. Healthy can be interpreted as being free from disease as well as achieving a state of well-being both physically, socially and mentally (Dwi Pratiwi et al., 2016).

Gondoriyo Village is located in the Bergas district of Semarang regency, Central Java province. Gondoriyo village is divided into 7 hamlets, namely Krajan hamlet, Jimbaran hamlet, Klesem hamlet, Setro hamlet, Sidorejo hamlet, Kambangan hamlet, Getuk hamlet. Gondoriyo Village is a village that has great potential both natural and non-natural. The condition of the road to Gondoriyo Village is quite good but in its own area, there are still many roads with holes. To get to the city and public facilities must travel a distance of 11km or about 20 minutes (Guide et al., n.d.). Health facilities in the village are very limited because there is only 1 auxiliary health center (PUSTU) and 1 midwife in 1 Gondoriyo Village. Based on the results of interviews with Village Midwives, Village Communities, Posyandu Cadres and secondary data from the Bergas health center, posyandu data provided by Village Midwives, it is known that Gondoriyo Village Toddlers have a high health problem is stunting (based on the TB/U index). The people of Gondoriyo Village mostly work in a factory located not far from Gondoriyo Village.

The government has made several efforts to overcome the problems and development of toddlers with activities such as Toddler Family Development (BKB), Integrated Service Posts (Posyandu) and Early Childhood Education (PAUD) (Hariani et al., 2019). The main components in these programs include identification of expected family behaviors, monitoring of toddler growth every month, nutrition education and rehabilitation (Elya Sugianti, 2020).

Based on this description, it can be seen that the role of the family in providing parenting to children is very influential and important to overcome health problems experienced by children. In this study, the researcher will provide some education related to parenting in children in terms of providing nutrition to mothers or caregivers in Gondoriyo Village, Bergas District, Semarang Regency. This aims at *stunting prevention* efforts.

Method

This activity was carried out to the people of Gondoriyo Village, Bergas District, Semarang Regency, especially to parents or caregivers of children in this village. This activity was held in August – September 2021. The implementation is carried out in stages with the following stages: (1) Situation Analysis, (2) Identification of Health Problems, (3) Preparation of Problem Priorities, (4) Identification of Causes of Health Problems, (5) Preparation of Priorities for Causes of Health Problems, (6) Identification of Alternative Solutions to Health Problems, (7) Preparation of

Priorities for Alternative Health Problem Solutions, (8) Implementation of Interventions as Problem Solving Efforts, (9) Evaluation of Interventions.

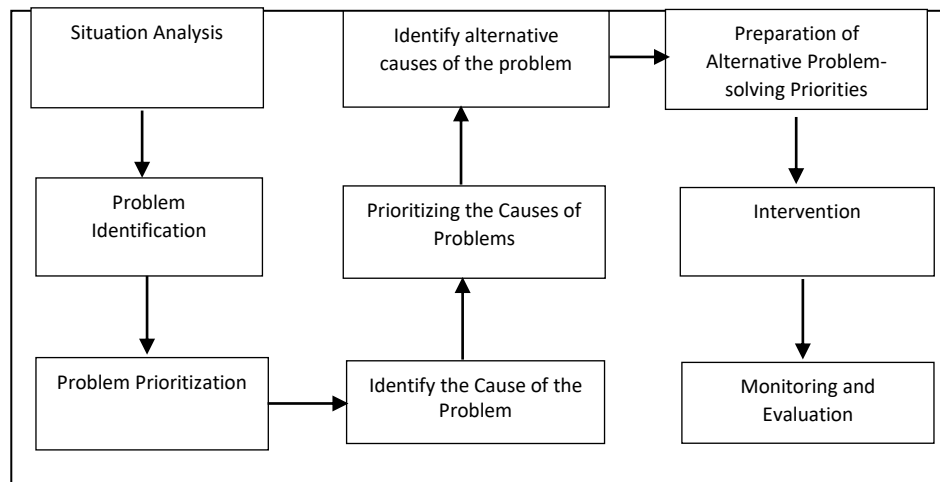


Figure 1. Stages of Devotion

The analysis of the situation carried out is using the observation method with the analysis of primary data and secondary data. Primary data was obtained through direct interviews with Village Midwives and mothers of toddlers using questionnaires that aimed to find out the health situation in Sidorejo Hamlet, Gondoriyo Village. Secondary data was obtained from posyandu data from Sidorejo Hamlet.

Identification of health problems in Sidorejo Hamlet, Gondoriyo Village, was carried out by direct observation in the field through posyandu activities and comparing with primary data and secondary data that had been carried out in the previous month so that the data used were valid and representative to get an idea of the real health conditions in the community.

