JURNAL MIDPRO, Vol. 15 No. 01 (Juni, 2023) : 8-14 **E-ISSN: 2684-6764**
Terakreditasi Nasional Peringkat 4 No. 36/E/KPT/2019
Available Online at http: http://jurnalkesehatan.unisla.ac.id/index.php/midpro

Stunting Prevention Strategy with The Spider Risk Method

[K]Iin Nilawati[1], Herlinda[2], Novi Lasmada Sari[3]
[1, 2, 3]Sekoah Tinggi Ilmu Kesehatan Sapta Bakti, Bengkulu
Corresponding authors Email ([K]): nilawati_iin@yahoo.com

ABSTRACT

Stunting being one focus problem crucial health in Indonesia. The prevalence of stunting is increasing from 35.6% in 2007 to 37.2 % in 2013 , and decreased to 27.7 % in 2019. Although occur decline, in Indonesia the disparity width in the province and decline the average still slow , while the target of decline to 14% in 2024. The stunting rate in Bengkulu Province is still enough high . Stunting has a huge impact for development quality source power human. Destination period long from study this for role as well as lower stunting through effort stunting prevention with Spider Risk. Stages study effectiveness spider risk method against effort Stunting Prevention begins of the bride and groom, ministry mother pregnant , sure labor facilitated service health, sure baby exclusive breastfeeding, monitoring fell continuous in 1000 HPK. Method research used is cross sectional with approach retrospective. Instruments used is google forms. Sample is 30 mothers who have child stunting risk in Bengkulu. Research results show that characteristics respondent majority have child manifold sex man male 63.3%, high school education 43%, working as mother house household 70%, income not enough from 1 million 40%, no risk of KEK 70%, age moment marry not enough from 20 years 46%, history of exclusive breastfeeding 66.7%, knowledge not enough about stunting there is 60%, distance pregnancy not enough from 2 years 30%, birth weight not enough from 2500 grams 20%, the risk of stunting is 36.7%. Based on analysis test results bivariate with using chi square is obtained results that that be factor risk or relate with stunting is variable whose P value is ≤ 0.05 , namely education mother, income family , KEK age marry not enough from 20 years , history of exclusive breastfeeding, knowledge mother and history heavy baby born not enough from 2500 grams.

Keywords: Stunting, Prevention strategy, Decline, Spider Risk

Article history :

Received: 11 Februari 2023
Received in revised form: 16 Maret 2023
Accepted: 26 April 2023
Available online: 1 Juni 2023

INTRODUCTION

Stunting is necessary national issues attention special. The problem of stunting is one part of double burden malnutrition who have very detrimental impact good from side health nor from side productivity economy in period short nor long .

Stunting or obstruction growth body is one form deficiency marked nutrition with according to height age below standard . Stunting is disturbance growth physically marked with decline speed growth and is impact from imbalance nutrition According to the World Health Organization (WHO) Child Growth Standard, stunting is based on an index body length compared age (PB/U) or height compared age (TB/U) with limit (z-score) less from -2 SD [1]. Stunting still is one problem nutrition in Indonesia that has not resolved. Stunting will cause impact period long that is the disturbance development physical , mental, intellectual , as well cognitive. Stunted children up to 5 years old will difficult for repaired so that will continues until mature and get increase risk descendants with low birth weight (LBW). According to WHO in 2016, prevalence stunting toddlers in the world by 22.9% and conditions nutrition toddler short Becomes cause 2.2 million from whole reason Dead toddlers around the world. Almost half level deaths in children under five years in Asia and Africa are due to deficiency nutrition . This cause Dead three million children per year [2]. Based on WHO data in 2016, in the Southeast Asian region the prevalence stunting toddlers reached 33.8% [3].

The incidence of stunting has fluctuated from year year in 2019 happened decline however, the stunting rate became 27.7% . average decline number stunting still slow . Meanwhile , the target to be achieved in 2024 is 14 % [4]. In Bengkulu the stunting rate is still enough high , the incidence of stunting is spread over almost whole district and village , the highest in Central Bengkulu District in the village Ulak wide namely 44.4%. related with Thing the so needed effort acceleration decline good stunting rate from preventive as well as promotive nor curative[5].

