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# **Education To Improve The Healthy Life Of Rural Communities In Accelerating The Reduction Of Stunting**

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### **Abstract**

This dedication began with the author's concern about the stunting rate in Indonesia, which is large and even tends to increase every year. Therefore, the authors, who happen to have had a relationship for a long time, discussed providing education to the closest rural communities, in this case the villages of Village in Medan, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih to educate about healthy lifestyles to reduce stunting in collaboration with community health centers and local health workers. The results in this research show 1). This dedication began with the writer and community service's concern for the stunting rate which continues to increase every year, one of the biggest contributors to stunting, comes from rural areas. 2). A healthy lifestyle can reduce stunting rates and the authors agree to provide education on healthy lifestyles to rural communities, especially mothers in the nearest villages, namely Amplas Medan Village health center, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih . 3). Education contains 11 materials which are repeated 2-3 times within one month with variations of 1 theory and 1 practice in the theme of material that can be put into practice.

Keywords: Education, Healthy Life, Stunting.

# **INTRDOUCTION**

Indonesia has quite a serious nutritional problem, which is characterized by the large number of cases of malnutrition in children under five and of school entry age, both boys and girls. Nutritional problems at school age can cause low quality education levels, high absenteeism rates and high school dropout rates. Malnutrition is an impact of nutritional status both in the short and long term. Stunting is a condition of malnutrition that is related to past nutritional deficiencies, so it is a chronic nutritional problem. Stunting is measured as nutritional status by taking into account the height or length, age and gender of the toddler. The habit of not measuring the height or body length of toddlers in society makes stunting difficult to realize. This makes stunting one of the focuses of the target for improving nutrition in the world until 2025 (Pratiwi, 2020).

Stunting or short stature (shortness). a condition where a person's height (TB) does not correspond to age, which is determined by calculating the Z-index score for Height according to Age (TB/U). A person is said to be stunted if their TB/U Z-index score is below -2 SD (standard deviation). The incidence of stunting is the impact of inadequate nutritional intake, both in terms of quality and quantity, high levels of illness, or a combination of both. This condition is often found in countries with poor economic conditions (Olsa, 2017).

Stunting is a problem of chronic malnutrition caused by insufficient nutritional intake over a long period of time due to the provision of food that does not meet nutritional needs. Stunting occurs when the fetus is still in the womb and only appears when the child is two years old. Malnutrition at an early age increases infant and child mortality, causing sufferers to get sick easily and have less than optimal body posture as adults. The cognitive abilities of sufferers are also reduced, resulting in long-term economic losses for Indonesia. Stunting is caused by multi-dimensional factors and is not only caused by poor nutrition experienced by pregnant women and toddlers. The most decisive intervention to reduce the prevalence of stunting therefore needs to be carried out in the First 1,000 Days of Life (HPK) of children under five (Alifariki, 2020).

Several factors that cause stunting can be described as follows: 1). Poor parenting practices, including the mother's lack of knowledge regarding health and nutrition before and during pregnancy, as well as after the mother gives birth. Several existing facts and information show that 60% of children aged 0-6 months do not receive breast milk (ASI) exclusively, and 2 out of 3 children aged 0-24 months do not receive complementary foods for breast milk (MP-ASI). . MP-ASI is given/introduced when toddlers are over 6 months old. Apart from its function of introducing new types of food to babies, MPASI can also meet the nutritional needs of the baby's body which can no longer be supported by breast milk, as well as building the child's immune system and the development of the child's immunological system towards food and drink. 2). Health services are still limited, including ANC-Ante Natal Care services (health services for mothers during pregnancy), Post Natal Care and quality early learning. Information gathered from publications from the Ministry of Health and the World Bank states that the attendance rate of children at Posyandu has decreased from 79% in 2007 to 64% in 2013 and children do not have adequate access to immunization services. Another fact is that 2 out of 3 pregnant women have not consumed adequate iron supplements and there is still limited access to quality early learning services (only 1 out of 3 children aged 3-6 years have not been registered with PAUD/Early Childhood Education services). 3). There is still a lack of household/family access to nutritious food. The reason is because the price of nutritious food in Indonesia is still relatively expensive. 4). Lack of access to clean water and sanitation. Data obtained in the field shows that 1 in 5 households in Indonesia still defecate in the open, and 1 in 3 households do not have access to clean drinking water (Puspasari, 2017).

