



Prevention of Early Stunting Through Family Posyandu in Sape District, Bima Regency

^{1*}Buyung Nasution, ²Zainudin, ³Ahmad Jaya

Sumbawa University of Technology, Jl. Raya Olat Maras Batu Alang, Kabupaten Sumbawa, Nusa Tenggara Barat, Indonesia 84371.

*Email Korespondensi: buyungnasution33@gmail.com

Abstract

Stunting is a condition marked when a child's length or height is less than their age or a condition in which a child experiences growth disorders that causes his body to be shorter than his peers which is the main cause of malnutrition. As an area with a fairly high stunting rate in West Nusa Tenggara Province, Sape District is currently carrying out various cross-sectoral efforts in order to maximize early prevention and treatment of stunting. The purpose of this study was to determine the role of Posyandu Family Cadres in early prevention and treatment of stunting in Sape District, Bima Regency. This research is a field research that examines empirical reality in society as a research object using a qualitative approach. While the method of data collection is done by interviews and observations using guidelines that have been prepared previously as a guide. The results of this study indicate that Family Posyandu Cadres have a strategic role and have a significant impact on stunting management. This is due to several reasons, including: 1) Family Posyandu cadres as the vanguard of basic health services in the community; 2) The interaction intensity of posyandu cadres is quite dominant compared to other health workers; 3) Almost even distribution of Posyandu cadres in every region to remote areas; and 4) There is a moral responsibility carried by the Posyandu Cadre if stunting occurs in a member of the surrounding community.

Keywords: Early Prevention, Stunting, Family Posyandu.

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INTRODUCTION

The problem of stunting is one of the important issues in the world of children's health which is still a great concern, especially children in underdeveloped and developing countries. (Trihono, 2015) Stunting is a child development problem characterized by low child height, while his weight may be normal according to his age. A child is said to be stunted if his height does not increase significantly according to his age or when compared to the height that the child got at birth. Meanwhile, children under 5 years of age who have a low body weight or are very thin for their age are called wasting. (Sulistyoningsih, 2011) Based on a report from the World Health Organization, it is estimated that there are around 149 million children under five who are stunted worldwide in 2020, while Another 45 million children are estimated to be too thin or underweight.

Based on 2018 Basic Health Research data, the prevalence of stunting in toddlers in Indonesia is 30.8%, this figure has decreased from 2013 which was 37.2%. The adverse effects of stunting if not addressed immediately are impaired physical growth, impaired body metabolism, low immunity, and disrupted brain development. This will have a long-term impact, namely low cognitive ability and learning achievement, as well as the risk of experiencing degenerative diseases such as diabetes and cardiovascular disease.

Meanwhile, Sape District, Bima Regency, West Nusa Tenggara Province (hereinafter NTB) is included in the red stunting status area, based on data from the Indonesian Nutrition Status Study (SSGI). The 2021 SSGI stated that half of the regions in NTB had a red status, meaning they had a prevalence of stunting above 30 percent. There are five areas with red status, five with yellow status or have a stunting prevalence of between 20 and 30%. East Lombok Regency is the biggest red area in NTB because it has a stunting prevalence of up to 37.6 percent. This means that out of 100 babies born, 38 of them suffer from stunting.

After East Lombok, then followed by other areas namely North Lombok, Central Lombok, Sape and Dompu Districts. As for the City of Bima, it has yellow status along with Sumbawa Regency, West Lombok, Mataram City and West Sumbawa Regency.

Basically, stunting can be prevented early on, namely by educating prospective mothers to understand the importance of balanced nutritional intake during pregnancy and the child's growth period. In the context of educating these expectant mothers, there is the role of Posyandu cadres who work to socialize the importance of balanced nutritional intake, so that children are prevented from stunting. (Amalia, 2021) Posyandu cadres are members of the community who are involved by the puskesmas to manage the posyandu voluntarily. They are the main pillar and the first line of defense in improving public health status because they are the ones who best understand the characteristics of the people in their area. Given the importance of the role of cadres in preventing and overcoming stunting in the community, it is indeed necessary to hold annual routine activities such as cadre refreshing and training by the health center under the auspices of the Health Office to increase the knowledge and skills of cadres according to the latest scientific information updates. Training on measuring and determining nutritional status aims to enable cadres to be able to accurately determine the nutritional status of toddlers and provide actual and accurate reports to the puskesmas.

