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Community Empowerment in Stunting Prevention Through the Complete Stunting Response Mothers Movement (GITa TingTas)

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ABSTRACT Currently, Indonesia is facing the problem of stunting, including in Magetan. The prevalence of stunting in 2022 was 17.2%, decreasing by 4.34% to 14.9%. Although this prevalence has decreased, it has not yet reached the 2024 RPJMN target of less than 14%. In Pandeyan Village, 14% of toddlers still experience stunting. Stunting is needed to reduce the stunting target. This stunting problem will be more easily prevented through Integrated Health Posts [Posyandu]. Posyandu is an integrated service post for mothers and toddlers in a specific, agreed-upon area, driven by the community to provide health services. Posyandu is a form of community-based health service [UKBM] established by the community based on community initiatives and needs, particularly for toddlers. The purpose of this community service is to increase public awareness of stunting prevention through health promotion, education for mothers of toddlers, and the establishment of the Complete Stunting Response Mothers Movement Group [GITa TingTas]. The method used is to conduct training to provide understanding and competence to mothers of toddlers about Exclusive Breastfeeding, providing Complementary Breastfeeding Foods [MP-ASI], Monitoring Child Growth and Development and the Importance of Environmental Cleanliness. Respondents in the training in this stunting training were all mothers of toddlers who have toddlers with stunting or not stunting and were willing to participate in the training. The number of participants was 100 respondents. Knowledge results before and after the pre-test [pre-test] and post-test [post-test] showed that knowledge about stunting in the "very good" category increased from 11% to 23%, and knowledge about stunting in the "good" category increased from 48% to 61%. Meanwhile, the percentages in the "sufficient" and "poor" categories decreased during the pre-test and post-test. Knowledge about stunting in the "sufficient" category decreased from 23% to 16%, and knowledge about stunting in the "poor" category decreased from 18% to 0%. Conclusion: Cadre training has significantly improved mothers' knowledge about stunting prevention in Pandeyan Village, Maospati District, Magetan Regency. Recommendations: Ongoing training on stunting is needed to ensure mothers remain responsive to stunting prevention. Continuous cross-sectoral and cross-program efforts are needed to address stunting with the participation of the entire community.

INDEX TERMS Empowerment; Community; Prevention; Stunting Complete.

I. INTRODUCTION

Stunting [short stature] is a nutritional problem facing the world, particularly in poor and developing countries. Stunting negatively impacts children's quality of life, hindering them from achieving optimal growth and development according to their genetic potential. Indonesia is one of the countries facing this problem, due to the short-term negative impacts, including impaired brain development and intelligence, impaired physical growth, and metabolic disorders [1]. Stunting is a condition in which body length or size is inappropriate or smaller than age. Stunting is a chronic nutritional problem because it is a condition of malnutrition related to a history of malnutrition. Stunting refers to children who are too small for

their age, as stunted children can suffer severe and irreversible physical and cognitive impairments related to stunting. [2] Stunting [short stature] is a nutritional problem facing the world, particularly in poor and developing countries. Stunting negatively impacts children's quality of life, hindering them from achieving optimal growth and development according to their genetic potential. Indonesia is one of the countries facing this problem. Stunting is categorized as a chronic nutritional problem because it is caused by a prolonged lack of nutrients. Determining whether a child is stunted or not is done by comparing the child's height with their age and gender [3].

Stunting refers to a child's height being too short compared to other children their age. Children who suffer from stunting

are at risk of severe, irreversible physical and cognitive impairments, usually accompanied by stunted growth. The adverse consequences of stunting can last a lifetime and even affect future generations [2].

Stunting remains largely unknown in the community, largely due to parents' lack of awareness of measuring their toddlers' heights. In 2021, approximately 22.0% of children under 5 years of age, or approximately 149.2 million, suffered from stunting. This number could increase substantially due to challenges in accessing nutritious food [3].

