

THE INFLUENCE OF THE ROLE OF NURSE EDUCATORS ON THE INDEPENDENCE OF FAMILIES WITH STUNTING CHILDREN IN THE WORKING AREA OF THE SEI PANCUR HEALTH CENTER, BATAM CITY, 2022

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Abstract

Stunting is a condition in which children under five fail to grow which looks short compared to their age. In Batam, stunting incidents in 2021 amounted to 3,367 children and based on the highest prevalence in the Sei Pancur Public Health Center Work Area, there were 548 children. Many factors cause stunting, one of which is that families have not been able to care for toddlers independently. The role of family nurse educator is expected to be able to make the family independent. The purpose of this study was to determine the effect of the role of nurse educators on the independence of families with stunting children under five years. This study uses a quasi-experimental pretest-posttest design without control group design with health education interventions. The population of this study were families with stunting children under five years is 123 families, samples were taken using purposive sampling technique is 55 respondents. The research was conducted in Duriangkang Village. Data were collected using the SOP Extension checklist sheet for the role of nurse educator and observation sheet for family independence, then processed and analyzed using the Wilcoxon test, the result is value the average family independence before the intervention was 1.33 and after the intervention was 3.09. There is significant difference between family independence before and after intervention (p.value 0.000 < 0.05) means that there is an influence of the role of nurse educators on the independence of families with stunting children under five years in the Sei Pancur Public Health Center Work Area Batam City. Nurses are expected to carry out their educational role through the act of providing health education well and for further researchers to examine the roles of other family nurses such as counselors, facilitators, advocates and care givers and apply the concepts in this study, namely the integration of Orem's self-care theory with Green's behavior change theory. in other chronic diseases.

Keywords: *The Role of Nurse Educator, Family Independence, Stunting*

PENGARUH PERAN EDUKATOR PERAWAT TERHADAP KEMANDIRIAN KELUARGA DENGAN ANAK BALITA STUNTING DI WILAYAH KERJA PUSKESMAS SEI PANCUR KOTA BATAM TAHUN 2022

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Abstrak

Stunting adalah keadaan anak balita gagal tumbuh dimana terlihat pendek dibandingkan usianya. Di Batam, insiden *stunting* tahun 2021 berjumlah 3.367 anak dan berdasarkan prevalensinya tertinggi di Wilayah Kerja Puskesmas Sei Pancur berjumlah 548 anak. Banyak faktor penyebab *stunting* salah satunya keluarga belum mampu merawat anak balita secara mandiri. Peran edukator perawat keluarga diharapkan dapat memandirikan keluarga. Tujuan penelitian ini untuk mengetahui pengaruh peran edukator perawat terhadap kemandirian keluarga dengan anak balita *stunting*. Penelitian ini menggunakan desain *quasy experiment pretest-posttest without control group design* dengan intervensi pendidikan kesehatan. Populasi penelitian ini adalah keluarga dengan anak balita *stunting* sebanyak 123 keluarga, diambil sampel dengan teknik *purposive sampling* sebanyak 55 responden. Penelitian dilaksanakan di Kelurahan Duriangkang. Data dikumpulkan dengan lembar *checklist* SOP Penyuluhan untuk peran edukator perawat dan lembar observasi untuk kemandirian keluarga, kemudian diolah dan dianalisis menggunakan uji *wilcoxon*, diperoleh hasil nilai rata-rata kemandirian keluarga sebelum intervensi sebesar 1,33 dan sesudah intervensi sebesar 3,09. Terdapat perbedaan yang signifikan antara kemandirian keluarga sebelum dan sesudah intervensi ($p.value 0,000 < 0,05$) artinya terdapat pengaruh peran edukator perawat terhadap kemandirian keluarga dengan anak balita *stunting* di Wilayah Kerja Puskesmas Sei Pancur Kota Batam. Diharapkan perawat dapat melaksanakan peran edukatornya melalui tindakan pemberian pendidikan kesehatan dengan baik dan untuk peneliti selanjutnya agar meneliti peran perawat keluarga lainnya seperti konselor, fasilitator, advokat dan *care giver* serta mengaplikasikan konsep yang ada pada penelitian ini yakni integrasi teori *selfcare* Orem dengan teori perubahan perilaku Green pada kasus penyakit kronis lainnya.