This study aims to find out 2 things, namely: first, the role of family posyandu cadres in the early prevention of stunting in Sape District, Bima Regency; and second, knowing the role of family posyandu cadres in handling stunting cases in Sape District, Bima Regency. Several literature reviews have proven that this research is renewable, including first, research entitled *The Role of Cadres in the Implementation of Posyandu Activities in Titipanjang Hamlet, Working Area of the Bunut Health Center, Labuhan Batu Selatan Regency* by Juliati. (Juliati, 2019) The results showed that the cadres had not implemented their overall role starting from before the implementation, at the time of implementation, and monitoring after the implementation of the posyandu. Second, research entitled *Performance of Cadres in Stunting Prevention: The Role of Old Work as Cadres, Knowledge, and Motivation* by Irma Afifa. (Afifa, 2019) The results of this study are that the knowledge and motivation of cadres are not proven to be a mediating variable for the length of time being a cadre on the performance of cadres as well as the length of time being a cadre. Cadres did not affect the performance of cadres in both regions. Nonetheless, the motivation of cadres has a dominant influence on the performance of cadres in both areas of the Puskesmas. Third, the study entitled *Factors that influence the role of posyandu cadres in efforts to prevent stunting in the Sungai Melayu Health Center area of Ketapang Regency* by Dini Fitri Damayanti et al. (Damayanti, 2022) The results of this study indicate that there is a significant relationship between knowledge, cadre training, length of work and skills in efforts to prevent stunting in the Sungai Melayu Health Center area of Ketapang Regency.

METHOD

This type of research is field research. This type was chosen so that researchers could carry out investigations based on facts in the field where this research was conducted. (Moeloeng, 2012) This research used qualitative methods, considering that the data obtained is a description of the reality in the field as outlined in the form of paragraphs and not in the form of numbers. This research was conducted at all Poyandu in Sape District, Bima Regency, NTB Province. The choice of location for this research was due to the significant stunting rate in Sape District when compared to other sub-districts in Bima Regency. The primary data for this study were obtained by researchers in the form of interview results and direct observation of the implementation of the role of family posyandu cadres in handling stunting in Sape District. The secondary data is obtained from literature, books, newspapers, laws and regulations, newspapers, and others, which are supporting data related to the problem to be studied. The technique of collecting data in this research uses observation, interview, and documentation techniques. Furthermore, the data that has been obtained is analyzed by checking (editing) data, grouping (classifying) data, checking (verifying) data, data analysis, and conclusions. (Kasiram, 2010).

RESULTS AND DISCUSSION

Overview of Sape District, Bima Regency

Geographically, the area of Sape District is 232.12 km². Sape District consists of eighteen villages namely Sari Village, Boke Village, Jia Village, Naru Village, Bajopulau Village, Bugis Village, Rasabau Village, Nae Village, Parangina Village, Rai Oi Village, Sangia Village, Kowo Village, Buncu Village, Poja Village, Tanah Putih, West Naru Village, Lamere Village, Oi Naci Village. Administratively, Sape District is one of the Eighteen Districts in Bima Regency, West Nusa Tenggara Province.

The population of Sape District in 2020 is 61,008 people, of which 30,815 people are male and the remaining 30,193 people are women. The entire population of Sape District is Muslim because the original population is Muslim. This is also closely related to the long history of Sape District, which was formerly in the form of a sultanate so the majority of the people of Sape District to this day are Muslims.

The Role of Family Posyandu Cadres in Early Stunting Prevention in Sape District, Bima Regency

1. Implementation of Posyandu in Sape District, Bima Regency

To find out the health condition in a particular community, it is necessary to know the availability of available health service facilities. This is related to the ease of access to public health services. One of the health service facilities that are closest to and often accessed by the community is Posyandu. In the following we present the number of posyandu in Sape District by District:

Table 1. Number of Posyandu in Sape District in 2020 (Central Bureau of Statistics for Sape District, 2021)

No	Village	Number of Posyandu
1	Sari	4
2	Boke	3
3	Jia	4
4	Naru	4
5	Bojopulau	4
6	Bugis	7
7	Buncu	4
8	Poja	5
9	Lamare	3
10	Rosabau	4
11	Nae	4
12	Parangina	5
13	Rai Ori	5
14	Sangia	6
15	Kowo	4
16	Tanah Putih	3
17	Naru Barat	5
18	Oi Mai	3
Total		77

Based on the table above, it can be understood that the distribution of Posyandu in Sape District is evenly distributed in every village. Of course, this will facilitate public access to basic health services. With easy access to health service facilities, it is hoped that this will affect the number of visits and will eventually be correlated with the number of public health levels.