Therefore, stunting has become a focus for global nutrition improvement efforts. Data from the 2018 Basic Health Research (Riskesdas) showed that the number of toddlers suffering from stunting in Indonesia was 30.8%. Based on WHO guidelines, Indonesia has a high stunting rate. Children aged two to five who experience stunting tend to have lower intelligence, are susceptible to disease, and are at risk of reduced productivity in the future. However, stunting slows economic growth, increases poverty, and increases inequality. The condition in Indonesia, according to data from the 2019 Indonesian Child Nutrition Status Study (SSGBI), remains relatively high, with a stunting prevalence of 27.67%. The prevalence of stunting is still higher in Indonesia than in Southeast Asia, at 24.7%. [1] High stunting rates in children under five are closely related to long-term conditions such as poverty, poor hygiene and healthy lifestyles, poor environmental health, poor parenting, and low education levels [Widanti, 2016]. Stunting is not caused by a single factor, but rather by several interrelated factors. The three main factors causing stunting are an unbalanced diet, infectious diseases, and low birth weight [4]. According to the Journal of Midwifery in Community, a study entitled "Efforts to Prevent and Manage Stunting by Introducing the Siganting Program (Nutrition Information System for Stunting Children)" [6], the Siganting Program is one of the programs that helps accelerate the reduction of stunting, namely by providing independent assistance regarding feeding for toddlers. The Indonesian Public Health Media Journal, which analyzes the implementation of the Stunting Prevention Program at Community Health Centers (Puskesmas), explains that stunting prevention efforts have been implemented in

Indonesia, such as exclusive breastfeeding, complementary feeding (MPASI), infant weighing and measuring, prenatal examinations, iron supplementation (TTD), and supplementary feeding (PMT) for pregnant women with specific illnesses [7,8]. Growth retardation must be prevented early in pregnancy to reduce the incidence of growth and developmental delays in children. Growth retardation can occur during pregnancy due to inadequate nutritional intake during pregnancy, inappropriate eating habits, and poor food quality, leading to stunted growth ([Ni'mah, K., & Nadhiroh, 2015]. Stunting prevention efforts change community behavior through health promotion and community empowerment programs, all aimed at encouraging positive behavioral changes related to maternal knowledge about nutrition during pregnancy, childbirth, and for children under 2 years of age [2].

Currently, Indonesia is faced with the problem of stunting, including in Magetan, the prevalence of stunting in 2022 was 17.2%, decreasing by 4.34% to 14.9%. Although the prevalence has decreased, it has not yet reached the 2024 RPJMN target of less than 14%. In Pandeyan Village, 14% of toddlers still experience stunting. It takes hard work to reduce the stunting target. This stunting problem will be easier to prevent through Posyandu. Posyandu is an integrated service post for mothers and toddlers in certain agreed areas, which is driven by the community to obtain health services. Posyandu is a form of community-based health service or UKBM formed by the community based on community initiatives and needs, especially at the toddler age. As an effort to prevent and manage stunting, namely with the Complete Stunting Response Mother Movement [GITa Ting Tas], namely by providing training to mothers on the prevention and management of stunting including Exclusive Breastfeeding, Complementary Breastfeeding Foods [MP-ASI], Monitoring Child Growth and Development and Environmental Cleanliness.

II. METHOD

This community service program involved providing training to mothers on stunting. The participants were 100 mothers with toddlers. The location was Pandeyan Village,

TABLE 1.

Frequency Distribution of Pre-Test And Post-Test Knowledge About Stunting Prevention In Pandeyan Village, Maospati District, Magetan Regency, 2025. Category: Knowledge About Stunting

Category	Pre test		Pos test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Stunting Knowledge				
Excellent	10	11	20	23
Good	42	48	54	61
Sufficient	20	23	14	16
Poor	16	18	0	0
Total	88	100	88	100

Maospati District, Magetan Regency. Prior to the training, respondents were given a pre-test to answer questions related to stunting. Following the training, they were given material related to stunting, followed by a post-test to answer questions related to stunting. Their knowledge was then assessed. Respondents in this stunting training were all mothers of toddlers with and without stunting who were willing to participate. The total number of participants was 100.

III. RESULT

During the stunting training activity, a pre-test and post-test were conducted on stunting prevention, with the following results.

PRIMARY DATA SOURCES

Based on the table above, there was an increase in knowledge before and after the test [pre-test]. The percentage of knowledge about stunting in the "very good" category increased from 11% to 23%, and the "good" category increased from 48% to 61%.

Meanwhile, the percentages in the "sufficient" and "poor" categories decreased during the pre-test and post-test. The "sufficient" category decreased from 23% to 16%, and the "poor" category decreased from 18% to 0%. Results of the interactive dialogue with active participants raised questions about stunting, child growth and development, how to detect stunted children, and how to address growth and development issues. They also provided input for the continuation of this stunting training to ensure sustainable knowledge and attention on stunting.

Based on Sakula's theory, training is a short-term education through a systematic, effective, and procedurally organized process followed by several people to learn techniques, knowledge, and skills with predetermined objectives. According to Payaman Simanjuntak, training is part of human resource investment [human investment] to improve work abilities and skills, and thus improve employee performance. Training is usually conducted with a curriculum tailored to job needs, given over a relatively short period of time, to equip someone with work skills.

