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Submit artikel:

Book Stunting Risk Detection and Monitoring Health (DRSMK) and Stunting Prevention Behavior in Children the First 1000 Day of Life

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ABSTRACT

Risikesdas (2018) menyatakan proporsi stunting atau balita pendek karena kurang gizi kronik sejumlah 30,8%, gizi buruk dan gizi kurang 17,7%. Angka ini masih jauh dari target Badan Kesehatan Dunia (WHO) yakni 20%. Hal ini memberi arti *stunting* Balita di Indonesia saat ini masih di atas batas toleransi yang ditetapkan oleh Badan Kesehatan Dunia. Tujuan penelitian untuk mengetahui Pengaruh Penggunaan Buku Deteksi Risiko Stunting dan Monitor Kesehatan (DRSMK) oleh Kader Posyandu terhadap Perilaku pencegahan Stunting pada ibu hamil dan pola asuh pada perawatan anak 1000 hari pertama kehidupan di Kabupaten Lampung Selatan. Luaran penelitian adalah buku panduan kader dalam upaya pencegahan stunting mulai dari masa kehamilan sampai usia 1000 hari kehidupan. Jenis penelitian kuantitatif, rancangan penelitian analitik quasi eksperimen. Penelitian dilakukan di 8 desa di Kabupaten Lampung selatan Provinsi Lampung. Jumlah sampel 120, kelompok perlakuan 60 dan kontrol 60 responden. Kelompok perlakuan diberikan pendidikan kesehatan dan dilatih menggunakan Buku DSRMK oleh kader kesehatan selama 3 bulan, selanjutnya diukur perilaku dan pola asuh dalam mencegah terjadinya stunting. Pada kelompok kontrol diberikan penyuluhan sesuai SOP puskesmas. Hasil penelitian menunjukkan 1) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC. 2) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu masa kehamilan, 3) ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting. Buku DRSMK mudah digunakan oleh kader kesehatan dalam upaya pencegahan dan deteksi stunting mulai kehamilan sampai anak berusia 24 bulan.

Kata kunci : DSRMK, Perilaku, Pola Asuh.

Kepustakaan : 18 (2002-2018)

Pendahuluan

Risikesdas, 2018. menunjukkan adanya perbaikan pada status gizi balita di Indonesia. Proporsi stunting atau balita pendek karena kurang gizi kronik turun dari 37,2% (risikesdas 2013), menjadi 30,8% pada risikesdas 2018. Demikian juga proporsi status gizi buruk dan gizi kurang dari 19,6% (risikesdas 2013) menjadi 17,7%.. Meski demikian, angkanya masih jauh dari target Badan Kesehatan Dunia (WHO) yakni 20%. Hal ini memberi arti *stunting* Balita di Indonesia saat ini masih di atas batas toleransi yang ditetapkan oleh Badan Kesehatan Dunia.

Rusli S (2019) menyatakan, faktor utama tingginya masalah stunting di Indonesia salah satunya adalah buruknya asupan gizi sejak janin masih dalam kandungan (masa hamil), baru lahir, sampai anak berusia dua tahun. Kekurangan gizi pada dua tahun pertama kehidupan dapat menyebabkan kerusakan otak yang tidak dapat lagi diperbaiki. Investasi gizi pada 1.000 hari pertama kehidupan merupakan kewajiban yang tak bisa ditawar. Permasalahan gizi tidak hanya akan mengganggu perkembangan fisik dan mengancam kesehatan anak, namun juga dapat menyebabkan kemiskinan. Pertumbuhan otak anak yang kurang gizi tidak akan optimal sehingga akan berpengaruh pada kecerdasannya di masa depan. Peluang kerja dan mendapatkan

penghasilan lebih dapat menjadi lebih kecil pada anak stunting. Intervensi gizi perlu dilakukan dalam bentuk edukasi secara berkesinambungan kepada masyarakat, terutama orang tua. Orang tua harus paham betul kebutuhan nutrisi anak, makanan yang baik dan tidak baik, tidak terpengaruh gaya hidup yang serba instan serta iklan-iklan produk makanan anak yang kadang menjanjikan hal yang berlebihan. Kesalahan dalam memberikan asupan makanan pada anak dapat beresiko bagi masa depan bangsa. Seperti halnya awal 2018 ini, di Kendari ditemukan balita menderita gizi buruk akibat diberi susu kental manis akibat ketidaktahuan orang tua. Selain itu di Wamena baru-baru ini juga ditetapkan Kejadian luar biasa (KLB) gizi buruk yang sudah memakan korban jiwa. Intervensi berupa bantuan pangan dibutuhkan, namun edukasi untuk masyarakat tak boleh dilupakan.

Pemantauan Status Gizi (PSG) 2017 menunjukkan prevalensi Balita stunting di Indonesia masih tinggi, yakni 29,6% di atas batasan yang ditetapkan WHO (20%). Untuk menekan angka tersebut, masyarakat perlu memahami faktor apa saja yang menyebabkan stunting. Stunting merupakan kondisi gagal pertumbuhan pada anak (pertumbuhan tubuh dan otak) akibat kekurangan gizi dalam waktu yang lama. Sehingga, anak lebih pendek dari anak normal seusianya dan memiliki keterlambatan dalam berpikir. Kekurangan gizi dalam waktu lama itu terjadi sejak janin dalam kandungan sampai awal kehidupan anak (1000 Hari Pertama Kelahiran). Penyebabnya karena rendahnya akses terhadap makanan bergizi, rendahnya asupan vitamin dan mineral, dan buruknya keragaman pangan dan sumber protein hewani.

Faktor ibu dan pola asuh yang kurang baik terutama pada perilaku dan praktik pemberian makan kepada anak juga menjadi penyebab anak stunting apabila ibu tidak memberikan asupan gizi yang cukup dan baik. Ibu yang masa remajanya kurang nutrisi, bahkan di masa kehamilan, dan laktasi akan sangat berpengaruh pada pertumbuhan tubuh dan otak anak. Faktor lainnya yang menyebabkan stunting adalah terjadi infeksi pada ibu, kehamilan remaja, gangguan mental pada ibu, jarak kelahiran anak yang pendek, dan hipertensi. Selain itu, rendahnya akses terhadap pelayanan kesehatan termasuk akses sanitasi dan air bersih menjadi salah satu faktor yang sangat mempengaruhi pertumbuhan anak. Untuk mencegahnya, perbanyak makan makanan bergizi yang berasal dari buah dan sayur lokal sejak dalam kandungan. Kemudian diperlukan pula kecukupan gizi remaja perempuan agar ketika dia mengandung ketika dewasa tidak kekurangan gizi. Selain itu butuh perhatian pada lingkungan untuk menciptakan akses sanitasi dan air bersih.

Majid YN (2018) menyatakan Stunting adalah masalah gizi kronis yang disebabkan oleh asupan gizi yang kurang dalam waktu lama, umumnya karena asupan makan yang tidak sesuai kebutuhan gizi. Stunting terjadi mulai dari dalam kandungan dan baru terlihat saat anak berusia dua tahun. Selain pertumbuhan terhambat, stunting juga dikaitkan dengan perkembangan otak yang tidak maksimal, yang menyebabkan kemampuan mental dan belajar yang kurang, serta prestasi sekolah yang buruk. Stunting dan kondisi lain terkait kurang gizi, juga dianggap sebagai salah satu faktor risiko diabetes, hipertensi, obesitas dan kematian akibat infeksi.

Penyebab Stunting menurut *Situs Adoption Nutrition*, stunting berkembang dalam jangka panjang karena kombinasi dari beberapa atau semua faktor-faktor berikut: 1. Kurang gizi kronis dalam waktu lama 2. Retardasi

pertumbuhan intrauterine 3. Tidak cukup protein dalam proporsi total asupan kalori 4. Perubahan hormon yang dipicu oleh stres 5. Sering menderita infeksi di awal kehidupan seorang anak. Perkembangan stunting adalah proses yang lambat, kumulatif dan tidak berarti bahwa asupan makanan saat ini tidak memadai. Kegagalan pertumbuhan mungkin telah terjadi di masa lalu seorang ibu. Gejala Stunting 1. Anak berbadan lebih pendek untuk anak seusianya 2. Proporsi tubuh cenderung normal tetapi anak tampak lebih muda/kecil untuk usianya 3. Berat badan rendah untuk anak seusianya 4. Pertumbuhan tulang tertunda. Waktu terbaik untuk mencegah stunting adalah selama kehamilan dan dua tahun pertama kehidupan. Stunting di awal kehidupan akan berdampak buruk pada kesehatan, kognitif, dan fungsional ketika dewasa. Berbagai upaya untuk mengatasi masalah stunting ini diantaranya Kementerian Kesehatan dengan dukungan *Millennium Challenge Account-Indonesia (MCA-I)*, melalui Program Hibah *Compact Millennium Challenge Corporation (MCC)* melakukan Kampanye Gizi Nasional Program Kesehatan dan Gizi Berbasis Masyarakat (PKGBM). Salah satu intervensi dalam program PKGM adalah tentang perubahan perilaku masyarakat, yang dilakukan dalam program Kampanye Gizi Nasional (KGN).

Risikesdas 2018 menjelaskan Provinsi Lampung menjelaskan, remaja putri yang akan menjadi calon ibu berisiko kekurangan energi kronik (KEK) tahun 2017 menduduki ranking pertama di Indonesia sebanyak 44% (Indonesia 32%), WUS berisiko KEK 12,8% (Indonesia 10,7%), ibu hamil berisiko KEK 18,5% (Indonesia 14,8), Bayi IMD 60,42% (Indonesia 73%), kondisi ini memiliki kontribusi terhadap terjadinya stunting pada anak. Wilayah Lampung yang menjadi 1000 desa prioritas stunting tahun 2018 adalah Lampung Selatan, Lampung Tengah dan Lampung Timur.

Kasus stunting di Kabupaten Lampung Selatan di 2018 mencapai 29 persen. Berdasarkan hasil survey riset dasar kesehatan turun. Dimana, sebelumnya pada tahun 2013 kasus stunting mencapai 43 persen. Lampung Selatan menjadi pilihan lokasi penelitian dikarenakan menjadi salah satu desa prioritas stunting tahun 2018, wilayah ini merupakan wilayah yang kaya akan sumber alam dan kaya sumber protein karena sebagian besar daerah pantai, daerah industri, dekat dengan ibukota Provinsi, serta menjadi daerah lintas Sumatera, namun masih ditemukan permasalahan stunting pada anak. Selain upaya pengentasan Stunting, juga diperlukan upaya pencegahan dan antisipasi yang harus tetap dilakukan.

Program pengentasan stunting lebih banyak difokuskan kepada pemenuhan gizi ibu dan anak, namun pengetahuan cukup dan monitoring kesehatan tentang stunting serta permasalahan yang akan muncul selanjutnya kurang difahami untuk dilaksanakan selanjutnya oleh ibu, sehingga setelah program berlalu maka kebiasaan dan pola asuh lama kembali dilakukan oleh orang tua terutama ibu atau pengasuh anak. Kader kesehatan menjadi fokus penelitian karena merupakan tenaga sukarela yang menjadi ujung tombak terdekat pada masyarakat untuk membantu tenaga kesehatan dalam menemukan dan memotivasi untuk berperilaku hidup sehat. Buku Panduan yang digunakan pada penelitian ini adalah buku yang mudah difahami dan dapat dilaksanakan oleh kader kesehatan dan masyarakat umum yang dibuat oleh peneliti. Berdasarkan uraian di atas maka penting untuk dilakukan penelitian dengan penggunaan buku panduan bagi kader dalam upaya meningkatkan pengetahuan, motivasi dan monitor kesehatan terhadap ibu dan pola asuh yang dilakukan dalam upaya pencegahan stunting bagi generasi penerus bangsa.

METODE

Jenis penelitian kuantitatif dengan rancangan penelitian quasi eksperimen. Ibu hamil yang memiliki anak usia 0-2 tahun, dilakukan penilaian pencegahan stunting dan pola asuh anak, selanjutnya ibu diberikan edukasi oleh kader dengan menggunakan buku DRSMK, selanjutnya dilakukan 12 kali kunjungan dan dilakukan penilaian perilaku pencegahan stunting pada akhir kunjungan. Waktu penelitian dilakukan selama enam bulan di desa yang risiko stunting. Populasi dalam penelitian ini adalah seluruh ibu hamil dan ibu yang memiliki anak usia 0-2 tahun di desa prioritas stunting kabupaten Lampung Selatan. Jumlah **sampel 120** orang dengan kriteria inklusi ibu yang sedang hamil dan ibu yang memiliki balita 0-2 tahun. Teknik sampling stratified sampling diperoleh dari 10 desa yang menjadi prioritas penanganan stunting.

Hasil:

Hasil pemantauan status gizi (PSG) tahun 2015-2017, trend cakupan stunting di Kabupaten Lampung Selatan mengalami kenaikan jumlah balita stunting tahun 2015 sejumlah 23, 20 %, tahun 2016 sejumlah 24, 28 % dan tahun 2017 sejumlah 30, 30 %. Terdapat 10 desa prioritas tempat stunting di Kabupaten Lampung Selatan mencakup Desa Pancasila, Tajimalela, Taman Agung, Banjarmasin, Bangunrejo, Kemukus, Batubalak, Waygelam, Karyamulya Sari serta Mekarsari. Prevalensi balita stunting di 10 desa yang sangat menguasai yaitu di Desa Kemukus sejumlah 20,77 %, Waygelam 18,89 %, Taman Agung 17,48 %, Batubalak 16, 98 %, Karyamulya Sari 15, 23 %, Mekarsari 15,10 %, Tajimalela 14,48 %, Banjarmasin 12,35 %, Bangunrejo 10,04 % serta Pancasila 7,28 %. Stunting di Kabupaten Lampung Selatan pada tahun 2013 mencapai 43 persen dan pada tahun 2018 mengalami penurunan menjadi 29 persen (Riskesdas, 2018). Hasil wawancara dengan kepala Puskesmas saat dilakukan penelitian angka stunting dapat dilihat pada tabel berikut:

Tabel 4.1 Data stunting balita di desa fokus stunting Lampung Selatan

No	Desa fokus stunting	Tahun 2018	Tahun 2019
1	Pancasila	27	20
2	Tajimalela	45	33
3	Taman Agung	20	10
4	Banjarmasin	20	19
5	Bangun Rejo	35	25
6	Kemukus	25	22
7	Batu Balak	15	5
8	Way Gelam	51	25
9	Karya Mulya Sari	63	43
10	Mekar Sari	54	34

Hasil penelitian pengaruh penggunaan buku deteksi risiko stunting dan monitor kesehatan (DRSMK) oleh kader posyandu terhadap perilaku pencegahan stunting pada ibu hamil dan pola asuh pada perawatan anak 1000 hari pertama, disajikan dalam bentuk karakteristik responden, analisis univariat kelompok ibu hamil, ibu yang memiliki anak usia 0-2 tahun, perilaku pencegahan dan pola asuh anak. Analisis bivariat berupa pengaruh pemberian buku DRSMK terhadap perilaku pencegahan stunting dan pengaruhnya pemberian buku DRSMK terhadap pola asuh anak. Berikut hasil penelitian yang diperoleh:

Tabel 1 Karakteristik responden memiliki anak 0-24 bulan dan responden sedang hamil

No	Karakteristik responden	Mean	Median	SD	Min-mak	n
1	Umur Ibu dengan anak 0-24 bulan	26,37	27	6,067	17-43	60
2	Umur anak (bulan)	12	10	6,501	3-24	60
3	Umur Ibu hamil	28	28,5	5,672	18-42	60

Pada tabel 1 diperoleh nilai rata-rata umur ibu pada kelompok yang memiliki anak 0-24 bulan adalah 26 tahun, umur anak rata-rata 12 bulan dan rata-rata umur ibu yang sedang hamil adalah 28 tahun.

