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Efforts to Increase Knowledge and Prevent Stunting through Utilization of Local Food Resources in Wawatu Village, Southeast Sulawesi

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Abstrak

Penelitian ini bertujuan untuk meningkatan status gizi untuk kesehatan ibu hamil dan bayi sangat diperlukan untuk mengurangi kejadian risiko stunting dengan melalui program pemberian makanan tambahan, pelatihan pengolahan berbasis makanan lokal juga memberikan ilmu parenting tumbuh kembang anak sehingga dapat meningkatkan taraf kesehatan masyarakat di desa. Peningkatan akses terhadap sumber air bersih dan sanitasi yang baik di Desa Wawatu juga dapat mengurangi penyakit yang diakibatkan oleh lingkungan. Metode penelitian yang digunakan dalam penelitian ini adalah pemberian edukasi kesehatan terkait stunting kepada seluruh masyarakat Desa Wawatu. Pemberian informasi ini dilakukan melalui media leaflet cetak dan slide PowerPoint, dengan menggunakan metode ceramah dan diskusi. Informasi yang disampaikan mencakup panduan dan pengetahuan tentang pemberian nutrisi yang tepat bagi keluarga dalam upaya mencegah stunting. Hasil penelitian dengan Intervensi Fisik berupa Pemberian Paket Stunting, Demo Masak Abon Ikan, Nugget Kelor, Dan Jahe Latte, Pemberian Makanan Tambahan, Pembagian Masker, Pengadaan Kalender Edukasi Cegah Potensi Stunting, Kunjungan Keluarga Potensi Stunting Melalui *Door to Door*, Pemberian Vitamin, Pembuatan Kompos Takakura, Pembuatan Saringan Sederhana. Sedangkan Intervensi Non Fisik berupa Penyuluhan Cegah Stunting, Belajar Bersama Masyarakat (BBM) Tentang Bahaya & Pencegahan ISPA, Survey Kepemilikan Jamban Layak, Parenting Pemantauan Tumbuh Kembang Anak. Setelah dilakukan intervensi maka didapatkan hasil yang pengetahuan Masyarakat meningkat dan menambha wawasan lebiih luas tentang pentingnya Kesehatan dan kebersihan lingkungan sekitar.

Kata Kunci : stunting, sanitasi, edukasi,pelatihan

Abstract

This study aims to improve nutritional status for the health of pregnant women and infants is needed to reduce the incidence of stunting risk through supplementary feeding programs, local food-based processing training as well as providing parenting knowledge of child growth and development so as to improve the level of public health in the village. Improving access to clean water sources and good sanitation in Wawatu Village can also reduce diseases caused by the environment. The research method used in this study is the provision of health education related to stunting to the entire community of Wawatu Village. The information was provided through printed leaflets and PowerPoint slides, using lecture and discussion methods. The information presented includes guidelines and knowledge about providing proper nutrition for families in an effort to prevent stunting. The results of the study with Physical Interventions in the form of Providing Stunting Packages, Cooking Demonstrations of Fish Abon, Moringa Nuggets, and Ginger Latte, Providing Supplementary Food, Distribution of Masks, Procurement of Educational Calendars to Prevent Potential Stunting, Door to Door Potential Stunting Family Visits, Providing Vitamins, Making Takakura Compost, Making Simple Filters. While non-physical interventions are in the form of counseling to prevent stunting, learning with the community (BBM) about the dangers and prevention of ARI, survey of proper latrine ownership, parenting to monitor child growth and development. After the intervention was carried out, the results obtained were that the community's knowledge increased and added broader insights about the importance of health and cleanliness of the surrounding environment.

