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## **ANALYSIS OF COMMUNITY NURSING PRACTICES FOR FAMILY MEMBERS STUNTING TODDLER WITH EDUCATIONAL PROVIDING INTERVENTION HEALTH TO IMPROVE INDEPENDENCE FAMILIES IN THE WORKING AREA OF THE PUSKESMAS BATAM CITY KABIL 2023**

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### **Abstract**

Stunting is a condition where children under five fail to grow and appear short compared to their age. In Batam, the incidence of stunting in 2022 will still be high, namely 2.42%. This figure still needs to be reduced to reach the target of zero stunting by 2024. Many factors cause stunting, one of which is that families are not able to care for children under five independently due to lack of exposure to health information. One management that can be done is by providing health education. Nurses are expected to be able to make families independent through providing health education. The aim of this research is to analyze cases managed by providing health education to family members of stunting toddlers to increase family independence in the working area of the Kabil Puskesmas, Batam City in 2023. The results of the analysis found an increase in the independence of families with stunting toddlers, marked by an increase in knowledge after the education intervention. health. It is hoped that nurses will have the insight and skills to be able to carry out actions to provide health education well and for future researchers to apply and develop the concepts in this research to cases of other chronic diseases.

**Keywords: Health Education, Family Independence, Stunting**

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## ANALISIS PRAKTIK KEPERAWATAN KOMUNITAS PADA ANGGOTA KELUARGA BALITA STUNTING DENGAN INTERVENSI PEMBERIAN PENDIDIKAN KESEHATAN UNTUK MENINGKATKAN KEMANDIRIAN KELUARGA DI WILAYAH KERJA PUSKESMAS KABIL KOTA BATAM TAHUN 2023

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### Abstrak

*Stunting* adalah keadaan anak balita gagal tumbuh dimana terlihat pendek dibandingkan usianya. Di Batam, insiden *stunting* tahun 2022 masih tinggi yaitu sebesar 2,42%. Angka tersebut masih harus diturunkan hingga mencapai target *zero stunting* pada tahun 2024. Banyak faktor penyebab *stunting* salah satunya keluarga belum mampu merawat anak balita secara mandiri karena kurangnya terpapar informasi kesehatan. Salah satu penatalaksanaan yang dapat dilakukan adalah dengan pemberian pendidikan kesehatan. Perawat diharapkan dapat memandirikan keluarga melalui pemberian pendidikan kesehatan. Tujuan penelitian ini untuk menganalisa terhadap kasus kelolaan dengan pemberian pendidikan kesehatan pada anggota keluarga balita *stunting* untuk meningkatkan kemandirian keluarga di wilayah kerja puskesmas kabil kota batam tahun 2023. Hasil analisa ditemukan adanya peningkatan kemandirian keluarga dengan anak balita *stunting* ditandai dengan peningkatan pengetahuan setelah intervensi pemberian pendidikan kesehatan. Diharapkan perawat mempunyai wawasan dan keterampilan untuk dapat melaksanakan tindakan pemberian pendidikan kesehatan dengan baik dan untuk peneliti selanjutnya agar mengaplikasikan dan mengembangkan konsep yang ada pada penelitian ini terhadap kasus penyakit kronis lainnya.

**Kata Kunci:** Pendidikan Kesehatan, Kemandirian Keluarga, *Stunting*

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## Introduction

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).

A child can be diagnosed with stunting if their body length or height has been measured according to their age and then compare the measurement results with standard anthropometric standards with a short assessment category (stunted) if the ZScore value is negative three standard deviations ( $-3SD$ ) to less than negative two standard deviations ( $<-2SD$ ) and categorized as very short (Severely Stunted) if the Z-Score value is less than negative three standard deviations ( $<-3SD$ ) (Ministry of Health of the Republic of Indonesia 2020).

Stunting is a global challenge today that can paralyze human growth and development globally. 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).

