

An Analysis Of The Stunting Prevention Program At The Batang Quiz Village Health Center Deli Serdang District In 2022

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Article Info	ABSTRACT
Keywords: Analysis, Community Health Center Program, Stunting Prevention.	Stunting is a linear growth disorder in children due to a chronic lack of nutritional intake. The consequences of malnutrition in children will have a major impact on future generations. The prevalence of stunting in Indonesia is 30.8%. This means that three out of ten children under the age of five experience growth disorders which will result in delays in thinking abilities and reduced levels of intelligence. Based on the map of the distribution of stunting in Deli Regency, it shows that there has been a decrease in the percentage of stunted toddlers in Deli Serdang Regency from 6.70% in 2019 to 2.64% in 2020. This shows that the convergence of programs/interventions in efforts to accelerate stunting prevention has been able to reduce percentage of stunted toddlers in Deli Serdang Regency. The research used in this research is quantitative research. The sample taken was 315 people using purposive sampling technique. The independent variables in the research are behavior, level of education, social status, perceived benefits and perceived barriers to action. The dependent variable in this research is efforts to prevent stunting. In this study, it was found that 74.51% had a level of stunting prevention behavior. Stunting prevention in children aged 2 -5 years is influenced by behavior, while education level, social status, perceived benefits and barriers to action influence stunting prevention in children aged 2 -5 years.
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INTRODUCTION

Indonesia is still experiencing malnutrition problems which have a serious impact on the quality of human energy sources (HR). One of the nutritional problems experienced by toddlers in Indonesia today is *stunting*. Stunting is defined as the condition of toddlers who have less length or height compared to toddlers their age. Quoting the 2018 Pusdatin Ministry of Health bulletin regarding the nutritional status of children in Indonesia, stunting is the main nutritional problem in toddlers when compared with other health problems in Indonesia (Indonesian Ministry of Health Data and Information Center, 2018). Based on nutritional monitoring data, the Directorate General of Public Health shows that stunting cases in Indonesia in 2015 - 2017 always rank highest when compared with other nutritional problems. In fact, according to data from the World Health Organization (WHO). Indonesia is included in the third country with the highest prevalence of stunted toddlers in Southeast Asia.

Stunting is a linear growth disorder in children due to a chronic lack of nutritional intake. Stunting can also be described as a chronic infectious disease as indicated by a height -for-age (TB/U) z-score $< -2SD$. Based on this data, toddlers are said to be stunted if they have a z score below the normal line, namely less than $-2SD$, which is usually said to be a stunted toddler. Meanwhile, if it is less than $-3SD$ then the toddler is categorized as very short (Ministry of Health, 2018).

Stunting is defined as a condition where toddlers have less length or height compared to their age (WHO, 2014). Stunting cases are a global problem and do not only occur in Indonesia. In 2017, around 150.8 million (22.2%) children under five in the world experienced stunting (Indonesian Ministry of Health, 2018). Statistics in Indonesia are no less surprising with the stunting prevalence rate of 27.67% in 2019 (Izwardy, 2020). With this data, it can be concluded that 1 in 3 toddlers in Indonesia experience stunting (Ministry of Health of the Republic of Indonesia, 2018).

Stunting has future consequences for children, namely low cognitive abilities and physical development, which has an impact on children's capacity as adults. Stunting can have an impact on children's productivity after adulthood. Stunted children are vulnerable to various degenerative diseases. The research results predict that the impact of stunting on children, namely psychosocial and mental health losses on children, will result in a loss of GDP of up to 300 trillion rupiah every year. This is a serious problem for the future of the nation and state (Yuliastini & Sudiatri, 2020). Stunting factors are very complex or numerous, the first factor is lack of food or nutrition but other factors such as inappropriate feeding, poor health services and poor sanitation are also important (Dimitrova & Muttarak, 2020).

