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FAMILY EDUCATION FOR EARLY STUNTING THE PANDEMIC ERA

COVID-19 Reflections of Kuliah Kerja Nyata Tem

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ABSTRACT
Prevention is needed for parents to prevent children from stunting. The Ministry of Education and Culture produces teaching materials for care for the First 1,000 Days of Life, provides care classes for pregnant women and mothers with children aged 0-24 months, and socializes care for the First 1,000 Days of Life in 100 districts / cities in Indonesia. Efforts to improve the nutritional status of the community, including reducing the prevalence of stunting, are one of the national development priorities listed in the main targets of the Development Plan. Monitoring the growth of children under five is one of the efforts carried out as an early detection of stunting. The aim of this service is to increase knowledge and skills about early detection of stunting. The aim of this service is to increase knowledge and skills about early detection of stunting. The aim of this service is to increase knowledge and skills about early detection of stunting. Service includes several stages, namely the fecture method. FCD (Focus Group Discussion), and the practice of making growth mats as an means of monitoring todder growth in early detection of sturning. Regarding the socialization invites with a service includes a proper socialization invites village heads, FKK activities, and PAUD institutions which are used as a place for socialization to parents. The implementation of the socialization invites the community, who moves the head of the PKK activitor. There is one class for pregnant women, one class for parents who have children aged 1 year, and another class for parents who have children aged 1 year, and another class for parents who have children aged 2 years.

KEYWORDS: Keywords: toddler growth monitoring, stunting

INTRODUCTION

Stunting is a chronic growth disorder in children due to prolonged nutritional deficiencies. Stunted children are generally shorter than their age. A child who survives this condition tends to have low learning abilities and is more susceptible to disease. (Soetjiningash. 1998). Despite the global consensus on how to define and measure it, stunting is a condition that is often not recognized in societies, where stunting is normal and often does not constitute primary health care. Understanding the cause is something that can be done since the fetus is in the womb. Here are the causes of stunting that you should know, including: First, Matternal Nutrition. The first cause of stunting is influenced by the nutritional intake of pregnant women. Pregnant women who do not eat nutritions foods such as folic acid, protein, calcium, iron, and omnega-3s tend to give brith to children with malnutrition. Then at birth, the child does not receive sufficient amounts of exclusive breastfeding and balanced nutrition when they are of months old.

Second, lack of intake of healthy and nutritions food as complementary foods to breast milk. Insufficient complementary foods in the causes of stunded growth in children. Children need to be provided with a diet that meets the minimum requirements in terms of frequency and variety of food to prevent malnutrition.

Third, Environmental Cleanliness. There is a high probability of a relationship between the linear growth of children and household santation practices. Contamination of large quantities of feed colliform beteria by children and women and the cause of children and household santation practices. Contamination of a feed and interesting nutrient absorption (3), and increasing nutrient loss (1). Recurrent illnesses such as darrhea and intestinal wom interesting nutrient loss (1). Recurrent illnesses such as darrhea and intestinal wom interesting the cause of the c

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FAMILY EDUCATION FOR EARLY STUNTING THE PANDEMIC ERA COVID-19

Reflections of Kuliah Kerja Nyata Tematik

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ABSTRACT

Prevention is needed for parents to prevent children from stunting. The Ministry of Education and Culture produces teaching materials for care for the First 1,000 Days of Life, provides care classes for pregnant women and mothers with children aged 0-24 months, and socializes care for the First 1,000 Days of Life in 100 districts / cities in Indonesia. Efforts to improve the nutritional status of the community, including reducing the prevalence of stunting, are one of the national development priorities listed in the main targets of the Development Plan. Monitoring the growth of children under five is one of the efforts carried out as an early detection of stunting. The aim of this service is to increase knowledge and skills about early detection of stunting through monitoring the growth of children under five. The method used in this service includes several stages, namely the lecture method, FGD (Focus Group Discussion), and the practice of making growth mats as a means of monitoring toddler growth in early detection of stunting. Regarding the socialization of the Family Education program to prevent stunting, several parties must be involved. The socialization invites village heads, PKK activists, and PAUD institutions which are used as a place for socialization to parents. The implementation of the socialization invites the community, who moves the head of the PKK activator. There is one class for pregnant women, one class for parents who have children aged 1 year, and another class for parents who have children aged 2 years.

KEYWORDS: Keywords: toddler growth monitoring, stunting

INTRODUCTION

Stunting is a chronic growth disorder in children due to prolonged nutritional deficiencies. Stunted children are generally shorter than their age. A child who survives this condition tends to have low learning abilities and is more susceptible to disease. (Soetjiningsih. 1998). Despite the global consensus on how to define and measure it, stunting is a condition that is often not recognized in societies where stunting is normal and often does not constitute primary health care. Understanding the cause is something that can be done since the fetus is in the womb. Here are the causes of stunting that you should know, including: First, Maternal Nutrition. The first cause of stunting is influenced by the nutritional intake of pregnant women. Pregnant women who do not eat nutritious foods such as folic acid, protein, calcium, iron, and omega-3s tend to give birth to children with malnutrition. Then at birth, the child does not receive sufficient amounts of exclusive breastfeeding and balanced nutrition when they are 6 months old.