Kata Kunci: Peran Edukator Perawat, Kemandirian Keluarga, Stunting

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Introduction

The implementation of a country's development cannot be separated from its vision. The vision for a country is a very important aspect. In determining future steps, a country must understand what goals it will achieve to create a directed, focused, measurable and quality country. The vision for Indonesia 2025 states that the target to be achieved is an Indonesia that is independent, advanced, just and prosperous (Ministry of National Development Planning 2020).

An independent Indonesia is an Indonesia that is able to realize a life that is equal and comparable to other nations by relying on its own capacities and capabilities. An advanced Indonesia is determined by the quality of Human Resources (HR) who have national personality, morals and superior educational quality. A just Indonesia means Indonesia is able to create a life where there is no differentiation in any form regarding the fulfillment of rights and obligations, both between individuals, communities, gender and region. A prosperous Indonesia is an Indonesia where life's needs are fully met so that it will create a prosperous society and can provide value and significance to other countries (Ministry of National Development Planning 2020).

Indonesia's 2025 vision in improving the quality of life of the nation's next generation requires a global and national commitment, namely by implementing sustainable development goals (SDGs). One of the existing SDGs targets is by 2030 to eliminate all forms of malnutrition, including by 2025 to reach the internationally agreed targets for short and thin children under five, to meet the nutritional needs of teenagers, women, pregnant women, breastfeeding mothers and elderly people. with one of the national indicators that has been adjusted to world indicators, namely the prevalence (short and very short) in children under five to 14% in 2024 (Ministry of National

Development Planning 2020). Stunting or stunting is a condition of failure to grow in children under five which is one of the impacts of chronic nutritional deficiencies in the first 1000 days of life (HPK) so that children are too short compared to their age.

Nutritional deficiencies can occur when the baby is in the womb and in the early days after the baby is born, but stunting only appears after 2 years of age (TNP2K 2017).

Data from WHO in 2020 shows that 22.0% or around 149.2 million children under five in the world suffer from stunting. More than half of the world's stunted children live in Asia (53%), while two out of five children live in Africa (41%). Of the 79.0 million stunted children living in Asia, the largest proportion is in South Asia, 54.3 million, and the lowest proportion is in Central Asia, 0.8 million (Unicef et al. 2021).

The publication of the results of a study of Batam city stunting calculation data by the Batam City Health Service shows that in 2021 Duriangkang sub-district, Sei Beduk sub-district was the area with the highest prevalence of stunting in 2021 at 14.22% with a total of 185 stunting incidents out of 1301 children under five. Therefore, the Duriangkang sub-district was designated as one of the 2021 stunting loci (focus locations) by the Mayor of Batam and subsequently became a common concern to reduce the stunting prevalence rate (Batam City Health Office 2022).

Reducing the prevalence of stunting requires multi-sector collaboration, meaning that it does not only require coordination from the health sector but also from the non-health sector including the Government, State Ministries and Non-Ministerial Government Institutions, academics, other professions, entrepreneurs, the general public. All parties in the various sectors are required to understand and comprehend their respective roles and be aware of their

commitment and responsibility for cooperation in handling stunting incidents so that efforts to accelerate the reduction in stunting rates can occur evenly in Indonesia (Secretariat of the Vice President of the Republic of Indonesia 2019).

Efforts to reduce stunting are carried out through two interventions, the first is a specific nutritional intervention to address direct causes such as lack of nutritious food intake and infectious diseases which are divided into two target groups, namely priority and important target groups. The priority target groups are pregnant and breastfeeding mothers as well as newborn children up to 23 months of age. Important target groups include adolescent girls, women of childbearing age and children under five. Then the second is sensitive nutrition intervention, namely to overcome indirect causes which include activities to increase the availability of clean water and drinking water as well as sanitation facilities, increase access to health services including access to nutritious food, increase awareness of commitment and parenting practices as well as maternal and child nutrition with the intervention target that is families and the general public (Secretariat of the Vice President of the Republic of Indonesia 2019).

