Public Health Services Through The Active Participation Movement To Eliminate Stunting Towards A Healthy Indonesia

Wiradi Suryanegara^{1*}, Vidi Posdo A. Simarmata², Dio Ardhito Indrawan³, Angela Lady Kezia⁴, Andi Jesilia Rahmadantia⁵

^{1,2} Department of Medical Community, Medical Faculty, Universitas Kristen Indonesia, Jakarta, Indonesia. ^{3,4,5} Medical Faculty, Universitas Kristen Indonesia, Jakarta, Indonesia.

* Corresponding Author:

Email: wiradi.suryanegara@uki.ac.id

Abstract.

Addressing stunting in Indonesia has of course become a government priority, but if it's just the government itself, it's certainly not enough. An active and participatory role from all stakeholders is a necessity in overcoming stunting, because it is not enough just to involve policies, direct intervention actions in the community to raise awareness and increase awareness must also be carried out. Preventive measures to prevent additional stunting from occurring both quantitatively and qualitatively, and curative measures to assist communities who are suspected of having the potential or even indications of stunting to minimize the resulting risks. For this reason, UKI is present through community service activities at the UKI Faculty of Medicine in the Active Participation movement to Eliminate Stunting Towards a Healthy Indonesia called PkM PARIPURNA. The focus locations (loci) for the activity targets are seven villages in Rancakalong District, Sumedang Regency, West Java with core activities centered at the Rancakalong District Health Center including General Post, IGD Post, KIA Post, and Farmas Post with types of activities in the form of examination services, treatment, education and training. Activities will be carried out from May to August 2023 with a team consisting of lecturers and young doctors from the UKI Faculty of Medicine. The PkM activities were carried out well and received an extraordinary response from the community in seven villages in Rancakalong District, Sumedang Regency. From the results of examination service activities, data was obtained that the majority of people suffer from non-communicable diseases such as hypertension, diabetes, gout, and others, while for children it is dominated by fever, cough, and diarrhea. Educational activities regarding balanced nutrition for pregnant women and toddlers were also carried out well, there was an increase in participants' knowledge about various information regarding the prevention and management of stunting. It was concluded that the active participation movement to eliminate stunting towards a healthy Indonesia could be a priority choice because it is very effective and has great benefits for society.

Keywords: Active participation, elimination of stunting, stunting and community service.

I. INTRODUCTION

Indonesia has a serious nutritional problem, characterized by many cases of malnutrition. Malnutrition is an effect of nutritional status conditions. Stunting is a condition of malnutrition that is related to poor nutrition in the past, so it is classified as a chronic nutritional problem [1]. Adequate nutrition has a big influence on children's growth, development, and productivity. Currently, Indonesia is still facing nutritional problems which greatly affect the quality of human resources (HR) [2]. One of the problems of malnutrition that is still quite high in Indonesia is stunting and emaciation in toddlers and other nutritional problems. Malnutrition problems in pregnant women can ultimately cause low birth weight (LBW) babies and malnutrition in toddlers. Nutritional problems are caused by direct causes such as poor nutrition and infectious diseases [3]. Stunting prevention aims to increase the knowledge of parents and educators about Early Childhood Education (PAUD) and then these educators implement it for children who are obliged to achieve a healthy, nutritious, and intelligent childhood, as well as preventing delays in growth and development [4]. Based on data on the prevalence of stunted toddlers collected by WHO, in In 2020, 22% or around 149.2 million children under five in the world experienced stunting [5]. Indonesia is ranked number 5 in the world with a stunting prevalence in 2022 of 21.6%. Nutritional problems are caused by direct causes such as inadequate food intake and infectious diseases.

Meanwhile, indirect causes of nutritional problems are poor parenting patterns, high poverty, low environmental sanitation, unhealthy food availability, and suboptimal health services. The results of the Indonesian Nutrition Status Survey (SSGI) by the Ministry of Health of the Republic of Indonesia in 2022 show that the highest proportion of stunting is in East Nusa Tenggara (35.3), followed by West Sulawesi

(35.0) and Papua (34.6). In 2022, the SSGI stunting rate has decreased, from 24.4% in 2021 to 21.6% in 2022. Meanwhile, the stunting rate in West Java province reached 20.5% of the total prevalence. Sumedang Regency has the highest prevalence of stunting under five in West Java province at 27.6% [6].WHO estimates that 22.2% or 149.2 million children under 5 years will suffer from stunting in 2020. The Asian region has the highest stunting rate, namely 79 million children (52.9%), especially in Southeast Asia (54.3 million children), followed by Africa 61.4 million children (41.1%) and Latin America 5.8 million children (3.8%). Basic Health Research (Riskesdas) data in 2013 shows that the prevalence of stunting and very short toddlers in Indonesia decreased in 2018. The 2021 Indonesian Nutritional Status Study (SSGI) in 34 provinces shows that the national stunting rate has also decreased compared to 2019. Sample taken from a survey targeting households with children under five, but the method for measuring body weight (BB) and height (TB) in children was not explained.