Keywords: stunting, sanitation, education, training

A. Introduction

Poor nutrition is the leading cause of one-third of child deaths worldwide. Childhood under the age of five is considered a critical phase of growth and development. Adequate and balanced nutrition is essential during the golden period of child growth, which lasts from the womb to two years of age. Inadequate nutrition during this period can lead to a variety of problems, including chronic malnutrition that causes stunting or height growth that does not match the child's age (Aryastami and Tarigan, 2017).Stunting is a condition in which children experience growth disorders so that their height does not match their age due to lack of nutritional intake for a long time. To determine whether a toddler is stunted or not, an anthropometric index is used that refers to body length or height for age (PB/U or TB/U). According to WHO data in 2020, the prevalence of stunting in Indonesia reached 31.8%, which is the second highest in Southeast Asia after Timor Leste. Based on the results of Indonesia's nutritional status survey in 2021, the stunting rate is the second highest in Southeast Asia after Timor Leste**.** The national stunting rate has decreased from 27.7% in 2019 to 24.4% in 2021 (Hatijar, 2023). In Southeast Sulawesi, the stunting rate is still above the national average with a prevalence of 30.02%. Kendari City also showsa high prevalence of stunting. Based on data from the Kendari City Health Office, all sub-districts in the city have cases of stunting, with Puskesmas Puuwatu recording 46 cases of stunting among 2,270 under-fives weighed in 2021. Factors that influence the incidence of stunting include poverty, health, environmental sanitation, birth weight, birth height, exclusive breastfeeding, and inadequate energy andprotein intake (MOH 2021).

Wawatu Village in North Moramo Sub-district, South Konawe District, has a high stunting rate. Of the 23 under-fives measured in 2017, 56.52% were stunted, with 69.23% falling into the short category and 30.76% in the very short category (Kendari City Health Office 2021). Environmental and socioeconomic factors in this village contribute to the high stunting rate. In general, the livelihoods of the people of Wawatu Village are masons and employees of private companies. The rest work as entrepreneurs, fishermen, or traders. Furthermore, the education level of the community in Wawatu Village is still in the low category. Most people only complete their education at the primary and junior secondary levels. Wawatu Village is part of the working area of Puskesmas Lalowaru. Based on the report of Puskesmas Lalowaru, the 10 biggest diseases that dominate the working area of the local puskesmas are obtained. The data will be presented in the following table.

Table 1. Frequency Distribution of the 10 Largest Diseases in the Lalowaru Health Center Work Areain 2024

No.	Disease	Cases
1.	ARI	792
2.	Stunting	382
3.	Hypertension	272
4.	Dyspepsia	257
5.	Diarrhoea	174
6.	Skin diseases	118
7.	Pulvar and peripical diseases	107
8.	Peptic ulcers / Pulmonary gastritis	94
9.	BTA+ Pulmonary TB	82
10.	Nervous disorders Others	79

Source: Secondary Data, Lalowaru Health Center Profile Year 2023

Table 1 shows that of the 10 types of diseases in the Lalowaru Health Center working area in 2023, the highest number of cases was Acute Respiratory Infection (ARI) with a frequency of 792 cases. Meanwhile, Nervous Disorders is the disease with the lowest number of cases with only 79 cases. Therefore, appropriate interventions are needed to increase community knowledge, awareness, and concern about the potential for stunting and increase creativity in prevention efforts through nutritious food processing based on local food resources.

B. Methodology

The research method used in this study was to provide health education related to stunting to the entire community of Tanjung Tiram Village. This information was provided through printed leaflets and PowerPoint slides, using lecture and discussion methods. The information delivered included guidance and knowledge on providing proper nutrition for families in an effort to prevent stunting. This activity involved a lecture session where resource persons gave presentations using PowerPoint slides, which was then followed by an interactive discussion session with the community to ensure good understanding and acceptance of the information. Printed leaflets containing important information were also distributed to participants to take home as reference materials and reminders. This method is expected to increase community awareness and knowledge on the importance of good and balanced nutrition in preventing stunting in children.

C. Results and Discussion

Data Collection

From activities carried out by collecting data or observations in the community which were carried out on May 14-16, 2024 with the following results:

Table 2. Respondent Characteristics

Variables	n	%
Religion		
Muslim	40	100,0
Non-Muslims	0	0
Education		
SD	11	27,5
SMP	5	12,5
HIGH SCHOOL	19	47,5
PT	5	12,5
Jobs		
Fisherman	21	52,5
Mining	14	35
Self-employed	5	12,5
Family Income/month		
>Rp.3,000,000	10	25
Rp.1.000.000-Rp.2.000.000	13	32,5
<Rp.1,000,000	17	42,5
Total	**40**	**100,0**

Source: Primary Data, 2024

Based on Table 3.1, it can be seen that all 40 respondents were Muslim with a percentage of 100%. Then, out of 40 respondents 19 (47.5%) of them graduated from high school, and only 5 (12.5%) respondents completed their education at university. Furthermore, out of a total of 40 respondents, the majority worked as fishermen with a total of 21 (52.5%) people. Then, out of 40 respondents, 17 (42.5%) had a family income per month of <Rp.1,000,000 (low).

