

**THE ROLE OF THE FAMILY ASSISTANCE TEAM (TPK) IN PREVENTING STUNTING IN TODDLER IN THE COMMUNITY**

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ABSTRACT

Indonesia is still facing nutritional problems that have a serious impact on the quality of human resources and can cause short toddlers or stunting. The Indonesian government is trying to reduce the stunting rate by developing a strategy to involve health workers in a family approach program that assists families at risk of stunting, known as the Family Assistance Team. This study aims to describe the role of the Family Assistance Team in preventing stunting in toddlers in the working area of Puskesmas II Blahbatuh, Gianyar Regency, Bali Province. This study used a descriptive research design using a purposive sampling technique, and data collection was carried out by distributing questionnaires to 62 respondents. Data was analysis with descriptive analysis. The results of the study showed that 62 respondents (100%) were optimally carrying out the role of the Family Assistance Team, as seen by all respondents getting a score ≥ 44 . Respondents carried out stunting prevention activities targeting prospective brides, pregnant women, postpartum mothers, and children aged 0-59 months, namely by conducting screening, mentoring, and counseling.

Keywords: nutritional problems; role of the family assistance team; stunting

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INTRODUCTION

Indonesia is still facing nutritional problems that have a serious impact on the quality of human resources, so much so that they can cause short toddlers or stunting (RI Ministry of Health, 2017). Height is a type of anthropometric examination and shows a person's nutritional status. Short children (stunting) show poor nutritional status (malnutrition) in the long term (chronic) (Priharwanti & Amalia, 2022). Stunting is a condition of failure to grow and develop in children caused by insufficient nutritional intake for a long time due to the provision of food that is not in accordance with nutritional needs. The results of the 2021 Indonesian Nutrition Status Study (SSGI) show that the national stunting rate has decreased by 1.6 percent per year, from 27.7 percent in 2019 to 24.4 percent in 2021. Currently, the prevalence of stunting in Indonesia is better than Myanmar (35%), but still higher than Vietnam (23%), Malaysia (17%), Thailand (16%), and Singapore (4%) (RI Ministry of Health, 2021).

The Government of Indonesia has made a strategy to accelerate stunting reduction by involving health workers, namely with a family approach program that assists families at risk of stunting in 2021. The Family Assistance Team is a series of activities that include counseling, facilitation of referral services, and facilitation of providing social assistance, all

of which aim to increase access to information and services for families and/or families at risk of *stunting* (BKKBN, 2021).

According to Simbolon et al. (2019), the role of cadres is also very important because they are responsible for implementing health programs. Cadres have requirements that come from the community, are chosen by the community itself and are able to work voluntarily, gain the trust of the community, and have good credibility so that they can increase the community's ability to help themselves achieve optimal health status (Simbolon et al., 2019). The results of the preliminary study that the researchers conducted using the interview method showed that the number of companion teams in the working area of the Blahbatuh Health Center II was 73, consisting of midwives, PKK cadres and administrators, and family planning cadres. In the working area of the Blahbatuh Health Center II, data were obtained on the number of malnourished toddlers, namely 44, 23 who were classified as short, and 2 who were classified as very short. Therefore, this research developed and carried out a case study regarding "Description of the Role of the Family Assistance Team (TPK) in Prevention of Stunting in Toddlers in the Community" in the working area of the Blahbatuh Health Center II, Gianyar Regency, Bali Province. Knowing the role that has been carried out by the Family Assistance Team is important in preventing stunting in children under five; it can become the basis for ongoing implementation and evaluation in preventing stunting.

METHOD

This study used a descriptive research design with data collection techniques by giving questionnaires to respondents in the working area of the Blahbatuh Health Center II, Gianyar Regency, Bali Province. The research was carried out for 1 month, from October to November 2022. The population used in this study was all members of the Family Assistance Team in the work area of the Blahbatuh Health Center II, Gianyar Regency, namely 73 respondents. The sample used in this study was a family companion team at the Blahbatuh Health Center II, Gianyar Regency, who met the inclusion criteria. The sample calculation was carried out using the Slovin formula, so a sample of 62 respondents was obtained.

