

Assistance of Posyandu Cadres in Alleviating Stunting through the Corporate Social Responsibility (CSR) Program of the Modest KBC

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Abstract

Stunting is a chronic malnutrition problem in toddlers. Indonesia has committed to reducing the stunting rate by 2024 to 14% according to WHO standards, namely below 20%. Various parties, including cadres and CSR, work to accelerate stunting reduction. This service aims to see how assisting posyandu cadres alleviates stunting through the CSR KBC BERMODEST program. The community service method used is Participatory Action Research (PAR), which is used to observe program implementation directly in the field. The result of this service is the implementation of a posyandu service workshop, nutritional stimulants, the creation of nutritional gardens, and the use of yards, which had an impact on increasing cadres' knowledge, reducing stunting rates, and fulfilling family nutrition.

Keywords

Assistance; CSR; Stunting



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1. INTRODUCTION

Stunting is no longer a strange word for the community. Since the last few years, the issue has become a national priority target in its prevention and handling. In the 2020-2024 Medium-Term Development Plan (RPJMN), reducing the prevalence of stunting is one of the major projects, with a target of a reduction of 14% by 2024 (Wicaksono et al., 2019). As a follow-up to this, in 2021, the government issued Presidential Regulation No. 72 of 2021 concerning the Acceleration of Stunting Reduction, wherein the regulation stated that stunting is a condition in which the growth and development of children is disrupted resulting from malnutrition and infections that occur continuously for a long period (Lis & Szyszka, 2020). Stunting can be seen from the length or height of children who are below the standards that have been determined by the Ministry of Health, which is regulated in the Ministry of Health No. 1995/Menkes/SK/XII/2010 concerning Anthropometric Standards for Child Nutrition Status Assessment, where if a child has a z-score of less than <-2 elementary schools to <-3 elementary schools, the child is said to be short and very short which is included stunting (Sethi et al., 2019).

Nutrition problems are still a problem that is often encountered in various regions in Indonesia; it is characterized by the many cases of malnutrition that occur in toddlers. World Health Organization (WHO) has classified the problem of malnutrition (undernutrition) in children as several problems ranging from being underweight, failure to grow and develop children (stunting), and malnutrition (wasting) (Khasanah et al., 2023). However, the causative factor of stunting is not only one but is influenced by various related factors. It is not only due to poor nutritional intake in pregnant women and toddlers but also affected by weight at the moment, infectious diseases such as diarrhea, family knowledge and education, and socioeconomic and environmental sanitation (Nirmalasari, 2020).

Stunting It has a long-term impact if not handled properly, which can decrease children's intelligence and cognition. Then, continuous malnutrition can reduce children's motor and mental skills (Klepac Pogrmilovic et al., 2018). In addition, the physical development of children will also be disturbed because brain cells cannot develop optimally (Anwar et al., 2022). Impact of stunting It will be very serious if it is associated with health and death rates, especially in infants and toddlers, because it will affect the body's immunity and will result in easy disease (Nugraha et al., 2022). In the long run, it will increase the risk of diabetes, obesity, heart disease and rupture of blood vessels, cancer, stroke, as well as deterioration of cognitive development and

low-income predication. Therefore, prevention and handling of problems stunting must be dealt with seriously immediately (Panigoro et al., 2020).

To accelerate the handling of stunting, this responsibility is not only the government's responsibility in its implementation but also every member of the community and the private sector to be directly involved and contribute (Gea et al., 2022). Community members who play a role in prevention and handling stunting are posyandu cadres (Arpaci, 2019). Posyandu cadres, together with village midwives, are very instrumental in reducing problems stunting Because they can be a driving force motivator and are expected to empower the community, especially in health problems that are experienced by the community (Ramadhan et al., 2021)

Regulation of the Minister of Home Affairs Number 19 of 2011 gives a mandate that basic social services are included in the posyandu, namely family nutrition development, health conditions of mothers, children, and the elderly, disease prevention and handling, environmental health, PHBS (Clean and Healthy Living Behavior) and Toddler Family Development (BKB) (Health Promotion and Community Empowerment, 2020). Therefore, a posyandu cadre must have sufficient knowledge and skills to support his duties in carrying out his role as a posyandu cadre (Zaki et al., 2018).