Morbidity and mortality

Table 3. Morbidity and mortality

Variables	n	%
Sick Family Member		
Yes	10	25
No	30	75
Number of Sick		

1 person	10	25
>1 person	0	0
None	30	75
Affected Diseases		
ARI	1	10
Diarrhea	1	10
TB	0	0
DBD	0	0
Hypertension	2	20
Diabetes	1	10
Cholesterol	1	10
Skin Disease	1	10
Influenza	1	10
Stroke	1	10
Bone Fractures	1	10
Deceased Family Member		
Yes	13	32,5
No	27	67,5
Cause of Death		
Disease	8	20
Accident	5	12,5
None	27	67,5
Total	**42**	**100,0**

Source: Primary Data, 2024

Table 3 shows that out of 40 respondents, 10 stated that they had family members who had been sick in the last 6 months. Then, the variable of the number of sick people shows that 8 respondents stated that their family members were sick with 1 person each and 1 other respondent stated that 2 family members were sick. The most common disease suffered was ARI with 2 patients. Frequency distribution based on the death variable, out of 40 respondents, only 8 of them had family members who died, 8 of which were caused by disease and the remaining 5 were caused by accidents.

Respondents' Knowledge of Health Facilities

Table 4. Categories of Respondents' Knowledge about Health Facilities

Category	N	%
Low Knowledge	27	67,5
High Knowledge	13	32,5
Total	**40**	**100,0**

Source: Primary Data, 2024

Table 4 shows that out of 40 respondents 13 (67.5%) of them fall into the category of low knowledge related to environmental health facilities. While 13 (32.5%) other respondents have high knowledge related to environmental health facilities.

Respondents' Knowledge of Disease

Table 5. Categories of Respondents' Knowledge of Disease

Category	N	%
Low Knowledge	27	67,5
High Knowledge	13	32,5
Total	**40**	**100,0**

Source: Primary Data, 2024

In Table 5, it can be seen that out of 42 respondents 37 (88.1%) of them fall into the category of low knowledge related to diseases (infectious and non-communicable diseases, immunization, and PHBS). Meanwhile, only 5 (11.9%) respondents had high knowledge related to diseases (infectious and non- communicable diseases, immunization, and PHBS).

Extension Activities

Egg & Moringa Fish Nugget Feeding

Table 6. Weight Data of Potentially stunted Children

No.	NAME	BEFORE INTERVENTION	AFTER INTERVENTION	
		BEGINNING WEEK	FIRST WEEK	SECOND WEEK
1.	AB	9	9,4	10
2.	MY	7	7,4	8
3.	SU	9	9	10
4.	PA	8	8,3	9
5.	US	8	8	9
6.	MA	10	10	11,2
7.	EP	8	8	9
8.	AN	8	9	10
9.	RA	5	6	7
10.	TA	9	9	10

Based on table 6 above, we can see that the weight of potential stunting children before being given the intervention (initial measurement) to the first week's measurement to the second week's measurement after being given the intervention has increased after being given the intervention, it can be concluded that the two-week intervention was successful and increased.

Table 7. Height Data of Potentially Stunted Children

NAME	BEFORE INTERVENTION	AFTER INTERVENTION	
	BEGINNING WEEK	FIRST WEEK	SECOND WEEK
AB	80	80	81
MY	67	68	69
SU	78	78	79
PA	70	71	72
US	71	72	73
MA	80	80	81
EP	73	74	75
AN	74	75	76
RA	66	66	67
TA	71	72	72

Based on table 7 above, it shows that in the first week of measuring the height of potential stunting children out of 10 children there were 9 children who experienced an increase in their height while the other 7 children did not experience an increase in their height and in the second week there were 13 children who experienced an increase in height while the other 3 children did not experience an increase in their height after being given the intervention for 2 weeks.

