

## Community Empowerment Efforts in Preventing Stunting through "KEBANTING" Activities in PEJOK

Afina Aninnas

*Faculty of Public Health, Airlangga University, Surabaya, East Java, Indonesia*

*\*Corresponding author: [afinaninnas21@gmail.com](mailto:afinaninnas21@gmail.com)*

### ABSTRAK

Indonesia is one of the countries with a high stunting rate. In 2018, the stunting rate in Indonesia decreased to 30.8%. Pejok Village, Kedungadem District, Bojonegoro Regency is one of the villages where the stunting rate is still high. Based on this, Pejok Village was chosen as a village to be carried out community service by the Faculty of Public Health, Universitas Airlangga in 2021. The purpose of this community service is to identify priority problems, as well as develop intervention plans, and implement and evaluate programs to overcome health problems in Pejok Village. The method used is operational research, where solving health problems in Pejok Village is done by problem identification. The interventions carried out in Pejok Village is "KEBANTING : (Keluarga Keren Basmi Stunting)". The results of this community service activity are the increased knowledge of Pejok Village residents has increased after receiving counseling from the "KEBANTING" webinar, the average knowledge before getting the intervention (pretest) was 74%, and the knowledge after getting the intervention (post-test) was 87%.

**Keywords:** community service, counseling, prevention, stunting

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### INTRODUCTION

Stunting is a phenomenon of the condition of children who experience growth disorders, where the child's height is not by their age. Stunting results from chronic nutritional problems, namely lack of nutritional intake for a long time, both in terms of the quality and quantity of nutritional intake provided and high history of illness. Stunting can also occur due to a combination of a lack of nutritional intake and a high history of illness in children. The causes of stunted children can be caused by many factors such as socioeconomic conditions, maternal nutrition during pregnancy, illness in infants, and lack of nutritional intake during infancy. One of the impacts felt by stunted children in the future is experiencing difficulties in achieving optimal physical and cognitive development.

Asia is the continent with the highest number of stunted children, with 83.6 million stunted children. Indonesia is one of the countries that have a high stunting rate. In 2015-2017, the average prevalence of stunting in Indonesia was 36.4%.<sup>2</sup> In 2018, the stunting rate in Indonesia managed to decrease to 30.8%.<sup>3</sup> However, this figure is still relatively high and the reduction in stunting rates is considered still not under the recommendations of the World Health Organization (WHO), according to WHO recommendations, the prevalence of stunting in a

country cannot be more than 20%.<sup>4</sup> Therefore, stunting is still a chronic nutritional problem in Indonesia, so through the National Medium-Term Development Plan (RJPM) Program the government targets that by 2025 it will reduce the number of stunted toddlers by 40%.

The determinants of stunting in children in Indonesia according to several studies that have been conducted include babies who are not exclusively breastfed, a history of premature birth, babies born shortly are not by babies in general, lack of access to health services, access to latrines and inadequate drinking water, low household socio-economic status, living in rural areas which is a factor in the difficulty of accessing health services, low maternal education, and mothers who have a short posture.<sup>6</sup> In response to this, the government then provides several programs aimed at dealing with stunting problems in Indonesia.

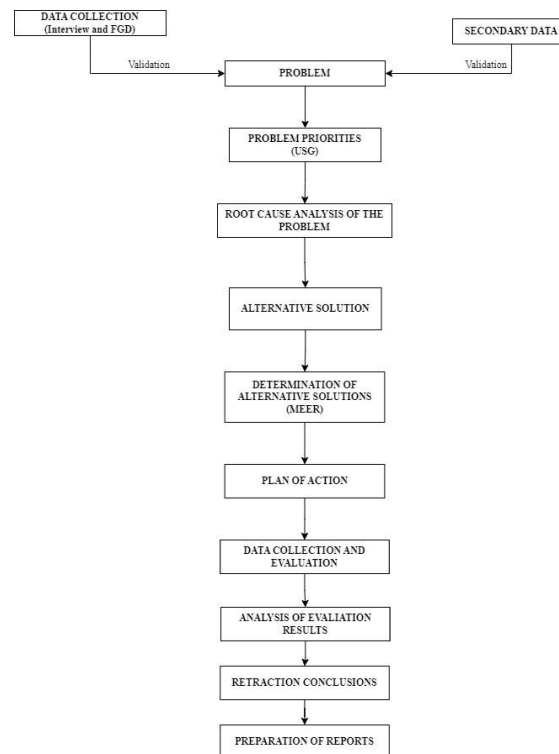
As mentioned in the Village Handbook in Handling Stunting in 2017, there are 2 points of focus for intervention programs in handling stunting, namely specific nutrition interventions and nutrition-sensitive interventions. Specific interventions are carried out by the health sector such as the provision of vitamins, additional food, and others while sensitive interventions are carried out by the non-health sector such as the provision of clean water facilities, food security, health insurance, poverty alleviation, and so on. So that the contribution of the health sector only contributes 30%, while the non-health sector contributes 70% in tackling the problem of stunting.