Indonesia's stunting prevalence

figure in 2021 from the results of the Indonesian nutritional status study (SSGI) shows a figure of 24.4%. Meanwhile, in 2022 stunting cases will continue to fall to 21.6%. The President of Indonesia has a target of reducing stunting cases in Indonesia to 14% by 2024 (SSGI 2022). Publication of the results of the study of stunting calculation data for the city of Batam by

The Batam City Health Service shows that in 2022 the prevalence of stunting in Batam City will reach 2.42%, this figure shows a decrease of 3.6% from the previous year, namely 6.02%. In general, stunting in Batam City occurs in all corners of Batam City. Nongsa sub-district is the area with the second highest prevalence of stunting at 7.40% after Batu Aji sub-district at 7.88%. Meanwhile, RW 19, Kabil sub-district, is the Nongsa sub-district, the working area of the Kabil health center which is the author's practice area. Based on the latest data, 6 cases of stunted toddlers were still found. This problem is a shared responsibility and is a concern for all parties to be addressed in order to reduce the prevalence of stunting, especially in Batam City (Batam City Health Office 2022).

Reducing the prevalence of stunting requires collaboration between sectors, meaning that it does not only require coordination from the health sector but there must be contribution from other non-health sectors through intervention efforts including specific nutritional interventions to overcome direct causes such as lack of nutritious food intake and infectious diseases and sensitive nutritional interventions to overcome Indirect causes include activities to increase the availability of clean water and drinking water as well as sanitation facilities, increase access

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to health services including access to nutritious food, increase awareness of commitment and care practices and nutrition for mothers and children (Secretariat of the Vice President of the Republic of Indonesia 2019). Specific and sensitive nutritional interventions can be optimal with a family approach. According to Rosiah and Nuraini A (2023), this is in accordance with the Healthy Indonesia Program with a Family Approach (PIS-PK) to improve the level of public health. The community is the focus of community and family nursing services. Nursing services can encourage families to become independent. In this case, nurses can provide comprehensive health services to family members with stunted toddlers through a series of nursing processes to help families be able to independently carry out health care for stunted toddlers. because families are full 24 hours a day with stunted toddlers.

Good community and family nursing services can increase family independence. The level of family independence can be assessed by knowing the criteria or characteristics set by the Indonesian Ministry of Health 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 care in accordance with recommendations, actively utilizing health facilities, actively carrying out preventive measures and actively carrying out promotive measures (Fadhilah et al. al, 2021).

Based on interviews conducted by the author with 6 families with stunted toddlers on June 23 2023 in RW 19, Kabil sub-district, Nongsa sub-district, Batam city, data was obtained that 5 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 information related to this problem. needed by the family to make the family independent.

Independence is a good individual trait that is shown in correct behavior without dependence on other people. Making the family independent requires a concept of behavior change theory according to Lawrence Green. According to Pakpahan (2021), 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 are an alternative solution to nursing problems that arise related to low family knowledge in order to make families with stunted children under five independent. Families have an important role in carrying out independent care in improving health and preventing complications in stunted children under five. Efforts to increase knowledge and skills can be done by providing health education. According to Fadhilah et al. (2021) with health education, nurses have provided teaching support as a basis

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for carrying out family health tasks independently in terms of knowledge. With knowledge, it is hoped that families can achieve independence.

The above statement is in line with research conducted by Sakona Yovitas (2021) which states that family knowledge is related to family independence with a p.value of  $0.000 < 0.05$ , which means that the wider the family's knowledge about stunting, the more optimal the level of family independence can be.

As the description of the phenomenon above and to follow up on the problems that arise, the author is interested in conducting a study entitled "Analysis of Community Nursing Practices for Family Members of Stunted Toddlers with the Intervention of Providing Health Education to Improve Family Independence in the Working Area of the Kabil Community Health Center, Batam City in 2023."

## **CASE REPORT Clinical Features**

The author uses interview and observation methods. The strength of the interview method is that it is conducted directly face to face. The weakness of this method is that if the conversation is not focused it will take a long time. The strength of the observation method is that the criteria that are observed are clear, while the weakness is that it requires a lot of time. To get a real picture of the implementation of nursing care for stunted children with nutritional deficits, the author presents a case that the author

observed from June 24 2023 to June 26 2023 with assessment data or anamnesis obtained from the client.

Based on the results of the study, it was found that An. G with complaints that the child has difficulty eating, the child has difficulty gaining weight, the chewing muscles are weak and the child is not growing like children his age. Height (TB) An. G 80 cm, body weight (BB) 9.4 kg, head circumference 47 cm, and upper arm circumference 14 cm. The child eats small portions, 1 portion of the meal consists of: rice, crackers, sometimes also snacks. An.G's mother said she didn't know what was causing her child to not grow like other children his age. Data was also obtained that the family seemed unaware of the problem that An.G was suffering from and the family seemed confused about An.G's problem. G and family independence is still at level I independence.