The problem was carried out after the discovery of the identification of health problems in Sidorejo Hamlet, Gondoriyo Village. The method used in determining the priority of Health problems is the quantitative Bryant method. The Bryant method belongs to the category of Decision-making techniques in determining the priority of problems using certain values (Scoring) that range from 1-5 scores. Bryant's method of determining the priority of the problem from the various problem alternatives that exist is based on the total value of the sum results of the four criteria P, S, C, and M mentioned above. $(P+S+C+M)$. the highest score of the number of such criteria that would be the priority of the problem.

Identify the causes of health problems that occur in the community of Gondoriyo Village, Bergas District using observation methods and interviews with related program holders in Gondoriyo Village Midwives and Toddler Mothers and Toddler caregivers. Prioritization of the causes of health problems that occur in the gondoriyo village community using the Bryant method. This activity is carried out after identifying the cause of the Health problem and as a reference for the next step.

Identify alternative solutions to health problems that occur in Gondoriyo Village by considering several aspects such as the effectiveness of alternative problem solving, benefits, costs, efficiency, implementation time, and internal support from related parties. The method that will be used is the Bryant method as used in the process of prioritizing the causes of health problems. After that, it can be continued with the planning and determination of intervention programs that can be carried out by paying attention to several things, namely the form of the intervention program, the targets of the intervention program, and the technical implementation of the intervention program.

The activity program that will be implemented is to make an effort to reduce the stunting prevalence of Gondoriyo Village. The intervention to reduce the prevalence of stunting in Gondoriyo Village is by creating a program of Parenting Education activities for Nutrition Toddlers

in Gondoriyo Village. Evaluation of interventions is carried out after the entire program is carried out. This intervention evaluation aims to determine the deficiencies in the implementation of each program and provide constructive input or suggestions for the sustainability of the intervention program.

Discussion

Analysis of the situation that has been carried out is known that most of the parents or mothers in Gondoriyo Village work as factory workers located not far from Gondoriyo Village. At work the child is taken care of by the caregiver and grandmother of the toddler. The results of the interview with the Village Midwife there are several health problems that often occur in Gondoriyo Village including, stunting, Chronic Lack of Energy in Women of Childbearing Age, low exclusive breastfeeding, Malnutrition, hypertension in the elderly.



Figure 2. Interview and coordination activities with the Village Midwife

In addition to obtaining identification of health problems from the results of interviews with Village Midwives, data identification is carried out directly through posyandu activities to obtain anthropometric data on toddlers with measurements of Height or Length, and Weight which will then be calculated using the WHO Antro application to find out the nutritional status of toddlers. Based on the identification of health problems that have been obtained, the priority of the problem will be determined using the Bryant Quantitative method using a calculation score of 1-5.

Table 1. Problem identification using Bryant Quantitative method

Problems	P	S	C	M	Total	Order
<i>Stunting</i>	5	5	5	4	19	I
Chronic Lack of Energy (SEZ)	5	4,5	4	4	17,5	III
Lack of Exclusive Breastfeeding	5	4	5	4	18	II
Low Quality of Cadres	5	4	4	3	16	IV

It can be found that the priority of the problem lies in the problem of *stunting health*. The next step is to identify the cause of health problems using observation methods and interviews with Village Midwives, Posyandu Cadres, Mothers / Caregivers of Toddlers to explore the causes of existing health problems.

The following is an identification of the causes of *Stunting* in Gondoriyo Village based on the analysis that has been carried out, namely: (1) lack of maternal knowledge about *stunting*, (2) Lack of knowledge of mothers / caregivers on nutritional parenting and child growth and development in the first 1000 days of birth, (3) Non-provision of exclusive breastfeeding to babies for the first 6 months, (4) lack of variety of food given to children and provision of complementary foods (complementary foods) not quite right.

After the causes of health problems that occur are known, the next step is to identify alternative solutions to health problems that are adjusted to the causes of stunting in Gondoriyo Village, while the identification of *stunting* problems in this activity is: (1) Healthy Children's Family Development, (2) Posyandu Cadre Training, (3) SINPASI (Smart Mother Class Understanding Exclusive Breastfeeding and MPASI), (4) Socialization of PHBS by focusing on Balanced Nutrition. The preparation of alternative problem-solving priorities will be carried out using the Quantitative Hanlon method listed in the following table.

Table 2 preparation of alternative problem solving quantitative hanlon methods

No	Cause Problem	Group Criteria								NPD	NPT	Prioritas
		A	B	C	D							
					P	E	A	R	L			
1.	Build Healthy Children's Families	9	8	8	1	1	1	1	1	136	136	I
2.	SINAPSI (Smart Mother Class Understands Exclusive Breastfeeding and Complementary Food)	8	8	8	1	1	1	1	1	128	128	II
3.	Socialization of PHBS by emphasizing Balanced Nutrition.	8	6	8	1	1	1	1	1	112	112	III
5.	Training of posyandu cadres.	7	6	8	1	1	1	1	1	104	104	IV

Based on the results of calculations using the method above, alternative problem-solving procedures were obtained as follows: (1) Healthy Child Family Development, (2) SINPASI (Smart Mother Class Understanding Exclusive Breastfeeding and Complementary Food), (3) Socialization of PHBS by emphasizing Balanced Nutrition, (4) Training of posyandu cadres.

