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STUNTING PREVENTION THROUGH EXCLUSIVE ASI AND MP-ASI IN BUKIT SILEH, SOLOK DISTRICT, WEST SUMATERA

Zulfrias Riaty[1], Dian Eka Nursyam[2], Hary Budiman[3]

Universitas baiturrahmah, fakultas vokasi
Jalan raya by pass km 15, kota padang, indonesia
Dianeka_nursyam@yahoo.com

ABSTRACT

Data from the World Health Organization (WHO) states that 51% of child mortality is caused by pneumonia, diarrhea, measles, and malaria. More than half of these deaths were closely related to nutritional problems. Therefore, the main priority for handling is to improve the feeding of infants and children and improve the nutrition of their mothers. For the area of Solok Regency, including the stunting number No. 3 in West Sumatra after Pasaman, West Pasaman and the third is Solok District. The Bukit Sileh Health Center is located in Lembang Jaya District, at the Bukit Sileh Health Center, the road access to the Bukit Sileh Health Center area is very challenging because the road is up, down and small and steep because this area is in the hills and is between the Lake Below and the Lake in Above, in Solok Regency. The aim is to provide education about the importance of maintaining health for 1000 days of a baby's life, provide training to mothers in making complementary foods for breastfeeding originating from natural resources in the area, this training will be taught to the community, about making complementary foods for breastfeeding. Creating a Wasting Corner (Stunting Alert). That the level of knowledge before being given counseling was good, 36%, and after being given counseling, most of the mothers' knowledge level was good 54%. the mother's level of knowledge is less than 46%. The result of this dedication is to increase public knowledge and awareness about the dangers of stunting, as well as the importance of early detection of stunting through the wasting corner. For parents who have children under five, training is carried out on the processing of complementary complementary foods.

Keyworld: Education, Exclusive Breastfeeding, MP ASI, Wasting Corner.

INTRODUCTION

The definition of stunting (stunted) is a condition in which toddlers have a length or height that is less when compared to age. This condition is measured by a length or height that is more than two minus two standard deviations of the WHO median growth standard for children. Toddlers with stunting include chronic nutritional problems caused by many factors such as problems with socioeconomic conditions, maternal nutrition during pregnancy, infant illness and lack of nutritional intake in infants. Toddlers with stunting in the future will have difficulty achieving optimal physical and cognitive development. (Indonesian Ministry of Health, 2018)

Stunting is a condition in which the posture does not grow properly due to chronic malnutrition. Stunting begins to be noticed from infancy, but is often not noticed until puberty. At the age of five, the difference between a child who is stunted and a normal child is not very visible, but during the growth period towards adolescence, then stunting is seen in children. The later you realize the condition of stunting in children, the more difficult it

will be to recover. However, initiating breastfeeding early can reduce the risk of stunting. Children who did not receive breast milk from an early age were 1.3 times more likely to be at risk of stunting than those who received breast milk as early as possible. Breastfeeding is also a form of maternal care and early nutrition that can reduce the risk of stunting. Breastfeeding from the first hour after birth is a natural initiation to provide nutrition for children. At the latest, breastfeeding is 6 hours after birth, to prevent the baby from experiencing nutritional deficiencies after birth. Therefore, breastfeeding education in mothers should be done before birth. The father's genetic factors also matter. If the father has a genetically short stature, it is likely that the growth of the child is also stunted and this is difficult to prevent or treat.

Breastmilk is breast milk that contains optimal nutrition, both in quality and quantity, ASI is an emulsion of fat in a solution of protein, lactose and inorganic salts secreted by the mother's mammary glands and is useful as food for babies. The balance of the nutrients in mother's milk is at the best level and her milk has the best nutritional content for a young baby's body. At the same time, breast milk is also very rich in food juices that accelerate the growth of brain cells and the development of the nervous system (Maryunany Anik, 2012)

Exclusive breastfeeding is the best method of infant feeding, breast milk contains all the nutrients and fluids a baby needs for the first 6 months of life. Breast milk is the right of a newborn baby. They must get breast milk considering the nutrients contained in it. In addition, consuming breast milk during growth can also prevent babies from stunting. As is well known, stunting is a disease that causes stunting. Stunting will interfere with physical growth and intellectual development in a child (Roesli, 2008).

MP-ASI is a process of transmission from a purely milk-based intake to semi-solid food. The introduction and provision of complementary foods should be carried out gradually in both form and quantity according to the digestive capacity of the baby / child. It is hoped that proper complementary feeding is expected not only to meet the nutritional needs of infants, but also to stimulate feeding skills and stimulate self-confidence in babies. Supplementary feeding should vary from liquid powder form to thick pulp, fresh fruit juices, crushed foods, mushy foods and finally solid foods.