In 2013, in Indonesia data showed that out of 4 babies born, there was 1 *babystunting*. This means that stunting occurs before the child is born. Data also shows that after birth, namely children aged 12 – 23 months, the prevalence of stunting increases by almost 40%. The pattern of stunting in early childhood, namely the first 1,000 days of life, is a window of opportunity or golden opportunity period which is very important to prevent stunting in children. This period is the child's growth and development that needs to be paid attention to (Purba, 2020).

According to The Lancet's report, there are 178 million children in the world who are too short for age compared to WHO growth standards. The majority are underaged children from five years (Toddlers). The prevalence of stunted toddlers in all developing countries is 31.2%. The prevalence of stunted toddlers on the Asian continent is 30.6% and in Southeast Asia is 29.4%, higher than West Asia 20.9% and East Asia 14.4%. High number of cases *stunting*. In various parts of the world, the World Health Organization (WHO) lists reducing stunting cases as the first goal among the (6) goals in the 2025 Global Nutrition Targets. Apart from that, stunting is also a key indicator in the second goal of the 2030 Sustainable Development Goals (SDGs), namely without headship/Zero Hunger (United Nations, Department of Economic and Social Affairs, 2016)

One of the reasons for the high number *stunting* is because parents do not have adequate knowledge about stunting. There are still many who think that toddler health

problems are only the result of children having difficulty eating rice or vegetables. In fact, there are many other factors that cause stunting, such as nutritional requirements, basic health facilities and parenting patterns. Parenting patterns are an approach to feeding habits, hygiene habits, and habits of getting basic health services (Febrian Dwi Bella, 2019). This means that parenting patterns are a determining factor in providing nutritional needs, hygiene patterns and basic health services for children. This often happens in developing countries, including Indonesia. Stunting is still not fully understood by the wider community.

Stunting caused by multi-dimensional factors and not only caused by poor nutrition experienced by pregnant women and children under five. Intervention for stunted children (Stunting) requires a convergence of programs/interventions and synergistic efforts of the government and the business world/society. In 2020, the regional government of Deli Serdang Regency held a Stunting Conference by designating 20 village loci for specific and sensitive interventions at these loci. Based on the stunting distribution map in Deli Regency, it shows that there has been a decrease in the percentage of stunted toddlers in Deli Serdang Regency from 6.70% in 2019 to 2.64% in 2020. This shows that the convergence of programs/interventions in efforts to accelerate stunting prevention has been able to reduce percentage of stunted toddlers in Deli Serdang Regency.

Based on the results of the 2018 Basic Health Research (Riskesdas), the prevalence of stunting in North Sumatra was found to be 33.4% of stunted toddlers. Meanwhile in 2019, the prevalence in North Sumatra was 30.11%. There are 15 regencies/cities that are the locus for stunting prevention in North Sumatra, namely Nias, South Nias, North Padang Lawas, Mandailing Natal, Simalungun, Dairi, NiasWest, Deli Serdang, Padang Lawas, Pakpak Bharat, Central Tapanuli, Medan, Langkat, Gunung Sitoli and North Nias.

METHOD

This research uses a quantitative approach in an effort to test the hypotheses that have been prepared. Quantitative research requires a lot of use of numbers, starting from data collection, interpretation of the numbers, as well as the appearance and results. This research uses a correlational approach. The correlational approach is a type of research that aims to find out whether or not there is a relationship between two or more variables to be measured, if there is a relationship then how close the relationship is and whether the relationship is meaningful or not.

The sample consists of an affordable part of the population that can be used as research subjects through sampling (Nursalam, 2017). Because researchers want to obtain more accurate information, the sample in this study was supplemented with the following requirements or criteria:

1. Inclusion criteria

Inclusion criteria are the general characteristics of research subjects from a target population that is reached and will be studied (Nursalam, 2017). The inclusion criteria for this study are:

- a. Can read and write
- b. The child is in good health and does not experience digestive disorders.

