



Community Service by Socializing Stunting Prevention and Control in Mauk Village, Tangerang Regency

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Abstract	Article Information
<p>Purpose: Stunting is one of the nutritional problems faced in the world, especially in poor and developing countries. (Unicef, 2013 in Mitra, 2015: 255). Lack of public knowledge about stunting is one of the main causes of the stunting problem in Indonesia. As many as 70 children in Banyu Asin village, Mauk sub-district, Tangerang district experienced stunting. The aim of implementing Community Service is to increase public knowledge regarding the prevention and management of stunting. Method: Implementation of community service, namely lectures, discussions and questions and answers. The target is mothers who have stunted toddlers in Mauk village. totaling 35 people. Evaluation is carried out by giving a questionnaire and dividing it into 2 stages, pre-test and post-test. Results: The evaluation results show that 85.7% of participants who took part in community service activities have begun to understand stunting. Conclusion: promises that public knowledge about stunting can be increased so that it can help reduce the existing stunting problem, especially in Mauk village.</p>	<p>Keywords: Stunting, Socialization, Community Service, Mauk Village</p>
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INTRODUCTION

Stunting is a nutritional problem that is caused by a lack of nutritional intake for a long time during the first 1000 days of life (HPK), which is a critical period, so it can have an impact on growth disorders in children in the form of a child's height being lower or shorter (stunted) than the age standard. Another definition also states that Stunting is a condition of failure to grow in children caused by a lack of nutritional intake over a long period of time, generally due to food intake that is not in accordance

with the child's nutritional needs (Zainuddin & Yaqin, 2021). In Indonesia, cases of stunting among toddlers are still high. The results of the Republic of Indonesia Basic Health Research (RISKESDAS) in 2018 showed that around 30.8% of children under five were stunted. This figure makes stunting in Indonesia a serious problem because the WHO recommendation for the incidence of stunting in children is less than 20%, if the prevalence of stunting is 30-39% then it is categorized as a serious problem. Toddlers and toddlers who experience stunting will have a level of intelligence that is not optimal. children are more susceptible to disease, and can be at risk of reduced levels of productivity in the future. Thus, stunting will indirectly hamper economic growth, increase poverty and widen inequality (Victoria Souisa et al., 2021).

In Tangerang Regency, the incidence of stunting is still quite high, namely 5,391 cases in 2023. This figure has managed to fall after reaching 9,000 cases in 2022, after the stunting reduction team (TPPS) was accelerated. The high incidence of stunting is a concern for the government. Some of the causes of stunting itself are a lack of food absorbed by the body from the time it is in the womb until after birth, lack of access to health services, lack of access to clean water and sanitation and chronic infectious diseases. Therefore, the Acting Regent of Tangerang Regency initiated the Overcome Movement Program Extreme Poverty and Preventing Stunting (GEBRAK TEGAS) at the end of 2023. In one of the villages of Banyu Asin, Mauk District, Tangerang Regency, 70 toddlers experienced stunting, which previously had reached 170 toddlers in 2023. (Posyandu data 2024).

The government's program to prevent stunting starts from pregnancy by providing a minimum of 90 blood supplement tablets during pregnancy, a program for providing additional food to pregnant women, a nutritional fulfillment program, a birth program with a doctor or midwife who is an expert with at least 6 hands, implementing IMD (Breastfeeding Initiation). Early) as soon as the baby is born, giving exclusive breast milk until the baby is 6 months old, complementary breast milk food given to babies aged 6 months up to 2 years old, giving complete basic immunization and giving vitamin A, monitoring the growth and development of toddlers at the nearest posyandu, and implementing implement clean and healthy living behavior (PHBS)

The level of public knowledge regarding stunting in toddlers is still low. This is an indirect cause of the high incidence of stunting in Tangerang Regency, especially in Banyu Asin Village. The activities that can be carried out to increase knowledge, understanding and foster a sense of concern regarding the high number of cases of stunting in toddlers are by increasing the provision of health education, especially in preventing stunting with the isi my plate program, which is a guide to making people aware of how appropriate food portions are to meet nutritional needs. .