There are several possible effort conducted for lower stunting rate among them is with make an effort prevention and preparation candidate quality mother socan pass pregnancy, childbirth, postpartum and breastfeeding exclusive as well as could monitor grow flower child in a manner independent and true . Activity this could conducted through spider risk method . The spider risk method works for encompassing mothers who have risk factor start from candidate bride Thing this could excavated through KUA partners , then accompanied moment pregnant, giving birth , breastfeeding exclusivity and monitoring as well as gift nutrition toddler 1000 HPK. According to BKKBN 202I efforts for reduce stunting one of them with accompaniment paint [1].

Based on description above in a manner general destination from implementation proposal this is for know and capture factor risk of stunting with spider risk methods and objectives specifically is knowing factor the risk of stunting of the prospective surrogate, mother pregnancy , childbirth , breastfeeding and monitoring grow flower 1000 HPK children[6].

The stunting prevention strategy using the Spider Risk method is the initial stage of a series of stunting prevention activities through preventive efforts to obtain data screening of risk factors from stunting. This proposal is part of the focus area on maternal and child health which leads to the theme of stunting. The proposal, which has the theme of a strategy to reduce stunting with spider risk, is expected to provide benefits for prospective brides, pregnant women, mothers in childbirth, postpartum and breastfeeding mothers, as well as monitoring the growth and development of children in 1000 HPK. As well as being able to facilitate health workers in stunting prevention efforts and in the end it can be used as a method of reducing stunting, especially in Bengkulu province[7].

METHOD

Method in this study is use analytic observational with design study crosssectional retrospective . mother who has stunting child and willing become respondent amount sample used a total of 30 people were then given questionnaire in the form google form contains questions and statements form Factor stunting risk , as well as strategies to reduce stunting with spider risk, then spider risk besides it 's done environmental observation and intake nutrition and yield observations are written in sheet observation. After the data is obtained then conducted data processing and data analysis use spss and chi square test.

RESULTS

Stunting prevention strategies with Spider Risk method is Step beginning from Suite activity effort stunting prevention through effort preventive for get factor data screening risk from stunting. Proposal this is part from field focus health mother and child which leads to the theme of stunting. Proposals that have stunting reduction strategy theme with this spider risk expected could give benefit for candidate bride, mother pregnant , mother maternity, mother postpartum and breastfeeding, as well monitoring grow flower child at 1000 HPK. As well as can make it easy officer health in effort stunting prevention and in the end could used as method reducing stunting, especially in Bengkulu province

Execution or data collection begins with informed consent to the sample, then selected sample by random sampling accordingly with criteria study that is mother who has children under five are at risk of stunting or stunting and are willing become respondent amount sample used a total of 30 people were then given questionnaire in the form google form contains questions and statements form Factor stunting risk , as well as strategies to reduce stunting with spider risk, then spider risk besides it 's done observation environment and intake nutrition and yield observations are written in sheet observation. After the data is obtained then conducted data processing and data analysis using spss and chi square test. The following are the results of a study of 30 respondents, the characteristics of respondents can seen as following :

Table 1 Characteristics of Respondents

No	Characteristics	Amount (frequency)	Percentage (%)
1	Gender of toddler		
	Man	19	63,3
	Woman	11	36,7
2	Mother's education		
	Graduated from elementary school	1	3
	Middle school graduate	12	40
	Graduated from high school	13	43
	Graduated PT	4	13
3	Work		
	Housewife	21	70
	Self-employed	6	20
	civil servant	3	10
4	Income		
	< Rp. 1000.000,-	12	40
	IDR 1000.000,- until IDR 2.500.000,-	12	40
	≥ IDR 2.500.000,-	6	20
5	LILA size when pregnant		
	< 23.5 cm	9	30
	≥ 23.5cm	21	70
6	Age at marriage		
	<20 years	11	36,7
	≥ 20 years	19	63,3
7	History of exclusive breastfeeding		
	Yes	10	33,3
	Not	20	66, 7
8	Mother knowledge		
	Well	12	40
	Not enough	18	60
9	Pregnancy spacing		
	< 2 years	9	30
	≥ 2 years	21	70
10	BB was born		
	< 2500 grams	6	20
	≥ 2500 grams	24	80
11	At risk of stunting	11	36,7
	No risk of stunting	19	66,7

Based on the table above, it can be concluded that the majority of respondents have male children 63.3%, mothers of toddlers with high school education 43%, work as housewives 70%, earn less than 1 million 40%, are not at risk of KEK 70%, age when married less than 20 years 46%, history of exclusive breastfeeding 66.7%, lack of knowledge about stunting there is 60%, gestational interval less than 2 years 30%, birth weight less than 2500 grams 20%, risk of stunting 36.7%.