Families and the general public are the focus of family nursing services. In this case, family nursing can provide comprehensive health services to all family members through a series of nursing processes to implement specific and generally sensitive nutritional intervention plans. However, in reality, national family nursing practice has not been implemented optimally, the results of the 2019 National Health Facilities Research (Rifaskes) show that the percentage of achievement of family nursing services in Community Health Centers throughout Indonesia is 72.5% and in the Kepulauan Riau it is still below the national average, namely 68% of the 100% national target (Health Research and Development Agency 2019).

Family nursing services that are less than optimal have an impact on reducing family independence in providing health care and

efforts to prevent all health problems so that the quality of family health is low. According to Kholifah (2017), the success of family nursing service actions can be assessed from the level of family independence by knowing the criteria or characteristics that determine levels starting from family independence level I (one) to family independence level IV (four). These criteria include receiving health workers, receiving health nursing services, knowing and being able to express health problems appropriately, carrying out simple treatment according to recommendations, actively using health facilities, actively implementing preventive measures and actively implementing promotive actions.

Families with stunted children under five are expected to be able to be independent in providing good and appropriate care to improve the quality of life and prevent losses in later life so that lost generations can be avoided. Based on a preliminary study conducted by researchers on June 14 2022 in Duriangkang sub-district, Sei Beduk sub-district, Batam city, through interviews with 10 families with stunted children under five, data was obtained that 6 of them did not know what stunting was. The low level of family knowledge about stunting causes poor parenting patterns for stunted toddlers, families do not know what should be done regarding providing care to stunted toddlers independently, so efforts to make the family independent include providing appropriate information. Related to this problem is really needed by the family in order to make the family independent.

Making the family independent in efforts to maintain their health must be done with special tips considering that one family is different from another family where there are many differences in terms of culture, race, ethnicity, religion, education and so on. Departing from this, the theory of independence, a self-care model in the form of a supportive-educative nursing system according to Dorothea E. Orem, was integrated with the theory of behavior change according to Lawrence Green, the aim of which is to make the family independent. According to Widuri (2022),

Orem's theory is implemented to make families independent through efforts to increase knowledge with learning interventions, either health education or health promotion. Likewise, Pakpahan (2021) said that Green's theory is implemented through treatment in the form of health education measures to obtain new behavior from individuals, in this case the family. The above statement is in line with research or studies conducted by Kholifah (2017) which states that family independence can be achieved through efforts to increase family knowledge and skills.

Efforts to increase family knowledge and skills through health education in order to make families with stunted toddlers more independent require one of the roles of nurses. According to Fadhilah et al. (2021) The role of nurses includes the role of educator, care giver, counselor, facilitator and reformer. Of the roles that have been mentioned, the role of nurse educator is a role that is easy to carry out and is in accordance with efforts to increase family knowledge and skills through health education. The role of the nurse educator is to provide teaching support as a basis for carrying out family health tasks independently in terms of knowledge. With knowledge, it is hoped that families can achieve independence.

Based on the phenomena above and the still high prevalence of stunting in Batam City, considering the worst risk of the lost generation phenomenon and the need for special attention regarding stunting, the author is interested in conducting research by taking loci in areas with the highest prevalence of stunted children under five in Batam City. reaching 14.2%, to be precise, in Duriangkang sub-district, which is the working area of the Sungai Pancur health center, Sei Beduk sub-district. This research aims to determine the influence of the role of nurse educators on the independence of families with stunted toddlers

MATERIALS AND METHODS

This research used a quasi-experiment pretest-posttest without control group design with health education intervention.

The population of this study was 123 families with stunted children under five, sampled using a purposive sampling technique of 55 respondents. The research was carried out in Duriangkang Village in June-July 2022. The independent variable in this research was the role of nurse educators in the form of health education interventions. The dependent variable in this research is the independence of families with stunted toddlers. Data was collected using an SOP Extension checklist sheet for the role of nurse educator and an observation sheet for family independence, then processed and analyzed using the Wilcoxon test. Data analysis was used to determine the influence of the role of nurse educators on the independence of families with stunted toddlers

RESULTS AND DISCUSSION

1. Research Results

a. Univariate Analysis

Univariate analysis of this research data was to determine the average independence of families with stunted toddlers before and after the intervention in the role of nurse educators. The data analysis that the researchers carried out was statistical analysis measurements using statistical analysis measurements for Windows and presented in percentage form.