Tabel 2 Karakteristik responden berdasarkan pendidikan, pekerjaan dan paritas

No	Karakteristik responden	Jumlah	%	n
1	Pendidikan			120
	Perguruan tinggi	2	2	
	SMA	33	27,5	
	SMP	52	43	
	SD	33	27,5	
2	Pekerjaan			120
	Ibu rumah tangga	100	83	
	Bekerja di luar rumah	20	17	

Berdasarkan tabel 2 diperoleh pendidikan ibu terbanyak pada SMP sebanyak 52 ibu (43%), pekerjaan ibu sebagian besar 100 ibu (83%) adalah ibu rumah tangga.

Tabel 3 Distribusi frekuensi perilaku pemeriksaan kehamilan hamil (ANC), pencegahan stunting dan pola asuh.

No	Karakteristik responden	Mean	Median	SD	Min-mak	n
1	Responden yang memiliki anak 0-24 bulan					
	Perilaku ANC					
	- Kontrol	56,6	61,5	11,67	30-68	30
	- Intervensi	74,5	71	7,99	51-85	30
	Perilaku pencegahan stunting					
	- Kontrol	31,67	32	5,567	18-45	30
	- Intervensi	43,27	43	4,059	35-50	30
	Pola asuh anak					
	- Kontrol	34,83	32	6,742	27-57	30
	- Intervensi	62,8	62	5,726	52-72	30
2	Responden ibu yang sedang hamil					
	Perilaku ANC					
	- Kontrol	57,17	58	10,04	21-68	30
	- Intervensi	62,37	65	5,378	51-68	30
	Perilaku pencegahan stunting					
	- Kontrol	32	32,5	4,824	23-40	30
	- Intervensi	38	38,5	6,578	22-49	30
	Pola asuh anak					
	- Kontrol	47,17	46,5	9,969	30-72	30
	- Intervensi	42,6	40,5	6,371	34-58	30

Pada tabel 2 Rata-rata skor pada kelompok kontrol responden yang memiliki anak usia 0-24 bulan berturut-turut perilaku ANC 56,63, perilaku pencegahan stunting 31,67 dan pola asuh anak 34,83. Pada kelompok intervensi perilaku ANC rata-rata skor 74,5; perilaku pencegahan stunting 43,27 dan pola asuh 62,80.

Rata-rata skor pada kelompok intervensi responden yang sedang hamil berturut-turut perilaku ANC 57,17, perilaku pencegahan stunting 32 dan pola asuh anak 47,17. Pada kelompok intervensi perilaku ANC rata-rata skor 62,37; perilaku pencegahan stunting 38,1 dan pola asuh 42,6

Tabel 3 Analisis nilai rata-rata perilaku ANC, perilaku pencegahan stunting dan pola asuh anak pada kelompok kontrol dan intervensi

No	Karakteristik responden	Mean	SD	SE	p-value	n
1	Responden yang memiliki anak 0-24 bulan					
	Perilaku ANC					
	- Kontrol	56,6	11,67	2,13	0,000	30
	- Intervensi	74,5	7,99	1,46		30
	Perilaku pencegahan stunting					
	- Kontrol	31,67	5,567	1,02	0,000	30
	- Intervensi	43,27	4,059	0,74		30
	Pola asuh anak					
	- Kontrol	34,83	6,742	1,23	0,000	30
- Intervensi	62,8	5,726	1,05	30		
2	Responden ibu yang sedang hamil					
	Perilaku ANC					
	- Kontrol	57,17	10,042	1,8	0,018	30
	- Intervensi	62,37	5,378	1,06		30
	Perilaku pencegahan stunting					
	- Kontrol	32	4,824	0,9	0,000	30
	- Intervensi	38	6,578	1,2		30
	Pola asuh anak					
	- Kontrol	47,17	9,969	1,82	0,039	30
- Intervensi	42,6	6,371	1,16	30		

Pada tabel 3 Rata-rata skor pada kelompok kontrol responden yang memiliki anak usia 0-24 perilaku ANC rata-rata skor 56,63 dengan SD 11,67 dan pada kelompok intervensi responden yang sedang hamil berturut-turut perilaku ANC 57,17 dengan SD 7,9. Hasil uji statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC.

Rata-rata skor pada kelompok kontrol responden yang memiliki anak usia 0-24 untuk perilaku pencegahan saat kehamilan rata-rata skor 31,67 dengan SD 5,57 dan pada kelompok intervensi rata-rata skor 43,27 dengan SD 4,06. Hasil uji statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu masa kehamilan.

Rata-rata skor pada kelompok kontrol responden yang memiliki anak usia 0-24 untuk pola asuh anak rata-rata skor 34,83 dengan SD 6,74 dan pada kelompok intervensi rata-rata skor 62,80 dengan SD 5,73. Hasil uji statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting.

Rata-rata skor pada kelompok kontrol responden yang sedang hamil perilaku ANC rata-rata skor 57,17 dengan SD 10,04 dan pada kelompok intervensi responden yang sedang hamil berturut-turut perilaku ANC 62,37 dengan SD 5,78. Hasil uji statistik didapat nilai $p=0,018$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC.

Rata-rata skor pada kelompok kontrol responden yang sedang hamil untuk perilaku pencegahan saat kehamilan rata-rata skor 32 dengan SD 4,83 dan pada kelompok intervensi rata-rata skor 38,17 dengan SD 6,578. Hasil uji statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu masa kehamilan.

Rata-rata skor pada kelompok kontrol responden yang sedang hamil, pola asuh anak rata-rata skor 47,17 dengan SD 9,969 dan pada kelompok intervensi rata-rata skor 42,6 dengan SD 6,37. Hasil uji statistik didapat nilai $p=0,039$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting.

Pembahasan

Hasil penelitian menunjukkan adanya perbedaan rata-rata skor pada kelompok kontrol dan kelompok intervensi, baik pada kelompok ibu yang memiliki anak usia 0-24 maupun yang sedang hamil. Hasil uji statistik juga disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC $p=0,000$ (ibu yang memiliki anak 0-24 bulan) dan $p=0,18$ pada ibu hamil. Hasil penelitian sesuai dengan penelitian Nurfaridah (2017) tentang perilaku yang menyatakan bahwa perilaku kesehatan dapat diklasifikasikan menjadi 3 kelompok: 1) perilaku pemeliharaan kesehatan (*health maintenance*), usaha seseorang untuk memelihara atau menjaga kesehatan agar tidak sakit dan usaha untuk penyembuhan bilamana sakit, meliputi 3 aspek : a) Perilaku pencegahan penyakit, b) Perilaku peningkatan kesehatan, c) Perilaku gizi (makanan dan minuman), 2) Perilaku pencarian dan penggunaan sistem atau fasilitas pelayanan kesehatan 3) Perilaku kesehatan lingkungan.

Hasil uji statistik pada penelitian ini pada kelompok yang memiliki anak 0-24 bulan dan pada kelompok ibu yang sedang hamil, pada kelompok kontrol dan kelompok intervensi diperoleh hasil ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu masa kehamilan. Hal ini dapat dijelaskan oleh pernyataan Sarafino (2006) yaitu faktor-faktor yang mempengaruhi perilaku kesehatan yang merupakan respon seseorang terhadap stimulus atau objek yang berkaitan dengan sehat-sakit, penyakit dan faktor-faktor yang mempengaruhi sehat sakit (kesehatan) seperti

lingkungan, makanan, minuman, dan pelayanan kesehatan. Demikian juga dalam buku perilaku kesehatan Notoatmodjo (2007) tentang faktor-faktor yang mempengaruhi perilaku kesehatan, meliputi 3 (tiga) faktor utama, yakni: 1) Faktor Pendorong (predisposing factors) Merupakan faktor yang mempermudah atau mempredisposisi terjadinya perilaku seseorang, antara lain pengetahuan, sikap, keyakinan, kepercayaan, nilai-nilai, tradisi, dan sebagainya. 2) Faktor pemungkin (enabling factors) merupakan faktor yang memungkinkan atau memfasilitasi perilaku atau tindakan, seperti sarana dan prasarana atau fasilitas untuk terjadinya perilaku kesehatan, misalnya: Puskesmas, Posyandu, Rumah Sakit, tempat pembuangan air, tempat pembuangan sampah, tempat olah raga, makanan bergizi, uang dan sebagainya. 3) Faktor penguat (reinforcing factors) yang merupakan faktor yang mendorong atau memperkuat terjadinya perilaku. Kadang-kadang meskipun orang tahu dan mampu untuk berperilaku sehat, tetapi tidak melakukannya. berdasarkan teori Green faktor pengetahuan mempengaruhi perilaku kesehatan, pemberian buku DRSMK adalah untuk menambah pengetahuan dan menuntun ibu untuk dapat berperilaku hidup sehat baik selama kehamilan dan setelah bayi lahir.

Selain itu Taylor (2003) juga menjelaskan faktor yang mempengaruhi perilaku adalah 1) faktor demografi, individu yang masih muda, lebih makmur, memiliki tingkat pendidikan yang lebih baik dan berada dalam kondisi stress yang rendah dengan dukungan sosial yang tinggi memiliki perilaku sehat yang lebih baik dari pada orang yang memiliki resources yang lebih sedikit. 2) Usia, secara tipikal perilaku kesehatan pada anak-anak dapat dikatakan baik, memburuk pada remaja dan orang dewasa, namun meningkat kembali pada orang yang lebih tua. 3) Nilai, misalnya latihan bagi wanita sangat diinginkan bagi budaya tertentu tetapi tidak bagi budaya lain. 4) *Personal Control*, persepsi bahwa kesehatan individu dibawah personal control juga menentukan perilaku sehat seseorang. 5) Pengaruh Sosial, keluarga, teman, dan lingkungan kerja dapat mempengaruhi perilaku sehat. 6) *Personal Goal*, kebiasaan perilaku sehat akan membuat personal menjadi sehat. 7) *Perceived Symptoms*, kebiasaan sehat makan makanan bergizi seimbang akan mempengaruhi kesehatan ibu hamil dan anaknya. 8) Akses ke *Health care delivery system*, akses ke *health care* juga mempengaruhi perilaku kesehatan. 9) faktor kognisi, perilaku kesehatan memiliki hubungan dengan faktor kognisi, seperti keyakinan bahwa perilaku tertentu dapat mempengaruhi kesehatan.

Terkait perilaku kesehatan dapat diklasifikasikan menjadi 3 kelompok: 1) perilaku pemeliharaan kesehatan (health maintenance), usaha seseorang untuk memelihara atau menjaga kesehatan agar tidak sakit dan usaha untuk penyembuhan bilamana sakit. Perilaku pemeliharaan kesehatan terdiri dari 3 aspek : a) Perilaku pencegahan penyakit, dan penyembuhan penyakit bila sakit, serta pemulihan kesehatan bilamana telah sembuh dari penyakit, b) Perilaku peningkatan kesehatan, apabila seseorang dalam keadaan sakit, c) Perilaku gizi (makanan dan minuman), 2) Perilaku pencarian dan penggunaan sistem atau fasilitas pelayanan kesehatan. Upaya seseorang pada saat menderita dan atau kecelakaan. Dimulai dari pengobatan sendiri sampai mencari pengobatan ke luar negeri. 3) Perilaku kesehatan lingkungan.

Hasil penelitian ini juga menjelaskan ada pola asuh mempengaruhi perilaku orang tua dalam pencegahan stunting, penelitian Rahmad dkk (2016), menunjukkan kejadian stunting pada bayi yang disebabkan oleh rendahnya pendapatan keluarga ($P= 0,026$); $OR= 3,1$), pemberian ASI non- eksklusif ($p= 0,002$; $OR= 4,2$),

pemberian MP-ASI yang buruk ($p = 0,007 = 3,4$) dan imunisasi tidak lengkap ($p = 0,040$; $OR = 3,5$). Hasil analisis membuktikan tidak memberikan ASI sangat dominan menyebabkan stunting pada balita di Banda Aceh dengan $OR = 4,9$. Penelitian ini juga menghasilkan kesimpulan yang sama dengan penelitian Aramico dkk (2013), yang menunjukkan terdapat hubungan antara pendidikan ayah ($p = <0,001$) $OR = 3,37$, pendapatan orang tua dan status gizi ($p = 0,001$) $OR = 6,01$, pola asuh dengan status gizi ($p = 0,001$) $OR = 8,07$, pola makan dengan status gizi ($p = 0,001$) $OR = 6,01$). Hasil penelitian ini juga sama dengan penelitian Meliasari (2019) di Paud Al Fitrah Kecamatan Sei Rampah Kabupaten Serdang Bedagai, yang menunjukkan bahwa mayoritas pola asuh orang tua adalah baik (56,25 %) dan status gizi pada balita mayoritas tidak stunting, dan ada hubungan antara pola asuh orangtua dengan kejadian stunting pada balita dengan hasil uji $p = 0,000$.

Hasil penelitian ini juga memperkuat penelitian Rahmawati dkk (2017), juga menjelaskan ada Pengaruh Konseling Gizi Dengan Media Booklet Terhadap Peningkatan Pengetahuan, Sikap, Dan Tindakan Ibu Dalam Upaya Pencegahan Gizi Buruk Balita Di Wilayah Kerja Puskesmas Puuwatu Kota Kendari. Hasil uji Mc Nemar menunjukkan ada perbedaan yang signifikan pada pengetahuan p value ($0,001$) $< \alpha$ ($0,05$), sikap p value ($0,013$) $< \alpha$ ($0,05$) dan tindakan p value ($0,013$) $< \alpha$ ($0,05$). Hal ini dibuktikan dengan adanya perbedaan pengetahuan, sikap, dan tindakan responden sebelum dan sesudah diberikan pendidikan kesehatan melalui konseling gizi selama 21 hari dengan menggunakan media booklet dapat meningkatkan pengetahuan, sikap, dan tindakan dalam mencegah gizi buruk balita.

Rahmad dan Miko, 2016, melakukan kajian stunting pada anak balita berdasarkan pola asuh dan pendapatan keluarga di Banda Aceh. Prevalensi stunting di provinsi Aceh di tingkat nasional, prevalensi stunting adalah 44,6%, prevalensi Banda Aceh sebesar 38,8%. Sampel sejumlah 96, menunjukkan kejadian stunting pada bayi yang disebabkan oleh rendahnya pendapatan keluarga ($p = 0,026$; $OR = 3,1$), pemberian ASI non-eksklusif ($p = 0,002$; $OR = 4,2$), pemberian MP-ASI yang buruk ($p = 0,007$; $OR = 3,4$), dan imunisasi tidak lengkap ($p = 0,040$; $OR = 3,5$). Analisis multivariat diperoleh bahwa tidak memberikan ASI sangat dominan menyebabkan stunting pada balita di Banda Aceh dengan $OR = 4,9$. Kesimpulannya, stunting pada balita berhubungan dengan pendapatan keluarga yang lebih rendah, tidak memberikan ASI eksklusif, pemberian MP-ASI yang kurang baik dan imunisasi yang tidak lengkap. Tidak memberikan ASI eksklusif menjadi faktor dominan sebagai penyebab risiko anak mengalami stunting.

