

## STUNTING PREVENTION BY STRENGTHENING POSYANDU AND FAMILY APPROACH THROUGH HEALTH LITERACY IN MAJENE REGENCY, WEST SULAWESI PROVINCE

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### Conflict of interest:

The authors declare that they have no conflict of interest.

### Abstract.

**Background:** The second highest case of stunting in Indonesia is West Sulawesi Province. Stunting causes stunted child growth and development which ultimately has an impact on the quality of human resources. Stunting prevention begins through strengthening posyandu and family approaches. **Objective:** The purpose of this study is to prevent stunting by strengthening posyandu and family approach through health literacy in Majene District, West Sulawesi Province. **Method:** The research method used is qualitative research with phenomenological design. The informants in this study were 103 Baduta mothers who were exclusively breastfed, and lived in rural areas of Pamboang District and Tameroddo District. The data was analyzed using content analysis through the N-Vivo 12 application. **Results:** The results showed that stunting prevention in Majene district, West Sulawesi province can be seen through the variables of Health Care



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Support, Family Support, Access to Information, and Expected Education. The most felt support for health workers is by health workers coming to people's homes to make direct visits, the biggest Family Empowerment is care assisted by Grandma, access to the most information obtained at Posyandu, The most expected education is group / personal education accompanied by practice and the availability of pocket books (Booklets). **Conclusions and Suggestions:** Stunting prevention can be done in Majene District, South Sulawesi Province by strengthening posyandu and family approaches through group health education accompanied by practices and booklets as a form of health literacy. So it is recommended to the government and relevant stakeholders to focus on strengthening Posyandu and families as the spearhead of the stunting prevention movement in Majene District.

**Keywords:** Stunting Prevention, Posyandu, Family Approach, Health Literacy

## Introduction

Majene Regency is one of the regions in West Sulawesi Province that still has a significant stunting rate. Globally in the last five years, the number of stunting cases in a row starting in 2016 was around 25%<sup>1</sup>. In 2017 it was around 22.2%<sup>2</sup>, where one in nine children was stunted<sup>3</sup>. In 2018 it was around 22.2% (IEG 2018)<sup>4</sup>, in 2019 it was around 21.3%<sup>5</sup>, and in 2020 it was around 22%<sup>6</sup>. It is estimated that one in four baduta children is stunted, and information was obtained that almost half of the deaths in baduta children were caused by stunting cases<sup>7,8</sup>.

According to data from the United Nations International Children's Emergency Fund (UNICEF) in its Global Nutrition Report in 2021, about a quarter to one-half of children in developing countries are stunted due to poverty, malnutrition and the burden of disease<sup>9</sup>. While internationally, it was found that the number of stunting cases in Asia was 55%, and another 39% was in the African region. The Asian region recorded the highest number of stunting cases at around 83.6 million children, where South Asia contributed the most stunting cases at 58.7%, while Central Asia had the smallest number of stunting cases at only about 0.9%<sup>1</sup>.

Indonesia is the third country with the highest stunting prevalence in the South-East Asia Regional (SEAR). This was revealed by WHO, seeing that the average prevalence of baduta stunting in Indonesia from 2005 to 2017 increased by 36.4%<sup>10</sup>. Furthermore, in 2018, the Global Nutrition Report showed that Indonesia's stunting prevalence was ranked 108 out of 132 countries with a prevalence of 29.9%<sup>11</sup>. From this data, Indonesia is the second highest country after Cambodia in stunting problems in the Southeast Asia region<sup>11</sup>.

Currently, stunting cases are a severe nutritional problem in Indonesia. The results of the Nutritional Status Monitoring (PSG) in the last three years found that stunting cases became the highest nutritional problem compared to other nutritional problems, such as undernutrition, underweight and fat<sup>12</sup>. In line with the Global Nutrition Report in 2018, states that Indonesia is a country with Double Nutrition Problems (MGG), because of the complexity of nutritional problems such as the presence of undernutrition problems (stunting, wasting, and micronutrient deficiency) along with overnutrition and obesity throughout life<sup>6,13</sup>.

The prevalence of stunted baduta in Indonesia tends to be static. Data from Riskesdas (Basic Health Research) in 2016 found stunting cases of 27.5%, and increased in 2017 to 29.6%. Then in 2018, there was an increase to reach 30.8%. Furthermore, the latest data found that 3 out of 10 toddlers in Indonesia were stunted in 2019. Based on data from the article Childhood Stunting: a Global Perspective nationally, DKI Jakarta is the region with the lowest stunting cases in Indonesia, which is only around 17.7%, while East Nusa Tenggara is the region with the highest stunting cases in 2018 at 42.6%<sup>11</sup>. In contrast to 2019 data which places Bali Province as the lowest region, with a range of 14.42%, followed by Riau Islands Province at 16.82%, and Bangka Belitung Islands Province at 19.93%<sup>11</sup>.

