ACCELERATION OF THE DECREASE OF STUNTING EVENTS THROUGH HEALTH PROMOTION MEDIA AT DESI MIDWIFE PMB CLINIC

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ABSTRACT
During this Pandemic, we must prevent the spread of Covid-19 but still pay attention to efforts to reduce morbidity and mortality in infants. The existence of the Covid-19 pandemic in Indonesia that affects health service activities, one of which is not holding the posyandu program, brings its own concerns for all sectors related to health policies, especially for parents who have infants under five in their growth and development period who require supervision. Based on data from the Bandung City Health Office in 2019, it was reported that there were 9 toddlers with malnutrition in Derwati Village.

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1. INTRODUCTION
The incidence of short toddlers or commonly referred to as stunting is one of the nutritional problems experienced by toddlers in the world today. Stunting according to WHO is a developmental disorder experienced by children due to poor nutrition, repeated infections, and inadequate psychosocial stimulation. Children were defined as malnourished if their height for age was more than two standard deviations below the median standard of child growth. Several factors can influence the occurrence of stunting such as socioeconomic conditions, maternal nutrition during pregnancy, infant morbidity and lack of nutritional intake in infants. According to the Ministry of Health’s Basic Health Research (Riskesdas) data, the national stunting rate decreased from 37.2% in 2013 to 30.8% in 2018. According
to the Indonesian Toddler Nutritional Status Survey (SSGBI) in 2019, this figure decreased to 27.7%. Reducing the stunting rate has been declared a national priority program. Currently, the government continues to move to organize the implementation of the acceleration of stunting prevention and formulate the National Strategy (Starnas) for the Acceleration of Stunting Prevention (Stunting) 2018-2024. The government, through the 2020-2024 National Medium-Term Development Plan (RPJMN), has also set a target for the national stunting rate to fall to 14%. The province with the percentage of stunting under five in West Java in 2018 was 19.4%, the percentage of very short toddlers in 2018 was 11.7%. Meanwhile, the province with the highest percentage of stunting under five is in East Nusa Tenggara with 26.7% and the highest percentage of very short toddlers is in Papua with 15.3%. (Monitoring of Nutritional Status, Indonesian Health Profile, Ministry of Health)

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The existence of the Covid-19 pandemic in Indonesia that affects health service activities, one of which is not holding the posyandu program, brings its own concerns for all sectors related to health policies, especially for parents who have infants under five in their growth and development period who require supervision. Based on data from the Bandung City Health Office in 2019, it was reported that there were 9 toddlers with malnutrition in Derwati Village. Factors that cause stunting are maternal factors and poor parenting patterns, especially in the behavior and practice of feeding their children. Parenting is closely related to the growth and development of children, where children really need a supply of food and nutrition in adequate quantities.

Parental parenting is one of the problems that can affect the occurrence of stunting in toddlers / Poor or low parenting patterns have a greater chance of children being stunted than parents with good parenting. With the high prevalence of stunting in West Java, more attention is needed to address the stunting problem. Due to the Covid-19 pandemic, some health centers have temporarily suspended their activities. Therefore, it is important to implement alternative activities to provide education to parents who have children with stunting conditions.

Partner Problems. Based on the data obtained, there are still stunting toddlers in the working area of the Desi Trisiani PBM Clinic. So we offer assistance to mothers of infants and toddlers through interactive and interesting media such as forming groups in the Whatsapp application which can be evaluated regularly. With the media can solve the problem. In
In addition, socialization of the daily food menu for infants and toddlers is also provided.

2. METHODS

The method used is to first identify the immunization coverage for infants and toddlers during the Covid-19 pandemic. Implementation activities are divided into 3 blended stages. The first stage is that participants are collected first and then the identity of the mothers of infants under five is identified. After that, they conducted an assessment of the mothers of infants under five regarding the understanding of nutritionally balanced menus for infants under five through a questionnaire. Mothers of infants under five who were given the questionnaire were mothers who came to carry out immunization vaccines at the PBM Midwife Desi T Clinic. In the second stage, participants were given an intervention in the form of exposure to balanced nutrition for infants under five by expert expertise. This presentation activity was carried out through the Zoom Meet media. It is ensured that the participant has a mobile phone with the Zoom application installed. Then it is explained about the daily food menu so that mothers of infants and toddlers can process their own food at home. In the third stage, the participants were collected again to evaluate the understanding and insight of the mother and baby under five regarding the exposure that had been conveyed.