Aridiyah, Rohmawati, Ririanty (2015), Faktor-faktor yang mempengaruhi kejadian *stunting* pada anak balita di wilayah pedesaan dan perkotaan, menunjukkan bahwa faktor yang mempengaruhi terjadinya *stunting* pada anak balita yang berada di wilayah pedesaan dan perkotaan adalah pendidikan ibu, pendapatan keluarga, pengetahuan ibu mengenai gizi, pemberian ASI eksklusif, umur pemberian MP-ASI, tingkat kecukupan zink dan zat besi, riwayat penyakit infeksi serta faktor genetik. Status pekerjaan ibu, jumlah anggota keluarga, status imunisasi, tingkat kecukupan energi, dan status BBLR tidak mempengaruhi terjadinya *stunting*. Tingkat kecukupan protein dan kalsium di wilayah pedesaan menunjukkan hubungan yang signifikan sedangkan di wilayah perkotaan tidak menunjukkan adanya hubungan. Faktor yang paling

mempengaruhi terjadinya *stunting* pada anak balita di wilayah pedesaan maupun perkotaan yaitu tingkat kecukupan zink. *e-Jurnal Pustaka Kesehatan*, vol. 3 (no. 1) Januari 2015

Hasil penelitian tentang pola asuh pada penelitian ini menunjukkan hasil yang sama dengan penelitian Yudianti dan Saeni, 2016, menjelaskan hasil pola asuh dengan kejadian *stunting* pada balita di kabupaten Polewali Mandar. Hasil analisis praktek kebersihan diri diperoleh sebanyak 16 (31,4%) ibu menunjukkan praktek yang kurang baik pada kelompok kasus dan diperoleh sebanyak 45 (88%) pada kelompok kontrol. Ada hubungan antara praktek kebersihan diri dengan kejadian *stunting* yang ditunjukkan dengan nilai $p = 0,016$ dan $OR = 3,42$ yang berarti praktek kebersihan diri yang kurang baik memiliki risiko 3,42 kali lebih tinggi untuk mengalami *stunting* dibandingkan dengan praktek kebersihan diri yang baik. *Jurnal kesehatan manarang*, volume 2, nomor 1, juli 2016

Renyoet dan Rochimiwati, menjelaskan hubungan pola asuh dengan kejadian *stunting* anak usia 6-23 bulan di wilayah pesisir kecamatan tallo kota Makassar. Hasil penelitian menunjukkan jenis kelamin perempuan memiliki persentase status gizi normal mencapai 47,5% dan memiliki masalah *stunting* sebesar 32,2% pada kategori pendek. Jumlah anak *stunting* di Kecamatan Tallo adalah 81 anak dengan persentase 54% dan 69 anak atau 46% yang berstatus gizi normal. Hasil analisis menunjukkan adanya hubungan yang signifikan antara perhatian/dukungan ibu terhadap anak dalam praktek pemberian makanan, rangsangan psikososial, kebersihan/ hygiene dan sanitasi lingkungan dan pemanfaatan pelayanan kesehatan dengan kejadian *Stunting* anak pada usia antara 6-23 bulan dengan nilai $p=0.001$, $p=0.000$, $p=0.000$ dan $p=0.006$. Penelitian mengenai pola asuh menjelaskan bahwa ibu memiliki kontribusi yang besar dalam proses pertumbuhan anak dimana pola asuh menunjukkan hubungan yang signifikan dengan kejadian *stunting* pada anak. Widyaningsih¹, Kusnandar, Anantanyu, 2018, menjelaskan hasil penelitiannya menunjukkan bahwa 41% balita usia 24-59 bulan mengalami *stunting*. Hasil uji menunjukkan bahwa terdapat hubungan antara panjang badan lahir, pola asuh makan dan keragaman pangan dengan *stunting* ($p= 0,029$, $OR=3,213$, 95% CI: 1,123-9,189), *Jurnal Gizi Indonesia (The Indonesian Journal of Nutrition) Vol. 7, No. 1, Desember 2018 (22-29)*.

Rahmayana, Ibrahim, Damayati, 2014 menjelaskan bahwa sebagian besar responden (54,8%) memiliki masalah *stunting* dan selebihnya (45,2%) memiliki status gizi normal. Untuk pola asuh ibu, terdapat 72,6% melakukan praktik pemberian makan yang baik, 71,0% memberikan rangsangan psikososial yang baik, 67,7% melakukan praktik kebersihan/ higyene yang baik, 53,2% sampel dengan sanitasi lingkungan yang baik dan 66,1% mendapatkan pelayanan yang baik. Hasil analisis, menunjukkan adanya hubungan yang signifikan antara praktik pemberian makan ($P=0,007$), rangsangan psikososial ($P=0,000$), praktik kebersihan/higyene ($P=0,000$), sanitasi lingkungan ($P=0,000$) dan pemanfaatan pelayanan kesehatan ($P=0,016$) dengan kejadian *stunting* anak usia 24-59 bulan di posyandu Asoka II wilayah pesisir kelurahan Barombong. *Al-Sihah : Public Health Science Journal* Vol. VI, No. 2, Juli-Desember 2014.

Penelitian Rahmayani (2015) menunjukkan hasil: status ekonomi ($p=0,03$;OR=4,5), pola asuh makan ($p=0,001$;OR=6,67), pola asuh kesehatan ($p=0,03$;OR=3,25), dan pola asuh psikososial ($p=0,01$;OR=4,33) terbukti meningkatkan risiko stunting. Sedangkan variabel tingkat pendidikan ibu dan status pekerjaan ibu tidak terbukti meningkatkan faktor risiko. Pola asuh makan merupakan faktor yang paling dominan ($p=0,011$;OR=6,20). Penelitian ini memberikan kesimpulan yang sama dengan penelitian yang telah dilakukan yaitu bahwa pola asuh makan, pola asuh kesehatan, pola asuh psikososial dan status ekonomi merupakan faktor risiko yang mempengaruhi kejadian stunting.

Hasil penelitian ini menunjukkan bahwa pada responden yang memiliki anak usia 0-24 tahun diperoleh hasil ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting dengan nilai $p=0,001$ dan pada kelompok responden ibu yang sedang hamil juga diperoleh: ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting $p=0,039$. Hal ini sesuai dengan teori pola asuh yang dinyatakan oleh Depkes RI 2001 bahwa pola asuh yang baik pada anak balita dapat dilihat pada praktek pemberian makanan yang bertujuan untuk mendapatkan zat-zat gizi yang cukup bagi pertumbuhan fisik dan mental anak. Zat gizi yang baik berperan dalam memelihara dan memulihkan kesehatan anak dalam melaksanakan kegiatan sehari-hari. Aspek gizi mempunyai dampak terhadap tumbuh kembang dan kecerdasan anak sejak dalam kandungan. Pola asuh adalah pemenuhan kebutuhan fisik dan biomedis anak. Pola asuh yang memadai pada bayi adalah pemenuhan kebutuhan fisik dan biomedis anak terpenuhi secara optimal. Hal ini dilakukan melalui pemberian gizi yang baik berupa pemberian ASI, pemberian makanan pendamping ASI tepat waktu dan bentuknya, melanjutkan menyusui sampai anak berumur 2 tahun, ibu punya cukup waktu merawat bayi, imunisasi dan memantau pertumbuhan melalui kegiatan penimbangan. UNICEF merumuskan tiga faktor utama yang mempengaruhi tumbuh kembang secara tidak langsung (*underlying factors*), yaitu pangan rumah tangga, pengasuhan, dan sanitasi lingkungan. Ketiga faktor tersebut mempengaruhi status gizi dan juga tingkat kesehatan anak yang juga turut menentukan kualitas pertumbuhan serta perkembangan anak (Nurlinda, 2013). Pertumbuhan dan perkembangan anak balita sangat dipengaruhi oleh faktor lingkungan *postnatal*. Faktor lingkungan *postnatal* sangat erat hubungannya dengan pola asuh yang diberikan oleh ibu kepada anaknya, antara lain gizi dan status kesehatan.

Hasil penelitian ini juga sesuai dengan pernyataan Yusnidaryani (2009) yang menjelaskan bahwa bayi adalah kelompok usia yang rentan terserang penyakit, terkait interaksi dengan sarana dan prasarana dirumah tangga dan sekelilingnya. Jenis sakit yang dialami, frekuensi sakit, lama sakit, penanganan bayi sakit dan status imunisasi adalah faktor yang mempengaruhi tingkat kesehatan bayi dan status gizi bayi. Perilaku ibu dalam menghadapi bayi yang sakit dan pemantauan kesehatan terprogram adalah pola pengasuhan kesehatan yang sangat mempengaruhi tumbuh kembang bayi. Bayi yang mendapatkan imunisasi akan lebih rendah mengalami resiko penyakit. Bayi yang dipantau pertumbuhan diposyandu melalui kegiatan penimbangan akan lebih dini mendapatkan informasi akan adanya gangguan pertumbuhan. Sakit yang lama dan berulang akan mengurangi nafsu makan yang berakibat pada rendahnya asupan zat gizi. Pola pengasuhan anak usia 1-2 tahun memang spesifik, mereka bukan bayi

lagi, tetapi juga terlalu muda untuk dikatakan sebagai anak-anak. Akibatnya, banyak timbul masalah kesehatan termasuk kasus gizi buruk yang prevalensinya tinggi (rata-rata 50% pada setiap daerah penelitian), yang tidak saja mengganggu tumbuh kembang anak seperti *stunted*, penurunan IQ, tapi bahkan berakhir dengan kematian (Nurlinda, 2013).

Hasil penelitian ini juga mendukung penelitian Rahmad dan Miko, 2016, dengan sampel sejumlah 96, diperoleh kejadian stunting pada bayi yang disebabkan oleh rendahnya pendapatan keluarga ($p = 0,026$; $OR = 3,1$), pemberian ASI non-eksklusif ($p = 0,002$; $OR = 4,2$), pemberian MP-ASI yang buruk ($p = 0,007$; $OR = 3,4$), dan imunisasi tidak lengkap ($p = 0,040$; $OR = 3,5$). Tidak memberikan ASI merupakan faktor sangat dominan menyebabkan stunting pada balita di Banda Aceh dengan $OR = 4,9$. Stunting pada balita berhubungan dengan pendapatan keluarga yang lebih rendah, tidak memberikan ASI eksklusif, pemberian MP-ASI yang kurang baik dan imunisasi yang tidak lengkap. **Jurnal Kesmas Indonesia**, Volume 8 No 2, Juli 2016, Hal 63-79

Demikian pula dengan penelitian Aramico dkk (2013), yang menjelaskan ada hubungan antara pendidikan ayah ($p < 0,001$) $OR = 3,37$, pendapatan orang tua ($p = 0,001$) $OR = 6,01$, pola asuh ($p = 0,001$) $OR = 8,07$, pola makan dengan status gizi ($p = 0,001$) $OR = 6,01$). Penelitian Meliasari (2019), juga menjelaskan Ada hubungan Pola Asuh Orang Tua Dengan Kejadian Stunting Pada Balita Di Paud Al Fitrah Kecamatan Sei Rampah Kabupaten Serdang Bedagai. Hasil penelitian menunjukkan bahwa mayoritas pola asuh orang tua adalah baik (56,25 %) dan status gizi pada balita mayoritas tidak stunting, hubungan antara pola asuh orangtua dengan kejadian stunting pada balita dengan hasil uji $p = 0,000 < 0,05$.

Penelitian ini juga menjadi pembandingan antara pemberian buku atau booklet, terhadap perilaku pencegahan stunting. Hasil yang diperoleh memberikan gambaran yang hampir sama dengan penelitian Rahmawati dkk (2017), yang menjelaskan adanya perbedaan pengetahuan, sikap, dan tindakan responden sebelum dan sesudah diberikan pendidikan kesehatan melalui konseling gizi selama 21 hari dengan menggunakan media booklet dapat meningkatkan pengetahuan, sikap, dan tindakan dalam mencegah gizi buruk balita. Aridiyah, Rohmawati, Ririanty (2015), menjelaskan faktor-faktor yang mempengaruhi kejadian *stunting* pada anak balita di wilayah pedesaan dan perkotaan, kejadian stunting di Kabupaten Jember tertinggi di daerah pedesaan yaitu 67% dan wilayah perkotaan tertinggi sebesar 27,27%. Hasil analisis menunjukkan bahwa faktor yang mempengaruhi terjadinya *stunting* pada anak balita yang berada di wilayah pedesaan dan perkotaan adalah pendidikan ibu, pendapatan keluarga, pengetahuan ibu mengenai gizi, pemberian ASI eksklusif, umur pemberian MP-ASI, tingkat kecukupan zink dan zat besi, riwayat penyakit infeksi serta faktor genetik. Status pekerjaan ibu, jumlah anggota keluarga, status imunisasi, tingkat kecukupan energi, dan status BBLR tidak mempengaruhi terjadinya *stunting*. Tingkat kecukupan protein dan kalsium di wilayah pedesaan menunjukkan hubungan yang signifikan sedangkan di wilayah perkotaan tidak menunjukkan adanya hubungan. Faktor yang paling mempengaruhi terjadinya *stunting* pada anak balita di wilayah pedesaan maupun perkotaan yaitu tingkat kecukupan zink. *e-Jurnal Pustaka Kesehatan*, vol. 3 (no. 1) Januari 2015.

Yudianti dan Saeni (2016), menyatakan ada hubungan antara praktek kebersihan diri dengan kejadian *stunting* yang ditunjukkan dengan nilai $p = 0,016$ dan $OR = 3,42$ yang berarti praktek kebersihan diri yang kurang baik memiliki risiko 3,42 kali lebih tinggi untuk mengalami *stunting* dibandingkan dengan praktek kebersihan diri yang baik. Jurnal kesehatan manarang, volume 2, nomor 1, Juli 2016.

Renyoet dan Rochimiwati (2018), menjelaskan ada hubungan yang signifikan antara perhatian/dukungan ibu terhadap anak dalam praktek pemberian makanan, rangsangan psikososial, kebersihan/ hygiene dan sanitasi lingkungan dan pemanfaatan pelayanan kesehatan dengan kejadian *Stunting* anak pada usia antara 6-23 bulan dengan nilai $p=0.001$, $p=0.000$, $p=0.000$ dan $p=0.006$. Ibu memiliki kontribusi yang besar dalam proses pertumbuhan anak dimana pola asuh menunjukkan hubungan yang signifikan dengan kejadian *stunting* pada anak 6-23 bulan. Widyarningsih, Kusnandar, Anantanyu (2018), menyatakan bahwa terdapat hubungan antara panjang badan lahir, pola asuh makan dan keragaman pangan dengan *stunting* ($p \leq 0,05$). Jurnal Gizi Indonesia (The Indonesian Journal of Nutrition) Vol. 7, No. 1, Desember 2018 (22-29). Rahmayana, Ibrahim, Damayati, 2014 menyatakan adanya hubungan yang signifikan antara praktik pemberian makan ($P=0,007$), rangsangan psikososial ($P=0,000$), praktik kebersihan/higiyene ($P=0,000$), sanitasi lingkungan ($P=0,000$) dan pemanfaatan pelayanan kesehatan ($P=0,016$) dengan kejadian *stunting* anak usia 24-59 bulan di posyandu Asoka II wilayah pesisir kelurahan Barombong. *Al-Sihah : Public Health Science Journal* Vol. VI, No. 2, Juli-Desember 2014

Rahmayani (2015) menyatakan faktor risiko kejadian *stunting* yaitu status ekonomi ($p=0,03$; $OR=4,5$), pola asuh makan ($p=0,001$; $OR=6,67$), pola asuh kesehatan ($p=0,03$; $OR=3,25$), dan pola asuh psikososial ($p=0,01$; $OR=4,33$). Sedangkan variabel tingkat pendidikan ibu dan status pekerjaan ibu tidak terbukti meningkatkan faktor risiko. Faktor yang paling dominan adalah pola asuh makan ($p=0,011$; $OR=6,20$). Terbukti bahwa pola asuh makan, pola asuh kesehatan, pola asuh psikososial dan status ekonomi merupakan faktor risiko yang mempengaruhi kejadian *stunting* pada anak usia 12-36 bulan di wilayah Puskesmas Sumpur Kudus Kabupaten Sijunjung

Kesimpulan

1. Rata-rata skor pada kelompok kontrol responden yang memiliki anak usia 0-24 perilaku ANC rata-rata skor 56,63 dengan SD 11,67 dan pada kelompok intervensi responden yang sedang hamil berturut-turut perilaku ANC 57,17 dengan SD 7,9. Hasil uji statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan *stunting* ibu melalui pemeriksaan ANC.
2. Rata-rata skor pada kelompok kontrol responden yang memiliki anak usia 0-24 untuk perilaku pencegahan saat kehamilan rata-rata skor 31,67 dengan SD 5,57 dan pada kelompok intervensi rata-rata skor 43,27 dengan SD 4,06. Hasil uji statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan *stunting* ibu masa kehamilan.
3. Rata-rata skor pada kelompok kontrol responden yang memiliki anak usia 0-24 untuk pola asuh anak rata-rata skor 34,83 dengan SD 6,74 dan pada kelompok intervensi rata-rata skor 62,80 dengan SD 5,73. Hasil uji

- statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting.
4. Rata-rata skor pada kelompok kontrol responden yang sedang hamil perilaku ANC rata-rata skor 57,17 dengan SD 10,04 dan pada kelompok intervensi responden yang sedang hamil berturut-turut perilaku ANC 62,37 dengan SD 5,78. Hasil uji statistik didapat nilai $p=0,018$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC.
 5. Rata-rata skor pada kelompok kontrol responden yang sedang hamil untuk perilaku pencegahan saat kehamilan rata-rata skor 32 dengan SD 4,83 dan pada kelompok intervensi rata-rata skor 38,17 dengan SD 6,578. Hasil uji statistik didapat nilai $p=0,000$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu masa kehamilan.
 6. Rata-rata skor pada kelompok kontrol responden yang sedang hamil, pola asuh anak rata-rata skor 47,17 dengan SD 9,969 dan pada kelompok intervensi rata-rata skor 42,6 dengan SD 6,37. Hasil uji statistik didapat nilai $p=0,039$, maka dapat disimpulkan ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting.