## **Nursing Diagnosis**

The nursing diagnosis that emerged was nutritional deficit related to the inability to absorb nutrients and knowledge deficit related to lack of exposure to information related to stunting.

## **Nursing Intervention**

In preparing nursing interventions, the author uses a nursing plan based on the Indonesian Nursing Diagnosis Standards (SDKI), in this case each nursing plan is developed based on a theory that is logically acceptable and appropriate to the client's condition. The planning stage in the case is based on priority problems that have previously carried out data analysis, including:

Nutritional deficit is related to the inability to absorb nutrients. The

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intervention that the author determines is Nutritional Management, including: Identifying nutritional status, Identifying the client's preferred foods, Monitoring food intake, Monitoring body weight, Performing oral hygiene before eating if necessary, Providing foods high in fiber to prevent constipation, Providing foods high in calories and high in protein, collaborate in providing food supplements if necessary, provide education and teach the diet program.

Knowledge deficit is related to lack of exposure to information related to stunting.

The intervention that the author has determined is Health Education: Identify readiness and ability to receive information, Schedule health education according to agreement, Provide opportunities to ask questions, Teach strategies that can be used to improve clean and healthy living behavior and how to prevent and handle stunting.

### **Nursing Implementation**

Nursing implementation will be carried out from 24 June 2023 to 26 June 2023 March, namely:

Overcoming nutritional deficits related to the inability to absorb nutrients, namely by building a relationship of mutual trust with the client's family, providing health education to the family regarding stunting, recommending and explaining to the family to provide food that the client likes with various types of food menu variations, explaining to the family how to improve child's appetite, explaining to the family about the importance of the child's nutritional

needs, encouraging the family to feed An. children's nutritional intake. Overcoming the knowledge deficit related to lack of exposure to information related to stunting, namely by providing health education, which includes explaining to families the causes of stunting, explaining the impact that can have on stunted children, encouraging families to live a clean life, explaining to families the actions that must be taken when children suffering from stunting, explaining to the family how to handle children with stunting, motivating the family to make decisions in dealing with stunting, giving the family the opportunity to ask questions that need to be discussed, helping the family to repeat what has been explained.

### **Nursing Evaluation**

After providing nursing care to the family members of stunted toddlers, each diagnosis is then evaluated.

Nursing diagnosis of deficit

Nutrition is related to the inability to absorb nutrients. Based on subjective data evaluation, Mrs. D said that the child had started to like his food, Mrs. D said that the child's weight had increased slightly. The objective data: The general condition of the child has a thin and small body, the initial weight: 9.4 kg has increased to the weight: 9.6 kg, TB: 80 cm. The child appears to be eating moderate portions so an assessment is carried out with the results of nutritional deficit problems related to with the inability to absorb nutrients partially resolved and the intervention was stopped on June 26 2023.

The results of the evaluation of the nursing diagnosis of knowledge deficit related to lack of exposure to information resulted in subjective data: Mrs. D and her family said they

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already knew what was the cause of their child not growing like children his age. Objective data: The family is able to say what is the problem, the family already knows how to handle AN.G problems and the family's independence has reached level IV so an assessment is carried out that the problem is a deficit knowledge related to lack of exposure to information resolved and the intervention was terminated on June 26, 2023.

## **DISCUSSION Practice**

### **Land Profile**

This research was conducted in RW 19, Kabil Village, Nongsa District, Batam City. RW 19 Kabil sub-district is the working area of the Kabil Community Health Center, Batam City. In RW 19, according to data from the Kabil Community Health Center, there were still 6 cases of stunting among toddlers found in 2022. These cases still need to be reduced to achieve the target of zero stunting by 2024. Based on an interview with one of the Kabil Community Health Center nurses, the majority of stunting cases in their work area are due to lack of exposure to information. Regarding what stunting is, here are the causes, how to prevent and treat it. In this case, promotional actions are needed, such as providing health education using a family approach, because society considers stunting taboo to be discussed.

### **Analysis of Nursing Problems with Theoretical Concepts and Related Cases**

In this discussion the author will explain whether there is a gap between the literature review and case review in nursing care for

clients with a medical diagnosis of stunting in RW 19, Kabil Village, Nongsa District, Batam City in 2023.