1) Variables being measured

a) Average Family Independence Before Intervention (Pretest)

Table 4.2
Average Family Independence before Intervention (Pretest)

Variabel	N	Mean	SD
Kemandirian Keluarga	55	1,33	0,474
Sebelum Intervensi (Pretest)			

Source: SPSS 26 Processed Primary Data

(2022)

Table 4.2 presents the results of observing family independence for 55 respondents before the intervention and obtained a mean value of 1.33 with an SD (Standard Deviation) of 0.474. So, based on table 4.2 above, before the intervention, the results of observing family independence were that the average family was at level I of independence.

b) Average Family Independence Before Intervention (Pretest)

Table 4.3

Average Family Independence After Intervention (Posttest)

Variabel	N	Mean	SD
Kemandiri	55	3,09	0,908
an			
Keluarga			
Sesudah			
Intervensi			
(Posttest)			

Source: SPSS 26 Processed Primary Data (2022)

Table 4.3 presents the results of observing family independence for 55 respondents after the intervention, with a mean value of 3.09 with an SD (Standard Deviation) of 0.908. So based on table 4.2 above, before the intervention, the results of observations of family independence, the average family was at level III independence.

b. Bivariate Analysis

Bivariate analysis in this study was carried out to prove the research hypothesis of the influence of the role of family nurse educators on the independence of families with stunted toddlers. This analysis was carried out using statistical analysis for windows.

1) Normality Test

The normality test in this research is the One-Sample Kolmogorov-Smirnov Test because the sample size is above 50 respondents (Rinaldi 2022). The Kolmogorov-Smirnov normality test in this study is presented in table 4.4 below.

Tabel 4.4

One-Sample Kolmogorov-Smirnov Test

<i>Tests Of Normality</i>			
	<i>Kolmogorov -Smirnov</i>		
	<i>Statistic</i>	<i>Df</i>	<i>Sig.</i>
<u>Kemandirian</u>	0,428	55	0,000
<u>Keluarga</u>			
<u>Sebelum</u>			
<u>Intervensi</u>			
<i>(Pretest)</i>			
<u>Kemandirian</u>	0,296	55	0,000
<u>Keluarga</u>			
<u>Sesudah</u>			
<u>Intervensi</u>			
<i>(Posttest)</i>			

Sumber: Data Primer Terolah SPSS 26 (2022)

Based on the normality test shown in table 4.4, it can be concluded that the pretest data and posttest data are not normally distributed because $p < 0.05$. Because it does not meet the normality assumption of the paired sample t test, this research cannot use the paired sample t test but instead uses the Wilcoxon test which has been explained previously, namely the Wilcoxon test is carried out if the requirements for the paired sample t test are not met.

2) The Influence of the Role of Nurse Educators on the Independence of Families with Stunted Toddlers

Based on table 4.5, the research results show that from 55 respondents, the independence of families with stunted toddlers in Duriangkang Village obtained a mean value of 1.33 before being given the intervention in the role of nurse educator and a mean value of 3.09 after

being given the intervention with a change value of 1.76. Based on the Wilcoxon test, the p-value was obtained

of 0.000. This means that there is a difference in the independence of families with stunted toddlers before and after the intervention in the role of nurse educators in the form of health education.