Based on data obtained from the Sumedang District Health Service in 2023 which was accessed via the SIMPATI application which was developed and used in Sumedang, which aims to look at stunting rates throughout Sumedang Regency, it was found that the prevalence of stunted toddlers was 8.17% with a total of 6,253 toddlers. In Rancakalong District, the prevalence of stunting is still 8.79% with a total of 238 stunted toddlers. Stunting prevention is important and is the responsibility of the Indonesian government and every Indonesian family. This is necessary because stunting in the long term has a negative impact not only on children's growth and development but also on emotional development which results in economic losses. Starting from providing good nutrition during the first 1000 days of a child's life to keeping the environment clean and healthy. The basic prevention of stunting is contained in Presidential Decree Number 42 of 2013, concerning the National Movement (Gernas) for the Acceleration of Nutrition Improvement, which is a joint effort between the government and the community through raising stakeholder participation and concern in a planned and coordinated manner to accelerate the improvement of community nutrition with priority in the First Thousand Days of Life. (1000 HPK). Through establishing Gernas' main strategy for Accelerating Nutrition Improvement, namely:

- a. Making improving nutrition the mainstream of resource development
- b. Increasing effective evidence-based interventions in various settings in society.
- c. Increased community participation in implementing social norms that support nutrition-conscious behavior.

Based on the National Strategy for Accelerating Stunting Prevention 2018-2024, there are several obstacles to implementing accelerated stunting prevention, consisting of:

- 1. Stunting prevention programs are not yet effective
- 2. There is not yet optimal coordination in the implementation of specific and sensitive nutrition interventions at all levels related to planning and budgeting, implementation, and monitoring and evaluation.
- 3. The allocation and utilization of resources and funding sources has not been effective and efficient.
- 4. Limited capacity and quality of program implementation.
- 5. There is still a lack of advocacy, campaigns and dissemination regarding stunting, and various efforts to prevent it.

Simultaneously with the spirit of collaboration and participation, the Community Service Team of the Faculty of Medicine, Indonesian Christian University carries out service activities called PKM PARIPURNA, "Active Participation in the Elimination of Stunting Towards a Healthy Indonesia". This activity is an intervention and education activity regarding stunting carried out in 7 villages within the work area of the Rancakalong District Health Center, Sumedang Regency, West Java (Cibungur Village, Cibunar Village, Rancakalong Village, Pamekaran Village, Sukasirnarasa Village, Pangadegan Village, and Pasirbiru Village).

II. RESULT AND DISCUSSION

The implementation of the PKM PARIPURNA activity, "Active Participation in the Elimination of Stunting Towards a Healthy Indonesia" involves a team consisting of lecturers and young doctors at the clinical clerkship Community Medicine is carried out through a communicative, participatory, and educative approach to residents in 7 villages in Rancakalong District, Sumedang Regency, West Java, the dominant activities being carried out at community health centers with a division of posts including General Post, Emergency Room Post, KIA Post and Pharmacy Post. Various activities at each post are as follows:

- General Post includes service, examination, and treatment;
- The ER post includes Rapid patient assessment actions to prioritize help and treatment;
- The MCH post includes Pregnancy examination (ANC), postpartum, and treatment of infants and toddlers.
- Pharmacy Post, including Reviewing Prescriptions, Dispensing Medicines, and Providing Drug Information

Community service activities in the form of the "Active Participation in Eliminating Stunting Towards a Healthy Indonesia" movement in seven villages in Rancakalong District, Sumedang Regency, West Java were generally carried out well and smoothly. The support of the local government and all the people who welcomed and enthusiastically participated in the activities as participants added more energy to the team in the successful implementation of the activities. The following is a description of the activities at each post that has been determined to be the center of community service activities:

