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The Importance of Nutrition, Immunization, and Stimulation of the First 1000 Days of Life in Toddlers in Barugbug Village, Jatisari, Karawang

Rachmat Hidayat^{1*}, Patricia Wulandari²

¹Department of Biology, Faculty of Medicine, Universitas Sriwijaya, Palembang, Indonesia

²Cattleya Mental Health Center, Palembang, Indonesia

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*Corresponding author:

Rachmat Hidayat

E-mail address:

dr.rachmat.hidayat@gmail.com

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ABSTRACT

Nutrition and health problems are problems in Indonesia. These nutritional and health problems will affect the health of infants and toddlers. This community service program is expected to increase public knowledge and insight regarding the importance of nutrition, immunization, and stimulation in the first 1000 days of life, reduce malnutrition rates in toddlers and fulfill health facilities and infrastructure in Barugbug Village. The community service program was carried out for 5 months. The series of activities carried out in this program include counseling, mobile integrated services post (posyandu), pre-development screening questionnaire (KPSP), nutrition consultation, the direct practice of child stimulation, advocacy, and training of trainees (TOT). The results of the implementation of this program are an increase in public knowledge. A reduction in under-nutrition in children under five can be measured by conducting mobile Posyandu and monitoring nutritional status, increasing the intelligence of multiple children by conducting the pre-screening development questionnaire (KPSP), and practicing directly stimulating children, improving health status through nutrition consultations.

1. Introduction

Nutrition and health problems are problems that are still an iceberg phenomenon in Indonesia.¹ Nationally, the prevalence of underweight in 2018 was 19.6%, consisting of 5.7% malnutrition and 13.9% malnutrition. When compared with the national prevalence rate in 2007 (18.4%) and 2010 (17.9%), it has increased. Changes were mainly in the prevalence of malnutrition, from 5.4% in 2007, 4.9% in 2010, and 5.7% in 2013.² Meanwhile, the prevalence of malnutrition increased by 0.9 percent from 2007 and 2013. Among 33 provinces in Indonesia, 18 provinces had a prevalence of malnutrition above the national prevalence rate, ranging from 21.2% to 33.1%. In

2018, nationally, the prevalence of malnutrition in children under five was 19.6%, which means that the problem of undernutrition in Indonesia is still a public health problem approaching a high prevalence.^{1,2} Health and nutrition problems in infants and toddlers in RT 01 RW 05 Barugbug Village, Jatisari District, Karawang, are still important issues to study. It is suspected that some of the population still has a relatively low level of health knowledge and a lack of adequate health facilities and infrastructure in the area.³⁻⁶ In addition, the characteristics of the people of Barugbug Village are still not open to information about nutrition problems which is also the main cause of the difficulty in efforts to tackle malnutrition in the

area, plus from an economic perspective, the majority of people in RT 01 RW 05 Barugbug Village, Jatisari District, Karawang, West Java have professions as a farm laborer.

2. Methods

The implementation of the program includes (1) counseling 3 times which took place at the prayer room, early childhood education (PAUD), and the residence of the chairman of RW 05 Barugbug Village, (2) mobile integrated services post (posyandu) 2 times which was carried out by visiting the houses of residents who have babies and toddlers one by one, (3) pre-screening development questionnaire (KPSP) 2 times which took place at PAUD Barugbug Village, (4) 1-time nutrition consultation which took place at PAUD Barugbug Village, (5) advocacy 1 time which was carried out by sending a letter to the Regent of Karawang (6) 1-time training of trainees (TOT) located at PAUD and the residence of the Midwife of Barugbug Village.

3. Results and Discussion

Evaluation is a process of assessment. Evaluation can be interpreted as a process of measuring the effectiveness of the strategies used in an effort to achieve educational goals.⁷⁻⁹ The data obtained from the results of these measurements will be used as an analysis of the next program situation. The results that have been achieved from extension activities are increasing community knowledge from those who initially did not know to know. This increase in knowledge can be seen from the results of the pretest and posttest. There are 4 counseling materials provided, namely the importance of nutrition, the importance of immunization, the importance of stimulation, and importance of ASI and MP-ASI.¹⁰⁻¹² Of the four materials, it was found that the average increase in knowledge skills that occurred as a result of the implementation of this extension was 39.9%. This means that it is in a fairly good criterion interval. This mobile posyandu activity was carried out 2 times. At the first mobile posyandu, 9 out of 40 infants and

toddlers had poor nutritional status. After we gave directions to the parents of the babies and toddlers, at the second mobile posyandu, there were only 4 out of 40 babies and toddlers who still had poor nutritional status.

We did this KPSP activity 2 times. Interpretation of the results of the first KPSP that we have done, namely from 40 infants and toddlers, obtained data that as many as 17 infants and toddlers with doubtful development. While the remaining 23 infants and toddlers with appropriate development. In the second KPSP activity, the result was that there were only 8 infants and toddlers with dubious development. While the remaining 32 infants and toddlers with appropriate development. From the nutrition consultation we conducted, the result was that 80% of infants and toddlers in Barugbug Village had fever, cough, and influenza. So, in this case, we advise parents to provide adequate food according to their children's needs and increase their consumption of vitamins. We do this advocacy by writing a letter addressed to the District Head of Karawang. The purpose of carrying out this advocacy is to fulfill adequate facilities and infrastructure in Barugbug Village. So far, we have made efforts to provide adequate health facilities and infrastructure in Barugbug Village. The TOT that we have done is addressed to the village midwife for the continuation of the program to reduce malnutrition rates, while for the continuation of the child stimulation program, we gave the TOT to village cadres as PAUD supervisors in Barugbug Village. We did this TOT once at the residence of the village midwife and at the PAUD.

4. Conclusion

This community service has been able to provide knowledge to the people of Barugbug Village. This can be proven by the results of the pretest and posttest during counseling. There was an increase in the knowledge of the people of Barugbug Village from those who initially did not know to know. This can be proven by the results of the pretest and posttest during counseling. There has been a change in the behavior

of the people of Barugbug Village from those who initially found it difficult to accept information about health. Now they are more open to receiving information about health. This can be proven by the level of attendance of the Barugbug Village community during the counseling event. With this program, at least there has been an increase in health status, such as reduced malnutrition rates in toddlers in Barugbug Village.

5. References

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