The implementation of Health service activities at Posyandu is carried out by family Posyandu Cadres. It is these family Posyandu cadres who play an important role in providing health services and education to the community regularly. Sape District itself until 2021 is recorded to have 77 Posyandu spread across 18 existing villages. The almost even distribution of Posyandu activities and services in every area of Sape District, even in remote areas, is considered a huge potential to play an active role in joint efforts to reduce the

number of stunting that occurs. This was conveyed by the Head of the Sape District DPMD as follows:

"With such a massive and almost even distribution to remote areas, we see that family posyandu cadres have an important and quite strategic role in the joint effort to reduce stunting rates in Sape District. We as stakeholders who are also responsible for the implementation of posyandu throughout the Bima region continue to encourage family posyandu cadres can be given more roles and support. So it is necessary to develop these cadres, both in terms of the number and quality of existing human resources"

Based on this information, it is very clear that, apart from having an important role in efforts to prevent and treat stunting in Sape District, the Poyandu cadres, who number in the thousands, still feel it is important to increase the number and improve the quality of human resources. So that with a larger quantity it will reduce the ratio between the number of family posyandu cadres and the number of people who, of course, will increase the effectiveness of the services provided. In addition, it is also very important to increase the knowledge of the existing cadres, so that the services provided by family Posyandu Cadres to the community will continue to experience development and improvement in the future.

2. Overview of Stunting Incidents in Sape District, Bima Regency

Based on the Nutritional Status of Toddlers in the Province of NTB in 2020, it was found that Bima Regency is in fourth place with the number of stunted babies 8,431 after Central Lombok Regency, East Lombok Regency, and West Lombok Regency. The handling of stunting cannot only be done by one particular sector. It takes commitment and cooperation between sectors to reduce the number of stunting that occurs. So that all parties are actively involved and responsible for collectively alleviating the number of stunting incidents that occur in Sape District. This was then actualized through an innovation practice carried out by the Regional Government of Sape District, namely Gebrak Bimantika (Sape District Joint Movement for Anti-Stunting, Malnutrition, and Anemia). This step was taken as a response to the fact that the problem of stunting is not only limited to health matters so that it becomes the full responsibility of the health service provider. More than that, the involvement of multi-stakeholders is taken as a comprehensive step to reduce the stunting rate.

Bimantika's Gebrak innovation presents cross-program and cross-sectoral efforts in early prevention and overcoming stunting, malnutrition, and anemic pregnant women. The trick is to involve all Regional Apparatus Organizations (OPD) at the district to village level, including the community itself. The presence of the Gebrak Bimantika innovation plays an important role and is expected to be able to activate the role of each internal and cross-sectoral health program in efforts to prevent and overcome stunting, malnutrition, and anemic pregnant women in Sape District. The target of the early prevention and stunting prevention program is also the target of programs in other sectors, such as the target of Family Hope Program (PKH) at the Social Service, the target for self-sufficient food villages at the Food Security Service, the target for Early Childhood Education (PAUD) participants at the Education Office. , the target for Toddler Family Development (BKB), the target for the latrine program at the Regional Settlement and Infrastructure Service, as well as the target for BPJS participants at the Social Service.

In its implementation, Gebrak Bimantika begins with targeting toddlers and pregnant women by utilizing a community-based nutrition recording and reporting application (e-PPGBM). This was followed up through nutrition classes for underweight toddlers and stunting, nutrition classes for pregnant women and anemia, nutrition centers, Stunting Care Program (prolinting), and 16,660 latrines programs focused on the first 1,000 days of life (HPK). Substantively, this commitment was later realized through Bima Regent Regulation Number 37 of 2019 concerning the Acceleration of Stunting Prevention and Handling. The derivative of the Regent's Regulation itself is contained in the Regent's Decree concerning the Team for the Acceleration of Stunting Prevention and Handling which consists of cross-regional apparatus organizations up to the level of government up to the village government and its apparatus.