The questionnaire instrument for the role of the Family Assistance Team has been tested for validity and reliability to obtain a valid and reliable instrument. In addition to considering the validity and reliability tests on the questionnaire, interviews with 30 respondents were conducted at the Blahbatuh Public Health Center, Gianyar Regency, Bali Province. The results of the tests carried out on this role description questionnaire are to get r-values between 0.373 and 0.738 so that it can be stated that all statements in the questionnaire are valid. The reliability testing process is carried out by testing statement items that have been declared valid using Cronbach's alpha. This instrument test is said to be reliable if the r count or alpha value results are greater than the r table (good if the value is between 0.4 and 0.75 and very good if the value is more than 0.75). Data was analysis with statistic program from computer.

RESULTS

In this study, researchers conducted research using a questionnaire to measure the role of the Family Assistance Team (TPK) in preventing stunting in children under five in the working area of Puskesmas II Blahbatuh, Gianyar Regency, Bali Province. The characteristics of the respondents in this study consisted of age, education, and role in the team.

Table 1.
Characteristic of Respondent

Characteristic	f	%
Age		
18-25 years	5	8,1
26-35 years	18	29,0
36-45 years	31	50,0
46-55 years	8	12,9
Level of Education		
Junior School	3	4,8
Senior High School	38	62,9
College	21	32,3
Roles		
Midwife	10	16,1
Cadres KB	26	41,9
Cadres PKK	26	41,9

Table 1, it shows that the characteristics of the respondents are based on age, with the most respondents aged between 36 and 45 years, out of a total of 31 respondents (50%). Characteristics of respondents based on their last education, namely, 39 respondents had their last high school education with a percentage of 62.9%. Meanwhile, the characteristics of the respondents based on their roles in the team were mostly found in their roles as family planning cadres and as PKK cadres, with a total of 28 respondents (41.9%), respectively. The results of observations on the research object based on the role of the Family Assistance Team in preventing stunting were obtained as much as in the description in the following table.

Table 2
Distribution Role of the Family Assistance Team (TPK)

Role of TPK	Never		Sometimes		Always		Total	
	f	%	f	%	f	%	f	%
In General	3	5,0	9	14,5	50	80,4	62	100
Future Bride	7	11,3	16	25,8	39	62,9	62	100
Pregnant Women	4	6,5	4	6,0	54	87,5	62	100
Postpartum Mothers	0	0,5	4	5,9	58	93,5	62	100
Children 0-59 Bulan	4	6,5	5	7,7	53	85,8	62	100

Table 2 shows that most of the respondents always played the role of the Family Assistance Team, both in general and based on the targets of the Family Assistance Team, which consisted of prospective brides and pregnant women. postpartum mothers, children 0-59 months. The role of the Family Assistance Team, which has the highest percentage, is for postpartum mothers, with a percentage of 93.5%.

Table 2.
Category Role of the Family Assistance Team (TPK)

Role of TPK	f	%
Yet Optimal	-	-
Optimal	62	100

Table 3, it shows that the role category of the Family Assistance Team is 100% optimal. This can be seen from all 62 respondents who received $X \geq 44$, so that all "optimal" respondents played the role of a family assistance team in efforts to prevent stunting in toddlers in the community at Puskesmas II Blahbatuh, Gianyar Regency, Bali Province.

DISCUSSION

Age 0–2 years or under three years of age (toddlers) is a golden age for children's growth and development because during this period there is very rapid growth. Failure to thrive during this period will affect nutritional and health status in adulthood (Rahayu et al., 2018). Therefore it is necessary to make efforts to prevent the problem of stunting given the high prevalence of stunting in Indonesia (Khairani, 2020). Based on the research results, the role of the Family Assistance Team in preventing stunting was obtained by all respondents, as many as 62 people (100%) carrying out the role of the Family Assistance Team optimally. This can be seen from all respondents getting a value above or equal to 44, which means optimal. Data from the PLKB Blahbatuh District shows that the Family Assistance Team is targeted to collect data and screen as many as 2510 targets, consisting of 570 c-sections, 960 postpartum visits, and 970 pregnant women each year.