Table 8. Head Circumference Data of Potentially Stunted Children

No.	NAME	BEFORE INTERVENTION	AFTER INTERVENTION	
		BEGINNING WEEK	FIRST WEEK	SECOND WEEK
1.	AB	45	46	46
2.	MY	40	42	44
3.	SU	45	46	47
4.	PA	43	44	45
5.	ND	46	46	47
6.	TA	46	47	48
7.	HH	47	48	49
8.	RA	45	47	48
9.	HD	46	46	47
10.	US	46	46	47

Based on table 8 above, in the first week of measuring the head circumference of potential stunting children, there were 11 children who experienced an increase in head circumference while the other 5 children did not experience an increase in head circumference and in the second week there were 12 children who experienced an increase in head circumference while the other 4 children did not experience an increase in head circumference after being given the intervention for 2 weeks.

Egg & Moringa Fish Nugget Feeding

Table 9: Weight data of pregnant women

No.	NAME	BEFORE INTERVENTION	AFTER INTERVENTION	
		BEGINNING WEEK	FIRST WEEK	SECOND WEEK
1.	DM	71	71	72
2.	IW	60	61	62
3.	HS	61	62	63
4.	DL	53	55	56
5.	FR	75	76	77
6.	MT	56	57	58
7.	MD	61	62	64
8.	JW	66	67	70
9.	TA	75	77	78
10.	MN	53	54	55
11.	AT	54	54	53
12.	HN	61	62	64
13.	HS	55	56	57
14.	HK	61	62	62
15.	ML	61	62	62
16.	US	59	60	61
17.	MR	39	40	41

18.	ML	43	45	46
19.	SK	58	54	61
20.	WT	56	58	60
21.	DR	71	72	73
22.	LS	81	83	84

Based on table 9 above on the measurement of the weight of pregnant women in the first week and the second week there is an increase in the weight of pregnant women after the intervention for 2 weeks.

Pregnant women's arm circumference data

No.	NAME	BEFOREINTERVENTION	AFTER INTERVENTION	
		BEGINNING WEEK	WEEK I	WEEK II
1.	DM	34	34	34
2.	IW	26	26	26
3.	HS	29	29	29
4.	DL	29	29	29
5.	FR	31	32	32
6.	MT	26	26	26
7.	MD	27	27	27
8.	JW	28	28	28
9.	TA	30	31	30
10.	MN	25	26	25
11.	AT	25	26	27
12.	HN	27	27	27
13.	HS	30	32	31
14.	HK	29	29	29
15.	ML	28	28	29
16.	US	26	26	26
17.	MR	21	22	22
18.	ML	22	22	22
19.	SK	28	28	28
20.	WT	28	28	28
21.	DR	31	31	31
22.	LS	33	34	35

Based on the data above, it can be seen that the arm circumference of pregnant women from the

first week to the second week has not increased and there are several pregnant women whose arm circumference has widened.

Table 11: Abdominal circumference data of pregnant women

No.	NAME	BEFORE INTERVENTION	AFTER INTERVENTION	
		BEGINNING WEEK	FIRST WEEK	SECOND WEEK
1.	DM	89	93	97

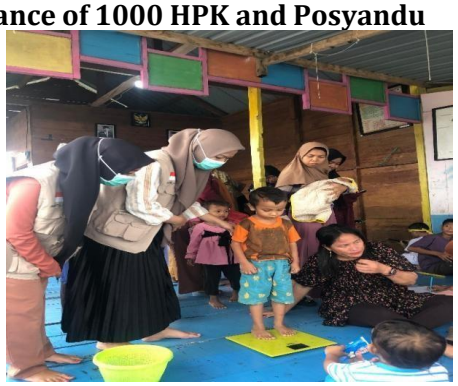
2.	IW	99	100	101
3.	HS	87	89	91
4.	DL	94	96	98
5.	FR	113	116	120
6.	MT	91	92	94
7.	MD	105	106	107
8.	JW	103	104	106
9.	TA	105	106	107
10.	MN	90	91	155
11.	AT	77	78	152
12.	HN	92	94	96
13.	HS	87	89	90
14.	HK	91	92	93
15.	ML	97	98	99
16.	US	87	88	89
17.	MR	70	71	72
18.	ML	86	68	69
19.	SK	91	92	93
20.	WT	97	98	99
21.	DR	94	95	96
22.	LS	99	103	106

Based on table 11 above on the measurement of the abdominal circumference of pregnant women in the first week and the second week there was an increase in the abdominal circumference of pregnantwomen after the intervention for 2 weeks.