3. Implementation of the Family Posyandu in Handling Stunting Cases

Ideally, monitoring of the growth and development of children in Posyandu activities is carried out routinely once a month by health workers assisted by KPM and family Posyandu cadres. However, for measuring the length of babies and toddlers (0-23 months) or the height of toddlers (24-59 months) it can be done at least once every three months. Measurement of stunting was carried out by measuring body length for children under two (2) years old and height for children aged two years and over using anthropometric tools available at the Puskesmas (length measuring board in a sleeping position for children under two years old and microtoise in a standing position for toddlers). Both of these tools must be calibrated routinely by health workers before being used for quality assurance. The age of the child must be confirmed through official records such as a birth certificate or MCH book. If anthropometry measurement tools are not yet available or limited, growth mats can be used temporarily as an early detection tool for stunting risk. Together with family Posyandu Cadres and/or midwives, KPM facilitates height measurements with Growth Mats at the Posyandu. The Growth Mat is a qualitative growth assessment.

From the measurement results, children who are detected as stunting must be referred to the Puskesmas for measurement validation by a nutritionist or midwife and further examination by a doctor. The cadres will then follow up to provide the counseling needed at the Posyandu. If the child/parents are not present at the Posyandu, counseling is carried out through home visits. Posyandu can prevent children from being exposed to various risk factors for stunting through the programs they organize. Several Posyandu programs to prevent early stunting are POPM (Deworming Article Prevention), prevention of diarrhea, basic sanitation, and nutrition improvement. In addition to monitoring the growth and development of children, Posyandu also provides counseling activities on balanced nutrition and exclusive breastfeeding. This activity takes the form of Mother Support Groups (KP Ibu), baby and child feeding (PMBA), or the Mother Care Movement (GSI). The purpose of the activity is to increase the knowledge, attitude, and positive behavior of mothers and toddlers.

The Role of Family Posyandu Cadres in Efforts to Handle Stunting Cases in Sape District, Bima Regency

Efforts to prevent early stunting need to be increased to reduce the incidence of stunting and prevent the resulting impacts. (Kurniasih, 2010) The role of parents is very important, namely by providing exclusive breastfeeding, proper MPASI, and maintaining sanitary hygiene so that from an early age toddlers get proper nutritional intake. adequate and free from infectious diseases. The role of health workers is no less important, such as village midwives and family posyandu cadres, namely reminding and making parents aware of this, socializing health nutrition education to pregnant women and parents of toddlers, monitoring the growth of babies under five every month at the posyandu. Monitoring children's height according to age is an effort to detect early stunting events so that they can immediately get handlers to support optimal height.

Family posyandu cadres are members of the community who are involved with the Puskesmas to manage the posyandu voluntarily. (Rohmayanti, 2020) They are the main pillar and the front line of defense in improving community health status because they are the ones who best understand the characteristics of the people in their area. (Ramadhan, 2022) However, in practice, there are still many cadres who measure the height/length and weight of toddlers not according to proper procedures and errors in plotting growth charts. Plotting the growth chart in the KMS is a quick and easy way to determine the nutritional status of toddlers in society.

Because once again, family posyandu cadres are only residents who voluntarily are willing to devote themselves to the community, especially in the health sector. Therefore it is necessary to hold refreshing activities, counseling, and cadre training to improve cadre skills in measuring and determining the nutritional status of toddlers so that cadre services are optimal. Counseling is providing health information to cadres so that it can be passed on to the community. Training on measuring and determining nutritional status aims to enable cadres to be able to accurately determine the nutritional status of toddlers and provide actual and accurate reports to the Puskesmas.