General Post

In general, PkM activities at public posts are carried out in the form of service, examination, and treatment of patients according to the patient's indications and symptoms. In this activity, it was recorded that the community members served were people of all ages, from children to adults. Examination and treatment services for children are mostly provided for children who experience fever, cough, and diarrhea, and there are several cases of children experiencing symptoms of typhus and dengue fever. Meanwhile, adults are dominated by the elderly (elderly) with blood pressure, blood sugar, cholesterol, and uric acid checks. Patients who attend the general post are treated very well and warmly by health workers together with the PkM team who are young doctors from the UKI Faculty of Medicine, making the patients feel comfortable and calm. They admitted that they were not afraid or panicked because the team of doctors who received and treated them was very good and conveyed information about the results of the examination and how to proceed with further treatment. Documentation of General Post activities as in Figure 1 below:



Fig 1. Examination and Treatment Service Activities at the Rancakalong District Public Health Center General Post

IGD Post

PkM activities at the ER Post include carrying out rapid patient assessment actions to prioritize help and treatment. For this post, young doctors always coordinate with health workers at the community health center because this post serves patients who need intensive care and treatment. In general, patients treated in the emergency room are patients who have had accidents, attacks of hypertension, high blood sugar and

cholesterol. Patients with mild complaints can be treated immediately, while for serious illnesses, the health center doctors will usually refer them to the hospital to receive treatment with more adequate facilities. Documentation of activities at the IGD post as in Figure 2 below:



Fig 2. Documentation of IGD Post Activities at Rancakalong District Health Center KIA Post

The Maternal and Child Health Post (KIA) is a post that is classified as having a lot of service activities, generally including pregnancy checks (ANC), postpartum, and treatment of babies and toddlers. In this service activity, the team not only carries out examinations and treatment, but often the team also provides direct and personal education to the patient and the patient's family, as is the case when an examination of a pregnant woman is found to be potentially anemic with Hb measurement results below normal, then If the body weight and arm circumference are too low, it is feared that this will have an impact on readiness and health at the time of delivery, so the team will provide education and also tips on steps that the patient and the patient's family can take to improving the health of the mother and baby in content. In this activity, the team also provided special education to the families of toddler patients regarding providing healthy complementary breast milk food with balanced nutrition. Documentation of activities at the KIA Post as in Figure 3 below:



Fig 3. Documentation of the Activities of the KIA Post at the Rancakalong District Health Center

Active participation in eliminating stunting in a healthy Indonesia in the form of examination, treatment, education, and intervention services is a very effective and good activity as a form of preventive and curative action in dealing with stunting. For example, educational activities are very effective because they can increase people's knowledge so that they have the potential to be more self-aware and increase awareness of health. This is in line with several studies showing that nutrition and reproductive health education programs are also considered effective. Nutrition and reproductive health education programs

include health education programs for pregnant women and families and socialization of the importance of balanced nutritional intake during the first 1,000 days of life. Health education for pregnant women is one of the efforts to prevent stunting in children. Several studies show that lack of public knowledge about stunting is one of the main causes of stunting problems in children [7,8,9].

Several education and outreach programs about stunting and how to prevent it to increase public knowledge, especially for pregnant women, have been carried out and declared effective [7,10,11]. Several other studies state that interventions such as socializing the importance of balanced nutritional intake during the first 1,000 days of life for mothers and families are important to carry out [12,13], although there are several notes on the availability of Human Resources (HR), infrastructure, monitoring and evaluation that must be carried out. optimized [14]. The period from 0 to 24 months (the first 1000 days of life) can be called the "golden period" for children because this period is quite sensitive and determines the quality of life, so adequate nutrition is required. Therefore, nutrition and reproductive health education programs including health education programs for pregnant women and their families and socializing the importance of balanced nutritional intake for 1,000 HPK are important in increasing knowledge of the community, families, especially pregnant women.

III. CONCLUSION

Community Service through the Active Participation Movement to Eliminate Stunting Towards a Healthy Indonesia is concluded to be an activity that has a very good and effective impact because it involves all stakeholders in efforts to deal with stunting. Intervention measures in the form of examination and treatment services as well as education are absolutely necessary, although of course there are still various limitations in their implementation, such as Human Resources (HR), infrastructure, monitoring, and evaluation which must be optimized. Stunting prevention intervention strategies in Indonesia must involve all stakeholders, prioritize preventive approaches, and encourage changes in community behavior. Only with synergy between various parties and continued commitment, Indonesia can overcome the challenge of stunting and create a healthier and more productive future for future generations.

