



SURAT TUGAS

Nomor : 2599 / 236.1 / 03.6

Yang bertanda tangan di bawah ini Rektor Universitas Al-Irsyad Cilacap memberikan tugas kepada Dosen Tim Pelaksana Program Pengabdian Dosen atas nama :

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Judul :


“Upaya Pencegahan Stunting Melalui Video Edukasi “Brantas Stunting” Di Desa Karang Sari Kecamatan Adipala”

Untuk melaksanakan Program Pengabdian Dosen yang akan dilaksanakan pada :

Tanggal : 8 September – 28 November 2023
Waktu : Pukul 08.00 WIB s.d. selesai
Tempat : Desa Karang Sari Kecamatan Adipala

Demikian surat tugas ini dibuat untuk dilaksanakan dengan penuh tanggung jawab dan memberikan laporan setelah selesai melaksanakan tugas

Cilacap, 6 September 2023
Rektor,


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Lampiran : 1 (satu) bendel
Perihal : **Permohonan Ijin Pengabdian**

Cilacap, 6 September 2023

Kepada Yth.
Bupati Cilacap
c.q Kepala Kesbangpol Kabupaten Cilacap
di –
CILACAP

Assalaamu'alaikum Wr. Wb.

Sehubungan dengan akan dilaksanakannya Program Pengabdian Institusi Dosen Universitas Al-Irsyad Cilacap oleh :

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|---|----------------------------|
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Judul :


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Di Desa Karang Sari Kecamatan Adipala”**

Maka dengan ini kami mohon ijin agar dosen tersebut dapat melaksanakan pengabdian di **Desa Karang Sari Kecamatan Adipala**

Demikian permohonan kami, atas perhatian serta kerja sama yang baik kami sampaikan terima kasih.

Wassalaamu'alaikum Wr. Wb.

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PREVENTION EFFORT OF STUNTING BY “BRANTAS STUNTING”’S VIDEO

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Doi: <https://doi.org/10.33024/jkpm.v7i4.13894>**ABSTRACT**

Stunting is still an unresolved nutritional problem in Indonesia. Stunting will have a long-term impact on physical, mental, intellectual, and cognitive development. Stunting news in Indonesia ranks fifth in the world. Approximately 5 million of the 12 million boys (38.6%) in Indonesia have a height below the average boys' height in the world. Stunting prevention with monitoring of growth and development, improvement of nutrition and empowerment of the community can be done from the level of basic health care named integrated healthcare center, therefore integrated healthcare center's (Posyandu) Community Health Volunteers should be well trained and knowledgeable because they will perform early detection of the development and growth of the child. The source of cadres spread throughout the village can be a force in stunting prevention and treatment programmes. Efforts to enhance the knowledge and skills of the cadres in stunting prevention can strengthen the stunting handling powers. This dedication aims to educate cadres in a more attractive way. This dedication is carried out through the provision of stunting education using the video "Brantas Stunting". the dedication results obtained that there was an improvement in the level of knowledge and skill of the cadres about stunting prevention

Keywords: *Stunting, Health Volunteer, Knowledge, Video*

1. BACKGROUND

Stunting is a condition in which a young person has a lower length or height compared to age. This condition is measured by length or height of more than minus two standard median deviations of the WHO standard of child growth (Satriawan, 2018). Stunting is performed on the basis of anamnesies, physical examination and anthropometric measurements. The primary physical examinations of stunting are anthropometric measures consisting of Weight by Age, Body Length By Age or Height By Age, Weight By Height, Head Circle and Body Mass Index by Age. The stunting criteria are based on the body length or height index by age and gender, <-2 SD according to the 2006 WHO curve for children 0-5 years of age (K. K. RI, 2021).

The Indonesian Nutrition Status Survey (SSGI) data for 2022 showed nationally news with stunts in 2019 as 27,7 %, in 2021 as 24.4 % and in 2022 as 21.6 %. The data showed a decline in national news of stunts by 3.05 % annually while the national target is to reduce the number of stunts by 3.8 % per year to reach the target of 14 % by 2024(K. RI, 2023). According to SSGI

data in the district of Cilacap, the number of stunting news in 2021 was 17.9% while in 2022 there were 17.6% .