Non Physical Intervention

Non-physical intervention activities carried out by Mandala Waluya University KKN / PKKstudents in Wawatu village, North Moramo District include health education based on basic health surveyresults with a community approach. The following are the activities that have been carried out:

1. **Education on the Importance of 1000 HPK and Posyandu**



Education and Posyandu

The goal was to improve knowledge and attitudes about ideal parenting during 1000 HPK to prevent stunting. This education was conducted at the Posyandu in Wawatu village on May 21, 25, and 27, 2024.

2. **Learning with the Community (BBM)**

Learning with the Community

To identify their knowledge about ARI and diarrhea. After identification, students provide further understanding by explaining directly and distributing leaflets.

3. **Socialization of Stunting Prevention Emphasis in Posyandu**

Socialization of Stunting Prevention Emphasis at Posyandu

This socialization is aimed at pregnant women by using leaflet media to provide counseling about stunting and how to prevent it through meeting nutritional needs. This activity begins with giving a pre-test questionnaire to measure the knowledge of pregnant women about stunting and ends with giving a post-test questionnaire after socialization.

4. **Providing Education on the Importance of Monitoring Children's Growth and Development**

Providing education on child growth and development

This activity is aimed at mothers of preschool-age children to provide an understanding of the importance of monitoring children's growth and development.

5. **6-Step Handwashing Education**

Figure 5. Handwashing education

This activity aims to teach children how to wash their hands properly in a fun way.

Non-physical interventions

1. **Supplementary Feeding (PMT)**

Figure 6. Supplementary feeding

PMT is provided to address and prevent malnutrition, especially in toddlers and pregnant women. The PMT program involves the provision of mung bean porridge for toddlers and boiled eggs for pregnant women.

2. **Fish Floss Making, Jahet Latte Making, and Moringa Leaf Mackerel Fish Nugget Making**

Making shredded fish, ginger latte, fish nuggets

Providing knowledge of the benefits of consuming these preparations as well as providing alternative highly nutritious foods that are easy to prepare.

3. **Education on the Utilization of Natural Materials in Leaflet Form**

Educational leaflet on natural materials

This educational program aims to increase the community's knowledge about the

effective and safe use of natural materials. Leaflets were distributed containing information on how to utilize natural materials for health.

4. **Providing vitamins in the form of packages by "Door To Door"**

Door-to-door vitamin delivery

The program involves giving elkana vitamins to the community on a "door to door basis." This vitamin was chosen because it contains a combination of vitamins and calcium that are useful for the growth process of children. It aims to fulfill the need for vitamin A and help improve the health of the community.

5. **Procurement of Educational Calendar to Prevent Stunting, Procurement of Masks (ARI Prevention), Takakura Composting**

Procurement of stunting calendar, masks, and takakura composting

Procurement of Prevent Stunting Educational Calendar, Procurement of Masks (ISPA Prevention), and Takakura Composting aims to increase awareness and knowledge of the people of Wawatu Village regarding stunting prevention, protection from ISPA, and organic waste management.

D. Conclusion

The number of children who are potentially stunted, lack of understanding about stunting prevention, clean and healthy living behavior, and lack of public understanding of environmental cleanliness due to the absence of temporary landfills and final landfills. Physical Interventions in the form of Providing Stunting Packages, Cooking Demonstrations of Fish Abon, Moringa Nuggets, and Ginger Latte, Providing Supplementary Food, Distribution of Masks, Procurement of Educational Calendars to Prevent Potential Stunting, Door to Door Potential Stunting Family Visits, Providing Vitamins, Making Takakura Compost, Making Simple Filters. While Non-Physical Interventions are in the form of Counseling to Prevent Stunting, Learning with the Community (BBM) about the Dangers & Prevention of ARI, Survey of Adequate Latrine Ownership, Parenting of Ana Growth Monitoring k.

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