



IMPLEMENTATION OF “GERINTING” AS A SIMULTANEOUS INTERVENTION TO PREVENT STUNTING IN MOJOKERTO REGENCY

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ABSTRACT	Keywords
Strategies for solving the stunting problem so far are still limited to curative and rehabilitative targets for targets who have been diagnosed with stunting. A problem strategy is needed that focuses on promotive and preventive efforts targeting the community (community) so that the chain of stunting can be broken. The aim of this research is to determine the implementation of the Gerinting movement in Kab. Mojokerto. The design of this research is a quasi-experimental one group pretest posttest design. The research subjects were determined using purposive sampling, namely posyandu at UPT. Jetis Health Center. Data collection uses a questionnaire. The results of the normality test showed that the data was not normally distributed. Hypothesis testing used the Wilcoxon test. The results showed that there was an increase in the mean knowledge score of mothers before the Gerinting movement was 32.80 (SD=9.768), after the Gerinting movement the mean knowledge score was 87.10 (SD=5.677) and the mean action score of mothers before mentoring was 25.83 (SD = 19.122), after providing assistance in the form of counseling, demonstrations and practicums to cadres, the average action score increased to 79.17 (SD = 9.476). In the statistical test results, there was a significant difference before and after the intervention was given with a value of 0.000, ($p<0.05$). This shows that there is an influence of the Gerinting movement on mothers' knowledge and actions regarding stunting.	Interventio, stunting

INTRODUCTION

Stunting is a disorder of children's growth and development due to chronic malnutrition and recurrent infections. Toddlers are stunted by their substandard height. The Mojokerto Regency Government has succeeded in reducing the

stunting rate of toddlers by 22.3 percent in 2 years. The strategies implemented range from regulation, specific interventions, to innovation and digitalization.

The stunting rate in Mojokerto Regency reached 27.4 percent in 2021 based on the Indonesia Nutrition Status Survey

(SSGI). In 2022, stunting cases of toddlers dropped to 11.6 percent.

Meanwhile, based on electronic data from Community-Based Nutrition Recording and Reporting (E-PPGBM) as of August 2022, the number of stunted children under five in Mojokerto Regency is 2,132 children or 4.81 percent of the number of children measured. 2,248 children were wasting and 2,137 underweight children were underweight. The number of children measured at that time was 44,324 children out of a total target of 79,773 children.

In 2023, the percentage of stunted children under five in Mojokerto Regency will increase slightly to 5.01 percent of the number of children weighed. Because the number of stunted children under five is currently 2,219 children. Meanwhile, the number of children under five weighed was 44,257 children or 53.59 percent of the weighing target of 82,591 children. Toddlers wasting 2,849 children or 6.44 percent and undernourished toddlers 2,895 children or 6.54 percent.

Specific and sensitive interventions, as well as program innovations, have been implemented as an effort to accelerate stunting reduction.

Stunting control policies in general seem to still be at the level of the ivory tower, while at the grassroots level itself, which is the spearhead of efforts to accelerate stunting control, the issue of stunting still seems to sound strange (Saputri & Tumanger, 2019).

Stunting interventions in Indonesia have been carried out both through specific and sensitive intervention strategies. Coordination at the provincial level has not been found to be cross-sectoral coordination so that existing programs and activities run each with different goals (Tampubolon, 2020).

Sensitive interventions to prevent stunting mostly focus on handling infants or

toddlers who have experienced stunting (Husen et al., 2022).

One of the interventions in stunting prevention is the KURMACATIN (Joint Course for Brides-to-be) activity. KURMACATIN is an innovation for stunting prevention from upstream. This innovation targets an increase in the knowledge of brides-to-be about reproductive health in relation to stunting prevention starting from 1000 days of life. The results showed that there was a significant difference between the knowledge before and after KURMACATIN (Agustiawati, 2023)

The Mojokerto Regency Government, since 2021 through Perbup No. 66 of 2021, has established regulations to accelerate integrated stunting reduction. Followed by the formation of a stunting reduction acceleration team from the district level to the sub-district level. In 2023, the Stunting Reduction Acceleration Team will be formed at the Village and Urban Village levels.

Gerinting is a simultaneous intervention movement for stunting prevention which is one of the innovative programs for handling stunting in Mojokerto Regency.

