

Community Service on Health Issue Stunting in Jelbuk Village

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ABSTRACT

Stunting is a condition that disrupts a child's growth and development, leading to a discrepancy between their height and age. Indonesia is among the countries still grappling with this issue. Based on observational data collected during field visits to Jelbuk Village, Jember City, the researchers found that a majority of toddlers that live in the village are categorized as experiencing stunting. Consequently, the researchers organized counseling sessions and motor skills screening activities for children. The primary objective of these activities is to educate parents about stunting and how important to monitor children's development as they grow. The screening of children's development involves the use of the Pre-Developmental Screening Questionnaire (KPSP), consisting of 9-10 questions assessing a child's developmental milestones. From the screening activities using the Developmental Pre-Screening Questionnaire, the following results were obtained: out of 25 toddlers who attended the counseling, 6 were identified with developmental deviations, 4 were considered doubtful, and 15 were developing appropriately.

Keywords: *Stunting, Health Issue, Jelbuk, KPSP*

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1. INTRODUCTION

Stunting is a condition that affects children, typically within the first 1,000 days of their life, where they face growth-related issues leading to a height-for-age discrepancy. This condition not only disrupts physical growth but also puts children at risk of various health problems. Short-term impacts include sub-optimal growth and metabolic disruptions, while long-term effects may result in improper posture, reduced learning abilities, and decreased productivity and work capacity (Hasanah, Handayani, and Wilti 2021).

Indonesia is among the nations grappling with the challenge of stunting. In 2019, approximately 27.7% of toddlers suffered from stunting, a number that slightly decreased to 27.67% in 2020. In 2021, there was a further decline to 24.4%, and by 2022, it reached 21.6% (RI Ministry of Health 2019-2022).

The issue of stunting in Indonesia is not new, and it's influenced by various factors, including maternal education levels, family income (Nurmalasari and Febriany 2020), nutritional intake, health status, and environmental factors like access to clean water and sanitation. The latter is closely linked to infectious diseases in children (Ministry of National Development Planning/Bappenas, 2018).

Jelbuk Village, located in the Jelbuk sub-district of Jember district, Northern of Jember central city, falls under the category of being underprivileged in terms of health and prosperity within the SDG framework. Numerous initiatives have been undertaken to enhance community well-being in various SDG areas, such as technological advancements

in catfish farming (Firdausi and Hermansyah n.d.) and data collection on information security obligations (Prasetyo et al. n.d.).

Regarding stunting specifically, significant research and constructive services have been conducted, including assessments of how maternal education impacts child stunting (Nurmalasari and Febriany 2020) and stunting-related services in Muntoi Village, Bolaang Mongondow Regency (Hamzah and B 2020). In this context, the Community Service Action Team (TPP) aims to improve the health status of Jelbuk Village by conducting outreach programs and gathering data using the Pre-Screening Development Questionnaire (KPSP).

2. METHOD

The extension program, conducted in collaboration with Jelbuk Village officials, Jelbuk District, Jember Regency, and the local community, took place from July to August and involved several stages to achieve its objectives.

Each of these activities had sub-activities aimed at supporting the main goals of the extension program. The core activities carried out by TPP (Community Service Action Team) to provide education were divided into three major stages: Field Survey Process, Data Verification, and Implementation of Stunting Education Activities.



Figure 1. Flow of Community Services

1. Field Survey Process: The extension activities were conducted in Jelbuk Village, Jelbuk District, Jember Regency, which is approximately 12 km from Pusan City and can be reached in about 20 minutes by motorized vehicle. The activities began by obtaining permission and information from the local village officials, including:

1. Are there any children recorded in Jelbuk village who are stunted?
2. Has data collection ever been conducted on children or toddlers in Jelbuk village?
3. How is the data collection process for children under five in Jelbuk village?
4. How many times is the data collection process carried out?
5. How about the level of activeness of the posyandu in Jelbuk village in the problem of stunting in Jelbuk village?

This information was crucial for planning the subsequent stages of the service program. After collecting the necessary data, the team conducted a survey of the surrounding conditions of Jelbuk Village to assess the living conditions and economic status of the families, ensuring alignment with the gathered data.