The highest cases are still found in the East Nusa Tenggara Province with a presentation of 43.82%. The second highest case was followed by West Sulawesi Province with a case achievement of 40.38%, and was in second position nationally. Data from SSGI (Indonesian Nutritional Status Survey) the number of stunting in West Sulawesi in 2019 was 40.3% and 2021 was 33.8%<sup>15</sup>. Looking at the data, stunting cases are still considered high, considering that WHO targets the stunting rate to be no more than 20%<sup>16</sup>. Based on this description, a research design was made entitled The Effect of Breastfeeding MP as an Intervention for the Prevention and Handling of Stunting Children Aged 06-24 Months.

Based on preliminary studies, data on the number of children in Majene Regency was 1.6145. While the population of Baduta is 6,679 children. The sub-districts with the highest number of children as well as rural areas and the largest contributor to stunting children in Majene Regency are Tameroddo 485 Baduta, and Pamboang 810 Baduta. So this study will focus on these two areas, namely Pamboang and Tameroddo.

Stunting is a condition of failure to thrive in children characterized by height that is not in accordance with their age. Stunting can adversely affect a child's physical and mental development, as well as increase the risk of chronic diseases later in life. To overcome this problem, strengthening posyandu and family approaches through health literacy are important strategies<sup>14</sup>.

Strengthening posyandu is an effort to strengthen the role of posyandu as a means of public health services, especially for toddlers and pregnant women. Posyandu can be a center for public health activities that provide various services such as health checks, immunizations, supplementary feeding, and health counseling to mothers and children<sup>17</sup>. By strengthening posyandu, it is hoped that more children will get the right health services and information needed for good growth and development<sup>18</sup>. The family approach through health literacy is also very important in stunting prevention. Health literacy refers to the ability of individuals and families to acquire, understand, and use health information to make informed decisions related to health<sup>19</sup>. In the context of stunting prevention, family health literacy can help increase understanding of balanced nutrition, the importance of nutrition during child growth, and stunting prevention practices such as exclusive breastfeeding, adequate breastfeeding, and appropriate health care<sup>20</sup>.

The combination of posyandu strengthening and family approach through health literacy is expected to create a conducive environment for stunting prevention in Majene Regency. Strengthening posyandu will provide better health services, while the family approach through

health literacy will help change the mindset and behavior of families in caring for and providing good nutrition for their children so that stunting can be uprooted from its roots.

## Purpose

The purpose of this study is to prevent stunting by strengthening posyandu and family approach through health literacy in Majene District, West Sulawesi Province.

## Research Methods

The research method used is qualitative research with phenomenological design, sample selection through purposive sampling method. The informants in this study were 103 Baduta mothers who were exclusively breastfed, and lived in rural areas of Pamboang District and Tameroddo District. The data was analyzed using content analysis and root cause analysis through the N-Vivo 12 application.

## Location and Time

This research was conducted at stunting locations in West Sulawesi Province, Majene Regency, Pamboang District and Tameroddo District. The research period is March 2022 to May 2023.

## Results and Discussion

The results showed that stunting prevention in Majene district, West Sulawesi province can be seen through the variables of Health Care Support, Family Support, Access to Information, and Expected Education.

## Nakes Support

The most felt support of Nakes is with the Officer Coming to the house.