This stunting prevention innovation movement is not only limited to curative and rehabilitative targets, but is focused on promotive and preventive efforts with community targets. This is what causes Gerinting to be different from most innovations that have just combed into stunting treatment and rehabilitation.

The Gerinting Movement is carried out once a month at the Posyandu Prima activity in the UPT Regional Village. Jetis Health Center. The Gerinting activity is carried out in cluster 1 with the target of Adolescent Services, Pregnant Women, Childbirth, Postpartum and Toddler Services.

The Gerinting Movement is an activity that assists the first 1000 days of life, so it is hoped that through this program the knowledge, attitudes, and skills of the community towards stunting prevention efforts can be implemented as early as possible.

Therefore, this study focuses on the implementation of the Gerinting movement in Mojokerto Regency. In this case, it is about changing people's knowledge, attitudes, and behaviors in an effort to prevent stunting as early as possible, before and after the implementation of Gerinting.

METHOD

Research Design

This study uses a type of Quasi experimental research to determine Gerinting's intervention on community knowledge, attitudes and skills in the prevention and handling of stunting in UPT. PKM Jetis. The research design is a one group pretest posttest design without a control group.

Population, Sample, Sampling

This research was carried out at UPT. Jetis Health Center, as a stunting locus area of Mojokerto Regency. The research was conducted on Prima posyandu cadres. The population in this study was all health cadres of the Prima Posyandu UPT Jetis 1 Health Center with a total of 170 respondents. The sample size was determined by using the Raosft sample size with a margin of error of 5% and a confidence level of 95%, a sample of 119 respondents was obtained by the consecutive sampling method.

Intervention Procedure

Prima posyandu health cadres who are willing to participate in the research are given an explanation of their participation in the research, before approving the consent sheet. Subsequently, respondents were given a pretest related to knowledge, attitudes and skills in stunting prevention and handling.

The intervention of the prime posyandu was carried out 2 times with the following activities:

Counseling/education on stunting prevention and handling, Demonstration and practicum on stunting prevention and handling in the community

At the posyandu the following month after the target of participating in the prima posyandu was given a posttest about knowledge, and actions on stunting prevention and handling.

The results of the normality test were obtained with data that were not normally distributed, hypothesis tests using the Wilcoxon test.

Instruments

There are two types of instruments used in this study. To assess the knowledge of the respondents, the MCQ test knowledge questionnaire instrument has been tested for validity and reliability with Cronbach's alpha of 0.760 with a sensitivity ranging from 0.450 to 0.829. The instrument for assessing Actions uses a likert scale against 25 statements.

Ethical Approval

Approval of ethics permit number 141/EC/KEPK-HW/03/2024 was requested to the Research Ethics Commission of the Hafsyawati Zainul Hasan Genggong Health Office. The ethical requirements and rights of the respondents have been met during the research process to collect data and not cause any harm or interference.

RESULTS

Table 1 Characteristics of health cadres of the prime posyandu UPT Jetis Mojokerto Health Center

Variable	n	%
Age (years)		
< 21	19	16
21-35	95	80
>35	5	4
Education		
Basis	26	22

Variable	n	%
Intermediate	71	60
Tall	22	18
Experience		
< 5 years	31	26
> 5 years	88	74

Table 1 shows that most of the respondents are between the ages of 21 to 35 years old, with more than half of their educational background being secondary education, and most of the health cadres have more than 5 years of experience as health cadres.

Table 2 Knowledge of health cadres of the prime posyandu UPT Jetis Mojokerto Health Center

Knowledge	Before		After	
	n	%	n	%
Good	24	20	113	95
Enough	83	70	6	5
Less	12	10	0	0
p-value = 0.000				

The average increase in maternal knowledge score before the Gerinting Movement was 32.80 (SD=9.768), after the Gerinting Movement the average knowledge score was 87.10 (SD=5.677)

Table 3 Actions of health cadres of the prime posyandu UPT Jetis Mojokerto Health Center

Action	Before		After	
	n	%	n	%
Appropriate	42	35	109	92
Not Suitable	77	65	10	8
p-value = 0.000				

The average action score of mothers before mentoring was 25.83 (SD=19.122), after mentoring in the form of counseling and practicum to cadres, the average action score increased to 79.17 (SD=9.476).