METHOD

This community service activity was carried out in Banyu Asin Village, Mauk District, Tangerang Regency. Method using lectures, discussions and questions and answers. The target of community service is 35 mothers who have toddlers who are stunted. The timing of this community service coincides with the professional student community midwifery practice which will be held on Friday, June 21 2024. The activities carried out include three stages, namely the planning stage, the implementation stage, and evaluation stage. At the planning stage the Team carried out a survey about the problems existing in the village.

The biggest problem in Mauk village was that it was found that there were still high cases of toddlers experiencing stunting. In 2023, stunting cases in the village were 170 toddlers and at the beginning of 2024 there was a decrease to 70 toddlers. This figure is still high for nutritional problems in the village. At the implementation stage, the Team had prepared a pre-test which contained questions about preventing and overcoming stunting, then after that continued the presentation of stunting material by the Team which was carried out using an interactive lecture method followed by discussion and questions and answers. After the material has been delivered, it continues with the evaluation stage by providing a post test, the aim of which is to assess the progress of participants' knowledge before and after being given material on stunting prevention and control.

This activity takes place from 09.00 - 12.00 WIB using Power Point media. Nutrition leaflets and flip sheets. The mothers of the participants gathered at the Banyu Biru Posyandu Post 3, Mauk Village, Mauk District, bringing their toddlers to be weighed and check their growth and development and given additional food in the form of pudding. This activity involves midwife profession students who are practicing community midwifery.

RESULTS AND DISCUSSION

The service activity begins with completing a pre-test by the counseling participants to measure the participants' initial knowledge about stunting prevention. This was then continued with counseling about stunting prevention which was delivered using an interactive lecture and question and answer method. The question and answer session was intended to make the public more active in asking questions and able to absorb material about stunting prevention to the fullest. After the counseling, participants completed a post-test to measure the participants' final knowledge about stunting prevention. There was an increase in knowledge before and after the stunting prevention counseling was carried out. Below are described the characteristics of the participants as well as the results of the participants' knowledge about stunting prevention and control.

Tabel 1 : Distributing Participants based on characteristics (N =35)

Characteristics		%
Age	15-19	11 (31,4)
	20-30	19 (54,2)
	31-40	5 (14,2)
Education	Lower (SD-SMP)	21 (60)
	Higest (SMA)	14 (40)
Occupation	Housewife	35

Based on table 1 above, the participants were mostly aged 20-30 years as much as 54.2%, 15-19 years as much as 31.4% and aged 31-40 years 14.2% for the education level category, mostly secondary education at 60% and Only 40% had higher education while all participants were housewives. From the data above it can be seen that most of the participants have low education (SD-SMP). The higher a person's level of education will influence their knowledge and understanding of the information provided.

Table 2. Distribution of knowledge about stunting before and after intervention (N=35)

Variable		Know	%	Unknown	%
Pengetahuan knowledge about Stunting	Before Intervention	14	40	21	60
	After Intervention	30	85.7	5	14,2

Based on table 2 above, it can be stated that the pre-test results of participants who knew about the stunting prevention program were 40%, while based on the post-test results of participants who knew about the stunting prevention program were 85.7%. There was an increase before and after being given counseling material on stunting prevention as much as 45.7 %

Photo of community service activities



CONCLUSION

Efforts to address the stunting problem require collaboration between sectors and the community. Because this program does not only apply to babies and toddlers but starts from caring for mothers during pregnancy, breastfeeding mothers, children aged 0-23 months and 24-59 months, teenagers as well as providing environmental infrastructure that supports health. Socializing the prevention and control of stunting in the community, especially Mauk Village, is an important strategy that needs to be carried out continuously so that community knowledge about stunting can continue to be improved. Providing routine education in the community can be one of the right solutions to improve the level of public health and reduce the incidence of stunting among children in Indonesia.

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