2. Data Verification :The next step involved verifying the collected data. This was done by confirming the households of families listed in the stunting data for Jelbuk Village. The team also confirmed with these families whether they were willing to participate in collecting data on children identified as stunted. In rural communities with limited awareness of stunting, these cases might be perceived as serious, leading to hesitation in data collection. During this phase, TPP also conducted basic literacy activities for families who lacked an understanding of the dangers of stunting. The verification data was cross-checked with the posyandu in Jelbuk Village. Posyandu cadres in Jelbuk Village assisted TPP during the verification process. Additionally, TPP collaborated with posyandu activities to gather data on all children in Jelbuk Village, aiming to collect information about both healthy and unhealthy children in the community. These comprehensive efforts in data collection and verification

laid the foundation for the subsequent stages of the stunting education activities, enabling a more targeted and effective approach to addressing stunting in Jelbuk Village.

3. Stunting Counseling Activities: After obtaining data from the verification results, the next process is to carry out stunting education activities. Counseling activities for existing mothers were carried out precisely on Monday, August 21 2023 at the Jelbuk Village Hall Office with a total of 25 toddlers accompanied by their respective mothers. The activity began with a speech by the Jelbuk Village Secretary as well as the opening of the event, then continued with the presentation of material from the resource person. Referring to the theory presented by the Ministry of Health (Kemenkes) regarding several factors that cause stunting in children, including:

1. Inadequate calorie intake.

- a. Socio-economic factors (poverty).
- b. Low education and knowledge regarding feeding practices for infants and toddlers (breast milk adequacy).
- c. The role of animal protein in MPASI.
- d. Neglect
- e. Cultural influences
- f. Availability of local food ingredients.

2. Increased needs.

- a. Congenital heart disease.
- b. Cow's milk allergy.
- c. Very low birth weight baby.
- d. Congenital metabolic disorders.
- e. Chronic infections caused by poor personal and environmental hygiene (chronic diarrhea) and diseases that can be prevented by immunization (Tuberculosis / TB, diphtheria, pertussis and measles).

Existing factors will be discussed in the counseling as literacy material about stunting for mothers attending the event. After the presentation of the material is complete, the next activity is to carry out a screening of the existing children. Counseling and screening activities for children's motor skills have a health theme, this is due to the lack of knowledge and awareness in the community regarding the importance of the problem of stunting and a child's growth and development. This activity uses the Pre-Developmental Screening Questionnaire (KPSP) from the results of children's motoric screening. KPSP activities are research carried out in order to find out whether existing subjects are affected by things that have been determined by asking several questions (Dhamayanti 2016). The use of KPSP has been widely used in several services where there is service carried out by Prasetyani, namely increasing the capabilities of posyandu cadres by teaching the use of KPSP in several activities carried out (Prasetyani and Subandi 2019). In the service carried out by TPP, the indicator used in KPSP for children's motor skills is through calculating the answer "Yes". with details :

1. **Number of 'Yes' answers** = 9 or 10, the child's development is according to the stage of development (S).
2. **Number of 'Yes' answers** = 7 or 8, the child's development is doubtful (M).
3. **Number of 'Yes' answers** = 6 or less, possible deviation (P)

The results from the existing KPSP will be used as a benchmark for the number of children recorded as stunting. The existing data will also be handed back to village officials and midwives who work at the Jelbuk village posyandu. Existing data uses consideration data based on the results obtained during the survey process at the previous stage.

3. RESULTS AND DISCUSSION

From start to finish, the activities carried out by TPP went smoothly. The service activities carried out were supported and assisted by the local apparatus and Posyandu. This activity was carried out to improve the health rate in Jelbuk village, which according to the website <https://sid.kemendes.go.id> has a low health level of the 18 SDGs. The activity started with a field survey. This was done to see if the data obtained was consistent with the existing conditions in Jelbuk village. The first survey was carried out on the Jelbuk village apparatus. The existing village apparatus is very supportive of the service activities to be carried out in Jelbuk village. A follow-up survey was then conducted by asking several questions of the Jelbuk Village apparatus. The results of the existing field survey from the results of the given questions are in Table 1.

Table 1. List of answer form the survey

Are there any children recorded in Jelbuk village who are stunted?	There are several families in Jelbuk village who have children with stunting problems, this data is obtained from reporting from Jelbuk village posyandu.
Has data collection ever been conducted on children or toddlers in Jelbuk village?	The data collection was done last year, in 2022.
How is the data collection process for children under five in Jelbuk village?	The data collection process is carried out through data collection during health checks and weighing by the posyandu. Mothers of children will be asked questions and the weight and age of the child will be measured to determine whether the child is included in the stunting condition.
How many times is the data collection process carried out?	The processing of the data collection is uncertain. This is because the posyandu of Jelbuk village is still based on volunteers. The activities and external duties of the posyandu mother on duty are many.
How about the level of activeness of the posyandu in Jelbuk village in the problem of stunting in Jelbuk village?	The level of activity of the midwives on duty from the posyandu is very active and supports activities that help the healthy development of families in Jelbuk village.
Are there any children recorded in Jelbuk village who are stunted?	There are several families in Jelbuk village who have children with stunting problems, this data is obtained from reporting from Jelbuk village posyandu.

