Asian Journal of Community Services (AJCS)
Vol. 4, No. 2 2025: 173-180

Community Empowerment through a Movement with Healthy Kitchen to Overcome Stunting

Yunita R.M.B Sitompul[1*], Christine Handayani Tampubolon[2], Gavrila Odelia Ananda[3], Raja Emir Farizi[4], Yulianita Kara[5], Galuh Nandya Carnetita[6]
[1]Departemen Ilmu Kedokteran Komunitas, Fakultas Kedokteran, Universitas Kristen Indonesia
[2]Departemen Ilmu Kesehatan Anak, Fakultas Kedokteran, Universitas Kristen Indonesia
[3,4,5,6]Fakultas Kedokteran, Universitas Kristen Indonesia
Corresponding Author: Yunita R.M.B Sitompul yunita.sitompul@uki.ac.id

A R T I C L E I N F O

Keywords: : Stunting, Joint Movement, Healthy Kitchen, Nutrition, Community Service

Received : 23, December
Revised : 25, January
Accepted: 27, February

A B S T R A C T

Stunting which occurs in childhood is a major obstacle to human development. Stunting can be caused by many factors, including Malnutrition and recurrent infections in the first 1000 days of life. Stunting has long-term impacts on individuals and society, including impaired cognitive development, impaired physical growth, decreased productivity, decreased immunity, and increased risk of degenerative diseases. The results of the activity were measured to be very effective in increasing mothers' knowledge about stunting and nutrition, whereas the results of the post-non-test showed that there was an increase in the number of participants in the very good knowledge category compared to the pre-non-test results of 8 people (20%) increased to 25 people (62.5%) meaning there was an increase in the number of participants whose knowledge increased by 42.5%.

DOI prefik: https://doi.org/10.55927/ajcs.v4i2.43
ISSN-E: 2962-1496
https://srhformosapublisher.org/index.php/ajcs

INTRODUCTION

According to the World Health Organization (WHO) concept, stunting is the result of the interaction of various factors, namely inadequate nutritional intake and/or increased nutritional needs. Insufficient intake can be caused by socio-economic factors (poverty), education, feeding practices for babies and children (sufficient breast milk (ASI), sufficient animal protein in complementary foods (MPASI), neglect, cultural influences, and food availability local). Factors causing increased demand include chronic conditions that require food for special medical purposes (PKMK), such as congenital heart disease, milk allergies, and low birth weight babies. There is a very low incidence of inborn errors of metabolism, chronic infections due to poor personal and environmental hygiene (chronic diarrhea), as well as diseases that can be prevented through vaccination (tuberculosis, diphtheria, pertussis, measles). Immune system.

Stunting which occurs in childhood is a major obstacle to human development. Stunting can be caused by many factors, including Malnutrition and recurrent infections in the first 1000 days of life. Stunting has long-term impacts on individuals and society, including Impaired cognitive development, impaired physical growth, decreased productivity, decreased immunity, and increased risk of degenerative diseases. If this trend continues, 127 million children under the age of five will experience stunting by 2025. Malnutrition that occurs from the time a child is born until the beginning of his life causes stunting after the child is 2 years old. The causes of stunting in children include: malnutrition in pregnant women and young children, lack of knowledge of mothers about health and nutrition before and after pregnancy, limited health services, and lack of access to nutritious food, water, and sanitation facilities.

Indonesia has various nutritional problems, including stunting, which has an impact on the quality of human resources. Based on the results of basic research in 2013, the prevalence of stunting was 37.2%. Based on monitoring of nutritional status in 2016, there were 4,444 cases, reaching 27.5%. According to the World Health Organization (WHO), the upper limit for stunting cases in 4,444 countries is 20%. If it is more than 20%, it means that around 8.9 million Indonesian children have a growth rate below the maximum, or around 1 in 3 children suffer from stunting, and around 1 in 3 children are under 5 years of age. More than a third of children have below-average height. The practice of feeding babies should be considered as one way to meet the nutritional needs of young children. The way you give your toddler good food not only affects his physical growth but also his mental and cognitive development. As a caregiver, mothers have full power to make decisions regarding healthy eating habits, including breastfeeding. Feeding babies is closely related to the mother's role. Maternal education is an important factor that indirectly influences nutritional status because maternal education influences child-rearing behavior. Maternal education of less than 9 years is significantly associated with low linear growth in babies. Mothers with less than 9 years of education represent a sociodemographic risk that contributes to the linear decline in growth in children under 2 years of age. Education is believed to be very important for Indonesia and other developing countries.

