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Photo Essay

POLITEKNIK KESEHATAN KEMENKES PALANGKA RAYA: HEALTH FORUM AND INTERNATIONAL SEMINAR
THE NEW NORMAL : Creating a Pleasant Virtual Communication

Reducing and preventing stunting through Integrated Posyandu with Fathers and or Child Caregivers (Posyandu Bersayap) at Watukapu Public Health Center in Ngada Regency, East Nusa Tenggara Province, Indonesia

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An important nutritional problem needing special attention in Indonesia is stunting. Stunting is a physical growth disorder in the form of a linear decrease in the growth rate. As a result, children fail to reach their optimal height potential. Stunting can also be interpreted as a condition that occurs due to the impact of chronic malnutrition during the first 1000 days of a child's life (Trihono et al., 2015). The prevalence of children under five with stunting in three years in the East Nusa Tenggara is decreasing. However, the value is still high which is at 27.5 percent (Badan Penelitian dan Pengembangan Kesehatan, 2019). The efforts made by the East Nusa Tenggara Government to overcome nutritional problems are by reducing the number of stunting, wasting, or malnutrition, and being underweight for children under five. The program was carried out through intervention, provision of supplementary food for toddlers and pregnant women with chronic energy deficiency in 22 districts/cities through Integrated *Posyandu* (Taolin, 2020).

One of the *Posyandu*'s innovative activities in preventing stunting in Watukapu District, Ngada Regency is *Posyandu Bersayap*. *Posyandu Bersayap* is a *Posyandu* program involving the participation of fathers and/or child caregivers. *Posyandu* activities are routinely carried out every month, whereas the *Posyandu Bersayap* program is carried out every March and September. The positive impact of this activity is the increasing visit of under-five children, the participation of parents and child caregivers increases, and the malnutrition cases decrease.



Figure 1 Watukapu Public Health Center, Ngada, East Nusa Tenggara

Posyandu Bersayap program covers several activities:

1. Registration

Figure 2 is the implementation of the *Posyandu* program refers to the five-table *Posyandu* implementation guidelines (Kemenkes RI, 2011). The innovation of the *Posyandu Bersayap* is to involve fathers or child caretakers other than mothers including grandparents or babysitters which is proven in increasing the participation of under-five visits for weighing.



Figure 2 Fathers and Child Caregivers Participating in The Program



Figure 3 Participations of Fathers in Childcare can Increase Affection/Bounding Attachment between Fathers or Accompanying Caregivers with Children

2. Weighing and Measuring Children



Figure 4 The Participation of Father (Top Left), Grandmother (Bottom Left), and Grandparents (Right) in Helping Children Weighing



Figure 5 Height Measurements

Routine weighing and height measurement can be used to monitor the nutritional status of infants and toddlers, improve nutritional status and prevent stunting. Based on the results of the research, there was a relationship between regular *Posyandu* visits and the nutritional status of children under-five based on weight/ age at *Posyandu* Ngudi Mulyo Dusun Kembu, Waru, Kebakramat, Karanganyar with a correlation coefficient value of 0.668 with a significance of 0.000 (Riawati & Sari, 2019).

3. Recording of weighing and height measurement result



Figure 6 Recording of Weighing and Height Measurement Result

4. Nutrition Counseling and Service

In nutrition counseling activities, parents (father, mother, or children’s caregivers) were given counseling on the use of local food to fulfill nutrition for children under five. Local food such as corn, cassava, moringa, mung bean (*vigna radiata*), and fish. Feeding children with mung beans and fish can overcome malnutrition (Amra & Juhartini, 2018). The addition of biscuits with a mixture of moringa has been shown to affect weight gain in toddlers with underweight nutritional status (Juhartini, 2016).



Figure 7 Food Serving Practice Using Provided Food for Under-Five Children Appropriate with Age, and Serving Size for Children



Figure 8 Food Product from The Program Appropriate with Age, and Serving Size for Children

5. Immunization



Figure 9 Polio Immunization

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