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Book Stunting Risk Detection and Monitoring Health (DRSMK) and stunting prevention behavior in children the first 1000 days of life.

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Abstract

Riskesdas (2018) stated that the stunting or the short stature in children due to chronic malnutrition was at 30.8%, severe malnutrition and nutritional deficiency was at 17.7%. This figure is still far from the World Health Organization (WHO) target of 20%. This means that stunting for toddlers in Indonesia is still above the tolerance limits imposed by the World Health Organization. The purpose of this study was to determine the effects of the use of the Stunting Risk Detection Book and Health Monitor (DRSMK) by Posyandu cadres on the behavior of Stunting prevention in pregnant women and parenting pattern on children care in the first 1000 days of life in South Lampung Regency. The research output was a cadre manual book in the effort to prevent stunting from pregnancy to the age of 1000 days of life. This research used quantitative research, quasi-experimental analytic research design. The study was conducted in 8 villages in Lampung Selatan Regency, Lampung Province. The number of samples was 120, the treatment group was 60 and the control was 60 respondents. The treatment group was given health education and trained to use the DSRMK Book by the health cadre for 3 months, then measured behavior and parenting pattern in preventing stunting. In the control group was given counseling according to the puskesmas SOP. The results showed that 1) there was the influence on the using of DRSMK books by Posyandu cadres to prevent maternal stunting through ANC examination. 2) There was the influence on the using of DRSMK books by Posyandu cadres on the prevention of maternal stunting behavior during pregnancy, 3) there was the influence on the using of DRSMK books by posyandu cadres on parenting pattern in preventing stunting. The DRSMK book is easy to use by health cadres in efforts to prevent and detect stunting from pregnancy to 24 months old.

Abstrak

Riskesdas (2018) menyatakan proporsi stunting atau balita pendek karena kurang gizi kronik sejumlah 30,8%, gizi buruk dan gizi kurang 17,7%. Angka ini masih jauh dari target Badan Kesehatan Dunia (WHO) yakni 20%. Hal ini memberi arti *stunting* Balita di Indonesia saat ini masih di atas batas toleransi yang ditetapkan oleh Badan Kesehatan Dunia. Tujuan penelitian untuk mengetahui Pengaruh Penggunaan Buku Deteksi Risiko Stunting dan Monitor Kesehatan (DRSMK) oleh Kader Posyandu terhadap Perilaku pencegahan Stunting pada ibu hamil dan pola asuh pada perawatan anak 1000 hari pertama kehidupan di Kabupaten Lampung Selatan. Luaran penelitian adalah buku panduan kader dalam upaya pencegahan stunting mulai dari masa kehamilan sampai usia 1000 hari kehidupan. Jenis penelitian kuantitatif, rancangan penelitian analitik quasi eksperimen. Penelitian dilakukan di 8 desa di Kabupaten Lampung selatan Provinsi Lampung. Jumlah sampel 120, kelompok perlakuan 60 dan kontrol 60 responden. Kelompok perlakuan diberikan pendidikan kesehatan dan dilatih menggunakan Buku DSRMK

oleh kader kesehatan selama 3 bulan, selanjutnya diukur perilaku dan pola asuh dalam mencegah terjadinya stunting. Pada kelompok kontrol diberikan penyuluhan sesuai SOP puskesmas. Hasil penelitian menunjukkan 1) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC. 2) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu masa kehamilan, 3) ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting. Buku DRSMK mudah digunakan oleh kader kesehatan dalam upaya pencegahan dan deteksi stunting mulai kehamilan sampai anak berusia 24 bulan.

Kata kunci : DSRMK, Perilaku, Pola Asuh.

Kepustakaan : 18 (2002-2018)

INTRODUCTION

Riskesdas, 2018, showed an improvement on the nutritional status of toddlers in Indonesia. The proportion of stunting or short toddlers due to chronic malnutrition fell from 37.2% (riskesdas 2013), to 30.8% at riskesdas 2018. Likewise the proportion of malnutrition and nutritional deficiency status were less than 19.6% (riskesdas 2013) to 17, 7%. However, the figure was far from the World Health Organization (WHO) target of 20%. This means that stunting for toddlers in Indonesia was still above the tolerance limits set by the World Health Organization.

Rusli S (2019) states that the main factor in the height stunting problem in Indonesia was poor nutritional intake since the fetus still in the womb (during pregnancy), newborn, until two years old children. Malnutrition in the first two years of life can cause irreparable brain damage. Nutrition investment in the first 1,000 days of life is a non-negotiable obligation. Nutrition problems will not only interfere with physical development and threaten children's health, but can also cause poverty. Brain growth on malnourished children will not be optimal so it will affect their intelligence in the future. Job opportunities and earning more income can be smaller in stunting children. Nutritional interventions need to be carried out in the form of continuing education in the community, especially parents. Parents should be aware the nutritional needs of children, good and bad foods, being unaffected by an instant lifestyle and advertisements for children's food products that sometimes excessive promises. Any mistakes in providing food intake to children can be at risk for the nation's future. As the case in early 2018, in Kendari it was found toddlers suffering from malnutrition due to being given sweetened condensed milk due to ignorance of parents. In addition, at Wamena has recently an outbreak of severe malnutrition that has claimed lives. Food aid interventions are needed, but education for the community must not be forgotten.

The 2017 nutrition monitoring status indicates that Indonesia's stunted toddlers prevalency is still high with 29.6 % above the World Health Organization (WHO) set (20%). To beat this number, people need to consider what factors cause stunting. Stunting is a growth failure in children (body and brain growth) due to malnutrition for a long time. Assuming that children are shorter than normal children on their age and have a delay in thinking. Prolonged Malnutrition occurs from the fetus in the womb until the beginning of the child's life (the first 1000 days of birth). The causes are low access to nutritious food, low intake of vitamins and minerals, and poor diversity of food and animal protein sources

Maternal factors and poor parenting, especially in the behavior and practice of feeding children, are also the cause of child stunting when the mother does not provide adequate and good nutrition. Mothers whose adolescents lack nutrition, even during pregnancy, and lactation will greatly affect the growth of the child's body and brain. Other factors that cause stunting are infection in the mother, teenage pregnancy, mental disorders in the mother, short child birth spacing, and hypertension. In addition, the low access to health services including access to sanitation and clean water is one of the factors that greatly influence the growth of children. To prevent this, multiply to eat nutritious foods derived from local fruits and vegetables in the womb. Then the nutritional adequacy of a teenage girl is also needed so that when she is pregnant as an adult there is no malnutrition. Besides, it also requires attention to the environment to create access to sanitation and clean water.

Majid YN (2018) states that Stunting is a chronic nutritional problem caused by a lack of nutritional intake for a long time, generally because of food intake that does not match nutritional needs. Stunting starts in the womb and is not seen when a child is two years old. In addition to stunted growth, stunting is also associated with suboptimal brain development, which causes poor mental and learning abilities, and poor school performance. Stunting and other conditions related to malnutrition, are also considered as a risk factor for diabetes, hypertension, obesity and death from infection

The causes of Stunting according to the Adoption Nutrition Site, stunting develops in the long term due to the combination of some or all of the following factors: 1. Chronic malnutrition for a long time 2. Retardation of intrauterine growth 3. Not enough protein in total proportion to calorie intake 4. Hormonal changes which is triggered by stress 5. Often suffers from an infection early in a child's life. The development of stunting is a slow, cumulative process and does not mean that current food intake is inadequate. Growth failure may have occurred in a mother's past. Stunting Symptoms 1. Children are shorter in stature for their age 2. Body proportions tend to be normal but children appear younger / smaller for their age 3. Low body weight for their age 4. Delayed bone growth. The best time to prevent stunting is during pregnancy and the first two years of life. Stunting in early life will have a negative impact on health, cognitive, and functional as an adult. Various efforts to overcome this stunting problem include the Ministry of Health with the support of the Millennium Challenge Account-Indonesia (MCA-I), through the Compact Millennium Challenge Corporation (MCC) Grant Program, conducting a National Nutrition Campaign for Community-Based Health and Nutrition Programs (PKGBM). One of the interventions in the PKGM program is about changing people's behavior, which is carried out in the National Nutrition Campaign (KGN).

Riskesdas 2018 and the Province of Lampung explained, young women who will become potential mothers will face the risk of chronic energy shortages (KEK) in 2017 ranked first in Indonesia as much as 44% (Indonesia 32%), WUS risked KEK 12.8% (Indonesia 10.7%), pregnant women at risk of KEK 18.5% (Indonesia 14.8), Babies IMD 60.42% (Indonesia 73%), this condition has a contribution to the occurrence of stunting in children. Lampung Region which became 1000 stunting priority villages in 2018 is South Lampung, Central Lampung and East Lampung.

Stunting cases in South Lampung Regency in 2018 reached 29 percent. Based on the results of the basic research survey, health has decreased. Wherein, previously in 2013 stunting cases reached 43 percent. South Lampung was chosen as a research location due to being one of the stunting priority villages in 2018, this region is a region rich in natural resources and rich in protein sources because most of the coastal areas, industrial areas, is close to the provincial capital, as well as being a trans-Sumatra region, but Stunting problems are still found in children. In addition to efforts to alleviate Stunting, prevention and anticipation efforts are also needed.

METHOD

This type of quantitative research with quasi-experimental research designs. Pregnant women who have children aged 0-2 years, carried out an assessment of prevention of stunting and parenting,

Hereinafter, the mother was given education by the cadre using the DRSMK book, then there were 12 visits and an assessment of stunting prevention behavior was done at the end of the visit. The time of the study was carried out for six months in villages at risk of stunting. The population in this study was all pregnant women and mothers who have children aged 0-2 years in the stunting priority village of South Lampung district. The number of samples was 120 people with inclusion criteria of pregnant women and mothers who have children aged 0-2 years. Stratified sampling technique was obtained from 10 villages that became priority handling stunting.

RESULT

The results of monitoring the nutritional status (PSG) in 2015-2017, the trend of stunting coverage in South Lampung Regency experienced an increase in the number of stunting toddlers in 2015 of 23, 20%, in 2016 of 24, 28% and in 2017 of 30, 30%. There are 10 priority stunting villages in South Lampung Regency including Desa Pancasila, Tajimalela, Taman Agung, Banjarmasin, Bangunrejo, Kemukus, Batubalak, Wayendam, Karyamulya Sari and Mekarsari. The prevalence of stunting toddlers in 10 villages that are very controlling, namely in Kemukus Village is 20.77%, Wayendam 18.89%, Taman Agung 17.48%, Batubalak 16, 98%, Karyamulya Sari 15, 23%, Mekarsari 15.10% , Tajimalela 14.48%, Banjarmasin 12.35%, Bangunrejo 10.04% and Pancasila 7.28%. Stunting in South Lampung Regency in 2013 reached 43 % and in 2018 decreased to 29% (Riskesdas, 2018). The results of the interview with the head of the Puskesmas during the stunting study can be seen in the following table:

Table 4.1 Data on stunting of children under five on stunting focus villages in South Lampung

No	Desa fokus stunting	Tahun 2018	Tahun 2019
1	Pancasila	27	20
2	Tajimalela	45	33
3	Taman Agung	20	10
4	Banjarmasin	20	19
5	Bangun Rejo	35	25
6	Kemukus	25	22
7	Batu Balak	15	5
8	Way Gelam	51	25
9	Karya Mulya Sari	63	43
10	Mekar Sari	54	34

The research results from the use of stunting risk detection books and health monitors (DRSMK) by posyandu cadres on stunting prevention behavior in pregnant women and parenting pattern to children in the first 1000 days, presented in the form of respondent characteristics, univariate analysis of groups of pregnant women, mothers with children age 0-2 years, preventative behavior and parenting. Bivariate analysis in the form of the effect of giving DRSMK books on stunting prevention behavior and the effect of giving DRSMK books on child rearing. The following results are obtained:

Table 1 Characteristics of respondents having children 0-24 months and respondents being pregnant

No	Karakteristik responden	Mean	Median	SD	Min-mak	n
1	Umur Ibu dengan anak 0-24 bulan	26,37	27	6,067	17-43	60
2	Umur anak (bulan)	12	10	6,501	3-24	60
3	Umur Ibu hamil	28	28,5	5,672	18-42	60

In table 1, the average age of mothers in the group with children aged 0-24 months was 26 years, the average age of children was 12 months and the average age of mothers who are pregnant was 28 years.

Table 2 Characteristics of respondents based on education, occupation and parity

No	Karakteristik responden	Jumlah	%	n
1	Pendidikan			120
	Perguruan tinggi	2	2	
	SMA	33	27,5	
	SMP	52	43	
	SD	33	27,5	
2	Pekerjaan			120
	Ibu rumah tangga	100	83	
	Bekerja di luar rumah	20	17	

Based on table 2, it was found that most mothers in junior high school were 52 mothers (43%), most of the mothers' jobs was housewives with total 100 mothers (83%).

Table 3: Frequency distribution of antenatal care (ANC) behavior, stunting prevention and parenting.