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REFERENCES

- [1] Haskas, Y. (2020). Overview of stunting in Indonesia: a literature review. *Journal of Scientific Health Diagnosis*, 15(2), 154-157.
- [2] Rumlah, S. (2022). Social problems and solutions in dealing with the phenomenon of stunting in children. Krinok: *Journal of History and History Education*, 1(3), 83-91.
- [3] Ernawati, A. (2017). Nutritional problems in pregnant women. *Journal of R&D: Research, Development and Science and Technology Information Media*, 13(1), 60-69
- [4] Fahmida, I. U., & Sudibya, A. R. (2022). Early Childhood Care, Nutrition and Education (ECCNE) Program.
- [5] WHO. (2022). Global Nutrition Report 2022 Stronger commitments for greater action EXECUTIVE SUMMARY. 1–19.
- [6] Republic of Indonesia Ministry of Health. (2018). 2017 Indonesian Demographic and Health Survey: Adolescent Reproductive Health. National Population and Family Planning Agency, Central Statistics Agency, Ministry of Health. https://ekoren.bkkbn.go.id/wpcontent/uploads/2018/10/reportsdki-2017- juvenile.pdf
- [7] Sandra. (2017). Child and Adolescent Nutrition. Rajawali Press.
- [8] Fitriani, Barangkau, Hasan, M., Ruslang, Hardianti, E., Khaeria, Oktavia, R., & Selpiana (2022). Preventing Stunting is Important! *Journal of Community Service (JurDikMas) Socioscientific*

- [9] Renyoet, B.S., Dary, D., & Nugroho, C.V. (2023). Literature Review: Intervention for Adolescent Girls in the First 8000 Days of Life (HPK) as an Effort to Prevent Stunting in Future Generations. Amerta Nutrition.
- [10] Devie, M. P., Mardani, F. A., Damayanti, R. F., Pramana, A. A., Akhyar, R. F., Wahdah, N. A., Tauriestya, F. A., Miratmaka, D. T., Sugesta, M. Y. I., Noza, D. E., & Nurdian, Y. (2023). Strengthening Nutritional Literacy to Prevent Stunting in Jurangsapi Village. Lumbung Innovation: *Journal of Community Service*, 8(1), 79–92. https://doi.org/10.36312/linov.v8i1.1120.
- [11] Nugroho, M.R., Sasongko, R.N., & Kristiawan, M. (2021). Factors that influence the incidence of stunting in early childhood in Indonesia. *Journal of Obsession: Journal of Early Childhood Education*.
- [12] Purwanti, R., Margawati, A., Wijayanti, H. S., Rahadiyanti, A., Kurniawati, D. M., & Fitranti, D. Y. (2023). Strategies for Increasing Knowledge, Attitudes and Responsive Feeding Practices to Prevent Stunting in Toddlers. Wikrama Parahita: *Journal of Community Service*, 7(2), 270-280. https://doi.org/10.30656/jpmwp.v7i2.5874.
- [13] Yusran, R., Nisak, S.K., & Khaira, W.H. (2023). Increasing Mothers' Knowledge Regarding the First 1000 Days of Life with Stunting Incidents in Toddlers in Nagari Pariangan, Tanah Datar Regency, *West Sumatra Province*. *Community Service Journal Innovation*.
- [14] Rahmawati, W.M., & Retnaningrum, D.N. (2023). Providing Supplementary Food (Pmt) in Improving the Nutritional Status of Toddlers: Literature Review. Conference on Innovation and Application of Science and Technology (CIASTECH).
- [15] Taufikurrahman, T. Z. (2023). Socialization of Early Marriage and Reproductive Health Education for Adolescents as Efforts to Prevent Stunting in Pabean Village, Probolinggo Regency. Scientia: *Journal of Research Results*, 8(1), 73-88. doi:https://doi.org/10.32923/sci.v8i1.3379
- [16] Won, H. M. (2018). Comprehensive understanding of risk and protective factors related to adolescent pregnancy in low- and middle-income countries: A systematic review. Journals of Adolescence, 69(September), 180-188.
- [17] Koh, H. (2014). The teenage pregnancy prevention program: An evidence-based public health program model. *Journal of Adolescent Health*, 54(3), 51-59. doi:https://doi.org/10.1016/j.jadohealth.2013.12.031.