Second, lack of intake of healthy and nutritious foods as complementary foods to breast milk. Insufficient complementary feeding and lack of essential nutrients in addition to pure calorie intake is one of the causes of stunted growth in children. Children need to be provided with a diet that meets the minimum requirements in terms of frequency and variety of food to prevent malnutrition.

Third, Environmental Cleanliness. There is a high probability of a relationship between the linear growth of children and household sanitation practices. Contamination of large quantities of fecal coliform bacteria by children when placing dirty fingers or household items in the mouth leads to intestinal infections. This condition affects the nutritional status of children by reducing appetite (2), reducing nutrient absorption (3), and increasing nutrient loss (1). Recurrent illnesses such as diarrhea and intestinal worm infections

(helminthiasis), both of which are associated with poor sanitation, have been shown to contribute to stunted growth in children. Environmental enteropathy is an infection of the small intestine in children caused by poor sanitation. Chronic infection that occurs due to a dirty environment and poor sanitation can cause impaired small intestine function. (Syarfaini. 2014).

Nutrition obtained from birth is certainly very influential on its growth, including the risk of stunting. Not implementing early initiation of breastfeeding (IMD), failure to provide exclusive breastfeeding (ASI), and early weaning can be one of the factors in the occurrence of stunting. Meanwhile, from the side of complementary feeding (MPASI), the things that need to be considered are the quantity, quality and safety of the food given.

In 2017, nationally, the percentage of newborns who received IMD was 73.06%, meaning that the majority of newborns in Indonesia have received early initiation of breastfeeding. Nationally, the coverage of infants who are exclusively breastfeed in 2017 is 61.33%. The highest percentage of coverage of exclusive breastfeeding was found in West Nusa Tenggara (87.35%), while the lowest percentage was in Papua (15.32%). There are still 19 provinces that are below the national figure. Therefore, the socialization of the benefits and importance of exclusive breastfeeding still needs to improved. (Fitri, Lidia, 2018).

Nutritional intake in children under five is very important in supporting growth according to the growth chart so that growth faltering does not occur which can cause stunting. In 2017, 43.2% of children under five in Indonesia experienced an energy deficit and 28.5% experienced a mild deficit. For protein adequacy, 31.9% of children under five had a protein deficit and 14.5% had a mild deficit. In order to fulfill the nutritional adequacy of children under five, a program of supplementary feeding (PMT) has been established, especially for underweight toddlers in the form of local PMT and manufactured PMT, namely special biscuits for toddlers. If the body weight has been in accordance with the calculation of body weight according to height, then additional food for underweight children can be stopped and continued with a balanced nutrition family diet. (Aridiyah et at. 2015).

METHOD

Preparation and debriefing for students is carried out for approximately 5 days including coordination with the sub-district government, student recruitment, debriefing and preparation of facilities and infrastructure. Coaching for students participating in Thematic KKN includes general material related to on-site student functions which will be delivered by the Head of LP2M UNG. In addition, there are also materials on business management, business administration and IT systems, entrepreneurship, product diversification, production and marketing techniques which will be delivered by DPL staff and instructors from partner institutions.

The implementation of activity stages with an activity agenda:

- a. The event of releasing students participating in Thematic KKN by the UNG campus
- b. Delivery of 30 participating students to the location
- c. Submission of participants to the location by the committee to local officials
- d. Field briefings by Field Supervisor assisted by elements of the local government
- e. Delivery of aid in Gorontalo Utara
- f. Mid-period monitoring and evaluation of activities
- g. End of activity monitoring and evaluation
- h. Withdrawal of thematic KKN-participant students.

The steps in the form of a program to be implemented are community assistance. Another program in the form of assistance in understanding Family Education for Early Prevention of Stunting in the Covid-19 Pandemic Era in Gorontalo Utara Regency. The method used in group empowerment is the Family Education technique for the Early Prevention of Stunting in the Covid-19 Pandemic Era in Gorontalo Utara Regency. The work to be performed by students and counted in the volume of 144 Student Effective Hours of Work (JKEM) in a month. The average student effective working hours (JKEM) per day is 4.8 as a reference.

The sustainability of the program is very dependent on how the community can respond and understand the direction and objectives of the implementation of this Thematic KKN. Besides that, it will also be determined

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by the pattern of student performance in carrying out activities. Placement of students in all program activities is in order to map potential and problems that may arise as well as solutions and alternatives.

RESULTS AND DISCUSSION

Implementation of KKN

seal work lectures are a learning process for undergraduate students at Gorontalo State University which is developed through ammunity service activities in various aspects of social life. The implementation of KKN is shown to foster empathy and concern for various (1) various real problems faced by society and (2) sustainable development which is needed to educate the nation's life and create community welfare in accordance with the Islamic community as much as possible.

