International Journal of Nursing and Midwifery Science (IJNMS)

http://ijnms.net/index.php/ijnms
ORIGINAL RESEARCH

e- ISSN: 2686-2123
p- ISSN: 2686-0538

THE EFFECTIVENESS OF THE GEMAR KARIPAN PROGRAM AS A PREVENTIVE EFFORT TO REDUCE THE PREVALENCE OF STUNTING INCIDENCE RATES

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ABSTRACT

Stunting is a form of stunted child growth. Until now, stunting is a nutritional problem that needs attention). The incidence of stunting in Indonesia in 2013 was 37.2% (Riskesdas, 2013) and in 2018 it decreased to 30.8% (Health, 2018). One indicator of growth in children is height. Inadequate nutritional intake in infants and children will greatly affect the growth and development of the child's body and brain (Kusmini et al., 2020) Efforts that can be given to the problems mentioned above include providing assistance to families of toddlers so that the prevalence of stunting can be prevented. This study aims to prove that the Gemar Karipan Program is effective in reducing the prevalence of stunting. The stages and methods of this study used a quasi-experimental research design with a control group. The Sampling technique uses Total Sampling of as many as 27 respondents. Researchers provide research stages starting from data collection through examining growth in the treatment group and the control group. The treatment group was given a midwifery intervention using the GEMAR KARIPAN method which was carried out by visiting the respondent's house, while the control group was given an examination according to the procedure when they arrived at the posyandu. Furthermore, data analysis was carried out and conclusions were drawn about the effectiveness of the GEMAR KARIPAN method in reducing the prevalence of stunting.

Keywords

Passion for Karipan, Prevention, Prevalence, Stunting

INTRODUCTION

Stunting is a form of stunted child growth. Until now, stunting is a nutritional problem that needs attention (Picauly & Toy, 2013). During the toddler years in child development, there will be basic growth that will affect future development (Mustafyani & Mahmudiono, 2018). The period of growth and development at this age is a period that takes place quickly and will never be repeated because it is often called the golden age or the golden age (Sutomo & yanti Anggraini, 2010)The incidence of stunting in Indonesia in 2013 was 37.2% (Riskesdas, 2013) and in 2018 it decreased to 30.8% (Health, 2018). The incidence of stunting in East Java in 2013 was 38.0% and in 2018 it was 35.0%. The

prevalence rate of malnutrition and undernutrition in Mojokerto district is not directly described in the form of stunting but is included in the prevalence of under and under-nourished toddlers. Information on the prevalence of malnutrition and undernourished toddlers in 2018 rose to 18.3%. Jabon village is one of the villages in the Mojoanyar sub-district which has the highest number of children under five, namely 250. Based on an initial survey conducted by researchers on 15 respondents, the results showed that there was still weight below the yellow line 5 and 4 below the red line. This means that the discovery will be an early indicator of stunting if action is not taken immediately.(Triwiyanto, Wahyunggoro, Nugroho, & Herianto, 2018).

One indicator of growth in children is height. One of the factors that affect children's height that is not in accordance with age is PEM (Lack of Protein Energy). (Rahmawati, Pamungkasari, & Murti, 2018)Unfavourable environmental and supporting factors are the cause of stunting in children. Insufficient nutritional intake in infants and children will greatly affect the growth and development of the child's body and brain (Kusmini et al., 2020)).(Triwiyanto, Wahyunggoro, Nugroho, & Herianto, 2017).

Efforts that can be given to the problems mentioned above include providing assisting with families of toddlers so that the prevalence of stunting can be prevented. In addition, full assistance is the most appropriate form of caring in increasing concern for children's growth

METHODS

1) This study used a Quasy Experimental design with a control group. This method was applied to see the results of giving the Fond of Karipan Program to the treatment group.

2) Tools and Materials

This study used a measuring device to measure height, namely the Infantometer for infants aged <2 years and a tensile meter for toddlers aged > 2 years. MCH Book to view Pre and Post Natal Toddler history data.(Triwiyanto, Wahyunggoro, & Nugroho, 2018).

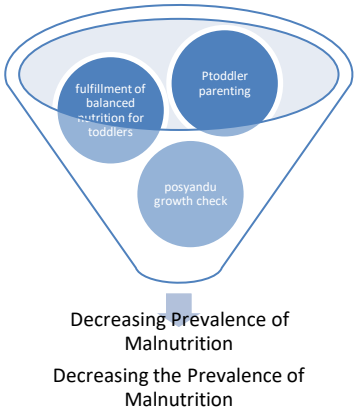
3) Research Design

In this study, the researchers compiled a Check List as a measuring tool for toddler growth. Researchers conducted several interventions for respondents including:

a. The treatment group was given a checklist about nutrition during pregnancy, history of ANC, consumption of iron supplement tablets, history of IMD in newborns, exclusive breastfeeding, history of Posyandu, immunization of infants, MP-ASI.

b. Analysis of the results was carried out based on WHO standards using the Z-Score.
Block diagrams and Flowcharts