No	Karakteristik responden	Mean	Median	SD	Min- mak	n
1	Responden yang memiliki anak 0-24 bulan					
	Perilaku ANC					
	- Kontrol	56,6	61,5	11,67	30-68	30
	- Intervensi	74,5	71	7,99	51-85	30
	Perilaku pencegahan stunting					
	- Kontrol	31,67	32	5,567	18-45	30
	- Intervensi	43,27	43	4,059	35-50	30
	Pola asuh anak					
	- Kontrol	34,83	32	6,742	27-57	30
	- Intervensi	62,8	62	5,726	52-72	30
2	Responden ibu yang sedang hamil					
	Perilaku ANC					
	- Kontrol	57,17	58	10,04	21-68	30
	- Intervensi	62,37	65	5,378	51-68	30
	Perilaku pencegahan stunting					
	- Kontrol	32	32,5	4,824	23-40	30
	- Intervensi	38	38,5	6,578	22-49	30
	Pola asuh anak					
	- Kontrol	47,17	46,5	9,969	30-72	30
	- Intervensi	42,6	40,5	6,371	34-58	30

On the average table 2 score in the control group of respondents who have children aged 0-24 months in a row ANC behavior was 56.63, stunting prevention behavior was 31.67 and child care patterns was 34.83. In the ANC behavior intervention group the average score was 74.5; stunting prevention behavior 43, 27 and parenting 62,80. The average score in the intervention group of respondents who were pregnant successively ANC behavior was 57.17, stunting prevention behavior was 32 and parenting was 47.17. In the ANC behavior intervention group the average score was 62.37; stunting prevention behavior 38.1 and parenting 42.6

Table 3 Analysis of the average value of ANC behavior, stunting prevention behavior and parenting in the control and intervention groups

No	Karakteristik responden	Mean	SD	SE	p-value	n
1	Responden yang memiliki anak 0-24 bulan					
	Perilaku ANC					
	- Kontrol	56,6	11,67	2,13	0,000	30
	- Intervensi	74,5	7,99	1,46		30
	Perilaku pencegahan stunting					
	- Kontrol	31,67	5,567	1,02	0,000	30
	- Intervensi	43,27	4,059	0,74		30
	Pola asuh anak					
- Kontrol	34,83	6,742	1,23	0,000	30	
- Intervensi	62,8	5,726	1,05		30	
2	Responden ibu yang sedang hamil					
	Perilaku ANC					
	- Kontrol	57,17	10,042	1,8	0,018	30
	- Intervensi	62,37	5,378	1,06		30
	Perilaku pencegahan stunting					
	- Kontrol	32	4,824	0,9	0,000	30
	- Intervensi	38	6,578	1,2		30
	Pola asuh anak					
- Kontrol	47,17	9,969	1,82	0,039	30	
- Intervensi	42,6	6,371	1,16		30	

On table 3 the average score in the control group of respondents who have children aged 0-24 ANC behavior was 56.63 with SD 11.67 and in the intervention group of respondents who were pregnant respectively ANC behavior was 57.17 with SD 7,9 The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres on the prevention of maternal stunting through ANC examination.

The average score in the control group of respondents who had children aged 0-24 for prevention behavior during pregnancy was 31.67 with an SD of 5.57 and the average score of the intervention group was 43.27 with an SD of 4.06. The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres to prevent maternal stunting behavior during pregnancy.

The average score in the control group of respondents who have children aged 0-24 for an average parenting score of 34.83 with an SD of 6.74 and the average score in the intervention group was 62.80 with an SD of 5.73. The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK book by posyandu cadres on parenting in preventing stunting.

The average score in the control group of respondents who were pregnant ANC behavior with an average score of 57.17 with SD 10.04 and in the intervention group of respondents who were pregnant respectively ANC behavior of 62.37 with SD 5.78. The statistical test results obtained p value = 0.018, it can be concluded that there was an influence of the use of the DRSMK book by Posyandu cadres on the prevention of maternal stunting through ANC examination.

The average score in the control group of respondents who were pregnant for prevention behavior during pregnancy averaged a score of 32 with an SD of 4.83 and in the intervention group an average score of 38.17 with an SD of 6.578. The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres to prevent maternal stunting behavior during pregnancy.

The average score in the control group of respondents who were pregnant, the average score for parenting children of 47.17 with SD 9.969 and in the intervention group on an average score of 42.6 with SD 6.37. The statistical test results obtained p value = 0.039, it can be concluded that there was the influence of the use of DRSMK books by posyandu cadres on parenting in preventing stunting

Discussion:

The results showed an average distinction of scores in the control group and the intervention group, both the group of mothers who had children aged 0-24 and who were pregnant. The statistical test results also concluded that there was an influence on the using of the DRSMK book by Posyandu cadres on the prevention of maternal stunting through ANC examination $p = 0,000$ (mothers who have children 0-24 months) and $p = 0.18$ in pregnant women. The results of the study were in accordance with Nurfaridah (2017) research on behavior which states that health behavior can be classified into 3 groups: 1) health maintenance behavior, one's efforts to maintain or maintain health so as not to get sick and efforts to cure when sick, including 3 aspects: a) Behavior of disease prevention, b) Behavior of health improvement, c) Behavior of nutrition (food and drink), 2) Behavior of seeking and using health service systems or facilities 3) Behavior of environmental health

The results of statistical tests in this study on the group of children who have children 0-24 months and on the group of women who are pregnant, in the control group and the intervention group shows that there was the influence of the use of the DRSMK book by Posyandu cadres to prevent maternal stunting behavior during pregnancy. This can be explained by the statement of Sarafino (2006), namely the factors that influence health behavior which is a person's response to stimulus or objects related to health, illness and factors that affect healthy illness (health) such as the environment, food, drinks, and health services. Likewise in the health behavior book Notoatmodjo (2007) about factors that influence health behavior, including 3 (three) main factors, namely: 1) Predisposing factors is a factor that facilitates or predisposes the occurrence of a person's behavior, including knowledge, attitudes, beliefs, values, traditions, and so on. 2) Enabling factors are factors that enable or facilitate behavior or actions, such as facilities and infrastructure or facilities for the occurrence of health behaviors, for example: Puskesmas, Posyandu, Hospitals, water disposal sites, landfills, sports venues, nutritious food, money and so on. 3) Strengthening factors (reinforcing factors) which are factors that encourage or strengthen the occurrence of behavior. Sometimes even though people know and are able to behave healthy, but don't do it. Based on Green's theory of knowledge factors affecting health behavior, the provision of the DRSMK book is to increase knowledge and guide mothers to be able to behave healthy lives both during pregnancy and after the baby is born

In addition, Taylor (2003) also explains the factors that influence behavior are 1) demographic factors, individuals who are young, more prosperous, have a better level of education and are in a low stress condition with high social support have better healthy behaviors than people who have fewer resources. 2) Age, typically health behavior in children can be said to be good, worsens in adolescents and adults, but increases again in older people. 3) Values, for example training for women is very desirable for certain cultures but not for other cultures. 4) Personal Control, the perception that an individual's health under personal control also determines a person's healthy behavior. 5) Social influence, family, friends, and work environment can influence healthy behavior. 6) Personal Goal, the habits of healthy behavior will make a healthy person. 7) Perceived Symptoms, healthy habits of eating balanced nutritious foods will affect the health of pregnant women and their children. 8) Access to the Health care delivery system, access to health care also influences health behavior. 9) Cognitive factors, health behavior has a relationship with cognitive factors, such as the belief that certain behaviors can affect health.

Related to health behavior can be classified into 3 groups: 1) health care behavior (health maintenance), one's efforts to maintain or maintain health so as not to get sick and efforts to cure when sick. Behavior of health care consists of 3 aspects: a) Behavior of disease prevention, and healing of illness when sick, and recovery of health when recovered from illness, b) Behavior of health improvement, if someone is ill, c) Behavior of nutrition (food and drink), 2) Behavioral search and use of systems or health service facilities. Person's efforts at the time of suffering and or accident. Start from self-medication to seeking treatment abroad. 3) Environmental health behavior.

The results of this study also explain that parenting influences parental behavior in stunting prevention, Rahmad et al (2016), shows the incidence of stunting in infants caused by low family income ($P = 0.026$); OR = 3.1), non-exclusive breastfeeding ($p = 0.002$; OR = 4.2), poor MP-breastfeeding ($p = 0.007 = 3.4$) and incomplete immunization ($p = 0.040$; OR = 3.5). The results of the analysis prove that breastfeeding is not very dominant causing stunting in infants in Banda Aceh with OR = 4.9. This study also produced the same conclusions with the research of Aramico et al (2013), which showed that there was a relationship between father's education ($p = <0.001$) OR = 3.37, parental income and nutritional status ($p = 0.001$) OR = 6.01, parenting with nutritional status ($p = 0.001$) OR = 8.07, eating patterns with nutritional status ($p = 0.001$) OR = 6.01). The results of this study are also the same as Meliasari's research (2019) in Paud Al Fitrah Sei Rampah Subdistrict, Serdang Begadai District, which shows that the majority of parenting patterns are good (56.25%) and the nutritional status of toddlers is majority not stunting, and there is a relationship between parenting parents with the incidence of stunting in infants with a test result of $p 0,000$.

The results of this study also strengthen with the research of Rahmawati et al (2017), also explaining the influence of Nutrition Counseling with Media Booklets on Increasing Knowledge, Attitudes, and Actions of Mothers in Preventing Malnutrition in Toddlers in the Work Area of Puuwatu Health Center, Kendari City. Mc Nemar test results showed that there were significant differences in knowledge of p value ($0.001 < \alpha (0.05)$), attitude p value ($0.013 < \alpha (0.05)$) and actions p value ($0.013 < \alpha (0.05)$). This is evidenced by the differences in knowledge, attitudes, and actions of respondents before and after being given health education through nutrition counseling for 21 days by using media booklets to increase knowledge, attitudes, and actions in preventing malnutrition in toddlers.

Rahmad and Miko, 2016, conducted a stunting study on children less than five age years based on parenting and family income in Banda Aceh. Stunting prevalence in Aceh province at the national level, stunting prevalence was 44.6%, Banda Aceh prevalence was 38.8%. A sample of 96, showing the incidence of stunting in infants caused by low family income ($p = 0.026$; OR = 3.1), non-exclusive breastfeeding ($p = 0.002$; OR = 4.2), poor MP-ASI ($p = 0.007$; = 3.4), and incomplete immunization ($p = 0.040$; OR = 3.5). Multivariate analysis showed that not giving ASI was very dominant causing stunting in children less than five age years in Banda Aceh with OR = 4.9. In conclusion, stunting in infants is associated with lower family income, not giving exclusive breastfeeding, giving poor MP-ASI and incomplete immunization. Not giving exclusive breastfeeding is a dominant factor as a risk of stunting

According to Aridiyah, Rohmawati, Ririanty (2015), Factors are influencing the incidence of stunting in children under five in rural and urban areas, indicate that the factors affecting stunting in children under five in rural and urban areas are mother's education, family income, knowledge mothers regarding nutrition, exclusive breastfeeding, age of MP-ASI, adequacy level of zinc and iron, history of infectious diseases and genetic factors. Mother's employment status, number of family members, immunization status, energy sufficiency level, and LBW status do not influence stunting. The level of protein and calcium adequacy in rural areas shows a significant relationship while in urban areas does not show a relationship. The factor that most influences the occurrence of stunting in children under five in rural and urban areas is the level of zinc adequacy. *e-Journal of Health Library*, vol. 3 (no. 1) January 2015

The results of research on parenting in this study showed the same results with research Yudianti and Saeni, 2016, explaining the results of parenting with the incidence of stunting in toddlers in Polewali Mandar district. The results of the analysis of personal hygiene practices obtained as many as 16 (31.4%) of mothers showed poor practice in the case group and 45 (88%) were obtained in the control group. There is a relationship between the practice of personal hygiene with the incidence of stunting which is indicated by the value of $p = 0.016$ and $OR = 3.42$ which means that poor personal hygiene practices have a risk of 3.42 times higher to experience stunting compared with good personal hygiene practices. *Manarang health journal*, volume 2, number 1, July 2016

Renyoet and Rochimiwati (2018), explained that there is a significant relationship between mother's attention/support for children in feeding practices, psychosocial stimulation, cleanliness/hygiene and environmental sanitation and utilization of health services with the incidence of stunting in children between the ages of 6-23 months with a value of $p=0.001$, $p=0.000$, $p=0.000$ and $p=0.006$. Mothers have a major contribution in the process of child growth where parenting shows a significant relationship with the incidence of stunting in children 6-23 months. Widyaningsih, Kusnandar, Anantanyu (2018), stated that there was a relationship between birth length, feeding patterns and food diversity with stunting ($p 0.05$). *Indonesian Journal of Nutrition (The Indonesian Journal of Nutrition)* Vol. 7, No. 1, December 2018 (22-29). Rahmayana, Ibrahim, Damayati, 2014 stated that there was a significant relationship between feeding practices ($P=0.007$), psychosocial stimulation ($P=0.000$), hygiene/hygiene practices ($P=0.000$), environmental sanitation ($P=0.000$) and service utilization. health ($P = 0.016$) with stunting in children aged 24-59 months at Posyandu Asoka II in the coastal area of Barombong sub-district. *Al-Sihah : Public Health Science Journal* Vol. VI, No. 2, July-December 2014

Rahmayani (2015) stated that the risk factors for stunting were economic status ($p = 0.03$; $OR = 4.5$), eating patterns ($p = 0.001$; $OR = 6.67$), health care patterns ($p = 0.03$; $OR = 3.25$), and psychosocial parenting ($p = 0.01$; $OR = 4.33$). While the variables of mother's education level and mother's employment statuses were not proven to increase risk factors. The most dominant factor is the eating pattern ($p = 0.011$; $OR = 6.20$). It is proven that eating patterns, health care patterns, psychosocial parenting patterns and economic status are risk factors that influence the incidence of stunting in children aged 12-36 months in the Sumpur Kudus Community Health Center, Sijunjung Regency.

Conclusion

1. The average score in the control group of respondents who have children aged 0-24 for ANC behavior was 56.63 with SD 11.67 and in the intervention group respondents who are pregnant, ANC behavior was 57.17 with SD 7, 9. The results of statistical tests obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on maternal stunting prevention behavior through ANC examination.
2. The average score in the control group of respondents who have children aged 0-24 for preventive behavior during pregnancy was 31.67 with an SD of 5.57 and in the intervention group, the average score was 43.27 with an SD of 4.06. The results of statistical tests obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on stunting prevention behavior during pregnancy.
3. The average score in the control group of respondents who have children aged 0-24 for parenting has the average score of 34.83 with an SD of 6.74 and in the intervention group, the average score of 62.80 with an SD of 5.73. The results of statistical tests obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by posyandu cadres on child care patterns in preventing stunting.
4. The average score in the control group of respondents who are pregnant with ANC behavior has the average score of 57.17 with an SD of 10.04 and in the intervention group; respondents who are pregnant are 62.37 with an SD of 5.78, respectively. The results of statistical tests obtained p value = 0.018, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on maternal stunting prevention behavior through ANC examination.
5. The average score in the control group of respondents who are pregnant for preventive behavior during pregnancy has an average score of 32 with an SD of 4.83 and in the intervention group, an average score of 38.17 with an SD of 6.578. The results of statistical tests obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on stunting prevention behavior during pregnancy.
6. The average score in the control group of respondents who are pregnant, parenting has an average score of 47.17 with an SD of 9.969 and in the intervention group, an average score of 42.6 with an SD of 6.37. The results of statistical tests obtained p value = 0.039, it can be concluded that there was the effect of using the DRSMK book by posyandu cadres on child care patterns in preventing stunting.

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Perbaikan Artikel:

Book Stunting Risk Detection and Monitoring Health (DRSMK) and stunting prevention behavior in children the first 1000 days of life.

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Abstract

Riskesdas (2018) stated that the stunting or the short stature in children due to chronic malnutrition was at 30.8%, severe malnutrition and nutritional deficiency was at 17.7%. This figure is still far from the World Health Organization (WHO) target of 20%. This means that stunting for toddlers in Indonesia is still above the tolerance limits imposed by the World Health Organization. The purpose of this study was to determine the effects of the use of the Stunting Risk Detection Book and Health Monitor (DRSMK) by Posyandu cadres on the behavior of Stunting prevention in pregnant women and parenting pattern on children care in the first 1000 days of life in South Lampung Regency. The research output was a cadre manual book in the effort to prevent stunting from pregnancy to the age of 1000 days of life. This research used quantitative research, quasi-experimental analytic research design. The study was conducted in 8 villages in Lampung Selatan Regency, Lampung Province. The number of samples was 120, the treatment group was 60 and the control was 60 respondents. The treatment group was given health education and trained to use the DSRMK Book by the health cadre for 3 months, then measured behavior and parenting pattern in preventing stunting. In the control group was given counseling according to the puskesmas SOP. The results showed that 1) there was the influence on the using of DRSMK books by Posyandu cadres to prevent maternal stunting through ANC examination. 2) There was the influence on the using of DRSMK books by Posyandu cadres on the prevention of maternal stunting behavior during pregnancy, 3) there was the influence on the using of DRSMK books by posyandu cadres on parenting pattern in preventing stunting. The DRSMK book is easy to use by health cadres in efforts to prevent and detect stunting from pregnancy to 24 months old.

Key word : DSRMK, Behavior, Parenting.