When practicing in the practice area, the researcher manages one client, namely Family Members of Mr. E with An. G was medically diagnosed with stunting. Nursing problems that arise are nutritional deficits related to the inability to absorb nutrients and knowledge deficits related to lack of exposure to health information.

The first family nursing problem that arises is a nutritional deficit related to the inability to absorb nutrients. The results of the study obtained were nutritional deficit nursing problems in 2.2 year old An.G, namely An. G has difficulty eating, weak chewing muscles, difficulty gaining weight, the child looks small, thin and the child does not grow like children his age. The child's weight is 9.4 kg, height 80 cm, head circumference 47 cm and arm circumference 14 cm. The child eats small portions, 1 portion of the meal consists of: rice and crackers, sometimes also snacks.

The problem of nutritional deficit nursing according to the DPP PPNI SDKI Working Group (2017) is that nutritional intake is insufficient to meet metabolic needs. The causes include the inability to swallow food, inability to absorb nutrients, increased metabolic needs, economic factors (eg, insufficient finances) and psychological factors (eg, stress, reluctance to eat). Major objective symptoms and signs are weight loss of at least 10% below the ideal range. Subjective minor symptoms and signs include feeling full quickly after eating, abdominal cramps/pain, and decreased appetite, objective ones include hyperactive bowel sounds,

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chewing muscles, weakness, weak swallowing muscles, pale mucous membranes, mouth ulcers, decreased serum albumin, excessive hair loss. and diarrhea.

In accordance with the facts and theories described by the author, no gaps were found between facts and theories which refer to the targets, data and result criteria that have been determined. Children who have difficulty eating, have difficulty gaining weight and have weak chewing muscles and children who do not grow like children their age, which causes nutritional intake to be insufficient to meet the child's body needs. The second family nursing problem is a knowledge deficit related to lack of exposure to information. The results of the assessment obtained were that Mrs. An.G said she did not know what was the cause of her child not growing like children her age. Data was also obtained that the family seemed unaware of the problem that An.G was suffering from and the family seemed confused about the problem that An.G was suffering from. G.

The knowledge deficit nursing problem according to the DPP PPNI SDKI Working Group Team (2017) is the absence or lack of cognitive information related to certain topics. Symptoms and Major Signs are Subjective, namely the client asks about the problem they are facing and Major Signs are Objective, namely Shows behavior that is not in accordance with recommendations and shows a wrong perception of the problem and the family is at level I of 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 health education intervention was still lacking. This is related to lack of knowledge in the long term.

The results that the author has described above, referring to the targets, data and criteria for the results that have been determined, show that the field facts and theory are in agreement and there are no gaps.

### **Analysis of One Intervention with Concepts and Research**

The author focuses on one diagnosis, namely Knowledge Deficit related to lack of exposure to health information. Because from the results of the client's assessment, the author found data that led to this diagnosis. The diagnosis of knowledge deficit is characterized by Mrs. An.G saying that she does not know what is causing her child to not grow like children his age. Data was also obtained that the family seemed unaware of the problems suffered by An.G and the family seemed confused by the problems that An was suffering from. G and family independence is still at level I independence. From this, the author believes that there is no gap between field studies and theory because a person's knowledge is determined by many factors, one of which is lack of exposure to information. This is because Mrs.

D and his family are busy with their own activities so there is a lack of exposure to information about the stunting suffered by their children.



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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 implementing the theory of behavior change according to Lawrence Green, where the theory is implemented through the act of providing health education. The health education provided was carried out twice for 35 minutes regarding the prevention and handling of stunting in children under five by families. Before being given health education on the first day, the family's level of independence (Pretest) is first measured.

Then the measurement of the level of family independence was carried out again, namely on the third day after the intervention (Posttest).

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, the author provides health education using leaflet media with lecture and demonstration methods. This is because conveying health information requires media in its implementation in order to 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 this is manifested in their attitudes and behavior and in the end there is a change in maladaptive (negative) behavior to behavior. adaptive (positive) towards health. Apart from that, leaflets were given to the family to keep as reminder material if the family forgot what was taught (Dwi 2016).

After carrying out the health education intervention for two days, evaluation data was obtained by Mrs. An.G and her family who understood and were able to repeat the meaning, causes, signs and symptoms, impact of stunting, prevention and treatment of stunting, simple care for stunted toddlers, utilization of facilities. health including posyandu and community health centers and the need to share information about stunting with others. Evaluation data shows that the level of family independence has increased to level IV independence.