The government has made various efforts to achieve the stunting reduction target of 14% by 2024. Specific interventions and sensitive interventions continue to be intensified, along with increasingly better governance. Various activities carried out separately are aimed at achieving one goal of reducing stunting as much as possible to create a golden generation when Indonesia achieves a demographic bonus. You can see these various efforts in the Convergence Bulletin. In the 2022 Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia is still at 21.6% or down 3.8 points from 2021, namely 24.4%. One of the problems and contributions to this figure comes from rural areas. Therefore, as a real effort, even though it does not have a very significant impact, the five authors in this article took the initiative to provide education to rural communities so that they can adopt a healthy lifestyle (Sasmita, 2021).

The author provided service to Amplas Village in Medan, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih in collaboration with the community health centers in each of these villages with a program to provide education about healthy living. According to Soekidjo, the definition of lifestyle is a lifestyle that takes into account certain factors that influence daily life. The definition of healthy living according to Hanlon is that health includes a person's condition as a whole but has full physiological and psychological abilities. The definition of a healthy lifestyle according to Rusli Ruthan is any action that directly or long-term affects all physical consequences for the better. Thus, based on the opinion above, it can be concluded that a healthy lifestyle is a pattern related to a person's efforts to maintain and improve health through interaction with the environment, especially those related to health.

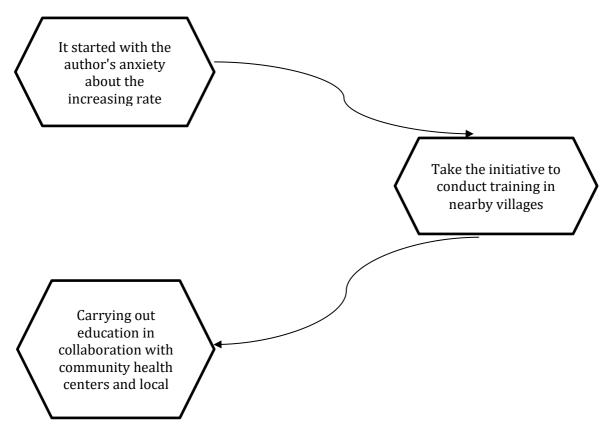
Meanwhile, health is a condition that includes physical, spiritual and social health, more specifically, healthy living is a condition of life that covers all aspects, namely physical, spiritual, social and economically productive (Bahasa, 1988). Meanwhile, the definition of lifestyle is activities carried out by individuals which are manifested in actions or attitudes due to stimuli received and can be observed by external parties and carried out to achieve certain goals. Another opinion states that what is meant by a healthy lifestyle is a lifestyle that pays attention to certain factors that influence health, including food and exercise, we can apply this in everyday life. A person who has health in his life means that he has been able to rid himself of the illnesses that torment him, both in the form of spiritual and physical illnesses (Zaenuddin HM, 2014).

The education carried out in the author carried out service to Amplas Medan Village, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih, carried out for 1 month in each village, where each author carried out education in the closest village. from the location where he lives.

#### **METHODS**

This dedication began with the author's concern about the stunting rate in Indonesia, which is large and even tends to increase every year. Therefore, the authors, who happen to have had a relationship for a long time, discussed providing education to the closest rural communities, in this case the villages of Village in Medan, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih to educate about healthy lifestyles to reduce stunting in collaboration with community health centers and local health workers with the following stages:

**Figure 1**Author's Stages of Finding Problems and Solutions



# RESULT AND DISCUSSION Stunting and Healthy Lifestyle

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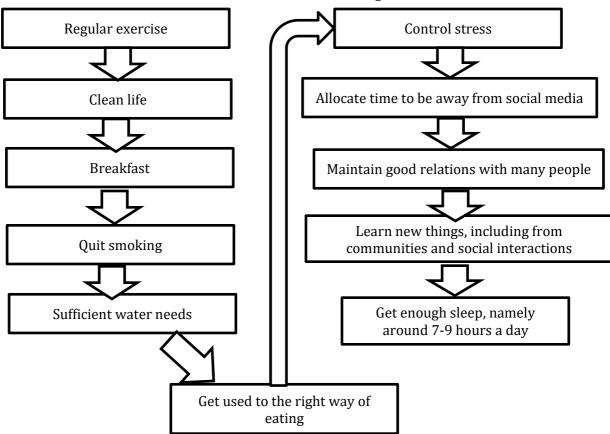
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Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih, carried out for 1 month in each village, where each author carried out education in the closest village. from the location where he lives.

# **Education To Improve The Healthy Life Of Rural Communities In Accelerating The Reduction Of Stunting**

The training that the author carried out in collaboration with the Amplas Medan Village health center, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih was carried out for approximately 1 month in each village. The educational materials include the following:

**Figure 2** Educational Materials in Each Village



The materials above are carried out and repeated 2-3 times a month with variations of one theory and one practice. The materials presented above are closely related to reducing stunting. Health education regarding stunting has a positive impact on maternal knowledge. Increasing maternal knowledge will reflect the child's health and well-being and will determine the child's future. Mothers who are frequently exposed to information about stunting will have more informative knowledge compared to mothers who are less exposed (Angraini, 2019). Research by (Suryagustina, 2018)also mentioned the same thing that health education regarding stunting prevention will have an impact on mothers' knowledge, and mothers who have minimal information regarding stunting prevention will also have less knowledge regarding stunting prevention. The same research also states that health education has an influence on mothers' attitudes towards preventing stunting. The mother's attitude will determine the mother's food consumption behavior during pregnancy which will have an impact on the baby's birth weight. Babies with low birth weight are at risk of stunting (Angraini, 2019).

Nutrition education is not only given to mothers of toddlers, but in preventing stunting, nutrition education can also be given to expectant mothers, namely women of childbearing age or premarital women. Nutrition education using nutritional counseling methods can increase knowledge and attitudes in expectant mothers. Increasing the knowledge of prospective mothers will have an impact on the growth and development of the fetus and the health condition of the baby during the birth process (Doloksaribu, 2019). Nutritional education for premarital women is very necessary as preparation during the preconception period. The preconception period will

determine the condition of the baby being born. The key to the birth of a normal and healthy baby is that the prospective mother receives good nutrition during the preconception periode (Susilowati, 2016).

Providing nutritional education for expectant mothers can prevent the risk of stunting in the next generation. This education is not only given to toddlers and prospective mothers, but also to those closest to them because it can prevent and control prospective mothers and toddlers from stunting. Based on this, the author believes this education can reduce stunting rates even though the impact is small. The author hopes that this method can be emulated by other academics so that it can have a greater impact.

### **EXPRESSION OF THANKING**

The author would like to express his infinite gratitude to the parties involved in this research, especially the community health center administrators, health workers, and village officials of Amplas Medan Village health center, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih who has allowed the author to provide service and education to rural communities, especially to mothers of toddlers.

#### **CONCLUSION**

Based on the explanation above, several points can be concluded regarding healthy lifestyle education in order to reduce stunting in rural areas, especially Amplas Medan Village health center, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih as follows:

- 1. This dedication began with the writer and community service's concern for the stunting rate which continues to increase every year, one of the biggest contributors to stunting, comes from rural areas.
- 2. A healthy lifestyle can reduce stunting rates and the authors agree to provide education on healthy lifestyles to rural communities, especially mothers in the nearest villages, namely Amplas Medan Village health center, Sumber Sekar Village, Malang, Air Pacah Village, West Sumatra, and Gerit Village in Patih.
- 3. Education contains 11 materials which are repeated 2-3 times within one month with variations of 1 theory and 1 practice in the theme of material that can be put into practice.

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