2. Discussion

This research was designed and carried out to look for differences and reveal the influence of the role of nurse educators on the independence of families with stunted toddlers in the Sei Pancur Community Health Center Working Area, Batam City. In accordance with the direction and objectives of the research, the following matters will be discussed:

a. Average Family Independence Before Intervention (Pretest)

To find out the mean (average) value of family independence before the intervention in the role of nurse educators in the form of providing health education can be seen in table 4.2 where the mean (average) value is 1.33 with an SD (Standard Deviation) of 0.474 . Of the 55 respondents, the average family with a stunted toddler is at level I of family independence, meaning that the family is only able to receive a nurse and is only able to receive health services according to the nursing plan provided by the nurse. Apart from that, the family does not understand and cannot reveal the health problems that occur appropriately. Based on the results of the analysis, it shows that the level of family independence before the intervention in the role of nurse educators in the Sei Pancur Community Health Center Working Area, Batam City in 2022 is still lacking.

Family independence before being given intervention in the role of nurse educators in the form of providing health education regarding stunting in most of the Sei Pancur Community Health Center Working Areas, Batam City in 2022 is still lacking. This is based on the results of observations of family independence showing that there is a lack of information

to families regarding stunting experienced by their children and the family's ability to carry out family health care duties in terms of preventing and overcoming various health problems related to stunting within the family, the family's inability to make the right decisions regarding health care for family members with stunting, the family's lack of use of available health facilities and the family still neglecting children with short stature because the family's knowledge and understanding says that short stature is not a serious problem.

The wrong assumption by families that stunting is not a serious problem in this study based on the researchers' analysis could also be due to the family's middle to low education level. It can be seen in table 4.1. Of the 55 respondents, the majority of research respondents were at secondary education level, amounting to 32 respondents with a percentage of 58.2%, 23 respondents at low education level with a percentage of 41.8% and there were no respondents belonging to higher education. Low education determines the quality of a person's human resources. Someone with low education is certainly different from someone with high education regarding how to think in responding to a problem.

This research is supported by previous research conducted by Danna (2019), it is known that from 124 respondents data was obtained for the majority of the independence level I category with the education level of the parents of stunted toddlers most of them being at the secondary education level and none being at the higher education level. In Danna's research (2019), the most recent education of fathers of stunted toddlers was 60 fathers (48.4%), 36 fathers (29.0%) in junior high school and 28 fathers in elementary school (22.6%). Meanwhile, the highest level of education among mothers of stunted toddlers was 58 mothers (46.8%), junior high school education (46.8%), 31 mothers in elementary school (25.0%) and 35 high school students. mother (28.2%).

Danna concluded in her research that the

education of parents with stunted toddlers affects the family's independence. The higher a person's education level, the easier it is for the family to absorb information, so the level of education can influence a person's behavior in improving their health condition.

Low education also causes low levels of independent behavior for families with stunted toddlers in the Sei Pancur Community Health Center Working Area, Batam City. According to Notoatmodjo (2014), many factors influence behavior, including: predisposing factors (knowledge, attitudes, education, religion, cultural norms and customs), enabling factors (human resources themselves and health facilities including the availability of posyandu and community health centers), as well as reinforcing factors (social support, especially from health workers, which includes the attitude of nurses or other health workers). This research is in line with research conducted by Hertiana and Saleh (2019), it is known that from 21 respondents in the intervention group, before the intervention, the role of public health nurse educator had a median value of 8.00. The majority of family independence before the intervention was at level II independence with the education level of most respondents being at secondary level, namely 12 respondents (57.1%) had completed high school. There were 5 respondents (23.8%) with higher education and 4 respondents (19.0%) with low education. So, Hertiana and Saleh concluded that the level of independence was lacking due to the level of medium to low education which was related to the lack of ability in making decisions regarding actions. proper health.

b. Average Family Independence After Intervention (Posttest)

The results of research on 55 respondents according to table 4.3 showed that data on the level of family independence after the intervention had a mean value (average value) greater than the level of family independence before the intervention,

namely 3.09 with an SD (Standard Deviation/Standard Deviation) of 0.908. Of the 55 respondents, the average family with stunted children under five is at level IV family independence, whereas previously the average family was at level I. The increase in family independence is because families have gained the knowledge and understanding they have gained from research interventions in the form of health education carried out so that families understand what stunting is and how to prevent and treat it. Apart from that, families also understand and understand how to care for family members with stunting, which is part of the family's own health duties.