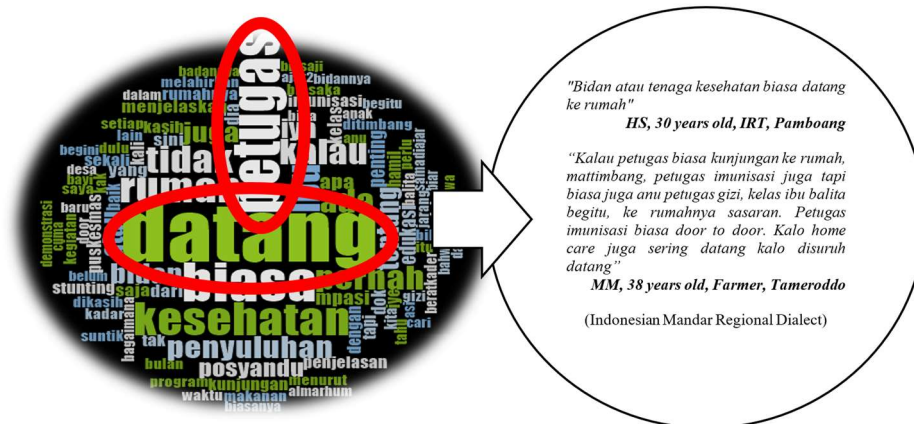


Figure 1: N-Vivo analysis results Nakes Support Variables

The support of health workers through home visits by health workers is very important in stunting prevention. With direct interaction between health workers and families, health information and services can be delivered more effectively. This can help increase family awareness and understanding of stunting prevention and optimize efforts to prevent and handle stunting in children in Majene Regency, West Sulawesi Province. Through home visits, health workers can provide direct health care to their families and children. Some of the benefits of health workers coming to the home include:

1. In-person health check-up: Health workers can perform a comprehensive health check on the child, including height and weight measurements. It is important to identify stunting or other health problems early<sup>21</sup>.
2. Vaccination: Health workers who come to the home can vaccinate children according to the recommended schedule. Vaccination is one effective way to prevent disease and strengthen the immune system of children<sup>22</sup>.
3. Supplementary feeding: Health workers can educate mothers and families about the importance of balanced supplementary feeding for children. They can also provide assistance in the form of supplementary food needed to meet the nutritional needs of the child<sup>23</sup>.
4. Health counseling: Health workers can counsel families on the importance of balanced nutrition, good feeding practices, and proper health care. They can provide relevant information and support families in increasing understanding and awareness about children's health.<sup>24</sup>
5. Growth and development monitoring: With regular home visits, health workers can monitor a child's growth and development continuously. If there are developmental problems or delays, they can provide further intervention or direct the family to seek more intensive medical care.<sup>25</sup>

## Family Support

The largest of the Empowerman's families was Grandma's assisted parenting:

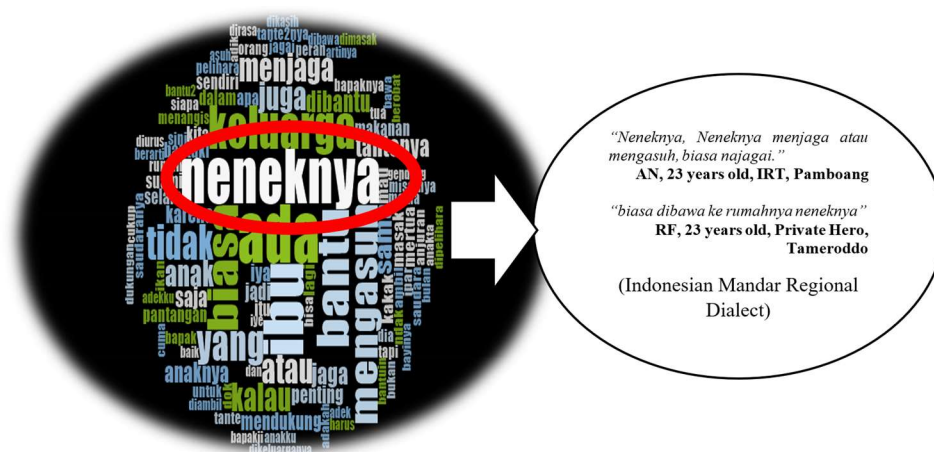


Figure 2: analysis results of N-Vivo Variable *Family Empowerman*

The greatest family empowerment is parenting assisted by grandmothers. The role of grandmothers in helping childcare has many important benefits in stunting prevention. Some of these benefits include:

1. **Knowledge and experience:** Grandmothers generally have knowledge and experience in caring for children, as they have gone through the parenting phase and have experience in dealing with various situations and challenges. They can share this knowledge and experience with parents or other family members, including how to provide good nutrition and meet the needs of children's growth and development.
2. **Daily accompaniment:** Grandmothers often live near or with families with children. They can provide daily support and assistance to parents in caring for children, including monitoring diet, providing nutritious food, and ensuring children get proper health care.
3. **Child care while the parent is working:** In situations where the parent is working or busy with other activities, the grandmother can provide direct care to the child. They can ensure that the child gets good nutrition, maintain the cleanliness and cleanliness of the environment, and provide the necessary stimulation for the child's development.
4. **Help understand nutritional changes:** Grandmothers often have a good understanding of nutritional value and a balanced diet. They can help families understand the importance of nutritious food and introduce a variety of varied types of food to the child.
5. **Affectionate approach:** Grandmothers generally have a strong emotional bond with their grandchildren. The affectionate approach given by grandmothers can provide a sense of security and emotional support to children, which is important for healthy physical and mental development.