In addition to the community, the private sector is also expected to contribute to accelerating the handling of stunting. One of the private parties that is expected to contribute is the business world or companies (Fanjoy & Bragg, 2019). The company has a social responsibility that the company must carry out towards the social environment where the company is located, more commonly known as corporate social responsibility (CSR) (Yusliza et al., 2019). The company's social responsibility contributes to creating economic, social, and environmental balance in the community, society, and the surrounding environment (Rahmadani et al., 2019).

The company's (business) operations will directly or indirectly impact the environment and the surrounding community (Podolsky et al., 2019). This impact can be in the form of a positive impact or a negative impact so that this impact is then raised and used as a reason to regulate the company's obligations in carrying out CSR to the community and the surrounding environment as an effort to return the favor (Probosiwi, 2016).

PT is one of the company's CSR teams currently focusing on health issues, especially stunting in the Pasuruan Regency area. Tirta Investama is located in the Gondangwetan District of Pasuruan Regency. Since 2020, PT. Tirta Investama began to focus on health issues, especially stunting, with a program that has been planned

called Keboncandi Clean, Healthy and Prosperous (KBC BERSAHAJA), which is carried out in the company's ring 1 area, one of which is Wonojati Village. Wonojati Village, which is located in Gondangwetan District, Pasuruan Regency, has been designated as the focal location (locus) of stunting reduction interventions in 2023 based on the Decree of the Regent of Pasuruan Number: 050/318/HK/424.013/2022 concerning Priority Location of Focus Locations for Integrated Stunting Reduction Interventions in Pasuruan Regency in 2023. The stunting prevalence rate in Wonojati Village reached 37.77% and in the Gondangwetan District.

Based on the description above, the purpose of this service is to see how the process of assisting posyandu cadres in alleviating stunting through the CSR KBC BERMODEST program. Through this service, it is hoped to provide an overview of assisting cadres in alleviating stunting so that it can impact the stunting rate in Wonojati Village.

2. METHODS

This research was carried out in collaboration with many parties, including the Surakarta Rural Technology Development Institute (LPTP), Puskesmas, Village Government, and CSR of PT. Tirta Investama Pasuruan Regency is a joint effort to prevent and handle stunting in Pasuruan Regency. The method used in this study is Participatory Action Research (PAR). According to Reason and Bradbury, as cited by Steven Jacobs, PAR is a method that combines theory and practice. Actions and reflections are carried out in a participatory manner to find solutions to the problems faced (Chevalier & Buckles, 2019).

This activity was carried out for a duration of 10 months, starting from March to December 2023, which was carried out in Wonojati Village, Gondangwetan District, Pasuruan Regency. The subject of this study is a posyandu cadre totaling 25 people. Data collection in this study was carried out through observation, puppet interviews, focus group discussions (FGD), and documentation. Primary data is obtained directly from the observation and interview, while secondary data is obtained from the available literature. According to Miles and Hubermas, data analysis techniques include data collection, reduction, presentation, and verification.

3. FINDINGS AND DISCUSSION

3.1. Assistance of Posyandu Cadres through the KBC MODEST Program in Stunting Alleviation

The assistance of posyandu cadres in Wonojati Village through the CSR KBC BERMODEST program is carried out with three (3) activities, namely workshops on the implementation of posyandu services, the provision of nutritional stimulants to stunted children and the creation of nutrition garden and the use of yards.

3.1.1 Workshop Implementation of Posyandu Services

Posyandu cadres play an important role in the implementation of posyandu. Cadres and village midwives can be motivators and mobilize the community to prevent and handle stunting (Key et al., 2019), so that the skills and knowledge of posyandu cadres regarding the implementation of posyandu services are important to be provided.

In the KBC BERSAHAJA program, the posyandu service workshop was carried out to improve the skills and knowledge of posyandu cadres regarding the process of posyandu services that are good and correct by the SOPs that have been in effect to maximize health screening for mothers, babies, and toddlers (Boroumand et al., 2018). The workshop's target for implementing posyandu cadre services is 25 posyandu cadres from 5 posts in Wonojati Village.

The workshop on the implementation of posyandu services began with filling out a pretest for participants, then providing material by Promkes officers of the Gondangwetan Health Center regarding the correct implementation of posyandu services, followed by posyandu service practices guided directly by village midwives and experts from LPTP to see and evaluate the course of posyandu carried out in Wonojati Village and the last is a posttest to see the extent of cadre understanding after material.