Community Health Volunteer (CHV) as bridges between health workers and the public by providing information to health workers who may not have direct access to the public with the aim of empowering the public to identify and correct their own health problems, including the prevention of stunting in the community. The CHV are the main pillar and the leading line of defense in improving public health because it is the cadres who understand the characteristics of the community in their region. (Kemenkes RI 2021)

The role of the CHV is also very important in the prevention and reduction of stunting. The CHV reminds and sensitizes parents to do things that are very important for the young breastfeeding, proper accompanying food of breastfeeding, and caring sanitary hygiene so that since the baby, the celebrity finds adequate nutritional intake and is avoided from infectious agents. The CHV also conducted socialization of health nutrition education to pregnant mothers and new parents starting from monitoring the growth of newborn babies every month in integrated healthcare center and monitoring height according to new age which is an attempt to detect early stunting incidents. One of the factors influencing stunting prevention is knowledge. (Hidayattullah et al. n.d.). So increased knowledge of the CHV of stunting prevention is important.

According to Notoatmodjo (2012), knowledge is the result of knowledge and occurs after humans perceive a certain object. One of the efforts that can be used to improve one's knowledge is by doing health education. Media in the provision of health education has become one of the important factors for the success of health education. The use of video has become a good technique to enhance knowledge, video media in providing proper and interesting health education in conveying information influences the outcome of health Education. Video media displays moving images, writing, and there are voices that explain about the images displayed, so that it can attract attention from the health education targets. (Isra n.d.)

Based on the results of observations conducted in the field by the follow-up team through interviews with community's midwife and one of the CHV in the Karangasari obtained data that in the Karangasari the number of Under five year old children stunting as much as 32 peoples (9% in the very short category and 91% with the short category). The data obtained still exists in the society, especially the mothers who have children under five year has not understood about how the stunting prevention efforts. Besides, the mother of under five year's old children also has not monitored the growth of the development of the child regularly and has not understand the provision of supplementary food for children that can prevent the occurrence of stunting. The village of Karangasari has potential resources for stunting prevention and enforcement through the empowerment of 51 CHVs in the 10 integrated healthcare center that exist in the village of Karangasari, so that the stopping prevention program and its implementation can run well to make Indonesia stunting-free.

Based on this background, the aim of the community dedication's team is to increase the knowledge and skills of cadres regarding stunting prevention in Karangasari Village.

2. PROBLEM AND FORMULATION OF THE PROBLEM

Based on the background description above, we can formulate several problems as follows:

- a. Lack of knowledge of CHV in Karang Sari Village regarding stunting prevention
- b. Lack of ability of CHV in Karang Sari Village to carry out health promotions to prevent stunting

Based on the above problems faced by Karang Sari Village, the team proposed several activities, including:

- a. Increase the knowledge of health cadres in Karang Sari Village about stunting prevention
- b. Increasing the ability of health cadres in Karang Sari Village to promote health using the educational video "Brantas Stunting".

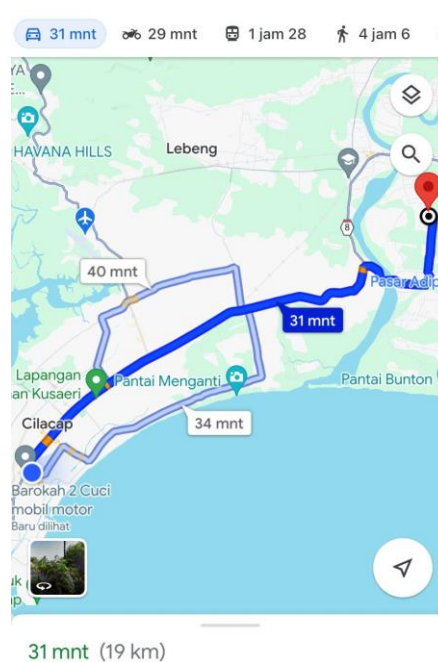


Figure 1. Partner Location Map

An illustration of the distance between the partner location is shown in Figure 1, around 19 KM with a travel time of around 30-35 minutes. The distance is quite ideal for carrying out community dedication's activities.