Sources: Data is processed

From the results of the questions asked, we analyzed the lack of data collection process conducted and there is a possibility the data could be changes either decreases or increases. After satisfied getting the answer in the survey process, TPP proceeds to the next stage, which is data verification. This process is carried out by visiting the homes of the data obtained one by one. By measuring the height and age of infants/children, data collection is carried out to find out whether the existing children are still detected on stunting symptoms.



Figure 2. Data collection on toddlers weights and heights

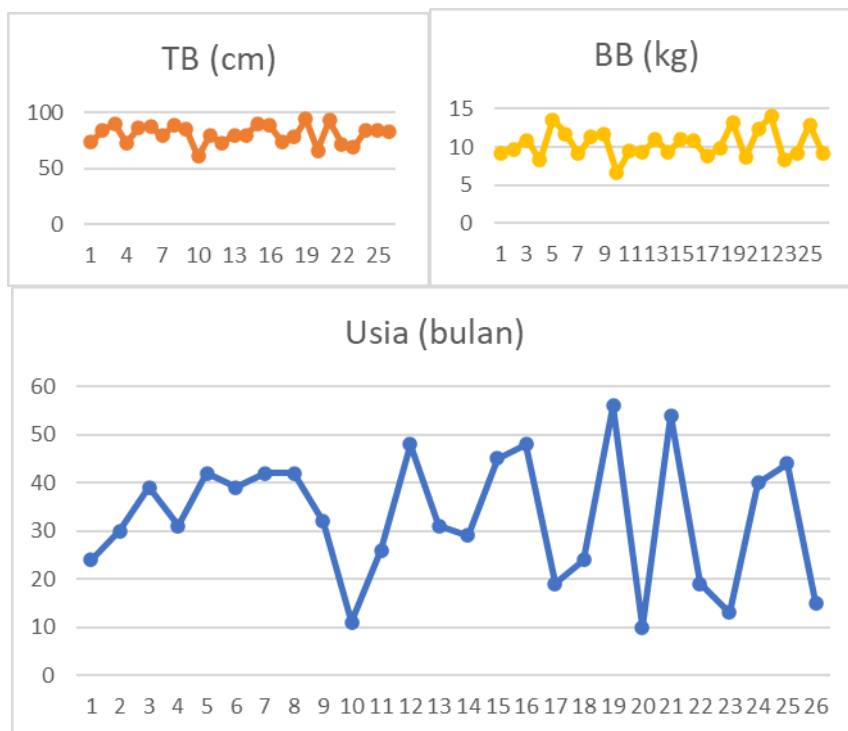


Figure 3. Result of Data Collection

In the graph on figure 3 are the result of the data verification process. The results of the existing data were also shared with the Posayndu of Jelbuk village and village officials for future data collection. In preparation for the counseling activities, the mothers of the registered children were invited to the stunting counseling conducted at the village office. The stunting activity with the support of the village apparatus was held at the village office on August 21, 2023. This activity was also supported by midwives and cadres in the posyandu of Jelbuk village. The activities went smoothly with 2 invitations distributed a total of 25 invitations present at the time of the existing event.



Figure 4. Counseling in Jelbuk Vilage

After the counseling activities were completed, screening activities with KPSP were conducted. Based on the screening activities with the Developmental Pre-Screening Questionnaire, the results of 25 infants who came at the time of counseling, there were 6 infants with deviant status, 4 infants were doubtful, and 15 infants were in accordance with their developmental stages.

4. CONCLUSION

Indonesia is one of the countries still facing the problem of stunting. From several stunting conditions in Indonesia, it is concluded that there are several factors that influence the occurrence of stunting in children in Indonesia, namely the level of maternal education and family income. Based on observation data that has been conducted in the community of Jelbuk Village, Jember Regency during direct deployment to the field, researchers get data and information that most of the toddlers in Jelbuk Village are still categorized as stunted, so researchers held counseling activities and screening of children's motor skills. This activity was carried out by screening the children's developmental checks using the Developmental Pre-Screening Questionnaire (KPSP). From the screening data obtained from this activity, it can be concluded that there are still some young children in Jelbuk Village who do not have motor skills according to the developmental stages of their age, so it is necessary to provide education to increase public knowledge and awareness about the importance of stunting problems and a child's growth and development..

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