The results showed that 62.9% of the respondents always played the roles of the bride and groom. Assistance can make the bride and groom more enthusiastic about seeking information related to education regarding childcare because the role of parents is very important in the survival of children (Heriyanti & Jannah, 2022). According to research by Permanasari et al. (2020), referring to the results of an evaluation of stunting prevention programs, it turns out that most local governments have not been able to implement program convergence or accelerated stunting prevention activities that have been carried out by the central government, even though socialization has been carried out (Permanasari et al., 2020). The results of the preliminary study that the researchers conducted using the interview method showed that the number of companion teams in the working area of the Blahbatuh Health Center II was 73 people consisting of midwives, PKK cadres or administrators, and family planning cadres. Therefore, this research developed and carried out a case study regarding "Description of the Role of the Family Assistance Team (TPK) in Prevention of Stunting in Toddlers in the Community" in the working area of the Blahbatuh Health Center II, Gianyar Regency, Bali Province. Knowing that the role that has been carried out by the Family Assistance Team is important in preventing stunting in children under five, it can become the basis for ongoing implementation and evaluation in preventing stunting.

Based on the research results, the role of pregnant women is always carried out by 87.5% of respondents. Respondents' roles for pregnant women were providing assistance, providing strict assistance 8–10 times, informing, facilitating, and conducting counseling about healthy pregnancies, nutritional intake, and reproductive health. The Family Assistance Team is obliged to provide assistance to pregnant women and carry out strict assistance 8–10 times during pregnancy with a risk of stunting (BKKBN, 2021). It is important to carry out IEC and counseling to break the chain of stunting since the fetus is in the womb by fulfilling the nutritional needs of pregnant women, meaning that every pregnant woman must get enough nutritional food, get nutritional supplements (Fe tablets), and monitor her health (Ekayanthi & Suryani, 2019). Providing IEC and counseling to pregnant women can also be done as an effort to increase mothers' knowledge regarding stunting. (Brahmana et al., 2022). The involvement of cadres in overcoming health problems has been carried out in many countries, but this form of intervention often does not show sufficient effectiveness in low- and middle-income countries because the necessary prerequisite resources are not adequately available (Kok et al., 2015; Scott et al., 2018).

This is in line with Ekayanti and Suryani's (2019) research regarding how providing nutrition education to pregnant women can increase pregnant women's knowledge and positive attitude. In this study, 57.1% of the respondents were in the less knowledge category before the

intervention for the pregnant women class, but after the implementation of the pregnant women class, there was an increase in knowledge to a good category of 97.1%. Based on these results, it can be seen that the provision of this education can have a significant effect on increasing knowledge and attitudes about stunting prevention. (Ekayanthi & Suryani, 2019). Regarding result of study from (Resiyanthi & Yanti, 2021) shows the analysis of the relationship between the immunization status of children and the incident of stunting obtained data was the complete immunization status of children without stunting as many as 92 respondents (70.7%). Based on (Muslimin & Racmawati, 2021) shows the provision of health education with modeling approach is effective in increasing family support.

Based on the results of the study, as many as 95.6% of respondents always played a role for postpartum mothers by conducting CIE and counseling about exclusive breastfeeding, 1000 HPK, and KBPP. Based on research by Sinaga et al. (2017), it was explained that postpartum mother assistance needs to gain an understanding of the importance of exclusive breastfeeding for infants, including providing assistance to families with a high risk of stunting (Sinaga et al., 2022). Breast milk (ASI) is milk produced by the mother and contains the nutrients needed by the baby for its needs and development. Exclusive breastfeeding means that babies are only given breast milk for 6 months without the addition of other liquids such as formula milk, orange juice, honey, tea, or water, or additional solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge, etc. Toddlers who are not exclusively breastfed have a 61 times greater chance of experiencing stunting than toddlers who are exclusively breastfed (Louis et al., 2022). Therefore, CIE and counseling regarding exclusive breastfeeding are very important in an effort to reduce the risk of stunting.