Bojonegoro Regency is one of the regencies in East Java province where this Regency still has stunting cases in several of its villages. The diagnosis results that have been collected from the 2019 Bojonegoro Regency Health Profile in Kedungadem District based on data from the Kesongo Health Center stated that cases of short or stunting toddlers were 130 cases out of 1,498 toddlers whose height was measured or 8.7%. In primary data obtained through interviews with Pejok village midwives, data on maternal mortality cases were 0, infant mortality was 0, and stunting was 21 cases in 2021. Meanwhile, in 2020 in Pejok village there were 14 cases of stunting. There has been an increase in stunting cases in Pejok village. Following the initial survey, Pejok Village a majority of people work as farm laborers, and it is known that several families have a nutritionally vulnerable environment or areas with an environment that can lead to malnutrition in the family, as well as community or environment that does not support the creation of good nutrition. This is because there are still pregnant women who have restrictions during pregnancy, namely TARAK (Not Eating Eggs, Chicken, Meat, and Fish). Where this certainly affects the health of the mother and child.

Based on this, Pejok Village was chosen as a village to be carried out community service by the Faculty of Public Health, Universitas Airlangga in 2021. The community service carried out aims to identify and analyze health problems in Pejok Village, develop intervention program planning to overcome stunting problems in Pejok Village, and implement and evaluate the intervention program carried out.

## **METHODS**

This community service activity was carried out in Pejok Village, Kedungadem District, Bojonegoro Regency. The implementation time of community service activities was carried out from July 19-August 22, 2021. As many as 30 people consisting of mothers and families participated in this activity. The stages of implementation of this community service are shown in Figure 1.



Flowchart of the Implementation of Community Service Activities in Pejok Village, Kedungadem District, Bojonegoro Regency

Figure 1 explains the stages of implementing community service activities in Pejok Village, Kedungadem District, Bojonegoro Regency, namely starting from Data collection used to find out how the characteristics of the local villagers and what problems, especially health problems occur in Pejok Village through data validation from primary data and secondary data. Furthermore, the USG (Urgency, Seriousness, and Growth) method was used to determine problem priorities, while the Problem Tree method was used to analyze the root causes of the prioritized problems. After going through these two stages, FGDs were conducted with residents and stakeholders of Pejok Village to further explore the problems and recommendations for intervention programs. In this empowerment, MEER is needed to solve problems, find solutions, and find out how far the strategy is successful in achieving goals. With MEER, prioritized solutions are formulated as a basis for determining the Plan of Action (PoA). Based on the priority solutions determined, the intervention plan carried out to overcome the problem of stunting in Pejok Village is "KEBANTING (Keluarga Keren Basmi Stunting)." The program intervention "KEBANTING (Keluarga Keren Basmi Stunting)" is a program that aims to increase the knowledge of pregnant women and mothers who have toddlers about the prevention and long-term effects of stunting. After the intervention is carried out, monitoring and evaluation will be carried out and a report will be prepared.

## RESULTS

Based on calculations using the MEER (Methodology, Effectiveness, Efficiency, and Relevancy) method, the priority alternative solutions obtained from the "KEBANTING (Keluarga Keren Basmi Stunting)" program intervention. " including counseling by nutrition experts on stunting to mothers of Pejok Village residents through webinars, making food recipe creations from moringa leaves and video tutorials, and making health promotion media in the form of posters and booklets related to stunting in Pejok Village. The webinar program activities are carried out once a week, the program processes moringa leaves into food creations

for mothers and toddlers once and monitored them for a week, and for the program to provide posters and booklets about stunting once a week.