DISCUSSION

Differences in the Knowledge of Health Cadres in Stunting Prevention and Treatment

Based on the results of the study, it was found that the average knowledge of respondents before the implementation of Gerinting innovation was 32.80 (SD=9.768), after the Gerinting movement, the average knowledge score was 87.10 (SD=5.677). Based on the results of the statistical test, a value of 0.000 was obtained, so it can be concluded that the Gerinting intervention was effective in increasing the knowledge of the respondents, which can be seen that there is a significant difference between before and after the implementation of the Gerinting movement.

This research is in line with previous research by Asri Mashita, 2019 that There was an influence of knowledge after the intervention and a picture of food consumption (Arsyati, 2019).

The results of the Systematic Literature Review research also show that education or training on stunting prevention can increase knowledge, either by lecture methods, discussions or with audiovisual media.

Educational activities or health education can affect a person's knowledge because in the process of health education there is an addition of information. After being given health information, a person has a broader insight into the meaning of stunting, its causes and how to prevent it (Mediani et al., 2024). Mother's knowledge can be an indirect cause of stunting in children because mothers play a role in providing food to children (Munir & Audyna, 2022). In addition, health education interventions can help in changing maternal parenting in providing nutrition so that it will later have a good impact on the growth and development of weight in stunted toddlers (Marni & Ratnasari, 2021). Lack of parental knowledge will greatly affect children's

nutritional intake. Therefore, there is a significant relationship between knowledge mothers will stunting with their children's nutritional intake.

Nutrition education is expected to contribute to the awareness of prospective parents about the health of mothers and children at important times in their lives, including breaking the cycle of stunting problems. The success of nutrition education is greatly supported by the media used (Ernawati, 2022).

According to the researcher's assumption, the implementation of Gerinting in preventing stunting plays a role in increasing the knowledge of health cadres, because health cadres receive intensive and routine education so that the information received becomes wider. Therefore, Gerinting's innovation activities must remain maintained to prevent stunting, because this activity has been proven to increase knowledge. With the Gerinting activity, it is hoped that health cadres are ready to be the parents in providing good child care.

Differences in the actions of health cadres in the prevention and handling of stunting

Based on the results of the study, it was found that the average action of respondents before the implementation of Gerinting innovation was 25.83 (SD=19,122), after mentoring in the form of counseling and practicum to cadres, the average action score increased to 79.17 (SD=9,476). Based on the results of the statistical test, a value of 0.000 was obtained, so it can be concluded that the Gerinting intervention is effective in improving the actions of respondents, which can be seen that there is a significant difference between before and after the implementation of the Gerinting movement. The results of the Rista Sewa study, 2019 can be said that stunting prevention measures in experimental group a (counseling) and experimental group b

(counseling and leaflets) are different from stunting prevention measures in the control group that were not given intervention (Purwarini et al., 2012) (Sewa et al., 2019). Action is an attitude that is expressed in the form of real actions based on good and bad assessments which in the future can be accounted for in accordance with one of the forms of attitude levels according to (Notoatmodjo, 2012). Knowledge has a significant influence on cadre practices in the implementation of posyandu (Latif, 2011) and knowledge significantly affects behavior (Eka, 2014). The increase that occurred in this study was caused by several factors, one of which was information obtained from mass media (TV, radio, newspapers, etc.). Mass media is one of the factors that affect human actions because in the delivery of information, mass media contains messages that can influence a person's opinion or opinion (Azwar, 2013) Health cadres have an important role in stunting prevention. The actions of health cadres are vital in stunting prevention, ranging from health education, monitoring child growth, increasing access to nutrition, health promotion, and family empowerment. With these steps, health cadres can play an active role in reducing stunting rates and ensuring that children grow up healthy and develop optimally.

Gerinting is one of the promotive, participatory, collaborative, and collaborative efforts of the local government to the downstream of the village (Naja et al., 2022).

This activity is collaborative and participatory can make the community aware of stunting, especially for mothers-to-be, and with this socialization and education can increase public knowledge about stunting, causes, and consequences of stunting. Suggestions for the next service activities are continuous assistance for other

target participants such as unmarried adolescents or for breastfeeding mothers.

CONCLUSIONS

There are differences in the knowledge and actions of respondents regarding the prevention and handling of stunting before and after the implementation of Gerinting as a simultaneous intervention to prevent stunting in Mojokerto Regency.

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