3. LITERATURE REVIEW

a. Stunting

One of the nutritional problems faced by toddlers today is stunting or the incidence of short toddlers. In 2017, 22.2% or around 150.8 million children under five in the world experienced stunting. However, this figure has decreased from 32.6% stunting rate in 2000, namely 32.6%. In 2017, more than half of the world's stunted children (55%) came from Asia, while more than a third (39%) lived in Africa. Of the 83.6 million stunted children under five in the world, South Asia has the most (58.7%) and Southeast Asia has the least. Indonesia is included in the third country

with the highest prevalence of stunted toddlers in the Southeast Asia/Southeast Asia (SEAR) region according to data collected by the World Health Organization (WHO). (Komalasari,2020)(Kemenkes,2018).

Stunting in Indonesia tends to remain unchanged. The 2007 Indonesian Basic Health Survey recorded a stunting prevalence in Indonesia of 36.8%. In 2010, there was a slight decrease to 35.6%, but in 2013, the majority of stunting children rose again to 37.2%. In 2018, the survey found a stopping prevalence of 29.9% among children under two years of age and 30.8% among children. During the first thousand days of a child's life, recurring infections and lack of nutrition caused incurable stunting. About 162 million children under the age of five worldwide suffer from stunting, which is one of the most significant obstacles to human development. In the long run, stunting has an impact on people and societies, including a decline in cognitive and physical development, a decrease in productive capacity and poor health, and an increased risk of diabetes and other degenerative diseases. Stunting is also a clear risk marker of poor development in children and adolescents. Immediate and long-term causes of child stunting include increased morbidity and mortality, as well as negative effects on child development and adult health.(Laksono,2022)

b. Stunting Characteristics

The signs of stunting are late puberty, poor performance on attention tests and learning memory, late tooth growth, slow growth and facial appearance younger than their age, 8-10 years of age the child becomes more quiet, does not do much eye contact (Saadah,2020)

c. Effect of Stunting

The effects of stunting on children under the age of five are: susceptibility to disease, reduced intelligence, growth and brain development are less optimal. When older people are at risk of eating diseases such as heart disease and diabetes mellitus, body function becomes unbalanced, posture is not maximum when adults are tall and shorter than their age mate.(Saadah,2020)

d. Preventive of Stunting

Previous studies have shown that stunting is associated with many factors: diarrhea, birth weight, family income, mother's education and knowledge, and sanitation. It's important for health professionals and the public to know the causes of stunting because they're expected to help prevent stunting and reduce stunting rates in the community. The aim of this study is to analyze the literature that has been done on the factors causing stunting, including mother's knowledge, parent custody patterns, nutritional status and low birth weight, as well as family economic status. (Yanti dkk,2020).

The national strategy of accelerating stunting prevention consists of specific nutritional interventions and nutrition-sensitive interventions. In the target group of pregnant mothers: supplementary feeding for pregnant women of the poor group, supplementation of blood supplement tablets, calcium supplements, pregnancy screening, protection from malaria and HIV prevention. in the group of nursing mothers and children 0-23 months: promotion and counselling of breastfeeding, promotion and

counseling of feeding of babies and children, implementation of acute malnutrition, provision of supplements recovery for acute undernourished children, growth monitoring, vitamin a capsule supplementing, taburia supplementations, immunization, zinc supplements for the treatment of diarrhea, integrated management of infant sick, prevention of disability (Satriawan,2018)

4. METHOD

The approach taken to address the problem of such restrictions requires efforts to improve the knowledge and skills of cadres in the prevention and treatment of stunting by using the video media "Brantas Stunting". Community service activities will be carried out from October to November 2023. Implementation of activities involving the village council and active participants of the health cadres group as follows:

- a. Reactivate the Karangasari's CHV group together with the Karangasari's community midwife, the aim is to identify CHV's who have the potential to become educators for mothers of toddlers in their area
- b. Make an educational media video "Brantas stunting" consisting of a stunting prevention video, as an educational medium for CHV
- c. Conduct health education to cadres using the video media "Brantas Stunting", to increase cadres' knowledge and skills regarding stunting prevention.