Based on the results of the Indonesian Nutrition Status Survey (SSGI) conducted in 2021, the prevalence of stunting in Indonesia in 2021 was 24.4%, still above the WHO standard of 20%. 2021). As a form of the Government's commitment to accelerating the reduction in stunting rates, the Government through Presidential Decree Number 72 of 2021 concerning the Acceleration of Reducing Stunting Rates (Perpres) targets reducing the prevalence of stunting to 14 by 2024. This regulation appoints BKKBN (National Population and Family Planning Agency) as chairman team to accelerate stunting reduction. Reducing stunting rates through a combination of nutritional interventions by providing balanced nutritional intake from local food and community empowerment through the Healthy Kitchen Overcoming Stunting (Dashat) program developed by the BKKBN as a solution to reducing stunting rates. This will be implemented in stages in 2021 for village-quality families (KB Village). Dashat will reach families at risk of stunting, including brides-to-be, pregnant women, and breastfeeding mothers, as well as families with stunted babies and young children, and families in disadvantaged situations, through local food resources to provide nutritious nutrition.

The community service activity by the Faculty of Medicine, Indonesian Christian University (UKI) is named "Joint Movement for Healthy Kitchens to Overcome Stunting" abbreviated as GEBER DASHAT. This activity aims to increase the knowledge of pregnant women. Breastfeeding mothers and mothers with toddlers about stunting and proper and correct processing of complementary foods according to the child's age. It is hoped that this training will be useful in changing mothers' behavior in providing complementary foods for breast milk or foods consumed during pregnancy and breastfeeding which will have an impact on health.

IMPLEMENTATION AND METHODS

GEBER DASHAT is a collaboration between universities and the Regional Government of Sumedang Regency as one of the priority cities/districts for handling stunting in West Java. This activity was carried out from May to August 2023 in Sukasirna Village, Sumedang Regency, West Java. This training was attended by 40 people consisting of prospective brides and grooms, pregnant women, women of childbearing age (WUS), and family assistance teams (TPK) at the village level. In its implementation, this training involved lecturers and students from the Faculty of Medicine, UKI as a form of community service. This GEBER DASHAT activity is one of a series of Community Service activities held over several months in several villages in Sumedang Regency. The activities are divided into 3 parts, namely: 1.) Counseling on stunting, balanced nutrition, and preparing nutritious food for families 2.) Demonstration of practice in serving nutritious menus 3.) Measurement of knowledge and evaluation of activities. In the first part, there are three materials delivered using the face-to-face lecture method, namely stunting material, balanced nutrition material, and guidance material for preparing healthy menus for families. The second part of this activity is that students who are facilitators will prepare the ingredients and tools used for cooking practice/demo. Next, the resource person is assisted by a facilitator

to create a meal menu by involving participants in the serving process. Some cooking tips to minimize nutrient loss due to processing are also presented in the second part of this training. The third part of this training is measuring knowledge and evaluating activities. Knowledge measurement was carried out by giving participants a questionnaire containing 15 questions. This knowledge measurement is carried out at the beginning before giving the material (pretest) and at the end after completing the activity (posttest).

RESULTS AND DISCUSSION

Community Service Activities through the Anti-Stunting Healthy Kitchen Joint Movement (GEBER DASHAT) which was carried out in Sukasirna village, Sumedang Regency, West Java where 40 participants consisted of pregnant women, breastfeeding mothers, and women of childbearing age, generally went well and fluent. Participants with high enthusiasm participated in the activities from start to finish of each activity.