The KEBANTING webinar is a health counseling activity packaged in the form of a mini talk show with Pejok villagers regarding stunting by inviting nutrition expert presenters. The Kebanting Mini Webinar activity (Keluarga Keren Basmi Stunting in Pejok Village) was held virtually through Google Meet media on August 15, 2021, at 09.00 which was attended by all stakeholders, namely village midwives, and cadres as well as Pejok Village residents including parents of toddlers. Before the implementation of the webinar, a pretest was conducted to see how far the residents' knowledge of the stunting problem was and compared with the results of the post-test after providing material to see the increase in residents' knowledge before and after counseling. Based on the results of the pretest and post-test, it was found that from the "KEBANTING" prevention webinar activities carried out, the average knowledge of residents before receiving the intervention (pretest) was 74% and the knowledge of residents after receiving the intervention (post-test) was 87%, so it can be concluded that residents' knowledge has increased after receiving counseling from the "KEBANTING" webinar.



Picture 1. Documentation of the Implementation of the "KEBANTING" Webinar Activity.

Making food recipe creations from moringa leaves is a series of activities to process moringa leaves into food that is favored by many people, as well as mothers and children. The resulting food is made as attractive as possible and favored by mothers and toddlers using easily available and affordable ingredients. This activity aims to be a solution in preventing stunting by utilizing existing resources, for example, moringa leaves. Moringa leaves have a fairly high nutritional content such as vitamin C and calcium content so they can overcome stunting. In this activity, there are 3 healthy food recipes including moringa dawet, moringa tofu balls, and moringa pudding. The 3 recipes will be included in a booklet which will be printed along with a poster.



Picture 2. Documentation of Food Creations

Stunting Education Media is an activity to provide education about stunting in the form of posters and booklets that will be distributed to Pejok village. Posters contain information media in the form of the impact of the dangers of smoking for children around smoking people, the impact of smoking that can lead to stunting, information about stunting, and recipes for processed complementary foods. The stunting booklet will be sent to each Integrated Healthcare Center in Pejok village and posters will be installed in each Integrated Healthcare Center in Pejok village. To make it easier for residents to access the media, infographics, and booklets

are given in the form of soft files sent through WhatsApp Group media with Pejok Village Residents and sending media in the form of hard files to representatives of Pejok villagers who have been distributed to all Pejok Village residents. In developing interventions, the role of stakeholders such as village midwives provides constructive suggestions and criticisms related to program implementation.



Picture 3. Stunting Posters and Booklets with participants

## DISCUSSION

Based on interviews with the Village Midwife and Kesongo Health Center data, in 2021 there were 8 cases of stunting in Pejok Village. After the intervention, the root cause of stunting in Pejok Village is the low knowledge of mothers and families related to providing nutritional intake to children where there is a culture of abstinence during pregnancy, namely TARAK (Not Eating Eggs, Chicken, Meat, and Fish) and low knowledge about the dangers of smoking. Therefore, one program was created to prevent stunting, namely the KEBANTING program (Keluarga Keren Basmi Stunting in Pejok Village). Activities that went well and were successfully carried out in the KEBANTING program were the implementation of Moringa leaf processed food creation activities and the successful production of posters and booklets containing stunting education and food creations as well as infographics in the form of posters installed in each posyandu to increase the knowledge of Pejok Village residents. While the results of the webinar show that residents' knowledge of stunting has increased after receiving counseling. The average knowledge of residents before the intervention (pretest) was 74% and the knowledge of residents after the intervention (post-test) was 87%.

## CONCLUSION

Suggestions for the Pejok Village government and the Public Health Center (puskesmas) to supervise maternal and child health by implementing posyandu and other health programs every month. By holding regular webinars to increase maternal knowledge, especially about stunting while adhering to COVID-19 health protocols. The Kedungbondo Village Government can optimize the role of cadres, PKK, and other community organizations to increase the enthusiasm of parents, especially mothers, in stunting prevention activities.

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