2. Exclusion criteria

Exclusion criteria are eliminating or removing subjects who meet the inclusion criteria from the study (Nursalam, 2017). The exclusion criteria for this study are:

- a. Experiencing mental disorders
- b. Children experience pathological disorders, for example bone disorders such as chondrodysoidism, bone dysplasia, Turner syndrome, Prader-Willi syndrome, Down syndrome, Kallman syndrome, Marfan syndrome and Klinefelter syndrome
- c. Children experience chromosomal abnormalities Turner syndrome, Prader-Willi syndrome, Down syndrome and bone dysplasia such as Osteochondrodystrophies, achondroplasia, hypochondroplasia.

RESULTS AND DISCUSSION

Behavior to prevent stunting in toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency

Parental behavior provides a very significant relationship to Stunting Prevention in Toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency. This is due to the need to understand the behavior of parents to always move and motivate themselves and their families to prevent stunting, for example providing complete basic immunization for toddlers and monitoring the growth and development of toddlers, providing exclusive breastfeeding from birth until the baby is 6 months old, providing additional protein food. animal products, examination of toddlers with nutritional problems by Posyandu officers referring them to Community Health Centers and Hospitals. Through this behavior, parents can reduce stunting through communication, information and education (KIE activities) which are the most important parts of sensitive interventions to reduce stunting.

Hasan and Kadarusman (2019) stated that Stunting is a condition of failure to thrive that occurs in children under five (babies under five years) as a result of chronic malnutrition so that the child looks short for his age. Conditions where the baby is still in the womb and in the early days after the baby is born can indicate that malnutrition occurs in this condition. However, when the baby reaches the age of 2 years, the stunting condition becomes visible. So, paying attention to the nutritional needs of children very much, mothers will at all times make the right food choices for their children.

The research results of Ismy and Wahyuni (2019) concluded that there is a significant relationship between parental behavior and the incidence of stunting. This shows that the worse the mother's behavior in providing feeding patterns to toddlers, the greater the incidence of stunting. Rosidayani's (2022) research results concluded that there is a strong relationship between maternal behavior, for example in preparing MP-ASI, and the incidence of stunting.

Some activities related to behavior change efforts include education to prevent early marriage, family planning education, nutrition and health education, education about farming, and education about eating fish. IEC activities can be carried out using various approaches, both through print and electronic mass media, educational activities, direct

meetings, and also through arts and culture. So with this behavior the reduction in stunting can be significant.

Socioeconomic Status and Prevention of Stunting in Toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency.

Socioeconomic status has a very significant relationship with preventing stunting among toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency. This is because toddlers in families with low economic levels are more at risk of experiencing stunting due to their low ability to fulfill nutrition, increasing the risk of malnutrition. Stunting is generally associated with low overall socio-economic conditions and/or repeated exposure to diseases or events that can be detrimental to health. Thus, family income is not the only factor that can cause stunting in toddlers. The different lifestyles of each family also contribute to the risk of stunting, such as lack of food availability, low quality of food, lack of hygiene and sanitation, as well as prevention and control of infectious diseases.

According to Simamora, Santoso, and Setiyawati (2019) there are five main factors that cause stunting, namely poverty, social and cultural, increased exposure to infectious diseases, as well as food insecurity and community access to health services. Ngaisyah (2020) states that Stunting is low growth and the cumulative effect of insufficient energy intake, macronutrients and micronutrients over a long period of time, or the result of chronic infections/infections that occur repeatedly. Stunting occurs as a result of long-standing conditions such as poverty, inappropriate parenting behavior, and frequent recurring illnesses due to poor hygiene and sanitation. Stunting in children under five is an indicator of chronic nutritional status which can provide an overview of disturbances in socio-economic conditions.

According to Nuraeni and Suharno (2020), family income influences feeding patterns. If family income increases, the quality of the provision of side dishes will also increase. It cannot be denied that family income influences the food served to the family every day, in terms of the quality and quantity of food. Parents who have a high income have a greater influence on appropriate feeding patterns compared to parents who have a low income, this is because parents with a high income are more able to meet their children's needs in terms of feeding with better quality and quantity when compared. with low-income parents. This is in line with research conducted by Mustika and Syamsul (2019) which states that high income will affect a family's purchasing power both in terms of the quantity and quality of food given to their toddlers.