The activity began with counseling involving experts, namely lecturers from the UKI Medical Faculty as resource persons. To measure participants' initial knowledge about stunting and nutrition, a pre-non-test questionnaire was given with scores following a Likert scale of 1 to 4 where a score of 1 is for strongly disagree; a score of 2 to disagree; a score of 3 for agree and a score 4 for strongly agree. The list of questions is as in table 1 below:

Table 1. List of Pre-non-test Questionnaire Questions

No	Question	Response			
		SD	D	A	SA
1	Sources of vitamins and minerals are generally found in fruit and vegetable food sources				
2	Growth retardation or stunting in children under 5 years can be caused by malnutrition since the baby was in the womb				
3	The recommended intake of animal and vegetable protein is 2 to 4 servings per day				
4	The principles for selecting food ingredients include not containing pesticide bacteria and very mature ingredients				
5	Young women or prospective brides should ensure a balanced diet tailored to their needs, balanced with physical activity and a clean lifestyle				

6	The need for iron in adolescent girls is higher than in adolescent boys	
7	Pregnant women need to consume six servings of staple foods to get enough energy.	
8	Pregnant women need additional energy, iron, calcium and folic acid.	
9	Complementary foods for breast milk (MPASI) for children aged 6 to 24 months must add granulated sugar	
10	The basic food for children aged 12 to 24 months is given in the form of household food, three to four times a day	
11	Foods that contain calcium include fish, milk, cheese, nuts, spinach and broccoli	
12	Provide balanced nutrition to prevent stunting only for young children	
13	Iodized salt Must be added from the beginning of cooking Cooking food	
14	Women of childbearing age eat 5 of 10 different food groups every day to ensure adequate nutrition	
15	A good meal menu for one meal should consist of main food, side dishes, vegetables, fruit and water.	

Note:
SD: Strongly Disagree
D: Disagree
A: Agree
SA: Strongly Agree

The score intervals for assessment categories with very well good and poor levels of knowledge consist of Score 50-60: Very Good Category; Score 35-45: Good Category; Score < 35: Poor Category

The results of data processing of participant responses based on the pre-non-test questionnaire showed that the data is as in Table 2 below:

Table 2. Results of Pre-non-test and Post-non-test Questionnaire Analysis

No	Score	Knowledge Category	Pre-test		Post-test		Percentage increase (from pre to post)
			N	%	N	%	
1	50 – 60	Veri Good	8	20	25	62.5	+42.5
2	40 - 49	Good	12	30	10	25	-15
3	< 40	Not Good	20	50	5	12.5	-37.5

From the results of the data analysis in Table 2 above, information can be obtained that the counseling activities had a positive impact on participants as indicated by an increase in the number of participants who obtained scores in the very good category compared to 8 people (20%) during the pre-non-test. increased to 25 people 62.5%) with a percentage increase of 42.5% based on the results of post content data processing.

This is by research shows that maternal nutritional knowledge is related to the mother's ability to understand various information about foods that contain nutrients for her child. Knowledge influences maternal behavior. The act of feeding children is a development of knowledge that can shape attitudes and influence behavioral development. Providing nutrition to young children is closely related to the role of the mother. Maternal education is an important factor that indirectly influences nutritional status, as well as maternal education influences child-rearing behavior. Maternal education of less than 9 years was significantly associated with reduced linear growth in young children. Mothers with less than 9 years of education represent a sociodemographic risk that linearly reduces the growth of children under 2 years of age. Nutritional knowledge relates to information obtained throughout life.

Currently, knowledge can be obtained from mass media and information. As we learn more about nutrition, we hope to provide children with the right types and amounts of food to meet their growing needs so that they can grow and develop throughout their development years. Competent mothers can increase their knowledge to overcome stunting. This is in line with research that shows that mothers who receive information about stunting are better able to understand, interpret, and remember the message. Poorly informed mothers, especially uninformed ones. The lack of information is related to the mother's lack of knowledge about stunting. Another cause of mothers' lack of knowledge is that not all mothers attend posyandu.

During the implementation of the activity, the participants admitted that they had gained a lot of additional knowledge from the presentation of the resource person and the discussions that took place, there were even several participants who were enthusiastic and impatient to immediately practice how to prepare food with healthy and balanced nutrition. Documentation of extension activities is presented in Figure 1 below:

Figure 1. Documentation of Outreach in the Series of GEBER DASHAT Activities

CONCLUSIONS AND RECOMMENDATIONS

Stunting is a condition where a child's height is shorter than other children of the same age. Providing food to babies should be considered as a way to meet their nutritional needs and prevent stunting. Feeding young children is closely related to the role of the mother. Maternal education is an important factor that indirectly influences nutritional status, as well as maternal education influences child-rearing behavior. Community service activities entitled "Healthy Kitchen Movement Together to Overcome Stunting" (GEMAR DASHAT) to prevent stunting at the Stunting Control Focus Center (Lokus) in Suka Sirna Village, Sumedang Regency, West Java increased by 42.5%.

