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Implementation of Youth Integrated Healthcare Center in the Prevention of Stunting Incidents in the Kekeran Village of Badung Regency, Indonesia

Badung İlçesi Kekeran Köyü, Endonezya'da Büyüme Geriliği Vakalarının Önlenmesinde Gençlik Entegre Sağlık Merkezi'nin Uygulanması

Ni Wayan SUARNITI
Midwifery Departement of Polytechnic of Health Denpasar, Indonesia

Ni Komang Erny ASTITI
Midwifery Departement of Polytechnic of Health Denpasar, Indonesia

Ni Made Dwi PURNAMAYANTI
Midwifery Departement of Polytechnic of Health Denpasar, Indonesia

I Gusti Agung Ayu NOVYA DEWI
Midwifery Departement of Polytechnic of Health Denpasar, Indonesia

I Nyoman WIRATA
Midwifery Departement of Polytechnic of Health Denpasar, Indonesia

ABSTRACT

Objective: Youth posyandu is a youth empowerment activity that can reduce the prevalence of stunting through pre-marital care. At the time during the Covid 19 pandemic, youth posyandu was not carried out. The purpose of the research is to identify the input, process and output of the implementation of youth posyandu activities, and identify knowledge and nutritional status of the adolescent women.

Methods: This research is a mixed method research. Six qualitative research informants, and 32 quantitative data respondents. Data were collected through in-depth interviews and questionnaires. Research data analysis is descriptive analysis and distribution of frequency data knowledge and nutritional status of adolescent daughters.

Results: The results show that the input from the implementation of the program is sufficient, seen from the presence of the programme implementation guidelines and the use of the funds that have been verified, the support of means, resources. The output indicates that the activities are going as planned, but the coverage of the participants is still 80%. The knowledge of youth posyanduis partially good and the nutritional status of the teenage daughter is mostly normal.

Conclusion: The program input is sufficient, the process is running well, has managed. Should be corrected during the Covid 19 pandemic and the output of the program implementation is largely in line with the plan. Knowledge is partly good and nutritional status is mostly normal.

Keywords: Youth posyandu, implementation, stunting prevention

ÖZET

Amaç: Gençlik posyandu, evlilik öncesi bakım yoluyla büyüme geriliği yaygınlığını azaltabilecek bir gençlik güçlendirme faaliyetidir. Covid-19 pandemisi sırasında gençlik posyandusu uygulanmamıştır.

Araştırmanın amacı, gençlik posyandu faaliyetlerinin uygulanmasının girdi, süreç ve çıktısını belirlemek ve ergen kızların bilgi ve beslenme durumunu tespit etmektir.

Yöntemler: Bu araştırma, karma yöntem araştırmasıdır. Altı nitel araştırma bilgisi ve 32 nicel veri katılımcısı bulunmaktadır. Veriler, derinlemesine görüşmeler ve anketler yoluyla toplanmıştır. Araştırma veri analizi, betimsel analiz ve ergen kızların bilgi ve beslenme durumuna dair frekans verilerinin dağılımıdır.

Bulgular: Programın uygulanmasından elde edilen girdinin yeterli olduğunu, programın uygulanmasına ilişkin yönergelerin varlığı ve doğrulanmış fonların kullanımı, araçların ve kaynakların desteği açısından yeterli olduğunu göstermektedir. Çıktı, faaliyetlerin planlandığı gibi devam ettiğini, ancak katılımcı kapsamının hala %80 olduğunu göstermektedir. Gençlik posyandusu bilgisi kısmen iyi ve ergen kızların beslenme durumu çoğunlukla normaldir.

Sonuç: Program girdisi yeterlidir, süreç iyi işlemektedir ve yönetilmiştir. Covid-19 pandemisi sırasında düzeltilmesi gerekmektedir ve program çıktısı büyük ölçüde plana uygundur. Bilgi kısmen iyi ve beslenme durumu çoğunlukla normaldir.