The general description of the application of this community service activity is below:

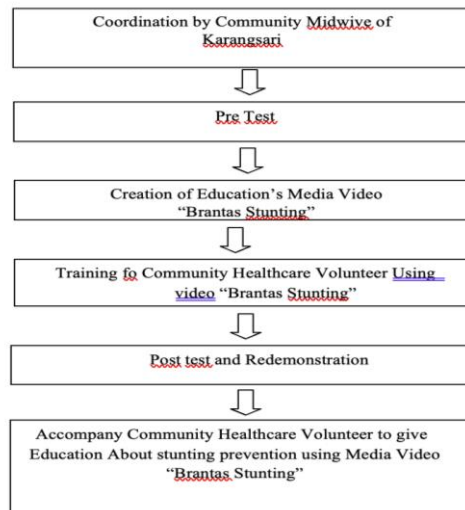


Figure 2. Implementation of Dedication's Method

5. RESULT AND DISCUSSION

a. Result

1) Community Healthcare Volunteer's Characteristics

This dedication was carried out together with the village midwife and the head of the Karangasari women's mover. First step result: the number of active CHV in the Karangasari area was 51 people. The

selection of service respondents was based on: assessment of the midwife and head of the Karang Sari women's mover team with the criteria of being able to provide education to mothers of toddlers. At this stage, 30 cadres were selected to represent 10 posyandu. The description of Cadre characteristics is as shown in table 1 below.

Table 1
Community Healthcare Volunteer's Characteristics

| No | Characteristic | Criteria | Frequency | Percentage |
|----|--------------------|---------------------------------------|-----------|------------|
| 1 | Age | <30 years | 5 | 16,7 |
| | | 30-40 years | 7 | 23,3 |
| | | 40-50 years | 12 | 40 |
| | | >50 years | 6 | 20 |
| 2 | Level of Education | Elementary School- Yunior High School | 6 | 20 |
| | | Senior High School | 20 | 66,7 |
| | | Diploma/Bachelor | 4 | 13,3 |
| | | | | |
| 3 | Time being CHV | <5 years | 12 | 40 |
| | | >= 5 years | 18 | 60 |

Source : Primary data 2023

Based on table 1 above, it can be concluded that the most eligible age criterion is in the 40-50 year category, with the majority education rate in the 66.7% category, and the longest eligibility in the category over 5 (five) years.

2) Creation of video education "Brantas stunting"



Figure 3. video : "Brantas Stunting"

During this phase, a video is being produced under the title "Brantas Stunting", based on which an animated video is agreed to be produced with a duration of ± 5 minutes. Video as a media in presenting information has many advantages and advantages, namely: (1) the size of the video display is very flexible and can be adjusted according to needs; (2) video is a non-print educational material that is rich in information and responsiveness because it can reach the framework

group directly; (3) video adds a new dimension to the giving of education; (4) video can be used more than once and used by anyone.

3) Community Healthcare Volunteers Training on Stunting Prevention Using Video Media “Brantas Stunting”



Figure 4. Providing stunting prevention education using video media “Brantas Stunting”

The main activity in this dedication is to give education to the cadres as an extension of the hand of the maid in the village about Stunting using the video “Brantas Stunting”, the activities in this session aim to improve the knowledge and ability of the mothers of the Karang Sari village health cadres on Stunting Prevention as a basis for improving the skills of giving education on stunting prevention using the media video “Brantas Stunting”.