ACKNOWLEDGMENT

We would like to express our deepest gratitude to the local government of Sukasirna Village, Sumedang Regency, West Java, and the community in particular who are participants in the Joint Movement for Healthy Kitchens to Anticipate Stunting (GEMAR DASHAT), namely pregnant women, breastfeeding mothers, mothers with children under five and also teenagers in the category of women of childbearing age who have agreed to participate during the activity. Don't forget to also thank the leadership and management of the UKI Medical Faculty who have fully supported this community service activity.

REFERENCES

BKKBN. (2021). Guide to Implementing Family Assistance in Efforts to Accelerate Stunting Reduction at the Village/Subdistrict Level. Jakarta: Directorate of Field Mobilization Development for the National Population and Family Planning Agency

Education P, About K, Stunting P, Knowledge T, Araya W, Science T, et al. 373-673-1-Pb. 2018;9(2).

Hanum F, Khomsan A, Heryatno Y. Correlation of nutrient intake and Maternal Height with Nutritional Status in Children Under Five Years Old. J Nutrition and Food. 2014;9(1):1–6.

Herlina T, Rahayu S, Suryani RL, Utami T, Prodi M, Program K, et al. Description of mothers' level of knowledge about stunting in toddlers in Kedawung Village, Susukan District, Banjarnegara Regency. Borneo Nurs J. 2021;4(1):10–7

Herlina T, Rahayu S, Suryani RL, Utami T, Prodi M, Program K, et al. Description of the level of knowledge of mothers about stunting in toddlers in Kedawung Village, Susukan District, Banjarnegara Regency. Borneo Nurs J. 2021;4(1):10–7.

Indonesian Ministry of Health. Prevent Stunting, it's Important. Data and Information Center, Indonesian Ministry of Health. 2018;1–27

Natal, Y. R. Sanggu, F., Ngura, E. T., & (2021). The Relationship Between Stunting and Motor Development in Children Aged 4-6 Years in Ngada Regency, 2020. Journal of Educational Image, 1(1), 161-170

Pramudita, D., Lutfiah, N., Tanjung, K., & Siregar, H. (2023). Healthy Kitchen to Overcome Stunting (DASHAT): Changing the Healthy Lifestyle of Mothers and Children in Preventing Stunting in West Jakarta. Service to the Indonesian Community SEAN (ABDIMAS SEAN), 2(01), 53-61

Rahayu A, Khairiyati L. Risk of Maternal Education on Stunting in Children 6-23 Months. Nutrition and Food Researcher (The J Nutr Food Res. 2014;37(2 Dec):129–36.

Rahayu A, Yulidasari F, Putri AO, Rahman F, Rosadi D. Risk factors associated with stunting in children aged 6-24 months. J Public Health. 2016;11(2):96–103.Asri MA. The influence of audiovisual media counseling on knowledge of stunting prevention among pregnant women in Cibatok 2 Cibungbulang Village. Promoter, 2019; 2(3): 182-190.10.

Rahmandiani RD, Astuti S, Susanti AI, Handayani DS, Didah. Relationship between Mothers' Knowledge About Stunting with Mother's Characteristics and Information Sources in Hegarmanah Village, Jatinangor District, Sumedang Regency. Jsk. 2019;5(2):74–80.

Rahmandiani RD, Astuti S, Susanti AI, Handayani DS, Didah. Relationship between Mothers' Knowledge About Stunting with Mother's Characteristics and Information Sources in Hegarmanah Village, Jatinangor District, Sumedang Regency. Jsk. 2019;5(2):74–80.

Rahmawati A, Nurmawati T, Permata Sari L. Factors Associated with Parental Knowledge about Stunting in Toddlers. J Nurses and Midwifery (Journal of Midwifery Nurses). 2019;6(3):389–95.

WHO. Reducing stunting in children: equity considerations for achieving the Global Nutrition Targets 2025. 2018.