The next step, namely the implementation of interventions as an effort to prevent *stunting*, is carried out using the first program, namely, Bina Keluarga Anak Sehat is a program that is based on the Guidelines for Fostering Toddler Family Groups with its program Bina Keluarga Balita. Activities are carried out to manage the development of children's growth and development through proper parenting from the family based on age groups. Activities are given as a form of support for orang tua to provide care, care for, protect and educate children (Fitroh & Oktavianingsih, 2020). This activity aims to increase the knowledge, skills and awareness of mothers and other family members in terms of fostering the growth and development of toddlers. The targets of this program are mothers, families or nannies or people who play an important role in providing care to children. The content in the Bina Keluarga Anak Sehat program is to provide education related to proper parenting such as monitoring children's growth and development, improving parenting and educating children, and providing maternal knowledge of appropriate nutrition to be given to children. The media used in this education is through educational videos that are shown to the target group and explain what the maximum of each point given in the educational video is.

The next program is the implementation of SINPASI, which stands for Class of Smart Mothers Understanding Exclusive Breastfeeding and MPASI is a program aimed at all women of childbearing age (WUS) whether they already have children or are pregnant. This activity is in the form of socializing the importance of exclusive breastfeeding for 6 months and giving various complementary foods to children over 6 months of age. In 2001 the World Health Organization (WHO) revised and determined that initially exclusive breastfeeding was given the age of toddlers 4-6 months to 6 months (Fikawati & Syafig, 2010). The media used are posters and leaflets that are delivered by socializing directly to the target group. This effort aims to provide awareness to mothers so that they can provide exclusive breastfeeding to children and provide solutions to obstacles that occur due to the non-implementation of exclusive breastfeeding. Understanding related to complementary foods (MPASI) is also given so that mothers are more skilled in

providing nutritious and varied foods in order to improve children's growth and development and intelligence. Considering that one of the causes of *stunting* problems in Gondoriyo Village is not being given exclusive breastfeeding in children, the Smart Mother class program focuses on exclusive breastfeeding.



Figure 3. Program Intervention Process

Socialization of PHBS by emphasizing Balanced Nutrition, it has been explained in the introductory point above that not implementing Clean and Healthy Living Behavior (PHBS) is one of the causes of *stunting*. Socialization related to PHBS in this program focuses more on balanced nutrition patterns guided by balanced nutrition guidelines (PGS) such as providing material based on the explanation of Tumpeng Gizi and The Contents of My Plate. Socialization was carried out using pamphlet media to the target group of toddler mothers. An indicator of success in this program is the increasing maternal knowledge related to PHBS and Balanced Nutrition Guidelines and can guide children to do what has been given in this socialization.

The last program is posyandu cadre training. The level of knowledge of posyandu cadres in the use of anthropometric measuring instruments such as microtoices, scales, and filling in KMS (Kartu Menuju Sehat) books is carried out with the achievements of posyandu cadres to be able to measure toddlers with more accurate results. This program is carried out because there are often data errors from the measurement results carried out so that it can result in data discrepancies with the condition of toddlers and it is necessary to re-measure by the Village Midwife to get the actual results.



Figure 4. Giving Vitamin A Toddlers

Posyandu cadre training activities have often been carried out by Village Midwives and Nutritionists from the Bergas Health Center, but the evaluation still often occurs errors in measurements caused by cadre discrepancies during training on the use of tools with parts when

posyandu activities are carried out. The nutritional status of toddlers is known from the BB / U indicators obtained during anthropometric measurements (AL Rahmad et al., 2013). So in this program the training is carried out thoroughly in training the use of tools and filling in the KMS Book so that during implementation if there are cadres who are unable to attend other cadres who replace can still take measurements correctly. Service is also carried out by assisting village midwives in providing Vitamin A to toddlers aged 7-60 months and providing Toddler Immunization according to the age and type of vaccine given.

Conclusion

It can be concluded that Gondoriyo Village, Bergas District, Semarang Regency has several health problems and after determining the priority of health problems using the Bryant Quantitaif method, it was found that the priority of the problem was *Stunting*. Problem solving efforts carried out in this service there are 4 programs, namely Healthy Child Family Development, SINAPSI, PHBS Socialization by emphasizing Balanced Nutrition, and training posyandu cadres. All programs can be carried out properly and in accordance with the expected achievements. In addition to finding health problems and intervening in these problems, the author also assists Village Midwives in posyandu activities, giving Vitamin A and providing Immunization to Toddlers according to the age and type of vaccination given.

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