The socio-economic level of a family can be seen from the income in a family. This is the basic capital for a prosperous family, so that all families hope to get maximum income to support their living needs. Therefore, the family is willing to undertake various types of business in order to obtain sufficient income. Family income is the amount of money earned and the amount of money that will be spent to finance household needs for one month. Sufficient family income will support the behavior of family members to obtain more adequate family health services. Socioeconomic level is related to family purchasing power. A family's ability to buy food depends, among other things, on the size of the family's income, the price of the food itself, and the level of management of land and yard resources.

Families with limited income are likely unable to meet their food needs, especially to meet the nutritional needs of their children's bodies. With good economic status, nutritional requirements for toddlers can be met and stunting can be prevented.

Parental Education Level and Prevention of Stunting in Toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency

The level of parental education has a very significant impact on the prevention of stunting among toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency. This is done so that parental education, especially maternal education, can reduce the incidence of stunting, because mothers are generally the main caregivers for children, and the mother's education level is expected to have a stronger influence on stunting in children than fathers. There is a significant relationship between maternal education and the incidence of stunting in toddlers. Educated mothers are more likely to make decisions that will improve the nutrition and health of their children. Apart from that, educated mothers tend to send all their children to school, thus breaking the chain of ignorance, and will be better able to use strategies for their children's survival, such as adequate breast milk, immunization, oral rehydration therapy, and family planning.

According to Kusumawati, Rahardjo, and Sari (2021), the causes of children experiencing stunting arise from various factors. One of the influencing family factors is parents' lack of knowledge about nutrition and health. Parental knowledge about the symptoms, impacts and ways to prevent stunting can provide a better understanding of health maintenance so that it can reduce the incidence of stunting.

Lestari, Margawati, and Rahfiludin (2022) stated that the level of parental education is basic for achieving good nutrition for toddlers. The level of parental education is related to the ease with which parents receive information about nutrition and health. Parents with higher education are expected to be able to implement positive attitudes in meeting children's nutritional needs. It is feared that parents with low education will not be able to provide nutritional intake according to their children's needs.

Swarinastiti, Hardaningsih, and Pratiwi (2019) stated that with good knowledge, parents will become aware of the importance of preventing stunting. To measure parents' knowledge about understanding stunting, it can be influenced by the parents' educational background. Nurmaliza (2019) stated that there is a significant relationship between the level of parental education and feeding patterns for toddlers. A person's level of knowledge cannot be separated from their level of education. Parents who are highly educated have extensive knowledge so they implement better feeding behavior.

The higher a person's education, the more information they will obtain so that their knowledge will be higher, while with a low level of education it will be more difficult to obtain direction. In fulfilling nutrition, parents with a low level of education will find it more difficult to receive direction and often do not believe in the importance of meeting nutritional needs or the importance of other health services that support children's growth and development. Therefore, parental education and knowledge have an influence on other factors that influence stunting.

Benefits of Actions to Prevent Stunting in Toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency

Benefits of Actions taken by parents supported through government programs have a very significant relationship to the Prevention of Stunting in Toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency. This is because stunting is a chronic nutritional problem that occurs due to insufficient nutritional intake over a long period of time, causing growth disorders characterized by height that is not appropriate for age. The incidence of stunting in toddlers is influenced by the low ability to access food both in terms of quantity and quality. Apart from that, it is also influenced by the pattern of parenting applied by mothers, especially in the practice of feeding toddlers.

Based on the Health Belief Model (HBM), people change their behavior when they understand that the disease is serious (Luquis & Kensinger, 2019). Otherwise, they may not switch to healthy behaviors. The structure of the HBM includes perceived severity, perceived vulnerability, perceived benefits, perceived barriers, and cues to Action (Wang et al., 2022). Perceived benefits are beliefs related to the effectiveness of various behaviors in an effort to reduce the threat of disease or the benefits that individuals perceive in displaying healthy behavior (Liu et al., 2019).