Figure 1. Shows the proposed model block diagram to the research respondents



This study used respondents who had babies aged under or equal to 3 years. In the treatment group, a comprehensive mentoring intervention was provided by students and their families (GEMAR KARIPAN Program), starting from providing information on balanced nutrition to toddlers, how to process a balanced menu, the importance of routine Posyandu, how to measure toddler weight and height balance and danger signs during toddlerhood. . A total of 100 toddlers in Jabon village were taken 50 for the treatment group and 50 for the control group. The initial step for monitoring growth is to provide assistance to each family once a week for up to 5 months. In the last month, an evaluation of the growth chart was carried out at the previous Posyandu. If there is an increase in the KMS curve, toddlers are not stunted. This activity was carried out in collaboration with the village midwife and the village head of Jabon Kec. Mojoanyar Kab. Mojokerto

RESEARCH RESULT

This research was conducted on 27 respondents in the treatment group and the control group.

a. Results of general data collection

TABLE 1.TABLE OF GENERAL DAT RESULT

No.		Frequenci	%
1.	**Age**		
	<20 years	5	18,5
	20-35 years	18	66,7
	>35 years	4	14,8
2.	**Child's Gender**		
	Male	10	37,1
	Female	17	62,9
3.	**Profesi**		
	PNS	2	7,4
	Honorary	0	0
	IRT	21	77,8
	Trader	4	14,8
	and others	0	0
4.	**Education**		
	No School	0	0
	Elementasry School	2	7,5
	Junior High School	11	40,7
	Senior high School	11	40,7
	College	3	11,1
5.	**Resources**		
	Directly	17	63
	Indirectly	10	37

Most of the respondents were aged 20-35 years with a total of 18 respondents (66.7%). Most of the respondents were female, with 17 respondents (62.9%). Respondents have the most jobs, namely as housewives with a total of 21 respondents (77.8%). Respondents with the most education were basic education with a total of 13 respondents (48.3%). Respondents who got the most sources of information, namely directly through their husbands, neighbors, friends, midwives with a total of 17 respondents (63%).

b. Results of Toddler Growth Measurements

TABLE II. TABLE OF ANALYSIS OF MODULE MEASUREMENT RESULTS ON NUTRITIONAL STATUS

Nutritional Status* Crosstabulation Group

			Group		
			Control	Treat	Total
Nutritional Status	Very Short	Count	1	0	1
		% of Total	1,9%	0,0%	1,9%
	Short	Count	6	2	8
		% of Total	11,1%	3,7%	14,8%
	Normal	Count	20	25	45
		% of Total	37,0%	46,3%	83,3%
Total		Count	27	27	54
		% of Total	50,0%	50,0%	100,0%

Table 2 shows that of the 27 respondents who were given an intervention by the researchers, 26 respondents (96.3%) had nutritional status in weight/age that was normal and within the limits of the Z-Score measurement. While 1 respondent (3.7%) showed short. In the control group, the results obtained from 27 respondents were 20 (74.1%) with normal criteria, 6 (22.2%) short criteria and 1 (3.7) with very short criteria.

DISCUSSION

Based on the presentation of the research data, a discussion was held regarding the effectiveness of the GEMAR KARIPAN program as a preventive effort to reduce the incidence of stunting which is very effective in preventing stunting. This is evidenced by the results of the 27 respondents who were given an intervention by the researcher, 26 respondents (96.3%) nutritional status in weight/age showed normal and was in accordance with the Z-Score measurement threshold. While 1 respondent (3.7%) showed short. In the control group, the results obtained from 27 respondents were 20 (74.1%) normal criteria, 6 (22.2%) short criteria and 1 (3.7) with very short criteria. GEMAR KARIPAN in midwifery services is a service through a service model It is hoped that the provision of midwifery care will provide support to families so that the incidence of stunting can be prevented and toddler growth can proceed according to its stages. The assistance provided is by visiting toddler mothers' homes. The information provided was about the importance of routine Posyandu, nutrition for toddlers and problems that often occur in toddlers. The assistance provided by the researchers gave good results in optimizing 1000 HPK to prevent stunting. By providing information and counseling to toddler mothers, the incidence of sick children will be slightly reduced. But there is 1 toddler whose growth is in the short category. Judging from the results of the threshold score, it does show short height status. Even though it is not too significant, it is only 1 cm different. If no further assistance is given, it will cause stunting. This is affected when the mother is pregnant, only having her womb checked 3x which should be at least 4x during pregnancy. In addition, during childbirth, the mother did not do IMD, was not exclusively breastfed, and rarely attended the Posyandu. The factor of the house is that it is far away and the mother, although she cannot work because she cannot ride a motorbike, makes it rare for her to weigh her toddler regularly. Moreover, the child has not had any complaints and wants to eat as usual.

CONCLUSION

This study shows that the GEMAR KARIPAN program is very effective in reducing the prevalence of stunting. Because basically, this movement is an active movement to visit mothers who have toddlers. Providing information and counselling is the most important thing to give to mothers. In the research results, most of the respondents in growth within normal criteria

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