Family independence increased due to increased understanding of the knowledge provided by nurses in this study. 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 that is obtained from knowledge and

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understanding of something will be more consistent than behavior that is not obtained from knowledge and understanding (Notoatmodjo 2014).

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.

### **Alternative Problem Solving That Can Be Done**

The challenge that the author faces in this case is the lack of family knowledge and awareness regarding stunting, the family still considers stunting to be taboo and a disgrace for the family. Initially the family refused to make a home visit. An alternative solution to the problem is by providing education and understanding to families regarding the stunting their children suffer from. Nursing problems that arise in managed clients can be overcome if there is good collaboration between families and nurses. Families have an important role in carrying out independent care for their family members, especially stunted children under five, in improving health and preventing complications that can arise. Therefore, an intervention was carried out providing health education to make families more independent.

The interventions that have been carried out provide results that are included in the evaluation sheet for progress notes, in this case the progress notes were carried out from 24 June 2023 to 26 June 2023.

After the intervention was carried out, the evaluation data showed that the level of family independence increased to level IV independence, marked by the following data: families are able to receive visits from nurses, receive health services according to nurse intervention, are able to explain the problem of stunting correctly, are able to carry out simple care for stunted toddlers, utilize available health facilities and families are able to share information about stunting with others.

## **CONCLUSIONS AND RECOMMENDATIONS**

### **Conclusion**

From the results of the description that has been described regarding community nursing care for family members of stunted toddlers, the author can draw the following conclusions:

Analyzing managed cases with family members with medical diagnoses

Stunting, the following results were obtained: Assessment, based on the results of the study, data An. G with complaints that the child has difficulty eating, the child has difficulty gaining weight, the chewing muscles are weak and the child is not growing like children his age. Height (TB) An. G 80 cm, body weight (BB) 9.4 kg, head circumference 47 cm, and upper arm circumference 14 cm. The child eats small portions, 1 portion of the meal consists of: rice, crackers, sometimes also snacks. An.G's mother said she didn't know what was causing her child to not grow like other children his age. Data was also obtained that the family seemed unaware of the problem that An.G was suffering from and the family seemed confused about An.G's problem. G and family independence is still at level I independence.

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The nursing diagnoses that emerged were nutritional deficit related to the inability to absorb nutrients and knowledge deficit related to lack of exposure to information.

The interventions provided are in accordance with standards using the Indonesian Nursing Diagnosis Standards (SDKI).

All actions implemented for the family are in accordance with the action plan created by the author. Nursing implementation will be carried out from June 24 2023 to June 26 2023 March. To be able to solve this problem, the author actively involves the family in the implementation of nursing care because there are several nursing actions that require cooperation between nurses and families.

At the end of the evaluation of the emerging nursing diagnoses, all goals can be achieved because of good cooperation between the family and the nurse.

Results of the evaluation of the deficit nursing diagnosis

Nutrition related to the inability to absorb nutrients was partially resolved and the intervention was stopped on June 26 2023. The results of the nursing diagnosis evaluation. Knowledge deficit related to lack of exposure to information was resolved and the intervention was stopped on June 26 2023.

An alternative solution to the problem is by providing health education to families regarding stunting. Nursing problems that arise in managed clients can be overcome if there is good collaboration between families and nurses. Families have an important role in carrying out independent care for their family members, especially stunted children under

five, in improving their health. Therefore, an intervention was carried out providing health education to make families more independent. After the intervention was carried out, the evaluation data showed that the level of family independence increased to level IV independence.

### **Suggestion**

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 Kabil Community Health Center Working Area, Batam City to prevent and provide management of stunting.

#### **b. For Practice Lands**

For practice lands, it is recommended that they be active in implementing existing government programs related to accelerating stunting reduction, which can be 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 (family home visit). 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 Health Professionals

It is hoped that the results of this research can provide input for health workers, especially nurses, in carrying out nursing care. Nurses as health service workers should have sufficient knowledge and skills and be able to collaborate with other health teams in providing nursing care to clients with stunting.

#### e. For Further Research

It is hoped that the results of this research can be used as a reference and reference source for similar research. Then, future researchers can also apply the theoretical concepts in this research so that this concept can be developed to increase family independence in cases of other chronic diseases.

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