Involving grandmothers in childcare is an important step in stunting prevention. Support from grandmothers can enrich childcare with knowledge, experience, and love<sup>26</sup>. Through collaboration between parents and grandmothers, families can create a caring environment that supports optimal development of children, as well as minimize the risk of stunting in Majene Regency, West Sulawesi Province

### **Access Information**

Research informants interviewed on the Information Access Variable as many as 103 people according to predetermined inclusive criteria, the information of these informants can be seen in the following chart:



Posyandu (Integrated Service Post) is a public health service facility that provides various health services, especially for mothers and children. Here are some reasons why posyandu can be an important source of access to information:

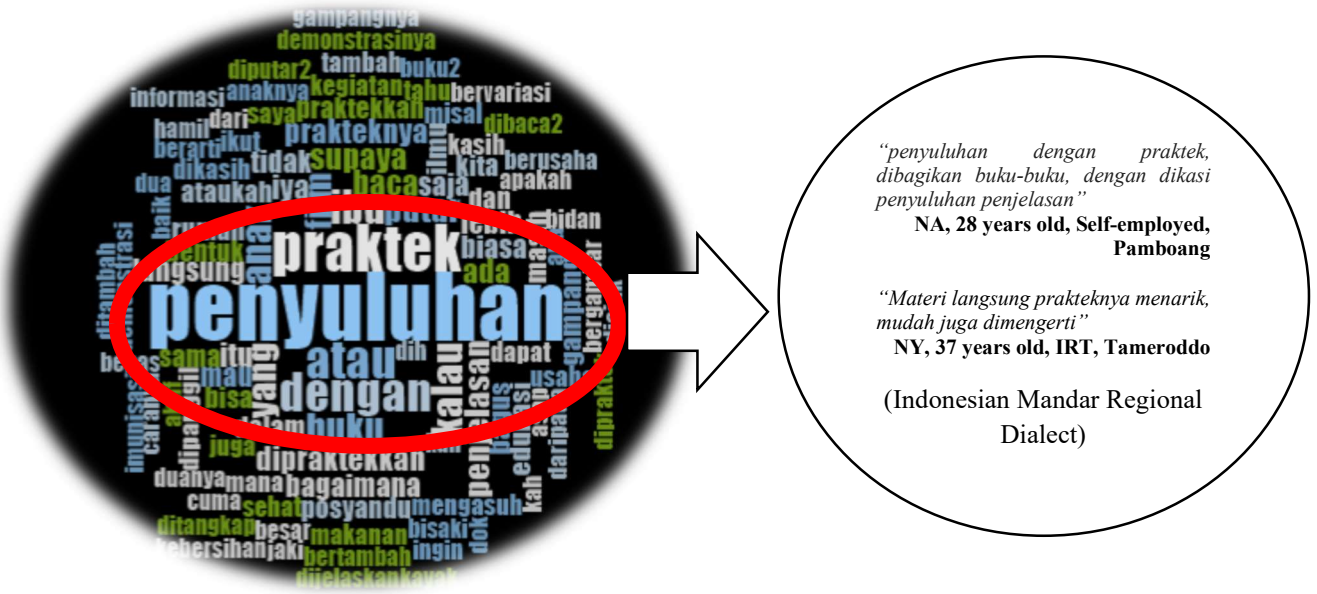
1. **Health counseling:** Posyandu organizes health counseling programs for pregnant women, breastfeeding mothers, and families with children under five. This counseling covers topics such as balanced nutrition, good feeding practices, child care, immunizations, and the importance of measuring children's growth periodically. Health workers at posyandu provide relevant and up-to-date information to the participants, so that they can understand the importance of stunting prevention and the steps that can be taken to prevent it<sup>27</sup>.
2. **Monitoring and evaluation of child growth:** Posyandu has an important role in monitoring children's growth and development periodically. Health workers at posyandu take height and weight measurements at each visit. This data is then recorded and analyzed to identify potential risks of stunting or other growth problems. The child's parents or caregivers will get information regarding their child's growth status, as well as advice and actions that need to be taken if any problems are<sup>detected28</sup>.
3. **Individual counseling:** At posyandu, health workers provide individual counseling to mothers and families regarding child care, nutrition, and other health practices. This counseling serves to provide more personalized information and in accordance with the special conditions of the family. Health workers will provide a more detailed explanation and answer questions that mothers or families may have regarding stunting prevention<sup>29</sup>.
4. **Educational materials:** Posyandu often have educational materials available, such as brochures, posters, or leaflets related to stunting prevention. This material can be read or taken by posyandu participants for further study at home. Health workers can also provide the material to posyandu participants directly, provide explanations and direct them to understand the contents<sup>30</sup>.