Anahtar Kelimeler: Gençlik Posyandu, uygulama, büyüme geriliği önleme

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Sorumlu Yazar/Corresponding author: Ni Wayan SUARNITI
E-mail: yansu_bidan@yahoo.com

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Introduction

Stunting is a condition of failure to grow in young children due to chronic malnutrition especially in the first 1,000 days of life (Kementerian PPN/Bappenas, 2018). The World Health Organization's 2018 reducing Stunting in Children data indicates that globally in 2016, 22.9 percent or 154.8 million young children suffered from stunting. Indonesia ranks fourth in the world for stunting sufferers below India and Pakistan. Stunting prevalence in Indonesia in 2007 (36.8%), in 2010 (34.6%), in 2013 (37.2%), and in 2018 (30.8%) (Badan Litbangkes Kemenkes RI, 2018). The data showed the prevalence of stunting in Indonesia is declining but according to the results of the Balita Indonesia Nutrition Status Survey in 2019, there has been a decrease in stopping prevalence from 30.8% in 2018 to 27.7% in 2019 or down about 3.1% (Badan Pusat Statistik, 2019). The data indicates the number of incidences, but stopping in Indonesia remains 27.7%, a figure that indicates a number below the WHO standard is below 20%. According to the Global Nutritional Report in 2018 indicates that the Prevalence of Stunting Indonesia from 132 countries is ranked 108th, while in the Southeast Asia region the prevalency of stopping Indonesia is the second highest after Cambodia (International Food Policy Research Institute., 2016).

Stunting is a chronic long-term malnutrition that occurs not only during pregnancy, but also in the pre-conception period. The results of several surveys indicate that stunting risk factors are anemia in adolescents and pregnancies, adolescent marriages, chronic lack of energy in women of childbearing age, and insufficient protein energy intake as well as exposure to unhealthy environments (Nafisah & Astuti, 2023; Onis & Branca, 2016; Suratri et al., 2023). National health survey (Riskesdas) 2018 results indicate that in Indonesia 48.9% of pregnant women have anemia. Anemia in pregnant mothers as much as 84.6% occurred in the age group 15-24 years. Anemia is often affected by women of childbearing age. This is due to the occurrence of menstrual cycles in women every month. Iron deficiency can decrease the body's endurance, which can lead to reduced productivity. Iron intake can be obtained through foods with animal protein sources such as liver, fish, and meat. However, not all communities can consume these foods, so it requires additional iron intake obtained from blood supplementation tablets. The administration of blood supplementation tablets to teenage daughters is aimed at meeting the iron needs of the teenage girls who will be mothers in the time to date. The percentage of teenage girls aged 12-18 who received blood supplements was 33% in Badung District (Dinas Kesehatan Kabupaten Badung, Fe2021).

Another stunting risk factor that needs attention is cigarette smoke pollution, which has a direct or indirect impact on news stunts. The data showed that 4.71% of children aged 5-17 smoked and 1.9% of students under the age of 15 used narcotics in the last year (Badan Litbangkes Kemenkes RI, 2018). Meanwhile, childcare is also not optimal, among other things marked by news that obtained inappropriate childcare as much as 3.73% and 4.84% of children do not live with both parents (SUSENAS, 2018). In addition to the high child/adolescent marriages, the problem of family development is faced with several problems such as the high rate of unwanted pregnancies, unplanned pregnant (Fitri Ayu Pertiwi et al., 2019; Nafisah & Astuti, 2023; SUPAS, 2015; Suryana & Azis, 2023). The fact is very closely related to adolescent health and its impact in later days.

According to the 2019 SSGI survey, the prevalence of news stunting in the province of Bali was 14.42% and in the district of Badung was 10.83% (Badan Pusat Statistik, 2019). According to 9, news wasting has a 3.2 times risk of stunting (3.2 CI 95% 2.7-3.9) while obesity is a risk of metabolic syndrome as a further result of news malnutrition experienced from an early age. Riskesdas consistently also that some news stunting is related to a positive energy balance, if this condition is prolonged then it will be overweight and obesity (Badan Litbangkes Kemenkes RI, 2018; Sawaya & Roberts, 2003). News stunting will tend to settle into stunting in adolescence and adulthood. Three out of ten news stunts in Indonesia, and consistent 3 out of 10 teenagers or 3 of 10 adults suffer from stunting (Siswati, 2018). According to The Lancet, health investment in the period of 8000 First Days of Life is an appropriate effort to deal with stunting (Bundy et al., 2016; Renyoet, Dary, & Nugroho, 2023; Yuliani & Widaryanti, 2021), so it can suppress news stunting rates, low birth weight baby, women of childbearing age with calorie energy deficiency, anemia, improved teenage health, pregnant mothers and prevent metabolic syndrome that affects high levels of non-communicable diseases (Asia, 2017; Moediarso et al., 2020; Renyoet, Dary, Vita, et al., 2023).

Development of youth in order to raise awareness, knowledge and qualities of children, young people and women. This community-based health initiative facilitates youth empowerment activities so that it can reduce the prevalence of stunting through pre-natal care such as physical examination, supporting examinations, Fe and nutritional supplementation as well as counselling. All risk

factors associated with stunting should be addressed as soon as possible to prevent the long-term impact on children from an early age. Based on these facts, it is very important to implement youth Integrated Healthcare Center (youth Posyandu) in every village/family with the integration, synergy and harmonization of existing activities such as youth organization, adolescent reproductive health information center, and so on (Baska et al., 2023, 2023; Istri Yuliani, 2022; The National Development Planning Agency, 2020).