The Indonesian Ministry of Health (2016) stated that the task of family health is starting from the family's ability to understand various health problems for all family members, deciding on appropriate actions related to health care for family members, providing care to sick family members, modifying the environment around the family residence and utilizing available health services.

Increased family independence characterized by several family attitudes and behaviors according to the family independence criteria checked on the family independence observation sheet. The criteria for family independence which are the provisions for levels starting from family independence level I (one) to family independence level IV (four) include the following, namely receiving health workers, receiving health nursing services, knowing and being able to express health problems appropriately, providing care. simply comply with recommendations, make active use of health facilities, carry out active preventive measures and carry out active promotive measures (Ministry of Health of the Republic of Indonesia 2006 in Fadhilah et al. 2021).

Based on theory, achieving family independence can be caused by extensive knowledge. Knowledge itself has many influencing factors. According to the WHO theory quoted by Notoatmodjo (2014), one of the knowledge factors is knowledge obtained from one's own

experience, so differences in the knowledge of each respondent can be due to information outside of education obtained by individual respondents such as mass media, electronic media and information from the internet. .

Another factor that is very influential in the formation of knowledge is social support, especially from health workers, which includes the attitudes of nurses. Special support from nurses is by carrying out their educational role as a step in forming a person's knowledge, while economics is linked to the level of education, a good economy has the opportunity to obtain a high level of education so the level of knowledge will be high too, then cultural and religious factors. Culture will influence an individual's level of knowledge, because new information will be reviewed first whether or not it is in accordance with local culture and religious beliefs. Experience is closely related to the individual's age and education, that is, the higher the education and the older the individual, the more experience they will have (Notoatmodjo, 2014)

This research is in line with research conducted by Hertiana and Saleh (2019), it is known that from 21 respondents in the intervention group after the intervention the role of public health nurse educator had a median value of 12.00. The majority of family independence after the intervention was at level III independence, so it was concluded by Hertiana and Saleh that the increase in family independence was caused by this the respondent's understanding regarding the care of family members who experience mental disorders through health education actions by health care nurses.

c. The Influence of the Role of Family Nurse Educators on the Independence of Families with Stunted Toddlers

The results of the different tests are in accordance with table 4.6, this table shows that the SPSS output of the Wilcoxon test obtained a value of $P = 0.000$, which means that there was a change in family independence before and after the

intervention.

The intervention in this research took the form of health education. The aim of health education is to make families independent in caring for and handling health problems that occur in family members (Fadhilah et al. 2021). The aim of health education is an effort to change behavior from maladaptive (negative) to adaptive (positive) through the teaching process (Fitriana 2020).

The process of changing behavior related to the independence of families with stunted toddlers in this research is the process of integrating two theories, namely the theory of self-care independence in the form of a supportive-educative nursing system according to Dorothea E. Orem with the theory of behavior change according to Lawrence Green, where both theories are implemented through educational actions. health. The health education provided is carried out once for 35 minutes regarding the prevention and handling of stunting in children under five by families. Before being given health education, the family's level of independence (Pretest) is first measured. Then the visits were carried out again twice, namely the first week after the intervention, namely the internalization period (instilling teaching values) to validate what the family had received through health education. Furthermore, in the second week after the intervention, the level of family independence was measured again (Posttest).

The nurses providing health education in this study are professional nurses who are trained and have the ability to educate families. Educating families means that professional nurses carry out their role as educators where nurses have the authority to provide teaching support as a basis for carrying out family health duties effectively independent in terms of knowledge.

The knowledge provided to families in this research regarding the prevention and treatment of stunting in children under five by families includes the definition of stunting, causes of stunting, characteristics of stunting, the impact of stunting, prevention and treatment of stunting,

simple care for stunted children under five, use of health facilities including posyandu and community health centers and the need to share information about stunting with others.

In this research, nurses in providing health education used PowerPoint media with lecture and demonstration methods. This is because the delivery of health information requires media in its implementation where the media can make the message conveyed attract the attention of the family or community as the target and make it easier for them to understand the message, so that the target is able to decide to adopt the message and it is manifested in their attitudes and behavior and ultimately changes occur. maladaptive (negative) behavior to adaptive (positive) behavior towards health (Dwi 2016).