It is important to reduce stunting as early as possible to avoid detrimental long-term impacts such as stunted growth and development of children. Stunting affects brain development so the child's intelligence level is not optimal. This has the risk of reducing productivity as an adult. Stunting also makes children more susceptible to disease. Stunted children are at higher risk of suffering from chronic diseases in their adulthood. The growth and development of children are influenced by environmental factors and hereditary factors. Research by Dubois, et.al in 2012 shows that heredity only slightly (4-7% in women) affects a person's height at birth. Conversely, the influence of environmental factors at birth is very large (74-87% in women). This proves that supportive environmental conditions can help the growth and development of children.

The causes of the stunting problem include malnutrition in pregnant women, infections or infectious diseases, inadequate parenting patterns, and environmental factors. First, the most important cause of stunting is the problem of malnutrition when the mother is carrying a baby. The pregnant woman may have malaria, hypertension, HIV/AIDS, or a history of other diseases that also affect the development of the fetus in the womb. From the time of pregnancy, newborn and golden age, children need balanced and complete nutrition for their growth and development. Not only for brain health but also physical, mental, emotional, and cognitive health. Therefore, parents must fully meet the nutritional needs of their children, namely giving their little one healthy food every day, milk, vitamins, and food supplements if necessary. Parents should also be aware of the causes of children not wanting to eat. Do not let children have any appetite to trigger malnutrition or malnutrition. Chronic malnutrition in children for a long time will put them at risk of stunting and wasting. Stunting can also occur if pregnant women do not get enough nutrients such as calcium, iron, folic acid, omega-3, and other important vitamins and minerals. As a result, the fetus in the womb also does not receive adequate nutrition, is born with low body weight, and is at risk of malnutrition, or other complications.

Second, babies are at risk of being exposed to many dangerous diseases, infectious diseases, infections caused by microorganisms, intestinal damage, diarrhea, or other growth disorders without symptoms at the age of 3-5 months until they are increasingly visible at the age of 6-18 months. If you don't get medical treatment immediately or leave it alone, it can harm the child's growth. It can trigger malnutrition, stunting, or wasting, especially due to asymptomatic diseases that children may experience.

Third, parents may not understand good parenting styles for children and lack knowledge about the importance of nutrition for children. This condition can make children neglected, and lack nutritional intake so that they experience growth disorders that are at risk of being fatal.

Fourth, the environment greatly influences the growth and development of children. If a child is born in an environment that lacks access to nutritious food and clean water, the child will be at risk of malnutrition and failure to thrive. Growth disturbances are still prone to occur in poor and developing countries due to difficulties in accessing food, expensive food prices, or limited access to adequate health.

CONCLUSION

Family Posyandu cadres as implementers of basic health services closest to the community have a strategic and significant role in efforts to prevent early stunting in Sape District. This is due to the higher intensity of interaction between family posyandu cadres and the community directly compared to other health service providers. In addition, family posyandu cadres have an almost equal distribution rate in each region, so that the validity of the data on potential stunting is fairly accurate and ultimately affects the level of accuracy of the treatment carried out. In an effort to prevent early stunting in Sape District, family posyandu cadres have several roles including: 1) direct control of the health conditions of pregnant women and toddlers; and 2) accurately identify the potential for and incidence of stunting in the community through posyandu activities.

The role of family posyandu cadres in handling stunting that occurs in Sape District is carried out with the following things including: 1) Specific Nutrition Intervention, which is carried out by controlling the fulfillment of nutritional needs which is carried out from the time of the mother's pregnancy until the child is 2 years old (usually known as the First 1000 Days

of Life); and 2) Specific Nutrition Interventions, namely the handling of stunting which is carried out by providing nutritional fulfillment for children who are in their growth period. Through these two nutritional interventions, it is hoped that children can grow and develop properly.

RECOMMENDATION

The recommended by researchers are as follows:

1. Families of children with stunting. The occurrence of stunting in children should be addressed wisely by parents. Often social problems will arise such as ridicule, satire, or even scorn directed at parents whose children are stunted. In this case, it must be understood that the incidence of stunting can be overcome with proper handling.
2. Society. Community participation in the context of early prevention and treatment of stunting is not only limited to collective awareness to pay attention to nutritional needs and environmental hygiene. More than that, the community also plays an important role in carrying out early detection of other members of the community who are suspected of experiencing symptoms of stunting. On the other hand, there is also an obligation attached to every member of the community to pay attention to and provide support to other members of the community whose children may be stunted.

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