Sufficient complementary feeding in terms of quality and quantity is important for physical growth and the development of children's intelligence which is increasing rapidly in this period. As the baby grows older, his nutritional needs also increase, so the milk dose must be increased so that the baby gets nutrition for growth and development. Breast milk

only fulfills the nutritional needs of infants as much as 60% at 6-12 months of age. The rest must be fulfilled with other foods that are sufficient in quantity and of good nutrition. Therefore, at the age of 6 months and above, babies need additional nutrition from complementary foods, but complementary foods that are given must also be of high quality.

RESEARCH DESIGN AND METHODOLOGY

This Service Method is Descriptive.

Method of implementation:

At this stage, what has been done during community service are:

1. Preparation of Site Survey Proposals
2. Permit Arrangement
3. Purchase of Equipment and Materials
4. Material preparation
5. Contact Speakers (Resource Persons) for Education.
6. Implementation of exclusive breastfeeding education and complementary breastfeeding.
7. Distribution of pre and post questionnaires about exclusive breastfeeding and complementary breastfeeding.
8. Training in making MP ASI.
9. Establishment of a Wasting Corner (Stunting Alert)

FINDINGS AND DISCUSSION

The pre and post test results can be seen in the table as follows:

Table 1. The distribution of knowledge levels about exclusive breastfeeding and complementary feeding for under-five mothers before and after being given counseling

No	Knowledge Level	Before being given counseling		After being given counseling	
		F	%	F	%
1	Good	54	36	81	54
2	Less	96	64	69	46
	Total	150	100	150	100

Table 1 shows that the level of knowledge before being given counseling was good, 36%, and after being given counseling, most of the mothers' knowledge level was good 54%. Most of the mothers' knowledge level was less than 46%.

Providing education about the importance of maintaining health for 1000 days of a baby's life, starting from pregnancy, breastfeeding mothers, babies and babies aged 6-24

months. By giving exclusive breastfeeding and giving complementary foods at the age of 6-24 months.

Provide training to mothers in the area to make complementary foods for breastfeeding that come from the area's natural resources, because the area has a lot of nutritious food sources, but the residents of the surrounding areas are less able to process them properly. Through this training, the community will be taught about making complementary foods for breastfeeding derived from tourist fish / mansai fish / tilapia from Lake Above and Danau Bawah, and making turquoise eggplant juice which contains a lot of iron (FE), making pumpkin pudding / waluh, as well as avocado juice and avocado pulp which contains a lot of energy sources for the body.

Creating a Wasting Corner (Waspada Stunting) at the Bukit Sileh Health Center, Pustu Koto Laweh, Pustu Kubang Rabah and Poskesri Mandahiliang and Posyandu in Kanagarian Koto Laweh, which identified many of its residents as experiencing stunting. The Wasting Corner is equipped with height measuring devices, baby scales, and scales for toddlers, as well as nutritious food posters so that it can increase people's knowledge about nutritious food and a balanced menu.

CONCLUSION

It is very important to reduce stunting as early as possible to avoid long-term impacts such as stunted development of children and decreased intellectual capacity that will affect their productivity as adults. The community needs to be continuously educated so that healthy behavior changes can occur in preventing stunting. A good nutritional intake for pregnant women is not only determined by the availability of food at the household level but also influenced by parenting styles, early initiation of breastfeeding, exclusive breastfeeding and appropriate complementary breastfeeding. The knowledge of mothers in Bukit Sileh, Solok Regency about stunting in exclusive breastfeeding and complementary breastfeeding has increased after education on exclusive breastfeeding and complementary breastfeeding. The enthusiasm of pregnant women, breastfeeding mothers, mothers with toddlers aged 0-59 months, cadres and community leaders in participating in MP ASI training was very good at the time the implementation was carried out.

REFERENCES

Adiningrum, 2014. Buku Pintar ASI Ekslusif, Jakarta.

Anik Maryani, 2010. Ilmu Kesehatan anak Dalam Kebidanan, Jakarta: CV Trans Info Media

Astuti dkk, 2016. Hubungan Karakteristik Ibu dan Pola Asuh Gizi dengan kejadian balita Stunting di desa Hargorejo Kulon Progo, Yogyakarta.

Badan Litbang Kementerian Kesehatan RI. Laporan Riset Kesehatan Dasar 2013, Jakarta.

Dinas Kesehatan kabupaten Solok, 2016. Profil dinas Kesehatan Kabupaten Solok 2015

Dinas kesehatan Profinsi Sumatera Barat , 2017, Profil Dians Kesehatan Profinsi Sumatera barat 2016 Padang

Kementerian desa, Pembangunan daerah tertinggal dan transmigrasi, buku Saku Desa dalam Penangan Stunting, Jakarta: Kementerian Desa.

Kep Menkes, 2015 : Rencana Strategis Kementerian Kesehatan tahun 2015-2019, Jakarta: Kementerian Kesehatan RI.