The practice of implementing posyandu services is carried out by using a system of 5 posyandu tables, namely Table 1 for participant registration/registration; Table 2 for weighing and measuring; Table 3 for recording in the Maternal and Child Health (KIA) book; 4 tables for counseling; and table 5 for health services by health workers such as immunization and the administration of drops.

3.1.2 Provision of PKMK (Processed Food for Special Medical Purposes) Stimulant to Stunted Toddlers

In the KBC BERMERE program, the PKMK provision activity is given to toddlers who are indicated to be stunted and malnourished. Whether toddlers should be intervened is based on recommendations from village midwives and health center

nutrition officers. The provision of PKMK stimulants aims to encourage the development and growth of toddlers in critical conditions (malnutrition and stunting) so that toddlers can be free from their condition (Kohne, 2019). PKMK is not only given in the form of goods to stunted toddlers, but mothers of toddlers also provide education related to health problems and food processing.

The stimulant is administered weekly for three (3) consecutive months. The ingredients provided have previously been consulted and recommended by the nutrition staff and midwives of Wonojati Village to fit the needs of toddlers, namely protein, vitamins, fiber, fats, and minerals for their growth and development. Meanwhile, toddlers' mothers are taught about nutritious processed foods made from these ingredients, such as chicken rice nuggets, fish symbol, meat gardens, mung bean porridge, meatballs, fish team rice, and several other culinary menus (Gosdin et al., 2021; Horn et al., 2022). Village midwives provide education directly, and cooking practices are guided by village cadres appointed previously.

3.1.3 Creation of Nutrition Gardens and Utilization of Yard Land

The construction of the KRPL nutrient garden and the utilization of this yard began by coordinating with the Wonojati Village government. The KRPL nutrition garden will be constructed centrally in one location, namely behind the village maternity pond (Polindes) of Wonojati Village. This nutrition garden will be used as a nursery center and planting area, and the community can use later existing seeds and plants. Health cadres and PKK members will manage the existing nutrition garden.

While the construction of the nutrition garden continues to be carried out, the community is invited to start planting in the house's yard, where the plant seeds are obtained from the existing KRPL nutrition garden (Memarzia et al., 2021). The seeds provided in the nutrition garden and those that the community will plant in their yards are vegetable seeds such as mustard greens, kale, spinach, Pak Choy, tomatoes, chilies, eggplants, moringa, cauliflower, and family medicinal plants (toga) such as lemongrass, turmeric, Janet, and stealing flowers (Thow et al., 2018).

In addition to vegetable and toga plants, fruit tilapia and catfish nurseries are carried out in the KRPL nutrition garden. The catfish and tilapia seeds will also be given to people who intend to use the yard to fulfill family nutrition.

3.2. Impact of the KBC MODEST Program

3.2.1 For Companies

With the implementation of the company's commitment and social responsibility to the social environment, the company's positive image for the

community will grow because the company is considered to care and play an active role in supporting the development process and improving the welfare of the community around the company. With the positive image obtained by the company in the implementation of the production process and its business, the company will be increasingly trusted and will have an impact on increasing the promotion and sales of the products or services offered.

3.2.2 For the Community

3.2.2.1 Increasing knowledge related to health

One of the impacts of the KBC MODEST program in Wonojati Village is to increase public knowledge related to health with activities that have been carried out, including workshops and training for health cadres. Cadres who receive workshops and training are expected to be able to carry out their duties and roles optimally during posyandu to screen for health problems.

Table 1 Results of Pretest and Posttest Workshop on the Implementation of Posyandu Services

Participants	Pretest scores	Posttest scores
Cadre 1	70	100
Cadre 2	70	90
Cadre 3	80	100
Box 4	70	80
Box 5	60	90
Box 6	60	80
Box 7	80	90
Box 8	70	100
Box 9	60	80
Box 10	60	70
Box 11	60	90
Box 12	80	100
Box 13	80	100
Box 14	70	90
Box 15	40	80
Box 16	60	80
Box 17	50	70
Box 18	50	80
Box 19	50	90
Box 20	60	70
Box 21	40	80
Box 22	40	80
Box 23	60	90
Box 24	70	80
Box 25	60	90