Table 2 The results of the bivariate analysis show

No	Risk Factors	Incident stunt	Not stunted	P Value	OR
1	Gender of toddler				
	Man	5	14	0.23	1.74 (0.681-4.453)
	Woman	4	7		
2	Mother's education				
	Graduated from elementary school	1	0	0.02	
	Middle school graduate	8	4		
	Graduated from high school	0	13		
	Graduated PT	0	4		
3	Work				
	Housewife	5	16	0.24	
	Self-employed	4	2		
	civil servant	0	3		
4	Income				
	< Rp. 1000.000,-	9	0	0.00	
	IDR 1000.000,- until IDR 2.500.000,-	0	12		
	≥ IDR 2.500.000,-	0	6		
5	LILA size when pregnant				
	< 23.5 cm	5	4	0.04	
	≥ 23.5cm	4	17		
6	Age at marriage				
	<20 years	9	2	0.00	
	≥ 20 years	0	19		
7	History of exclusive breastfeeding				
	Yes	4	6	0.02	
	Not	5	15		
8	Mother knowledge				
	Well	2	10	0.01	
	Not enough	7	11		
9	Pregnancy spacing				
	< 2 years	5	4	0.35	
	≥ 2 years	4	17		
10	BB was born				
	< 2500 grams	6	0	0.03	
	≥ 2500 grams	3	21		

Based on the results of the bivariate analysis test using the chi square, it was found that the risk factors or associated with the incidence of stunting were variables with a P value ≤ 0.05, namely mother's education, family income, KEK, married age less than 20 years, history of breastfeeding exclusive, mother's knowledge and history of birth weight less than 2500 grams.

DISCUSSION

Based on the results of the bivariate analysis test using the chi square, it was found that the risk factors or associated with the incidence of stunting were variables with a P value ≤ 0.05, namely mother's education, family income, KEK, married age less than 20 years, history of breastfeeding exclusive, mother's knowledge and history of birth weight less than 2500 grams.

This research is in line with Yanistin's 2016 study that knowledge, history of exclusive breastfeeding, KEK, Gladi apriluna et al [2] which states that the risk factors for stunting are birth weight

(LBW), mother's education level, household income, and lack of home sanitation hygiene. toddlers become stunted the bigger.

Based on the research results, a stunting prevention strategy will be developed using the spider risk method as outlined in posters/backsheets, which will then be created and developed into an application that can be accessed via Android, as well as involving KUA partners for stunting risk screening.

Spider risk method posters/backsheets containing strategies for screening prospective mothers at high risk of giving birth to stunted children, starting with the bride and groom partnering with the KUA. Spider risk posters/ flipcharts consist of midwifery care instruments in which there are strategies for preparing expectant mothers, strategies for providing services to pregnant women, strategies for safe delivery, strategies for achieving exclusive breastfeeding, strategies for monitoring falls up to 1000 days of life.

Stunting prevention strategies that benefit spider risk include: having priority targets for catin at KUA, pregnant women and children aged 0-2 years 1000 first days of life (HPK) with specific nutrition intervention strategies and targeted specific nutrition interventions, as well as carrying out community empowerment functions[8].

Strategies for Catin: Detection of catin, Age, reproductive health, reproductive readiness, Pregnant women: Complementary food for the poor, blood supplement tablets, Breastfeeding and children 0-23 months: breastfeeding counseling, PMBA counseling, management of acute malnutrition, monitoring of falls, Adolescents and WUS: Blood Supplement Tablets, Children 24-59 months: Management of acute malnutrition, administration of MT, Recovery for acutely malnourished children, Fall Monitoring[9,6]. Improvement of clean water supply: access to safe drinking water and access to proper sanitation Improvement of access and quality of nutrition and health services: access to family planning services, access to JKN, access to PKH for underprivileged families. increase awareness, commitment, and practice of maternal and child care and nutrition: dissemination of information, provision of counseling, behavior change, parenting counseling, access to early childhood education, access to monitoring of falls, youth reproductive health counseling, women's empowerment and child protection. increasing access to nutritious food: access to BPNT for underprivileged families, access to fortification of main food ingredients, access to KRPL, Strengthening regulations on food labels and advertisements[10,11].