3.1. Involvement of Other Parties in Program Implementation

The involvement of other parties in the implementation of this activity is the Derwati Health Center as the holder of the Nutrition program, policy supporter and director of community service activities. The next party is the midwife who provides services at the Independent Practice Clinic, Midwife Desi Trisiani as a facilitator and evaluator of activities.

3.2. Stages of Activity Implementation

1. Coordinate with PBM Clinics and Puskesmas while still paying attention to the principle of preventing the transmission of COVID-19
2. Gathering participants to identify the identity of mothers of infants under five
3. Identifying understanding of mothers of infants under five who visit the PBM Clinic Midwife Desi
4. Intervening by providing counseling on balanced nutrition with the APBK through Zoom Meet
5. Re-evaluating the understanding and insight of mothers of infants and toddlers regarding balanced nutrition
6. Forming Whatsapp Groups so that they can be evaluated regularly

Population and Sample

a. Profile Partner

Practice Clinic Partners Midwives Desi Trisiani, SKM., M.Kes is a Midwifery Service Delivery
Facility which includes antenatal care, family planning and counseling services, immunization and delivery. The PMB Midwife Desi Clinic is located on Jln Batu Raden Raya No. 9 Mekarjaya, Rancasari District, Bandung City. Having a large number of visits per month, one of the most widely covered is the provision of pregnancy services with an average monthly visit of 59 pregnant women, and 97 infants and toddlers who were given immunization services and the number of deliveries each month was an average of 15 mothers giving birth. Midwife Desi Trisiani’s PMB Clinic also has other types of services, namely providing complementary care services such as baby massage, exercise classes for pregnant women, prenatal yoga, mom and baby spa, homecare, Hypnobirthing and ultrasound services.

a. Partner Problems

The problem currently being faced is that there are stunting toddlers in the working area of the Desi Trisiani PBM Clinic. Based on the information obtained, there are many infants and toddlers who cannot get immunization shots during the pandemic. The high number of children under five in the area requires education about nutrition programs, especially regarding a balanced nutrition menu for infants and toddlers. In January-March there was a decrease in immunization coverage for infants and toddlers. Providing information about the importance of nutrition in this pandemic period is considered quite difficult, limited visits and access to information about the importance of carrying out immunizations has resulted in health workers at the clinic having difficulty providing information education about immunization and nutrition services.

3. RESULTS AND DISCUSSION
The role of community leaders, both formal and non-formal, is expected to be able to become a proactive community in preparing daily food menus for infants and toddlers and increase public awareness not to give fast food to their children. Community leaders can influence, set an example, and mobilize the involvement of all community members in their environment in reducing the impact of stunting. Especially in rural communities, this role is a determining factor because the position of community leaders is still very strong. Notification of information by introducing online methods and applications to the community where the hope is that the public can access information related to balanced nutrition through applications without having to come to health facilities if it is not urgent.

Solutions for Handling Community Problems Assistance plans for mothers of infants and toddlers are provided by carrying out several stages of activities. A study (research) of the condition and level of understanding of balanced menu nutrition in infants under five through interactive counseling media that can be delivered in an interesting, informative and more successful manner, both special application media for medical officers in clinics and applications that can be accessed by mothers toddler baby. Information notification by introducing online methods and applications to the community where the hope is that the public can access information related to a balanced menu for infants and toddlers. The mentoring for mothers of infants under five will be divided into three stages, in the first stage a study is carried out on the condition and level of understanding of mothers of infants under five about balanced nutrition in infants under five through questionnaires, as well as an introduction to the use of an interactive counseling media that can be delivered. interesting, informative and more successful. The second stage is the implementation/action (action) through counseling with the APBK. The third stage, carried out evaluation and feedback as a step to see the increasing understanding of balanced nutrition among mothers of infants under five through a questionnaire.

Sustainability in keeping this program of activities running is by 1). Improving education services
regarding balanced nutrition 2). Strengthening advocacy and communication of behavior change 3). Strengthening balanced nutrition information using the application 4). Family education. 5). Management (data and information, studies, research, regulation and institutionalization.

4. CONCLUSION

Evaluation is carried out by monitoring recording and reporting. So that it supports KIE at the Puskesmas

5. REFERENCES


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