Based on the health profile data of Badung district in 2021, the number of under-nutrition news (weight/age) is 309 (2,2%), short news (height/age), 834 (6,1%) and thin news (weight/height) 312 (2,3%) (Dinas Kesehatan Kabupaten Badung, 2021). The main nutritional problems are stunting due to multi-dimensional factors. Badung district currently has an innovative program in stunting prevention efforts with the term Healthy Badung Movement at 1000 days of life (GARBA SARI). One of the efforts undertaken through this program is youth posyandu for the prevention of stunting from an early age. Based on a preliminary study with village maids in the Kekeran Village region, data were obtained that the number of teenagers in Kekerán Village was 344 people with men as many as 178 people and 166 teenager boys. During the Covid 19 pandemic, youth posyandu could not walk optimally. At the beginning of 2022, one youth posyandu started to be activated with a total of 30 participants with nutritional problems, including 4 people with chronic energy deficiency and 9 people with obesity. Research shows that if the posyandu program is ignored, teenagers will not receive nutrition and health education, so the acceleration of stunting reduction will not be optimal (Balebu, DW, 2019; Siswati, T., Olfah, Y., Widyawati, H.E., Rahmawati, A., Prayogi, 2024). Based on the above background, researchers are interested in researching the Implementation of Youth posyandu in the Prevention of Early Stunting Events in the Kekeran Village of Badung District.

The purpose of this research is to describe the input, process and output of the implementation of the Youth Posyandu program in the Prevention of Early Stunting Efforts, and to identify the knowledge and nutritional status of teenage girls in the Kekeran Village.

Methods

Study Design: In this study, a mixed research method was used, combining both qualitative and quantitative methods.

The Setting of the Study: The research was carried out in Kekeran Village, Badung Regency, which is the working area of the Mengwi I Community Health Center. The time of the research was carried out from May to October 2023. Based on the calculation results, the sample size was 32 young women.

Inclusion Criteria:

a. Young women aged 10-18 years
b. Young women in good health.

Exclusion Criteria: Young women cannot fill out the questionnaire (due to illness)

Data Collection Tools: Collecting qualitative data in the form of primary data related to the input, process and output of organizing youth posyandu activities, obtained through in-depth interviews using interview guidelines. Quantitative data was collected through filling out questionnaires.

Data Analysis: Data analysis in the first stage, qualitative data analysis was carried out until saturated data was obtained, followed by quantitative data analysis through statistical analysis in the form of a frequency distribution.

Ethical Considerations: Ethical approval was issued on June 9 2023 with number LB.02.03/EA/KEPK/ 0613/2023 with Kementerian Kesehatan Republik Indonesia. Written informed consent was obtained from young women who participated in this study.

Results

This research activity begins with submitting a permit application, with a recommendation for research permit number: 1457/SKP/DPMPTSP/VI/2023 dated June 8 2023. Data collection has been ongoing since July 3 2023 at the research location. Based on the results of interviews with informants, it shows:

a. Input for the implementation of youth Posyandu activities

The input for youth Posyandu activities in this case is the availability of components needed to organize youth posyandu activities in an effort to reduce the incidence of stunting, including: policies, resources, budget, infrastructure and SOPs. Policies related to efforts to reduce the incidence of stunting have been regulated in the Presidential Regulation on strategic policies and food and nutrition action plans for 2016-2019 which seeks specific nutritional interventions for short toddlers focused on the first 1,000 days of life group which includes 270 days during pregnancy and the first 730 days after the baby is born targeting pregnant women, breastfeeding mothers and children 0-23 months, as well as teenage girls. This is supported by the policy issued by the Badung district government by issuing a Decree (SK) regarding the implementation of the Garbasari program as an effort to prevent stunting, with one of the activities being a youth

posyandu. There is also a decree issued by the village head regarding the implementation of youth posyandu.

"The components of organizing a youth posyandu are in the form of a decree issued by the head of the head office, including the issuance of a cadre decree. The village government supports it by including the activity budget in the village RAB, because it feels that the implementation of activities is very important to reduce stunting" (Inf.1).