One way to see the difference in knowledge before and after the education, then in this dedication a pre-test is done to find out the level of knowledge of the cadres about stunting before the training, and ended with a post test after the training on stunting. This measurement is done using a questionnaire that has been tested for validity and reliability. As for the differences in the knowledge tank before and after the training is seen in table 2 below:

Table 2. The differences in knowledge levels before and after doing stunting training using the "Brantas Stunting" video

| No | Criteria | Minimum | Maximum | Everage | Median |
|----|-----------|---------|---------|---------|--------|
| 1 | Pre test | 32 | 78 | 66 | 55 |
| 2 | Post Test | 67 | 86 | 76 | 75 |

Source : Primary data 2023

From Table 2, it was found that there was an increase in the average score of the level of knowledge before and after the training of cadres using the "Video Brantas Stunting" media from 66 to 76.

b. Discussion

1) Community Healthcare Volunteer’s Characteristics

Based on table 1 above, it can be concluded that the criterion of age is mostly in the 40-50 year category. Community healthcare

Volunteers is a volunteer who gives his time to the workers in order to help the community keep their families healthy. A CHV will keep the CHV, until they resigns, because there is no age limit. The characteristics of the CHV are consistent with Sukandar that the majority age of the CHV are in the category 30-49 years, with the level of secondary level education. (Sukandar, Faiqoh, and Sulaeman Effendi 2019)

Community healthcare Volunteer is a local citizen who is elected and reviewed by the community and can volunteer. Kader is voluntarily willing to play a role in carrying out and managing family planning activities in the village. (Karwati, dkk, 2009).

They are considered to be the closest to the community and are expected to be able to do their work voluntarily without demanding any reward in the form of money or other material. However, there are also CHV provided a house or a room and some equipment sufficient by the local community. (Meilani, N., dkk, 2008)

One of the key to the successful implementation of the program is coordination and cooperation between the implementers, so that harmonization of activities can be realized which benefits can be felt optimally for the community. Harmonization of programmes implemented by various parties in districts/cities is proved by the presence of strong leadership of decision makers, the availability of a clear allocation of resources, no overlapping programmes, implementing the programmes effectively and continuously, to measure the change of behavior of the community in preventing stunting well. (Kemenkes RI 2021)

The empowerment of cadres in the form of training or deliberation is necessary to improve cadres' knowledge of nutritional issues in the community, especially news so that health cadres are exposed to new information to be applied in posyandu service. Cadre knowledge becomes very important because it can influence caders' performance in stunting prevention. (Kemenkes RI 2021).

Application of skills and abilities that are characterized by the ability of CHV is to remind and sensitize the parents of the news and society as a form of stunting prevention efforts, such as reminding the community of the integrated the healthcare center's schedule, encouraging pregnant mothers and new parents to come to the news to monitor the status of nutrition and health, if found news that suffered stunting the news will report to community's midwife, CHV also distribute Supplementary Food Delivery for the children under five years, and monitoring the height of news according to age is an attempt to detect early stunting incidents so as to be able to obtain immediate treatment.

2) Creating the Video "Brantas Stunting"

Seeing the advantages and benefits that can be taken from video as a media in communicating information, the dedication team hopes that the development of video media in information services can; (1) attract public attention and interest in the information of stunting prevention efforts; (2) facilitate the delivery of information service material of stopping prevention effort to the CHV; (3) save time in the transmission of information; (4) help CHV to understand information

while facilitating cadets' efforts to re-demonstrate to the community in integrated healthcare centers effectively and efficiently.

Next, the second step is the creation of a video voice filling script "brantas stunting". The dedication team designs texts in a language that is easily understood by the cadet group in the delivery of the education. The dedication team also determined a suitable dubber and we briefed from the purpose and purpose of making the video, the duration of the video to the intonation used to fill the voice in the video.