Thus, posyandu is one of the most sources of access to information in stunting prevention. Through counseling activities, child growth monitoring, individual counseling, and educational materials provided at posyandu, families in Majene Regency, West Sulawesi Province can obtain the information needed to prevent stunting.

### **Expected Health Education**

The most expected education is counseling accompanied by practice and distribution of booklets / pocketbooks.





**Figure 5:** N-Vivo analysis results of Expected Educational Variables

Through counseling accompanied by practice, participants can learn in a more interactive way and practice directly the knowledge they have gained. This can help improve participants' understanding, skills, and motivation in implementing stunting prevention practices in Majene Regency, West Sulawesi Province.

The MP-ASI cooking demo practice provides direct experience to participants in preparing healthy and nutritious food for children. This enables them to master proper cooking skills and implement healthy feeding practices in stunting prevention in Majene District, West Sulawesi Province. Group education using emotional demonstration can be an effective method to communicate important messages about stunting prevention and the importance of complementary foods (MP-ASI). Emotional demonstration involves the use of emotional elements, such as stories, images, or videos, to influence participants' feelings and motivations in receiving information.

The most expected education in stunting prevention is counseling accompanied by practice. Counseling that involves direct practice provides real experience to participants, so that they can understand and apply the knowledge provided more effectively. Some of the reasons why counseling with practice is highly expected are as follows:

1. Active learning: In practice-accompanied outreach, participants not only receive information passively, but also engage in activities that involve hands-on experience. This allows participants to learn actively and practically, so that they can better understand the concepts and carry out the necessary actions in stunting prevention<sup>31</sup>.
2. Hands-on experience: By doing practice, participants have the opportunity to experience and observe firsthand how to apply the knowledge that has been given. For example, they can learn about how to prepare a balanced nutritious meal, measure a child's height properly, or

- give appropriate supplementary meals. By seeing and doing it themselves, participants can gain practical skills necessary in stunting prevention<sup>31</sup>.
3. Awareness of the importance of application: By doing practice, participants can feel firsthand the benefits and importance of applying the practices taught. They can see a direct relationship between the actions taken and their impact on the child's health. This can increase their awareness of the importance of applying this knowledge in their daily lives to prevent stunting<sup>32</sup>.
  4. Opportunity to ask questions and get feedback: Through practice, participants have the opportunity to ask questions of facilitators or health workers who provide counseling. They can also receive immediate feedback on their performance and obtain necessary suggestions or recommendations. This allows participants to refine their understanding and skills more effectively<sup>33</sup>.

Through counseling accompanied by practice, participants can learn in a more interactive way and practice directly the knowledge they have gained. This can help improve participants' understanding, skills, and motivation in implementing stunting prevention practices in Majene Regency, West Sulawesi Province. The MP-ASI cooking demo practice provides direct experience to participants in preparing healthy and nutritious food for children. This enables them to master proper cooking skills and implement healthy feeding practices in stunting prevention in Majene District, West Sulawesi Province. Group education using emotional demonstration can be an effective method to communicate important messages about stunting prevention and the importance of complementary foods (MP-ASI). Emotional demonstration involves the use of emotional elements, such as stories, images, or videos, to influence participants' feelings and motivations in receiving information<sup>34</sup>.

### **Root Cause Analysis (RCA) Stunting Prevention by Strengthening Posyandu and Family Approach through Health Literacy**

Stunting prevention is carried out through the support of families and health workers. Families involved in childcare are usually husbands, mothers/in-laws (grandmothers of babies), and siblings. The role of grandmothers is the one that most supports this parenting style both through care, and providing education in parenting because they are considered to have more experience. Health workers are considered to provide great support to mothers, especially when health workers visit people's homes. Visits made by health workers are to pursue weighing or immunization if you are unable to attend the posyandu, doing home care, and community-based approaches make you feel cared for so that emotional closeness with officers is established. In addition, health workers during their visits will insert health education.

Health education is greatly felt by mothers in understanding parenting and providing appropriate complementary foods to Baduta to prevent stunting. Health education about stunting is carried out either in Pustu, Posyandu, Puskesmas, village offices, or in the

community. Among these location settings, based on the results of interviews Posyandu is the place most often visited by mothers with the aim of health education. There are many educational programs such as classes for pregnant women, toddlers, playgroups, or direct counseling conducted by trusted health workers. Education at posyandu is usually carried out by midwives accompanied by cadres. Mother's hope in providing education in the future is not only given through large education but also group / individual education accompanied by practice and provided booklets as pocket books.

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