Literature : 18 (2002-2018)

Abstrak

Risikesdas (2018) menyatakan proporsi stunting atau balita pendek karena kurang gizi kronik sejumlah 30,8%, gizi buruk dan gizi kurang 17,7%. Angka ini masih jauh dari target Badan Kesehatan Dunia (WHO) yakni 20%. Hal ini memberi arti *stunting* Balita di Indonesia saat ini masih di atas batas toleransi yang ditetapkan oleh Badan Kesehatan Dunia. Tujuan penelitian untuk mengetahui Pengaruh Penggunaan Buku Deteksi Risiko Stunting dan Monitor Kesehatan (DRSMK) oleh Kader Posyandu terhadap Perilaku pencegahan Stunting pada ibu hamil dan pola asuh pada perawatan anak 1000 hari pertama kehidupan di Kabupaten Lampung Selatan. Luaran penelitian adalah buku panduan kader dalam upaya pencegahan stunting mulai dari masa kehamilan sampai usia 1000 hari kehidupan. Jenis penelitian kuantitatif, rancangan penelitian analitik quasi eksperimen. Penelitian dilakukan di 8 desa di Kabupaten Lampung selatan Provinsi Lampung. Jumlah sampel 120, kelompok perlakuan 60 dan kontrol 60 responden. Kelompok perlakuan diberikan pendidikan kesehatan dan dilatih menggunakan Buku DSRMK oleh kader kesehatan selama 3 bulan, selanjutnya diukur perilaku dan pola asuh dalam mencegah terjadinya stunting. Pada kelompok kontrol diberikan penyuluhan sesuai SOP puskesmas. Hasil penelitian menunjukkan 1) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC. 2) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu masa kehamilan, 3) ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting. Buku DRSMK mudah digunakan oleh kader kesehatan dalam upaya pencegahan dan deteksi stunting mulai kehamilan sampai anak berusia 24 bulan.

Kata kunci : DSRMK, Perilaku, Pola Asuh.

Kepustakaan : 18 (2002-2018)

INTRODUCTION

Risikesdas, 2018, showed an improvement on the nutritional status of toddlers in Indonesia. The proportion of stunting or short toddlers due to chronic malnutrition fell from 37.2% (risikesdas 2013), to 30.8% at risikesdas 2018. Likewise the proportion of malnutrition and nutritional deficiency status were less than 19.6% (risikesdas 2013) to 17, 7%. However, the figure was far from the World Health Organization (WHO) target of 20%. This means that stunting for toddlers in Indonesia was still above the tolerance limits set by the World Health Organization.

Rusli S (2019) states that the main factor in the height stunting problem in Indonesia was poor nutritional intake since the fetus still in the womb (during pregnancy), newborn, until two years old children. Malnutrition in the first two years of life can cause irreparable brain damage. Nutrition investment in the first 1,000 days of life is a non-

negotiable obligation. Nutrition problems will not only interfere with physical development and threaten children's health, but can also cause poverty. Brain growth on malnourished children will not be optimal so it will affect their intelligence in the future. Job opportunities and earning more income can be smaller in stunting children. Nutritional interventions need to be carried out in the form of continuing education in the community, especially parents. Parents should be aware the nutritional needs of children, good and bad foods, being unaffected by an instant lifestyle and advertisements for children's food products that sometimes excessive promises. Any mistakes in providing food intake to children can be at risk for the nation's future. As the case in early 2018, in Kendari it was found toddlers suffering from malnutrition due to being given sweetened condensed milk due to ignorance of parents. In addition, at Wamena has recently an outbreak of severe malnutrition that has claimed lives. Food aid interventions are needed, but education for the community must not be forgotten.

The 2017 nutrition monitoring status indicates that Indonesia's stunted toddlers prevalence is still high with 29.6 % above the World Health Organization (WHO) set (20%). To beat this number, people need to consider what factors cause stunting. Stunting is a growth failure in children (body and brain growth) due to malnutrition for a long time. Assuming that children are shorter than normal children on their age and have a delay in thinking. Prolonged Malnutrition occurs from the fetus in the womb until the beginning of the child's life (the first 1000 days of birth). The causes are low access to nutritious food, low intake of vitamins and minerals, and poor diversity of food and animal protein sources

Maternal factors and poor parenting, especially in the behavior and practice of feeding children, are also the cause of child stunting when the mother does not provide adequate and good nutrition. Mothers whose adolescents lack nutrition, even during pregnancy, and lactation will greatly affect the growth of the child's body and brain. Other factors that cause stunting are infection in the mother, teenage pregnancy, mental disorders in the mother, short child birth spacing, and hypertension. In addition, the low access to health services including access to sanitation and clean water is one of the factors that greatly influence the growth of children. To prevent this, multiply to eat nutritious foods derived from local fruits and vegetables in the womb. Then the nutritional adequacy of a teenage girl is also needed so that when she is pregnant as an adult there is no malnutrition. Besides, it also requires attention to the environment to create access to sanitation and clean water.

Majid YN (2018) states that Stunting is a chronic nutritional problem caused by a lack of nutritional

intake for a long time, generally because of food intake that does not match nutritional needs. Stunting starts in the womb and is not seen when a child is two years old. In addition to stunted growth, stunting is also associated with suboptimal brain development, which causes poor mental and learning abilities, and poor school performance. Stunting and other conditions related to malnutrition, are also considered as a risk factor for diabetes, hypertension, obesity and death from infection

The causes of Stunting according to the Adoption Nutrition Site, stunting develops in the long term due to the combination of some or all of the following factors: 1. Chronic malnutrition for a long time 2. Retardation of intrauterine growth 3. Not enough protein in total proportion to calorie intake 4. Hormonal changes which is triggered by stress 5. Often suffers from an infection early in a child's life. The development of stunting is a slow, cumulative process and does not mean that current food intake is inadequate. Growth failure may have occurred in a mother's past. Stunting Symptoms 1. Children are shorter in stature for their age 2. Body proportions tend to be normal but children appear younger / smaller for their age 3. Low body weight for their age 4. Delayed bone growth. The best time to prevent stunting is during pregnancy and the first two years of life. Stunting in early life will have a negative impact on health, cognitive, and functional as an adult. Various efforts to overcome this stunting problem include the Ministry of Health with the support of the Millennium Challenge Account-Indonesia (MCA-I), through the Compact Millennium Challenge Corporation (MCC) Grant Program, conducting a National Nutrition Campaign for Community-Based Health and Nutrition Programs (PKGBM). One of the interventions in the PKGM program is about changing people's behavior,

which is carried out in the National Nutrition Campaign (KGN).

Riskesdas 2018 and the Province of Lampung explained, young women who will become potential mothers will face the risk of chronic energy shortages (KEK) in 2017 ranked first in Indonesia as much as 44% (Indonesia 32%), WUS risked KEK 12.8% (Indonesia 10.7%), pregnant women at risk of KEK 18.5% (Indonesia 14.8%), Babies IMD 60.42% (Indonesia 73%), this condition has a contribution to the occurrence of stunting in children. Lampung Region which became 1000 stunting priority villages in 2018 is South Lampung, Central Lampung and East Lampung.

Stunting cases in South Lampung Regency in 2018 reached 29 percent. Based on the results of the basic research survey, health has decreased. Wherein, previously in 2013 stunting cases reached 43 percent. South Lampung was chosen as a research location due to being one of the stunting priority villages in 2018, this region is a region rich in natural resources and rich in protein sources because most of the coastal areas, industrial areas, is close to the provincial capital, as well as being a trans-Sumatra region, but Stunting problems are still found in children. In addition to efforts to alleviate Stunting, prevention and anticipation efforts are also needed.

METHOD

This type of quantitative research with quasi-experimental research designs. Pregnant women who have children aged 0-2 years, carried out an assessment of prevention of stunting and parenting,

The results of the interview with the head of the Puskesmas during the stunting study can be seen in the following table:

Hereinafter, the mother was given education by the cadre using the DRSMK book, then there were 12 visits and an assessment of stunting prevention behavior was done at the end of the visit. The time of the study was carried out for six months in villages at risk of stunting. The population in this study was all pregnant women and mothers who have children aged 0-2 years in the stunting priority village of South Lampung district. The number of samples was 120 people with inclusion criteria of pregnant women and mothers who have children aged 0-2 years. Stratified sampling technique was obtained from 10 villages that became priority handling stunting.

The ethical review was carried out at the Tanjungkarang. Health Polytechnic KEPKN and has received a proper description of the "Ethical EXEMPTED" ethics, number 246/EA/KEPK-TJK/VIII/2019.

RESULT

The results of monitoring the nutritional status (PSG) in 2015-2017, the trend of stunting coverage in South Lampung Regency experienced an increase in the number of stunting toddlers in 2015 of 23, 20%, in 2016 of 24, 28% and in 2017 of 30, 30%. There are 10 priority stunting villages in South Lampung Regency including Desa Pancasila, Tajimalela, Taman Agung, Banjarmasin, Bangunrejo, Kemukus, Batubalak, Wayendam, Karyamulya Sari and Mekarsari. The prevalence of stunting toddlers in 10 villages that are very controlling, namely in Kemukus Village is 20.77%, Wayendam 18.89%, Taman Agung 17.48%, Batubalak 16, 98%, Karyamulya Sari 15, 23%, Mekarsari 15.10%, Tajimalela 14.48%, Banjarmasin 12.35%, Bangunrejo 10.04% and Pancasila 7.28%. Stunting in South Lampung Regency in 2013 reached 43% and in 2018 decreased to 29% (Riskesdas, 2018).

Table 4.1 Data on stunting of children under five on stunting focus villages in South Lampung

No	Desa fokus stunting	Tahun 2018	Tahun 2019
1	Pancasila	27	20
2	Tajimalela	45	33
3	Taman Agung	20	10
4	Banjarmasin	20	19
5	Bangun Rejo	35	25
6	Kemukus	25	22
7	Batu Balak	15	5
8	Way Gelam	51	25
9	Karya Mulya Sari	63	43
10	Mekar Sari	54	34

The research results from the use of stunting risk detection books and health monitors (DRSMK) by posyandu cadres on stunting prevention behavior in pregnant women and parenting pattern to children in the first 1000 days, presented in the form of respondent characteristics, univariate analysis of

groups of pregnant women, mothers with children age 0-2 years, preventative behavior and parenting. Bivariate analysis in the form of the effect of giving DRSMK books on stunting prevention behavior and the effect of giving DRSMK books on child rearing. The following results are obtained:

Table 1 Characteristics of respondents having children 0-24 months and respondents being pregnant

No	Karakteristik responden	Mean	Median	SD	Min-mak	n
1	Umur Ibu dengan anak 0-24 bulan	26,37	27	6,067	17-43	60
2	Umur anak (bulan)	12	10	6,501	3-24	60
3	Umur Ibu hamil	28	28,5	5,672	18-42	60

In table 1, the average age of mothers in the group with children aged 0-24 months was 26 years, the average age of children was 12 months and the average age of mothers who are pregnant was 28 years.

Table 2 Characteristics of respondents based on education, occupation and parity

No	Karakteristik responden	Jumlah	%	n
1	Pendidikan			120
	Perguruan tinggi	2	2	
	SMA	33	27,5	
	SMP	52	43	
	SD	33	27,5	
2	Pekerjaan			120
	Ibu rumah tangga	100	83	
	Bekerja di luar rumah	20	17	

Based on table 2, it was found that most mothers in junior high school were 52 mothers (43%), most of

the mothers' jobs was housewives with total 100 mothers (83%).

Table 3: Frequency distribution of antenatal care (ANC) behavior, stunting prevention and parenting

No	Karakteristik responden	Mean	Median	SD	Min-mak	n
1	Responden yang memiliki anak 0-24 bulan					
	Perilaku ANC					
	- Kontrol	56,6	61,5	11,67	30-68	30
	- Intervensi	74,5	71	7,99	51-85	30
	Perilaku pencegahan stunting					
	- Kontrol	31,67	32	5,567	18-45	30
	- Intervensi	43,27	43	4,059	35-50	30
	Pola asuh anak					
	- Kontrol	34,83	32	6,742	27-57	30
- Intervensi	62,8	62	5,726	52-72	30	
2	Responden ibu yang sedang hamil					
	Perilaku ANC					
	- Kontrol	57,17	58	10,04	21-68	30
	- Intervensi	62,37	65	5,378	51-68	30
	Perilaku pencegahan stunting					
	- Kontrol	32	32,5	4,824	23-40	30
	- Intervensi	38	38,5	6,578	22-49	30
	Pola asuh anak					
	- Kontrol	47,17	46,5	9,969	30-72	30
- Intervensi	42,6	40,5	6,371	34-58	30	

On the average table 2 score in the control group of respondents who have children aged 0-24 months in a row ANC behavior was 56.63, stunting prevention behavior was 31.67 and child care patterns was 34.83. In the ANC behavior intervention group the average score was 74.5; stunting prevention behavior 43, 27 and parenting 62,80.

The average score in the intervention group of respondents who were pregnant successively ANC behavior was 57.17, stunting prevention behavior was 32 and parenting was 47.17. In the ANC behavior intervention group the average score was 62.37; stunting prevention behavior 38.1 and parenting 42.6

Table 3 Analysis of the average value of ANC behavior, stunting prevention behavior and parenting in the control and intervention groups

No	Karakteristik responden	Mean	SD	SE	p-value	n
1	Responden yang memiliki anak 0-24 bulan					
	Perilaku ANC					
	- Kontrol	56,6	11,67	2,13	0,000	30
	- Intervensi	74,5	7,99	1,46		30
	Perilaku pencegahan stunting					
	- Kontrol	31,67	5,567	1,02	0,000	30
	- Intervensi	43,27	4,059	0,74		30
	Pola asuh anak					
	- Kontrol	34,83	6,742	1,23	0,000	30
- Intervensi	62,8	5,726	1,05		30	
2	Responden ibu yang sedang hamil					
	Perilaku ANC					

- Kontrol	57,17	10,042	1,8	0,018	30
- Intervensi	62,37	5,378	1,06		30
Perilaku pencegahan stunting					
- Kontrol	32	4,824	0,9	0,000	30
- Intervensi	38	6,578	1,2		30
Pola asuh anak					
- Kontrol	47,17	9,969	1,82	0.039	30
- Intervensi	42,6	6,371	1,16		30

On table 3 the average score in the control group of respondents who have children aged 0-24 ANC behavior was 56.63 with SD 11.67 and in the intervention group of respondents who were pregnant respectively ANC behavior was 57.17 with SD 7,9 The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres on the prevention of maternal stunting through ANC examination.

The average score in the control group of respondents who had children aged 0-24 for prevention behavior during pregnancy was 31.67 with an SD of 5.57 and the average score of the intervention group was 43.27 with an SD of 4.06. The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres to prevent maternal stunting behavior during pregnancy.

The average score in the control group of respondents who have children aged 0-24 for an average parenting score of 34.83 with an SD of 6.74 and the average score in the intervention group was 62.80 with an SD of 5.73. The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK

book by posyandu cadres on parenting in preventing stunting.

The average score in the control group of respondents who were pregnant ANC behavior with an average score of 57.17 with SD 10.04 and in the intervention group of respondents who were pregnant respectively ANC behavior of 62.37 with SD 5.78. The statistical test results obtained p value = 0.018, it can be concluded that there was an influence of the use of the DRSMK book by Posyandu cadres on the prevention of maternal stunting through ANC examination.

The average score in the control group of respondents who were pregnant for prevention behavior during pregnancy averaged a score of 32 with an SD of 4.83 and in the intervention group an average score of 38.17 with an SD of 6.578. The statistical test results obtained p value = 0,000, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres to prevent maternal stunting behavior during pregnancy.