Table 1.
Research Information Criteria

Informant Criteria	Informant Position	Number
Young Women Aged 10-18 Years		3 persons
Implementing The Program at the Village	Midwife Community Health Center	1 person
Implementer in the Village	Health Cadre	1 person
Youth Organization Manager	Teenagers/Youths Village	1 person

Resources related to youth posyandu activities include commitment from the Badung Regency Health Service, the Kekeran Village government, the Mengwi I Community Health Center as the community health center in Kekeran Village, the Kekeran sub-district health center, as well as the community which actively plays a role according to their respective duties and functions.

"There is already a budget for the facilities, but not yet the purchase. For PMT, the village prepares it. In need of health workers, villages usually look for resource persons by sending letters to the community health center for counseling. Not only from the community health center, has the village also sometimes looked for sources, for example on juvenile delinquency material from the police. The implementation of temporary posyandu is carried out at the village office every Saturday after school" (Inf.1).

"Financing for posyandu activities is entirely carried out from village funds. "SOPs for posyandu activities come from the village, starting with anthropometric checks and then counseling" (inf.1.)

"During the posyandu activities at Karang Taruna, I have never been directly involved. I was looking for information on posyandu activities which are usually carried out by the pustu and this is a new program so it is not certain what the youth organizations can do" (inf.6).

b. Implementation process for youth Posyandu activities

Based on the results of interviews with all informants, it shows that the implementation of activities, both organizing and coordinating, was carried out by all parties involved, starting from the Mengwi I Community Health Center, supporting Community Health Centers, Head of Village Services, youth posyandu cadres, and teenagers.

Implementation of youth posyandu, including checking height, body weight, abdominal circumference, upper arm circumference for adolescent girls, providing blood supplement tablets for adolescent girls, as well as counseling on the provision of supplementary food. The formation of the youth posyandu was initiated by the village midwife and community health center which started with advocacy to the Kekeran village head on July 4 2019, and the village head welcomed this effort, from the 2018 survey results as many as 34.2% of teenagers did not know the importance of health for teenagers, and this program will be prioritized if there is a budget, so that now the youth posyandu has started to be mobilized. Youth Posyandu is implemented by appointing youth health cadres drawn from youth representatives in the village and representatives from youth organizations in Kekeran Village. Adolescent health cadres are prepared by attending health training at the Mengwi I Community Health Center. This is supported by the informant's statement:

"Youth posyandu activities are carried out every month. The implementer has not been able to carry out the posyandu per banjar. "The new activity was carried out one activity per village in collaboration with SMP 6. The activity was carried out by 30 participants with a cadre of 5 people" (inf.1).

"So far, young women and men have been combined during posyandu activities. But if there are problems with participants, health workers will provide counseling. During the activity there were no obstacles during its implementation" (inf.1).

"The provision of iron tablet (Fe) is carried out by the community health center at the school every month on Saturday. Previously the cadres had been given training so from tables 1 to 4 it was carried out by the cadres and we at Pustu only accompanied them. "Pustu officers who take part in activities are usually 2 people, namely me and Mrs. Komang" (Inf.1)

"At the health center, there are health workers available, supporting equipment such as measuring equipment, weighing equipment, LILA, blood pressure and additional food is also provided. The health workers are usually

midwives and there are also doctors. There are usually 2-3 midwives. Doctors are usually there but rarely, usually come along if there are activities. The medicines in the form of blood boosters, vitamin A are provided by the Community Health Center and given directly to each Posyandu. In terms of financing, everything is covered and provided. SOPs are usually given training to cadres" (Inf.3).

"Youth posyandu activities begin with first registration. Next, body weight is weighed and height and abdominal circumference are measured, especially for women, LILA is measured. "Furthermore, blood pressure measurements are carried out and continued by community health center officers" (Inf.4).

c. Output Implementation of youth Posyandu activities

Based on the results of interviews with all informants, it shows that the output of organizing youth posyandu activities in an effort to reduce the incidence of stunting seen from the coverage, frequency and accuracy of services in terms of time, targets and quantity is generally good. Based on the youth posyandu activity plan, the target for each activity carried out is 30-35 teenagers. The activity was carried out at the Kekeran Village office at 13.30 WITA, which is the time for school students to go home. The activity time is 1-2 hours, with an agenda of counseling and anthropometric measurements as well as giving blood supplement tablets to young women. Examination of hemoglobin levels has not been carried out at this time. Youth posyandu activities were not running during the Covid 19 pandemic. Currently activities are starting to be carried out but still paying attention to health protocols. The process of assessing program output can be monitored through activity reporting, activity monitoring through supervision by the Badung District Health Service or online communication via existing social media such as the Whatsapp Group. This is supported by the informant's statement:

"The target is 35 people every month, they all attended but at the end of last month there were 15 people attending because it clashed with their activities. The coverage is around 80%, because there are also people who are sick and so on. It was carried out on time at 13.30, all students were present at the village office. With an implementation time of around 1-2 hours. During Covid 19, youth posyandu was not implemented. Yesterday, direct supervision was carried out by the health service here. They said that posyandu activities had been carried out well because in several villages there were still no youth posyandu" (Inf.1).