The results of this research are in line with previous research conducted by Hertiana and Saleh (2019) regarding the influence of the role of public health nurse educators on family independence in caring for clients with mental disorders in the Palopo City Health Service Working Area using the quasi experiment pre-post control group design method which said that in the treatment group there was a difference in family independence in the pretest and posttest with a P value = 0.000, besides that in the control group there was no difference in family independence in both the pretest and posttest with a P.Value = 0.157. As for research conducted by Djibu (2021), the results showed that there was an influence of the role of nurses as educators on medication adherence in hypertensive patients with a value of P = 0.000.

Based on the results of the analysis, in table 4.5 it is also shown that the average value before the intervention was 1.33 and the average value after the intervention was 3.09 with a change value of 1.76. These results show that family independence can increase after being given health education measures.

Health education is carried out with the hope that there will be changes in people's behavior. Changes in behavior itself can occur through learning activities. Behavior obtained from knowledge and

understanding of something will be more consistent rather than behavior that is not obtained from knowledge and understanding (Notoatmodjo 2014). Family independence increased due to increased understanding of the knowledge provided by nurses in this research.

The above statement is in line with research conducted by Danna (2019) which states that family knowledge is related to family independence with a p.value of 0.0009, meaning that the wider the family's knowledge regarding stunting, the fourth level of family independence can be achieved.

According to the researcher's assumptions based on the results of this research, the increase in family independence is because the family has gained the understanding they have gained from the research intervention, namely the role of nurse educators in the form of health education measures provided so that families understand what stunting is and how to prevent and handle it.

Nurses have a very important role in efforts to increase knowledge and skills to make families independent, where families are the key to the government's success in accelerating the reduction in the incidence of stunting. Even though the government has initiated many programs related to reducing stunting rates, without the awareness of families to be active independently, it will be very difficult to achieve the stunting reduction rate target initiated by the government.

CONCLUSIONS AND RECOMMENDATIONS

1. Conclusion

Based on the research results and discussion of the data obtained, it can be concluded that:

- a. The average family independence after intervention has a mean value of 1.33 with an SD (Standard Deviation) of 0.474.
- b. The average family independence after intervention has a mean value of 3.09 with an SD (Standard Deviation) of 0.908.
- c. The Wilcoxon test results obtained the

Asymp value. Sig. (2-tailed) or P.Value of $0.000 < 0.05$ then H_0 is rejected and H_a is accepted, meaning that there is an influence of the role of nurse educators on the independence of families with children stunted toddlers in the Sei Pancur Community Health Center Working Area, Batam City.

2. Suggestions

Based on the results of the research analysis carried out by the researcher, the researcher provides suggestions as input and basis for consideration. The suggestions that can be given are as follows:

a. For Parents

It is hoped that this research can provide input to increase parents' insight into the importance of independence for families with stunted toddlers. It is also hoped that parents will actively participate in government programs carried out by nurses in the Sei Pancur Community Health Center Working Area, Batam City to prevent and provide management of stunting.

b. For Research Places

It is recommended that research sites should be active in implementing existing government programs related to accelerating stunting reduction in the form of health education, counseling and the like. Nurses and cadres to be more open in providing access to health services by carrying out monitoring and Home Visits (visiting family homes). The results of this research can also be proposed to policy makers in order to increase the achievement of family nursing services in Batam City.

c. For Batam University

It is hoped that this research will be useful for the development of nursing science, especially family and community nursing. It is also hoped that this research can become a source of additional information in learning for higher education institutions, especially in Family and Community Nursing.

d. For Further Research

Future researchers can expand the population and increase the number of samples to get even better results. The

results of this research can be used as a reference and reference source for similar research.

Then, future researchers can examine other roles of nurses such as the role of nurses as counselors, facilitators, advocates and care givers and or can also apply the concepts in this research, namely the integration of Orem's self-care theory with L. Green's theory of behavior change in other cases through action. intervention in the role of nurse educators, so that this concept can be developed as an effort to increase family independence in cases of other chronic diseases

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