The average score in the control group of respondents who were pregnant, the average score for parenting children of 47.17 with SD 9.969 and in the intervention group on an

average score of 42.6 with SD 6.37. The statistical test results obtained p value = 0.039, it can be concluded that there was the influence of the use of DRSMK books by posyandu cadres on parenting in preventing stunting

DISCUSSION

The results showed an average distinction of scores in the control group and the intervention group, both the group of mothers who had children aged 0-24 and who were pregnant. The statistical test results also concluded that there was an influence on the using of the DRSMK book by Posyandu cadres on the prevention of maternal stunting through ANC examination $p = 0,000$ (mothers who have children 0-24 months) and $p = 0.18$ in pregnant women. The results of the study were in accordance with Nurfaridah (2017) research on behavior which states that health behavior can be classified into 3 groups: 1) health maintenance behavior, one's efforts to maintain or maintain health so as not to get sick and efforts to cure when sick, including 3 aspects: a) Behavior of disease prevention, b) Behavior of health improvement, c) Behavior of nutrition (food and drink), 2) Behavior of seeking and using health service

systems or facilities 3) Behavior of environmental health

The results of statistical tests in this study on the group of children who have children 0-24 months and on the group of women who are pregnant, in the control group and the intervention group shows that there was the influence of the use of the DRSMK book by Posyandu cadres to prevent maternal stunting behavior during pregnancy. This can be explained by the statement of Sarafino (2006), namely the factors that influence health behavior which is a person's response to stimulus or objects related to health, illness and factors that affect healthy illness (health) such as the environment, food, drinks, and health services. Likewise in the health behavior book Notoatmodjo (2007) about factors that influence health behavior, including 3 (three) main factors, namely: 1) Predisposing factors is a factor that facilitates or predisposes the occurrence of a person's behavior, including knowledge, attitudes, beliefs, beliefs, values, traditions, and so on. 2) Enabling factors are factors that enable or facilitate behavior or actions, such as facilities and infrastructure or facilities for the occurrence of health behaviors, for example: Puskesmas, Posyandu, Hospitals, water disposal sites, landfills, sports venues, nutritious food, money and so on. 3)

Strengthening factors (reinforcing factors) which are factors that encourage or strengthen the occurrence of behavior. Sometimes even though people know and are able to behave healthy, but don't do it. Based on Green's theory of knowledge factors affecting health behavior, the provision of the DRSMK book is to increase knowledge and guide mothers to be able to behave healthy lives both during pregnancy and after the baby is born

In addition, Taylor (2003) also explains the factors that influence behavior are 1) demographic factors, individuals who are young, more prosperous, have a better level of education and are in a low stress condition with high social support have better healthy behaviors than people who have fewer resources. 2) Age, typically health behavior in children can be said to be good, worsens in adolescents and adults, but increases again in older people. 3) Values, for example training for women is very desirable for certain cultures but not for other cultures. 4) Personal Control, the perception that an individual's health under personal control also determines a person's healthy behavior. 5) Social influence, family, friends, and work environment can influence healthy behavior. 6) Personal Goal, the habits of healthy

behavior will make a healthy person. 7) Perceived Symptoms, healthy habits of eating balanced nutritious foods will affect the health of pregnant women and their children. 8) Access to the Health care delivery system, access to health care also influences health behavior. 9) Cognitive factors, health behavior has a relationship with cognitive factors, such as the belief that certain behaviors can affect health.

Related to health behavior can be classified into 3 groups: 1) health care behavior (health maintenance), one's efforts to maintain or maintain health so as not to get sick and efforts to cure when sick. Behavior of health care consists of 3 aspects: a) Behavior of disease prevention, and healing of illness when sick, and recovery of health when recovered from illness, b) Behavior of health improvement, if someone is ill, c) Behavior of nutrition (food and drink), 2) Behavioral search and use of systems or health service facilities. Person's efforts at the time of suffering and or accident. Start from self-medication to seeking treatment abroad. 3) Environmental health behavior.

The results of this study also explain that parenting influences parental behavior in stunting prevention, Rahmad et al (2016), shows the incidence of stunting in infants

caused by low family income ($P = 0.026$); OR = 3.1), non-exclusive breastfeeding ($p = 0.002$; OR = 4.2), poor MP-breastfeeding ($p = 0.007 = 3.4$) and incomplete immunization ($p = 0.040$; OR = 3.5). The results of the analysis prove that breastfeeding is not very dominant causing stunting in infants in Banda Aceh with OR = 4.9. This study also produced the same conclusions with the research of Aramico et al (2013), which showed that there was a relationship between father's education ($p = <0.001$) OR = 3.37, parental income and nutritional status ($p = 0.001$) OR = 6.01, parenting with nutritional status ($p = 0.001$) OR = 8.07, eating patterns with nutritional status ($p = 0.001$) OR = 6.01). The results of this study are also the same as Meliasari's research (2019) in Paud Al Fitrah Sei Rampah Subdistrict, Serdang Begadai District, which shows that the majority of parenting patterns are good (56.25%) and the nutritional status of toddlers is majority not stunting, and there is a relationship between parenting parents with the incidence of stunting in infants with a test result of $p = 0,000$.

The results of this study also strengthen with the research of Rahmawati et al (2017), also explaining the influence of Nutrition Counseling with Media Booklets on

Increasing Knowledge, Attitudes, and Actions of Mothers in Preventing Malnutrition in Toddlers in the Work Area of Puuwatu Health Center, Kendari City. Mc Nemar test results showed that there were significant differences in knowledge of p value ($0.001 < \alpha (0.05)$), attitude p value ($0.013 < \alpha (0.05)$) and actions p value ($0.013 < \alpha (0.05)$). This is evidenced by the differences in knowledge, attitudes, and actions of respondents before and after being given health education through nutrition counseling for 21 days by using media booklets to increase knowledge, attitudes, and actions in preventing malnutrition in toddlers.

Rahmad and Miko, 2016, conducted a stunting study on children less than five age years based on parenting and family income in Banda Aceh. Stunting prevalence in Aceh province at the national level, stunting prevalence was 44.6%, Banda Aceh prevalence was 38.8%. A sample of 96, showing the incidence of stunting in infants caused by low family income ($p = 0.026$; OR = 3.1), non-exclusive breastfeeding ($p = 0.002$; OR = 4.2), poor MP-ASI ($p = 0.007$; = 3.4), and incomplete immunization ($p = 0.040$; OR = 3.5). Multivariate analysis showed that not giving ASI was very

dominant causing stunting in children less than five age years in Banda Aceh with OR = 4.9. In conclusion, stunting in infants is associated with lower family income, not giving exclusive breastfeeding, giving poor MP-ASI and incomplete immunization. Not giving exclusive breastfeeding is a dominant factor as a risk of stunting

According to Aridiyah, Rohmawati, Ririanty (2015), Factors are influencing the incidence of stunting in children under five in rural and urban areas, indicate that the factors affecting stunting in children under five in rural and urban areas are mother's education, family income, knowledge mothers regarding nutrition, exclusive breastfeeding, age of MP-ASI, adequacy level of zinc and iron, history of infectious diseases and genetic factors. Mother's employment status, number of family members, immunization status, energy sufficiency level, and LBW status do not influence stunting. The level of protein and calcium adequacy in rural areas shows a significant relationship while in urban areas does not show a relationship. The factor that most influences the occurrence of stunting in children under five in rural and urban areas is the level of zinc adequacy. *e-Journal of Health Library*, vol. 3 (no. 1) January 2015

The results of research on parenting in this study showed the same results with research Yudianti and Saeni, 2016, explaining the results of parenting with the incidence of stunting in toddlers in Polewali Mandar district. The results of the analysis of personal hygiene practices obtained as many as 16 (31.4%) of mothers showed poor practice in the case group and 45 (88%) were obtained in the control group. There is a relationship between the practice of personal hygiene with the incidence of stunting which is indicated by the value of $p = 0.016$ and $OR = 3.42$ which means that poor personal hygiene practices have a risk of 3.42 times higher to experience stunting compared with good personal hygiene practices. *Manarang health journal*, volume 2, number 1, July 2016

Renyonet and Rochimiwati (2018), explained that there is a significant relationship between mother's attention/support for children in feeding practices, psychosocial stimulation, cleanliness/hygiene and environmental sanitation and utilization of health services with the incidence of stunting in children between the ages of 6-23 months with a value of $p=0.001$, $p=0.000$, $p=0.000$

and $p=0.006$. Mothers have a major contribution in the process of child growth where parenting shows a significant relationship with the incidence of stunting in children 6-23 months. Widyarningsih, Kusnandar, Anantanyu (2018), stated that there was a relationship between birth length, feeding patterns and food diversity with stunting ($p = 0.05$). Indonesian Journal of Nutrition (The Indonesian Journal of Nutrition) Vol. 7, No. 1, December 2018 (22-29). Rahmayana, Ibrahim, Damayati, 2014 stated that there was a significant relationship between feeding practices ($P=0.007$), psychosocial stimulation ($P=0.000$), hygiene/hygiene practices ($P=0.000$), environmental sanitation ($P=0.000$) and service utilization. health ($P = 0.016$) with stunting in children aged 24-59 months at Posyandu Asoka II in the coastal area of Barombong sub-district. Al-Sihah : Public Health Science Journal Vol. VI, No. 2, July-December 2014

Rahmayani (2015) stated that the risk factors for stunting were economic status ($p = 0.03$; OR = 4.5), eating patterns ($p = 0.001$; OR = 6.67), health care patterns ($p = 0.03$; OR = 3.25), and psychosocial parenting ($p = 0.01$; OR = 4.33). While the variables of mother's education level and mother's employment statuses were not proven to increase risk factors. The most dominant factor is the eating pattern ($p = 0.011$; OR = 6.20). It is proven that eating patterns, health care patterns, psychosocial parenting patterns and economic status are risk factors that influence the incidence of stunting in children aged 12-36 months in the Sumpur Kudus Community Health Center, Sijunjung Regency.

CONCLUSION

1. The average score in the control group of respondents who have children aged 0-24 for ANC behavior was 56.63 with SD 11.67 and in the intervention group respondents who are pregnant, ANC behavior was 57.17 with SD 7, 9. The results of statistical tests

obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on maternal stunting prevention behavior through ANC examination.

2. The average score in the control group of respondents who have children aged 0-24 for preventive behavior during pregnancy was 31.67 with an SD of 5.57 and in the intervention group, the average score was 43.27 with an SD of 4.06. The results of statistical tests obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on stunting prevention behavior during pregnancy.

3. The average score in the control group of respondents who have children aged 0-24 for parenting has the average score of 34.83 with an SD of 6.74 and in the intervention group, the average score of 62.80 with an SD of 5.73. The results of statistical tests obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by

posyandu cadres on child care patterns in preventing stunting.

4. The average score in the control group of respondents who are pregnant with ANC behavior has the average score of 57.17 with an SD of 10.04 and in the intervention group; respondents who are pregnant are 62.37 with an SD of 5.78, respectively. The results of statistical tests obtained p value = 0.018, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on maternal stunting prevention behavior through ANC examination.

5. The average score in the control group of respondents who are pregnant for preventive behavior during pregnancy has an average score of 32 with an SD of 4.83 and in the intervention group, an average score of 38.17 with an SD of 6.578. The results of statistical tests obtained p value = 0.000, it can be concluded that there was the effect of using the DRSMK book by Posyandu cadres on stunting prevention behavior during pregnancy.

6. The average score in the control group of respondents who are pregnant, parenting has an average score of 47.17 with an SD of 9.969 and in the intervention group, an average score of 42.6 with an SD of 6.37. The results of statistical tests obtained p value = 0.039, it can be concluded that there was the effect of using the DRSMK book by posyandu cadres on child care patterns in preventing stunting.

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Book of Stunting Risk Detection and Monitoring Health (DRSMK) and Stunting Prevention Behavior in Children the First 1000 Days of Life.

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ABSTRACT

Researcher found that the stunting in the first 1000 days in children due to certain conditions was at 20.6%, while malnutrition and stunting children were at 27.7%. This figure is still far from the World Health Organization (WHO) target of 10%. This shows that working for children's nutrition is still below the minimum limits imposed by the World Health Organization. The purpose of this study was to determine the effect of the use of the book of Stunting Risk Detection and Health Monitoring (DRSMK) by Posyandu cadres on the behavior of stunting prevention in pregnant women and parenting patterns in children aged 0-24 months of life in South Lampung Regency. The research design was a control manual book to the effect to prevent stunting from pregnancy to the age of 24 months of life. The research used a quasi-experimental design, quasi-experimental design research design. The study was conducted in 2 villages in Lampung Regency, Lampung Province. The number of samples was 120, the hospital population 60 and the control was 60 respondents. The treatment group was given health education and trained to use the DRSMK Book by the health cadre for 3 months, then measured behaviour and parenting pattern in preventing stunting. In the control group was given counselling according to the Puskesmas SOP. The results showed that 1) there was an influence on the use of DRSMK books by Posyandu cadres to prevent maternal stunting through ANC examination, 2) There was an influence on the use of DRSMK books by Posyandu cadres on the prevention of maternal stunting behaviour during pregnancy, 3) there was the influence on the use of DRSMK books by posyandu cadres on parenting patterns in preventing stunting. The DRSMK book is easy to use by health cadres in an effort to prevent and detect stunting from pregnancy to 24 months old.



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ABSTRAK

Penelitian (DRSMK) menunjukkan prevalensi stunting anak dalam 1000 hari pertama kehidupan ibu hamil, dan buku monitoring kesehatan 27,7%, malnutrisi dan stunting anak dalam 27,7%. Angka ini masih jauh dari target Organisasi Kesehatan Dunia (WHO) yaitu 10%. Hal ini menunjukkan bahwa upaya pencegahan gizi pada anak masih di bawah batas minimum yang ditetapkan Organisasi Kesehatan Dunia. Tujuan penelitian ini adalah untuk mengetahui pengaruh penggunaan buku deteksi risiko stunting dan pemantauan kesehatan (DRSMK) oleh kader Posyandu terhadap perilaku pencegahan stunting pada ibu hamil dan pola asuh anak usia 0-24 bulan kehidupan anak. Desain penelitian adalah penelitian kuasi-eksperimental, kuasi-eksperimental dengan desain penelitian kuasi-eksperimental. Penelitian dilakukan di 2 desa di Kabupaten Lampung Selatan Lampung. Jumlah sampel 120, kelompok perlakuan 60 dan kontrol 60 responden. Kelompok perlakuan diberikan pendidikan kesehatan dan dilatih menggunakan Buku DRSMK oleh kader kesehatan selama 3 bulan, selanjutnya diukur perilaku dan pola asuh dalam mencegah terjadinya stunting. Pada kelompok kontrol diberikan penyuluhan sesuai SOP Puskesmas. Hasil penelitian menunjukkan 1) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu melalui pemeriksaan ANC, 2) ada pengaruh penggunaan buku DRSMK oleh kader Posyandu terhadap perilaku pencegahan stunting ibu

Abstrak

Penelitian
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Kesehatan (DRSMK)
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Stunting

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masa kehamilan. Si ada pengaruh penggunaan buku DRSMK oleh kader posyandu terhadap pola asuh anak dalam pencegahan stunting. Buku DRSMK mudah digunakan oleh kader kesehatan dalam upaya pencegahan dan deteksi stunting mulai kehamilan sampai anak berusia 24 bulan.

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INTRODUCTION

Riskesdas, 2018, showed an improvement on the nutritional status of toddlers in Indonesia. The proportion of stunting or short toddlers due to chronic malnutrition fell from 37.2% (riskesdas 2013), to 30.8% at riskesdas 2018. Likewise the proportion of malnutrition and nutritional deficiency status were less than 19.6% (riskesdas 2013) to 17, 7%. However, the figure was far from the World Health Organization (WHO) target of 20%. This means that stunting for toddlers in Indonesia was still above the tolerance limits set by the World Health Organization.