The results showed that as many as 85.9% of respondents always carried out stunting prevention activities in children 0-59 months. Data from Riskesdas (2013) also shows that as age increases, the prevalence of stunting increases, so it is important to screen, assist, and provide knowledge to mothers starting with children as early as possible. Based on the guidelines, the Family Assistance Team is required to assist in the care and development of children under 5 years of age (toddlers) by conducting a screening assessment of stunting risk factors, ensuring that babies receive exclusive breastfeeding for 6 months, babies over 6 months receive complementary foods with adequate nutrition, and receive immunizations. complete basis according to schedule as an effort to prevent stunting.

Based on the results of the study, it was shown that as many as 80.4% of respondents always played the role of the Family Assistance Team according to general questions. As many as 40 respondents stated that in the last 3 month they had not found any new cases of families at risk of stunting; meanwhile, as many as 22 respondents found new cases of families at risk of stunting, with the number of new cases reaching as many as 38. Data from the PLKB of Blahbatuh District in the UPTD area of Blahbatuh II Health Center shows that there is a Family Assistance Team providing assistance to 41 targets, which means that the Family Assistance Team has provided assistance to new cases.

The optimal implementation of the role of the Family Assistance Team can be influenced by the demographic characteristics of the respondents. The data obtained shows that the majority of respondents are aged 26–35, with 21 respondents (30.9%), and 36–45, with 34 respondents (50%). This is the period of adulthood, youth, and middle age where it is time to reach the peak of achievement. With a burning passion and full of idealism, they work hard and compete with their peers (or older groups) to show work performance (Nurhazlina Mohd.

Ariffin, 2021). In addition, at that time, the respondents were usually married and had children, so they knew the importance of knowledge for stunting prevention.

Stunting is multifactorial, occurs across generations, and should not be underestimated because there are still many cases in Indonesia. If this is not handled, of course it will cause problems with the quality of human resources because it can cause the loss of generations. The malnutrition that occurs during this golden age is difficult to change (Oktaviani et al., 2022). The level of education will also affect the knowledge and skills possessed so that they are able to carry out their duties properly (Wiryawan & Rahmawati, 2016). Based on the research results, as many as 62.9% of respondents were senior high school graduates. According to the research results of Himmah et al. (2021), high school students are able to develop their potential to solve problems by generating several ideas or solutions so that they are able to work well (Himmah et al., 2021).

Based on the results of this study, the researchers argue that the prevention of stunting carried out by the Family Assistance Team is optimal because of the hard work and enthusiasm used to achieve the targets given. This is evidenced by the fact that some respondents always carry out stunting prevention activities both in general and targeting prospective brides, pregnant women, postpartum mothers, and children aged 0-59 months. The targets given can also serve as motivation and enthusiasm for the Family Assistance Team in carrying out stunting prevention efforts. Efforts to prevent stunting in children must be started as early as possible; therefore, the role of the Family Assistance Team is needed in helping to prevent stunting.

CONCLUSION

Based on the results of the research and discussion conducted, it can be concluded that the respondents had carried out stunting prevention activities targeting prospective brides, pregnant women, postpartum mothers, and children aged 0-59 months by conducting screening, mentoring, and counseling. The role of the Family Assistance Team in preventing stunting was obtained by all respondents, with as many as 62 people (100%) optimally carrying out the role of the Family Assistance Team. Suggestions for further research are expected to be able to develop research regarding the relationship between the role of the Family Assistance Team in preventing stunting in toddlers in the community.

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