Perceived benefits are beliefs related to the effectiveness of various behaviors in an effort to reduce the threat of disease or the benefits that individuals perceive in performing stunting prevention behavior (Destriana and Katmini, 2021). Therefore, it is necessary to take measures to prevent stunting, namely: Ensuring children eat healthy fruit and vegetables, Adequate nutritional intake from fertilization of the egg until the child is 2 years old, Providing exclusive breast milk until the baby is 6 months old, Ensuring children receive complete immunization. This is purposeful so that Indonesian children can grow and develop optimally and optimally, accompanied by emotional, social and physical abilities who are ready to learn, and able to innovate and compete at the global level. Through these actions, stunting can be prevented so that Indonesian toddlers and children are healthy and grow and develop as the nation's successors.

Barriers to Action with Stunting Prevention in Toddlers at the Batang Kuis Village Health Center, Deli Serdang Regency

The Obstacles to Action obtained have a very significant relationship to the Prevention of Stunting in Toddlers who are in the Batang Kuis Village Health Center, Deli Serdang Regency. This is because it is difficult for parents in the community to understand how to prevent stunting. In implementing a program, of course there must be support from various parties so that the implementation of a program can run well. Because support is a form of encouragement, enthusiasm, concern, willingness in an environment, so that everything given will provide benefits that influence the recipient's behavior. So that the implementation process can run well. So implementing public policies will be very difficult if there is not enough support for implementing the policy. Barriers to action are obstacles during stunting prevention behavior activities starting from pregnancy until the child is 2 years old. Barriers to action in implementing stunting prevention behavior include access to clean water and sanitation, provision of food, access to health services and health insurance,

parenting education, community nutrition education, and social security for underprivileged families.

Perceived barriers are an awareness of barriers to action that can cause health problems in relation to health behavior. Perceived obstacles can be influenced by many factors, one of which can be economic reasons. A person's awareness of health and health promotion behavior can be hampered by a person's low income, which will also have an impact on a person's ability to maintain their health status (Pender, 2021).

Poor sanitation can increase the incidence of illnesses such as diarrhea in toddlers. Families with household sanitation that meets the requirements mostly have toddlers who do not get diarrhea and vice versa, which will affect the child, namely stunting (Mayasari et al., 2019). Poor sanitation is one of the factors that influences stunting (Hanifah et al., 2018). The results of research by Maywita (2019) show that the proportion of stunting incidents found in respondents who received poor parenting patterns is higher compared to respondents who received good parenting patterns and there is a significant relationship between nutritional parenting patterns and stunting.

In order to reduce these obstacles, there needs to be support to facilitate stunting prevention, especially for parents, namely: Implementation of (public) policies to realize stunting prevention goals, Information about the impact of stunting prevention, Support in implementing a program, of

CONCLUSION

Based on the evaluation results of the implementation of the TransMedic Hospital Management Information System (SIMRS) at Royal Prima Medan Hospital using the HOT-Fit method, the following conclusions can be drawn: The level of user satisfaction with the TransMedic SIMRS is quite high, especially in features that support administrative work such as patient registration and schedule management. User readiness in adopting new technology shows positive results, although some staff still need further training to maximize the use of the system. The implementation of SIMRS has had a significant impact on the operational efficiency of the hospital, especially in the management of medical records and coordination between units. Management support for the implementation of SIMRS appears good, but more mature planning is needed to ensure consistent system utilization in all hospital units. The performance of the TransMedic SIMRS technology is quite adequate in supporting the operational needs of the hospital. The system shows good data access speed, effective integration with other devices, and a guaranteed level of patient data security. Some technical challenges, such as downtime and limited system capacity, need to be addressed to improve the overall reliability of the system. The implementation of SIMRS has successfully improved the quality of patient services, accelerated administrative processes, and reduced staff workload. From an organizational perspective, the system has supported more efficient and accurate data-based decision making.

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