In addition, KKN activities are expected to produce strong, superior, noble personalities, and can become extraordinary individuals when they have entered society, with leadership spirit. In this case, students are portrayed as problem solvers, motivators, facilitators, and dynamics in the process of problem solving and community development / development through renewing the concept, the presence of students as young intellectuals is expected to be able to develop themselves as agents or change leaders who intelligently and precisely solve problems facing the community.

Basically, real work study (KKN) is a form of real student service to society. After getting lecture material that can always be useful in the community itself. In their community service activities, students provide experiences in science, technology, art, and religion to provide direction in order to solve problems and overcome them appropriately. In addition, improving facilities and infrastructure is an activity carried out as well as a work program for students. In other words, through this KKN, students help development in society / community empowerment. Located in northern Gorontalo, Tolinggula sub-district, especially in Tolite Jaya village.

The real work class functions that you want to carry out are:

s a motivator

Students are expected to be able to act as a driving force to transform a static society into a dynamic one.

s a facilitator

Students are expected to be able to act as intermediaries in providing the sources of knowledge needed by the community.

s an innovator

Students are expected to be able to pioneer the development that society needs.

As a coordinator

Desa Tolie Jaya is a community service area for thematic KKN students of Gorontalo state university which is in Tolinggula sub-district, which is one of 10 villages.

Core activities

The target of this activity is the community, especially babies, teenage toddlers and pregnant women in Tolite Jaya Village, Tolinggula District, North Gorontalo District, and Gorontalo Province.

The objectives of this service activity are to:

- a. This activity aims to increase the knowledge and understanding of the people of Tolite Jaya village, Tolinggula district about the importance of caring for 1000 HPK in order to support children's growth and development and prevent stunting cases.
- b. This activity aims to provide clear and accurate information about stunting to its prevention and the community can have skills in fulfilling the nutritional intake of toddlers, so that people are aware and can educate the wider community regarding health both within the community and in the family.

Students are expected to be able to coordinate all activities so that there is a close relationship between students and the community.

The implementation of the Thematic KKN program uses the volume of work calculated in the form of student effective working hours (JKEM) totaling 288 effective working hours in 45 days. The average effective student working hours (JKEM) per day is 6.4 hours as shown in table 3. Training and mentoring activities will involve all KKN students based on their respective assignments, meaning that students in charge of training activities must also be responsible for activities assistance for the same type of activity.

In an effort to maintain the implementation of the Thematic KKN program, there are several program plans that will be carried out. In this period the focus of activities was on 2 things, namely the Core Program and additional programs where the Core program included an activity entitled "Workshop on Family Education for Early Prevention of Stunting and Supplementary Food Providing (PMT) in the Covid-19 Pandemic Era" As for the implementation of additional programs, namely:

- a. "PESONA TOLITE JAYA" Performing Arts, Sports, and Academics at Tolite Jaya Village.
- b. Development of the Tolite Jaya Village Official Website.
- c. Making Applications for Nutrition Fulfillment for Pregnant Women in Tolite Jaya Village.
- d. Painting of the Tolite Jaya Village Boundary Gate.
- e. Making the Tolite Jaya Village Office Identity.
- f. The introduction of hijaiyah letters to children in Tolite Jaya Village.
- g. Clean Friday with Tolite Jaya Village Officials.
- h. IT Learning for Tolte Jaya Village Officials.
- i. Fundraising for flood victims in Bone Bolango Regency.
- j. Community service.

This activity was carried out in the Tolite Jaya Village environment, namely by holding meetings with village officials and the community, with the aim of informing the public about the activities to be carried out in the form of village regulation counseling regarding early prevention of stunting and providing additional food (PMT) in the Covid-19 Era. Counseling was carried out to communities in the Tolite Jaya village environment, especially Posyandu cadres and village officials who were the objects that would implement village regulations regarding early prevention of stunting. In its implementation, there are obstacles, namely that some people cannot be socialized because there are needs outside the home so they cannot attend the meeting. However, this can be overcome due to assistance from the village head who also helps in conveying it to the community.



Figure 1. Trainer Regarding Stunting

This outreach is very important for the community and especially for the people of Tolite Jaya village. In this case, counseling on early prevention of stunting is very helpful for public health during a pandemic. The obstacle in this extension is the lack of people who attend the counseling.

In this activity, an explanation was carried out on how to prevent early stunting in the community of Tolite Jaya village as stated in article 5 which had been compiled by students and their field supervisors.

Article 5 The targets of the National Strategy for the Acceleration of Stunting Reduction include: a. pregnant mother; b. children aged 0 (zero) - 23 (twenty three) months; c. breastfeeding mothers; d. children aged 24 (twenty four) - 59 (fifty Page 6 nine) months; e. teenage girl; and f. future bride and groom. The results that have been obtained are disseminated to the community and village officials concerned so that they can be used as evaluation materials in carrying out their future duties and obligations.

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