Priority intervention strategies according to target groups. Besides that, in addition to priority interventions, important interventions are still given and interventions according to conditions. Improvement of clean water supply: access to safe drinking water and access to proper sanitation Improvement of access and quality of nutrition and health services: access to family planning services, access to JKN, access to PKH for underprivileged families. Increasing awareness, commitment, and practice of maternal and child care and nutrition: disseminating information, providing behavior change counseling, parenting counseling, access to early childhood education, access monitoring of falls, youth

reproductive health counseling, women's empowerment and child protection. Increasing access to nutritious food: access to BPNT for underprivileged families, access to fortification of main food ingredients, access to KRPL, Strengthening regulations on food labels and advertisements. The results of this study also formulated a poster and flipchart as one of the educational media in empowering the community to prevent stunting with spider risk[12].

CONCLUSIONS

Mother's education, income family, KEK, age marry not enough than 20 years, history Exclusive breastfeeding, knowledge mother and history heavy baby born not enough from 2500 grams is factor stunting risk. Stunting prevention can conducted with method screening risk with Spider risk consists of the preparation strategy candidate mother, giving strategy service on mother pregnancy, birth strategy safe, strategy to achieve exclusive breastfeeding, strategy monitoring fell up to 1000 days life.

REFERENCES

1. Kementrian Kesehatan RI. *Buku KIA Kesehatan Ibu dan Anak*.; 2020. https://kesmas.kemkes.go.id/konten/133/0/061918-sosialisasi-buku-kia-edisi-revisi-tahun-2020
2. Gladys Apriluana. Analisis Faktor-Faktor Risiko terhadap Kejadian Stunting pada Balita (0-59 Bulan) di Negara Berkembang dan Asia Tenggara. Media Litbangkes. *Media Litbangkes*. 2018;28(4).
3. Kementrian kesehatan. *buku saku hasil studi status gizi Indonesia Kabupaten/Kota*.; 2021.
4. Erna Kusumawati. Fakultas Ilmu-Ilmu Kesehatan Univ. Jend. Soedirman Jl. dr. Soeparno Gd B Kampus Unsoed Karawang Purwokerto, Model of Stunting Risk Factor Control among Children under Three Years Old. 2015;9(3).
5. Statistika BP. Profil Statistik Kesehatan. *Badan Pus Stat*. Published online 2019:148.
6. Yuwanti Yuwanti. D. Faktor – Faktor Yang Mempengaruhi Stunting Pada Balita Di Kabupaten Grobogan. *J Keperawatan dan Kesehat Masy Cendekia Utama*. 2021;10(1).
7. Ramadhani FD. Analisis Faktor Risiko Stunting Pada 1000 Hari Pertama Kehidupan di Puskesmas Seberang Padang Kota Padang Tahun 2019. *Tesis*. Published online 2020:1–162.
8. Noviani amalia, Sari M, Septina H rahma, Hardianto. Profil Kesehatan Ibu Dan Anak 2020. *Badan Pus Stat*. 2020;53(9):111–133.
9. Sari YP. History of Acute RespiratoryInfectious Disease with Incident of Stunting In Children. *Kebidanan Besurek*. 2016;1(2):118–126.
10. Rianti E, Triwinarto A, Lukman E. Aplikasi Cegah Anak Lahir Stunting Berbasis Android. *Pros Forum Ilm Tah IAKMI (Ikatan Ahli Kesehat Masy Indones*. Published online 2020:1–6. http://jurnal.iakmi.id/index.php/FITIAKMI
11. Sutio D. Analisis Faktor-Faktor Risiko terhadap Kejadian Stunting pada Balita. *J Dep Gizi Fak Kesehat Masarakat*. 2017;Vol. 28 No:247–256.
12. Endang Sutisna Sulaiman. *Pemberdayaan Masyarakat Di Bidang Kesehatan: Teori dan Implementasi*. UNS press; 2021.