Sum	1550	2150
Mean	62	86

The results of the pretest and posttest of 25 cadres can be seen in the table above; the results of the pretest show an average score of 62, while the results of the posttest given after the administration show an increase of 86. The average percentage comparison between pretest and posttest results is:

$$\begin{aligned}\text{Data Percentage} &= \frac{\text{mean posttest} - \text{mean pretest}}{\text{mean pretest}} \times 100\% \\ &= \frac{86 - 62}{62} \times 100\% \\ &= 38,7\%\end{aligned}$$

The comparison between the average pretest and posttest was 38.7%. This can be concluded if there is an increase in cadre knowledge after participating in the workshop on implementing posyandu services 38.7% (Nasution et al., 2021). The increase in knowledge shows that the activities carried out can amplify the knowledge and understanding of posyandu cadres in the implementation of posyandu even better.

3.2.2.2 There is a decrease in stunting rates

The decrease in stunting rates, especially in Wonojati Village, is influenced by many factors and interventions provided by various parties, including the government, health centers, cadres, midwives, and the private sector, in this case, the CSR of PT. Tirta Investama through the KBC BERSHAJA program.

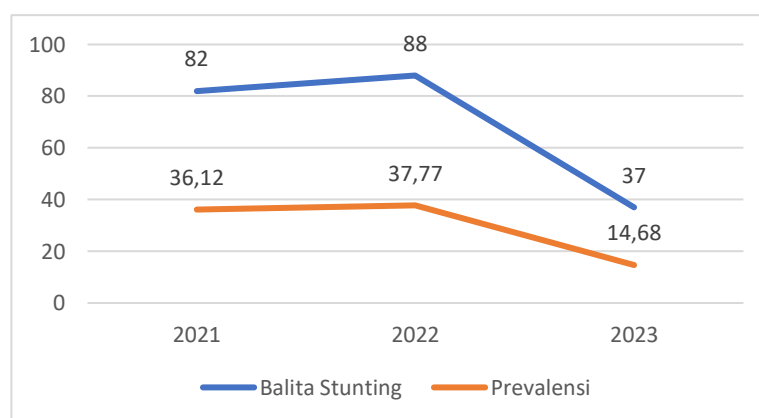


Diagram 1. Comparison of Stunting Reduction in Wonojati Village
Year 2021-2023

The diagram above is a graph of the increase-decrease in stunting in Wonojati Village, where in 2021, the number of stunted toddlers reached 82 toddlers with a prevalence of 36.12 percent; in 2022, it increased to 88 toddlers with a prevalence of 37.77 percent, and in the August 2023 weighing month the stunting prevalence rate in

Wonojati Village experienced a significant decrease to 37 toddlers with a percentage of 14.68%.

3.2.2.3 Fulfilling family nutrition and reducing household shopping costs

Stunting is closely related to the fulfillment of nutrition and family food security so that easy and cheap access to nutrition can have a positive impact and benefits for the community, especially in clean and healthy living behaviors related to vegetable eating habits, food security, economic benefits and increasing knowledge and community participation (Kasapa & Gyan, 2023).

Based on the results of the calculations carried out by LPTP as the program implementer, the results of the nutrition garden can be seen in the following table:

Table 5. Results of the Sale of the Wonojati Village Nutrition Garden

Plant	Tan/pcs	Medical history	Rp.
Sawi/pakcoy	120	24	Rp 240.000
Water spinach	1400	35	Rp 350.000
Spinach	200	4	IDR 40,000
Chili	50	25	IDR 500,000
Tomato	20	10	IDR 80,000
Eggplant	20	20	Rp 140.000
Total			Rp 1.350.000

The table above shows sales obtained from the nutrition garden in Wonojati Village for 1 (one) plant period, which is approximately three months—total sales in 1 (one) period reached more than one million, where the money will be used for the turnover and sustainability of the nutrient garden. For the purchase of seeds, fertilizers, maintenance, and processing of crops. So that the existing nutrition garden can continue to run, be sustainable, and meet the needs of community seedlings who use their yards, especially families with stunted toddlers.

4. CONCLUSION

This community service activity concluded that the assistance of posyandu cadres in overcoming stunting through the KSR KBC BERMODEST program was carried out with several activities, namely workshops on implementing posyandu services, nutritional stimulants, development of nutritional gardens, and utilization of yards. Meanwhile, the impact of these activities is an increase in cadre knowledge, a decrease in stunting rates, fulfillment of family nutrition, and reduced household expenses.

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