Rusti S (2019) states that the main factor in the height stunting problem in Indonesia was poor nutritional intake since the fetus still in the womb (during pregnancy), newborn, until two years old children. Malnutrition in the first two years of life can cause irreparable brain damage. Nutrition investment in the first 1,000 days of life is a non-negotiable obligation. Nutrition problems will not only interfere with physical development and threaten children's health, but can also cause poverty. Brain growth on malnourished children will not be optimal so it will affect their intelligence in the future. Job opportunities and earning more income can be smaller in stunting children. Nutritional interventions need to be carried out in the form of continuing education in the community, especially parents. Parents should be aware the nutritional needs of children, good and bad foods, being influenced by an internet, television and advertisements for children's food products that sometimes excessive promises. Any mistakes in providing food intake to children can be at risk for the nation's future. As the case in early 2018, in Kendari it was found toddlers suffering from malnutrition due to being given sweetened condensed milk due to ignorance of parents. In addition, at Wamena has recently an outbreak of severe malnutrition that has claimed lives. Food aid interventions are needed, but education for the community must not be forgotten.

The 2017 nutrition monitoring status indicates that Indonesia's stunted toddlers prevalence is still high with 29.6 %, above the World Health Organization (WHO) set(20%). To beat this number, people need to consider what factors cause stunting. Stunting is a growth failure in children (body and brain growth) due to malnutrition for a long time. Assuming that children are shorter than normal children on their age and have a delay in thinking. Prolonged Malnutrition occurs from the fetus in the womb until the beginning of the child's life (the first 1000 days of birth). The causes are low access to nutritious food, low intake of vitamins and minerals, and poor diversity of food and animal protein sources.

Maternal factors and poor parenting, especially in the behavior and practice of feeding children, are also the cause of child stunting when the mother does not provide adequate and good nutrition. Mothers whose adolescents lack nutrition, even during pregnancy, and lactation will greatly affect the growth of the child's body and brain. Other factors that cause stunting are infection in the mother, teenage pregnancy, mental disorders in the mother, short child birth spacing, and hypertension. In addition, the low access to health services including access to sanitation and clean water is one of the factors that greatly influence the growth of children. To prevent this, multiply to eat nutritious foods derived from local fruits and vegetables in the womb. Then the nutritional adequacy of a teenage girl is also needed so that when she is pregnant as an adult there is no

malnutrition. Besides, it also requires attention to the environment to create access to sanitation and clean water.

Majid YN (2018) states that Stunting is a chronic nutritional problem caused by a lack of nutritional intake for a long time, generally because of food intake that does not match nutritional needs. Stunting starts in the womb and is not seen when a child is two years old. In addition to stunted growth, stunting is also associated with suboptimal brain development, which causes poor mental and learning abilities, and poor school performance. Stunting and other conditions related to malnutrition, are also considered as a risk factor for diabetes, hypertension, obesity and death from infection.

The causes of Stunting according to the Adoption Nutrition Site, stunting develops in the long term due to the combination of some or all of the following factors: 1. Chronic malnutrition for a long time 2. Retardation of intrauterine growth 3. Not enough protein in total proportion to calorie intake 4. Hormonal changes which is triggered by stress 5. Often suffers from an infection early in a child's life. The development of stunting is a slow, cumulative process and does not mean that current food intake is inadequate. Growth failure may have occurred in a mother's past. Stunting Symptoms 1. Children are shorter in stature for their age 2. Body proportions tend to be normal but children appear younger / smaller for their age 3. Low body weight for their age 4. Delayed bone growth. The best time to prevent stunting is during pregnancy and the first two years of life. Stunting in early life will have a negative impact on health, cognitive, and functional as an adult. Various efforts to overcome this stunting problem include the Ministry of Health with the support of the Millennium Challenge Account-Indonesia (MCA-I), through the Compact Millennium Challenge Cooperation (MCC) Grant Program, conducting a National Nutrition Campaign for Community-Based Health and Nutrition Programs (PKG2M). One of the interventions in the PKG2M program is about changing people's behavior, which is carried out in the National Nutrition Campaign (KGN).

Riskesdas 2018 and the Province of Lampung explained, young women who will become potential mothers will face the risk of chronic energy shortage (KEK) in 2017 ranked first in Indonesia as much as 44% (Indonesia 32%), WUS risked KEK 12.8% (Indonesia 10.7%), pregnant women at risk of KEK 18.5% (Indonesia 14.8), Babies IMD 80.42% (Indonesia 73%), this condition has a contribution to the occurrence of stunting in children. Lampung Region which became 1000 stunting priority villages in 2018 is South Lampung, Central Lampung and East Lampung.

Stunting cases in South Lampung Regency in 2018 reached 29 percent. Based on the results of the basic research survey, health has decreased. Whereas, previously in 2013 stunting cases reached 43 percent. South Lampung was chosen as a research location due to being one of the stunting priority villages. In 2018, this region is a region rich in natural resources and rich in protein sources because most of the coastal areas, industrial areas, is close to the provincial capital, as well as being a trans-Sumatra region, but Stunting problems are still found in children. In addition to efforts to alleviate Stunting, prevention and anticipation efforts are also needed.

METHOD

This type of quantitative research with quasi-experimental research design. Pregnant women who have children aged 0-2 years, carried out an assessment of prevention of stunting and parenting.

Hereinafter, the mother was given education by the cadre using the DRSMK book, then there were 12 visits and an assessment of stunting prevention behavior was done at the end of the visit. The time of the study was carried out for six months in villages at risk of stunting. The population in this study was all pregnant women and mothers who have children aged 0-2 years in the stunting priority village of South Lampung district. The number of samples was 120 people with inclusion criteria of pregnant women and mothers who have children aged 0-2 years. Stratified sampling technique was obtained from 10 villages that became priority handling stunting.

The results of monitoring the nutritional status (PSS) in 2015-2017, the trend of stunting coverage in South Lampung Regency experienced an increase in the number of stunting toddlers in 2015 of 23, 26%, in 2016 of 24, 26% and in 2017 of 30, 30%. There are 10 priority stunting villages in South Lampung Regency including Desa Pancasila, Tajmalala, Taman Agung, Banjarmasin, Bangunrejo, Kemukus, Babubek, Wayendam, Karyamulya Sari and Mekarsari. The prevalence of stunting toddlers in 10 villages that are very controlling, namely in Kemukus Village is 20.77%, Wayendam 18.80%, Taman Agung 17.48%, Babubek 16, 98%, Karyamulya Sari 15, 23%, Mekarsari 15.10% , Tajmalala 14.46%, Banjarmasin 12.35%, Bangunrejo 10.04% and Pancasila 7.28%. Stunting in South Lampung Regency in 2013 reached 43 % and in 2018 decreased to 20% (Risksdas, 2018). The results of the interview with the head of the Puskesmas during the stunting study can be seen in the following table:

RESULTS

Table 1 Village stunting classification criteria for handling priority villages in South Lampung

No	Village	Year 2015	Year 2017
1	Pancasila	13	18
2	Tajmalala	24	26
3	Taman Agung	23	26
4	Banjarmasin	26	26
5	Babubek	24	26
6	Kemukus	24	26
7	Wayendam	24	26
8	Karyamulya Sari	23	26
9	Mekarsari	23	26
10	Bangunrejo	23	26

This research results show the role of stunting that dominates each and leads to a decrease in the number of children who are stunted. The results of the research are presented in the form of percentages in order to be able to compare the results of the research with other research.

Stunting is a condition where the height of a child is lower than the average height of children of the same age and sex. Stunting is a condition where the height of a child is lower than the average height of children of the same age and sex. Stunting is a condition where the height of a child is lower than the average height of children of the same age and sex.

Table 2 Characteristics of respondents based on children's birth order and respondent's occupation

No	Characteristics of respondents	Count	Percentage	Total	n
1	Age of mother (15-20 years)	20	17%	120	120
2	Age of mother (21-30 years)	35	29%	120	120
3	Age of mother (31-40 years)	65	54%	120	120

In table 2, the average age of mothers in the group was 28.5 years. The average age of mothers was 28.5 years.

Children with the highest birth order were 20 children and the lowest birth order was 20 children.

Table 3 Characteristics of respondents based on education and occupation

No	Characteristics of respondents	Count	Percentage	Total	n
1	Education			120	
	College	2	2%		
	Senior High School	20	17%		
	Junior High School	25	21%		
	Elementary School	73	61%		
2	Occupation			120	
	Business	104	87%		
	Housewife	16	13%		

Based on table 3, it was found that most mothers in this study had a high school education (61%), most of the mothers' jobs were housewives with a total of 100 mothers (83%).

Children in the intervention group had an average score of 74.32 for stunting prevention behavior and 47.17 for parenting.

On the average table 4 score in the control group of respondents who have children aged 0-24 months in a low ANC behavior was 56.63, stunting prevention behavior was 21.87 and childcare patterns was 34.83. In the ANC

The average score in the intervention group of respondents who were pregnant successively ANC behavior was 57.17, stunting prevention behavior was 32 and parenting was 47.17. In the ANC behavior intervention group the average score was 62.37, stunting prevention behavior 35.1 and parenting 42.8.

Table 4: Frequency distribution of antenatal care (ANC) behavior, stunting prevention and parenting

Frequency of DRSMK book	Mean	Median	SD	SE	95% CI	n	p-value
Maternal knowledge on preventing stunting							
Control							
Control	28.8	21.5	7.07	1.18	26.44	20	0.001
Intervention	32.0	21	7.35	1.08	29.49	20	
Maternal perception about							
control							
Control	34.87	32	5.267	1.07	32.73	20	0.001
Intervention	41.07	43	4.899	1.07	39.92	20	
Parenting style							
Control							
Control	21.48	20	3.743	1.07	19.34	20	0.001
Intervention	29.2	28	3.792	1.08	27.04	20	
Household income (per month)							
Control							
Control	27.17	25	3.291	1.0	25.17	20	0.001
Intervention	32.09	30	3.223	1.05	30.98	20	
Maternal perception about							
control							
Control	28	24.5	3.394	1.0	26.50	20	0.001
Intervention	34	30.5	3.024	1.0	32.45	20	
Parenting style							
Control							
Control	24.17	20.5	3.023	1.07	23.02	20	0.001
Intervention	32.1	30.5	3.211	1.08	30.92	20	

The table 4 the average score in the control group of respondents was lower than the DRSMK book (mean = 28.8) and the intervention group of respondents was more than the DRSMK book (mean = 32.0) in the knowledge score. The statistical test results obtained p value = 0.001, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres on the promotion of maternal knowledge through health education.

The average score in the control group of respondents was low children equal 28.8 for an average parenting score of 21.5 with SD of 7.07 and the average score in the intervention group was 32.0 with SD of 7.35. The statistical test results obtained p value = 0.001, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres on parent perceived parenting behavior during pregnancy.

The average score in the control group of respondents was lower children equal 27.17 for an average parenting score of 21.5 with SD of 3.291 and the average score in the intervention group was 32.09 with SD of 3.223. The statistical test results obtained p value = 0.001, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres on parenting perceived parenting behavior during pregnancy.

The average score in the control group of respondents was lower children equal 27.17 with an average score of 20.5 with SD of 3.023 and in the intervention group of respondents was more than the DRSMK book (mean = 32.1) with SD of 3.211. The statistical test results obtained p value = 0.001, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres on the promotion of maternal knowledge through DRSMK book.

The average score in the control group of respondents was lower parents for perceived parenting during pregnancy average 28.8 with SD of 7.07 and in the intervention group an average score of 32.0 with SD of 7.35. The statistical test results obtained p value = 0.001, it can be concluded that there was the influence of the use of the DRSMK book by Posyandu cadres on parent perceived parenting behavior during pregnancy.

The average score in the control group of respondents was lower parent, the average score for parenting children of 21.5 with SD 3.969 and in the intervention group an average score of 28.8 with SD 3.37. The statistical test results obtained p value = 0.001, it can be concluded that there was the influence of the use of DRSMK books by posyandu cadres on parenting in preventing stunting.

DISCUSSION

The study showed an average knowledge of women in the control group and the intervention group, both the groups of respondents had different scores and the respondents who had identified that specific knowledge that there was an influence on the usage of the DRSMK book by Posyandu cadres on the promotion of maternal knowledge through health education to a better position and health children that wanted and to a better parenting manner. The results of the study were in accordance with Posyandu (DRSMK) research on behavior which states that health education can be conducted via a program's health education activities, such effects on changing of maternal health to be able to address child stunting as well as child malnutrition. It supports the behavior of education promotion, to transfer all health information, to increase of children health care skills, to behavior of changing and using health service systems or location of education to development health.

The results of statistical tests in this study on the score of children who were children that stunted and on the score of women who was pregnant in the control group and the intervention group shows that there was the influence of the use of the DRSMK book by Posyandu cadres on parent perceived parenting behavior during pregnancy. This can be explained by the influence of DRSMK book, namely on women that influence health behavior which is a parental response to behavior or actions related to health, illness and disease that when health issues finally end on the development, less pain, and health services. Literacy in the health education book (Kardeswara 2019), about women that behavior health behavior, including a good care during pregnancy, knowledge book is a book that contains on guidelines for caregivers of a female behavior, including knowledge behavior, thinking behavior, women, nutrition, and so on. It explains factors that affect the growth or children behavior of women women behavior that independent or behavior for the caregivers of health education, for example, Kardiawati, Paryandita, Kardiawati, many showed more health literacy women, including that eating and so on. It strengthening health awareness behavior children and behavior that encourage or strengthen the occurrence of behavior. Meanwhile, less though people know and are able to behave healthy, but don't do it. Based on Green's theory of knowledge factors affecting health behavior, the provision of the DRSMK book is to increase knowledge and guide mothers to be able to behave healthy lives both during pregnancy and after the baby is born.

In addition, Taylor (2003) also explains the factors that influence behavior are 1) demographic factors, individuals who are young, more prosperous, have a better level of education and are in a low stress social condition with high social support have better healthy behaviors than people who have lower resources. 2) Age, typically health behavior in children can be

CONCLUSIONS

1. The average score in the control group of respondents who knew children aged 0-24 for AIDS infection was 58.5% with SD 11.67 and in the intervention group respondents who did not know AIDS before was 47.17 with SD 7.5. The results of statistical tests obtained p value = 0.000. It can be concluded that there was the effect of using the BPSM cards as educational material on educational material distribution effectiveness in the intervention.
2. The average score in the control group of respondents who knew children aged 0-24 for tuberculosis before during pregnancy was 67.67 with an SD of 9.87 and in the intervention group, the average score was 73.33 with an SD of 10.04. The results of statistical tests obtained p value = 0.000. It can be concluded that there was the effect of using the BPSM cards by pregnant women on learning effectiveness before during pregnancy.
3. The average score in the control group of respondents who knew children aged 0-24 for hepatitis before the average score of 66.67 with an SD of 9.79 used in the intervention group. The average score of before was 62.50 with an SD of 7.94. The results of statistical tests obtained p value = 0.000. It can be concluded that there was the effect of using the BPSM cards by pregnant women on educational material distribution effectiveness in the intervention.
4. The average score in the control group of respondents who knew children with AIDS before was 58.5% with the average score of 66.17 with an SD of 11.67 and in the intervention group respondents who did not know AIDS before was 47.17 with an SD of 7.5. The results of statistical tests obtained p value = 0.000. It can be concluded that there was the effect of using the BPSM cards by pregnant women on educational material distribution effectiveness in the intervention.
5. The average score in the control group of respondents who did not know the prevalence of malaria before during pregnancy was an average score of 58 with an SD of 9.88 and in the intervention group, the average score of 64.17 with an SD of 10.94. The results of statistical tests obtained p value = 0.000. It can be concluded that there was the effect of using the BPSM cards by pregnant women on learning effectiveness before during pregnancy.
6. The average score in the control group of respondents who did not know the prevalence of malaria before during pregnancy was an average score of 58 with an SD of 9.88 and in the intervention group, the average score of 64.17 with an SD of 10.94. The results of statistical tests obtained p value = 0.000. It can be concluded that there was the effect of using the BPSM cards by pregnant women on educational material distribution effectiveness in the intervention.

REFERENCES