Providing training, counseling, or education to Posyandu cadres is important because cadres play a role as health motivators, health educators, and as direct providers of

health services to the community [14]. Providing training to Posyandu cadres in order to strengthen their capacity and role is in line with the theory of behavioral change stimulated by health education. The process of behavioral change occurs when a stimulus or encouragement is given to someone and if it can be accepted or responded to, the stimulus is effective in influencing a person's attention.

The stimulus will then be processed and make a person willing to act (Stimulus-Organism-Response theory by Skinner, 1938) and Holland, 1953 [13]. The stimulus in question can be education, knowledge, or motivation. Health education is an effort to provide and improve knowledge, attitudes, and practices or skills to individuals or community groups to achieve optimal health. Health education is intended to change a person's behavior to be responsible for their health condition. Through the provision of information or education, knowledge increases which in turn changes a person's attitude, ultimately encouraging behavioral changes based on the individual's awareness and willingness [24]. Attitudes and behaviors based on knowledge are more durable than those not based on knowledge [25]. Knowledge is a crucial factor related to behavioral change. Knowledge is the first point that will be affected when cadres receive education, namely the result of not knowing to knowing. The next points that will develop are attitude, awareness or motivation, skills, performance, and self-confidence. Starting with increased knowledge, cadres can develop other capacities to actively participate in the prevention and early detection of stunting [18,26].

A good outreach strategy involves all five senses, which will clarify and expand a person's acquired knowledge. Frequently conveying information or knowledge can also increase knowledge retention, resulting in longer-lasting memory. By using a variety of methods, more media are used and more information is received. This can maximize cadres' ability to absorb a large amount of information. Training or education using various media will improve The willingness to see, read, touch, or hear the information presented [28]. Therefore, training using various methods simultaneously, such as lectures, discussions, Q&A sessions, demonstrations, combined with booklets, videos, or other media, is more effective in increasing the capacity of cadres than using



FIGURE 1. The Opening with Mothers of Toddlers



FIGURE 2. Educational Materials for Stunting Prevention

lectures or demonstrations alone. If education is provided to cadres using the right methods and media, behavioral change in them will be easier to achieve [29].

The lecture method is a method that conveys information to the target audience verbally. Lectures can reach large groups without the need for multiple instruments [18]. However, this method tends to make participants passive and is less effective in maximizing their understanding. Therefore, it is recommended that this method be combined with other methods, such as discussions, Q&A sessions, simulations and practices, or other methods. This is because discussions can encourage participants to think critically and provide opportunities to express opinions and ask questions, allowing the trainer or educator to more easily assess participants' understanding. The discussion method is a follow-up method after previously providing information or education through lectures. This allows cadres to actively participate and gain better knowledge through discussions. [24]. Several other methods that are quite effective in increasing cadre capacity include focus group discussions (FGDs) and the use of audiovisual media to improve cadre knowledge and attitudes. Disseminating knowledge through FGDs is considered effective because the information dissemination process is carried out systematically and specifically on a specific issue through group discussions. Through FGDs, cadres can actively participate and are given the opportunity to discuss and share their opinions or experiences, enabling cadres to be more focused and enthusiastic [30]. On the other hand, video is a modern medium with the main characteristics of moving images, writing, and sound that explain the displayed images, making it easier for videos to attract the attention of the target audience. The use of video or audiovisual media utilizes at least two [2] senses simultaneously to receive stimuli: sight and hearing. The more senses used in the learning process, the cadres' understanding and ability to absorb the material will improve and be retained in their memory for a longer period [29]. Apart from knowledge, the use of audiovisual media can also increase motivation and learning outcomes because complicated and complex material can be explained more clearly [26].

IV. CONCLUSION

Training strategies for mothers of toddlers utilizing various methods have proven effective in improving the ability of cadres to receive and understand information related to stunting. The combination of lectures with focus group discussions [FGDs] and lectures with video screenings was the most effective method in increasing mothers' knowledge of toddlers. Meanwhile, lectures with booklets accompanied by brainstorming and practice sessions were the most effective in improving cadres' attitudes and skills. Thus, the capacity of mothers of toddlers can be maximized in efforts to prevent stunting in toddlers in their respective work areas. As a follow-up to this training, it was agreed that stunting management would continue through collaboration with local village governments by mobilizing cadres and providing attention to

stunted toddlers. The group, called the Complete Stunting Response Mothers Movement (GITa TingTas), aims to create an environment that encourages understanding of stunting and how to prevent it. Mothers of toddlers are encouraged to take action if they are in a social environment wherever they are [family at home, people who are role models/idols, social gathering groups, religious assemblies, etc., and even the general public] who agree or support Stunting Prevention.

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