The choice to use visual audio media in this dedication is because health education using video has a huge influence in improving one's knowledge and attitude to health (Triana and Fitriani 2021). It is consistent with the research obtained that there are a number of different media available to convey healthcare information, including pamphlets, interactive multimedia, videos, posters, and internet applications. Intervention and Health Education using video has been proven to provide comfort to the recipient, besides this method will be easily accessible and cost-effective to encourage positive and enhanced knowledge and attitude of recipients (McNab and Skapetis 2019)

3) CHV Training on Stunting Prevention Using Video: "Brantas Stunting"

Based on the results obtained that there was an increase in scores before and after the training of cadres using the media "Video Brantas Stunting". The training activities aimed at improving understanding of stunting prevention efforts by means of the use of the video media "Brandas Stunting". The CHV groups need to obtain exposure of information both directly (left) and indirectly. (Video). The information submitted is to provide information (education) related to stunting prevention considering stunting in the village Karang Sari is in the 6th order that is the village of stunting management locus, one of the villages in the area of *Puskesmas Adipala I*. There is still a need to improve the knowledge of information and education in the kader group as a preventive form in tackling stunting that is still being targeted in the main case of the decline in the number of stunts in Karang Sari village.

Using video has been proven to increase one's confidence in doing disease prevention, including stunting on the news. This is in line with the results of research that health education videos have been shown to be effective in improving the self-effectiveness of respondents related to the prevention of TBC transmission. (Lucya and Nuryanti 2022). It can be used as an alternative to educational institutions and health services in providing education about disease so that it is better understood. For healthcare, it is expected that there will be additional innovations in healthcare that can help the service through the maintenance of tuberculosis prevention programmes using health education videos.

Interventions for CHV to enhance knowledge and skills of CHV in community stunting management can be integrated with the implementation of programmes or activities of maternal and child health care in posyandu. Health personnel as part of the community and health care providers are actively involved in dealing with stunting

issues in their respective areas. Knowledge of health cadres about early detection of stunting becomes the basis or capital in increasing the number of new stunting cases in society. Early detection of stunting on youngsters can improve the execution or good stunting handling to prevent unexpected complications (Jauhar et al. 2022).

In this section, the cadres are conducting practical exercises on how to provide health education on stunting prevention using the "Brantas Stunting" video media accompanied by the community midwife. In this step, CHV representatives are asked to do a redemonstration on how education is given using the video that has been shared. The goal of this step is to ensure that the CHV will provide health education in each of the positions where they serve. It's proven effective in improving the ability of the CHV to educate about stunting. According to the results of the research that demonstration and audiovisual health education is a package that has an effect on the knowledge of the participants. Then this model can be developed to facilitate health workers in carrying out the promotion of health, and other methods of health promotion, the development of the package should be adapted to the themes of the material and the characteristics of the existing audience. (Rlal Huga et al. n.d.).

The advanced activity in this dedication is to accompany the random socialization carried out by the CHV to Integrated Healthcare Center. The media used how much audio visual "Brantas stunting" received with enthusiasm by the participants posyandu. It's because it's interesting and repeatable when parents get home, even the video can be an alternative to watching for the kids and the whole family. This is expected to raise the awareness of the entire family members in conducting stunting prevention. As the world of health and public health develops, it can leverage and increase the use of mobile media to help provide patient health education and increase independence in health care. (Emerson et al. 2022)

6. CONCLUSION

This devotional activity leads to the following conclusions:

1. The dedication has reached the target target : access to public dedication is the number of targets that correspond to the target. This is achieved by making videos, writing voice contents, duplication processes and making questionnaires along with the provision of information (knowledge) related to stunting prevention efforts through the video "Brantas Stunting" orally and its benefits to 30 CHVs targeted by group and the community of the village of Karang Sari.
2. Community healthcare volunteers have given a good response according to the access indicators that can implement health education in the integrated healthcare center that is responsible for preventing stunting through the video "Brantas Stunting" effectively and efficiently.

Suggestion

There is a need to provide information (education) related to further stunting prevention efforts by cadre groups to mothers who have children under five in order to act as a maintenance measure for stunting prevention

information and education. It is better to deliver it every time at posyandu by cadres accompanied by evaluation materials such as discussions

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