"Achievement has never been 100% as I said earlier, but sometimes at every implementation it is also 100% present. The maximum number of absentees could be 5-10 people. However, posyandu must be held every month" (Inf.2).

"At this time there are plans to impose fines so that all participants are orderly and present. The fine money is planned to be used as cash for the needs of the youth posyandu. This was an initiative of the participants and youth cadres" (Inf.4).

"Achievements have been achieved according to the target. The implementation time is also adjusted so as not to conflict with the school "(Inf.5).

Based on information from data triangulation, data on the knowledge of young women was obtained as follows:

Based on table 2, data obtained from 32 teenage girls, the majority (81.25%) aged 12-16 years (early teens), all of them are currently studying junior high school, the majority (87.60%) have a normal body mass index, and the majority (56.25%) had good knowledge about youth posyandu.

Discussion

1. Input from the implementation of the Youth Posyandu program in Efforts to Prevent Early Stunting Incidents.

Youth Posyandu is an intervention effort as well as facilitating youth empowerment and development in order to increase awareness, knowledge and quality of children, youth and women.

Table 2.
Characteristics of Respondents (quantitative data), Nutritional Status, and Knowledge of Young Women about Youth Posyandu in Kekeran Village in 2022

Category	n	%
Age		
12-16 years (early teens)	26	81.25
17-25 years (late teens)	6	18,75
Education		
Basic education (SMP)	32	100
Nutritional Status (BMI)		
Thin	2	6,25
Normal	28	87.50
Obesity	2	6,25
Knowledge		
Enough	14	43.75
Good	18	56.25

This community-based health business provides facilitation for youth empowerment activities so that it can reduce the prevalence of stunting through premarital care such as physical examinations, supporting examinations, Fe and nutritional supplementation and counseling.

Program input is in the form of policies that support the program starting from policies from the central, district levels and policies issued by village heads. Regarding

Badung Regency government policy, apart from the Regent's Regulation, officials at the village level also issued a decree (SK) regarding the implementation of this program. Policies related to the program include Perbekel Kekeran Decree No. 30 of 2019 concerning Garbasari, Perbekel Kekeran Decree No. 34 of 2019 concerning the formation of an integrated stunting prevention team, and Perbekel Kekeran Decree No. 42 of 2019 concerning the formation of youth posyandu cadres.

Other program inputs are human resources, infrastructure and budgets that support the program, which are generally available adequately. This is shown by information from informants who are program actors and also program targets. Program implementation is supported by adequate guidelines, infrastructure, village funds, personnel and SOPs. This is in accordance with information from informants that Kekeran Village uses village funds in the health sector.

The human resources that support the program are adequate, namely supported by village heads and staff, and pustu midwives who are active in designing health programs that suit community needs. Pustu midwives design every program that will be held related to adolescent health. Apart from that, it involves the community, in this case teenage cadres taken from teenagers in Kekeran Village. The program is designed to involve community participation, so together with the community, starting from determining the problem, the need for the program of activities that will be implemented so that we both understand the objectives, needs and technical aspects of each program that will be implemented. Guidelines for implementing activities are still limited to work terms of reference with standard operating procedure (SOP) attachments, for example the TOR for giving iron tablets to teenagers and so on. Other human resources who assist the service section are the Village Secretary, IT officers, and other staff at the village office. This shows that youth posyandu activities are a form of cross-sectoral collaboration. The states that in achieving organizational goals, building relationships with the environment outside the agency or building communication with other organizations is very important because one of the roles of networks is as a liaison to help achieve organizational goals.

2. The process of implementing the Youth Posyandu program in an effort to prevent early incidence of stunting

Based on the 2018 PPN/Bappenas Ministerial Decree, the priority intervention for the adolescent target group is blood supplementation tablets. This is in accordance with what is carried out by Youth Posyandu activities, carrying out height, body weight, abdominal circumference, upper arm circumference checks for young women, giving blood supplement tablets for young women and counseling regarding Providing Supplementary Food. However, checking hemoglobin (Hb) levels/anemia status has not been carried out.

Nutritional problems can be addressed if young women increase their need for iron intake in the food they consume daily. Iron is a mineral needed to form red blood cells which function in the body's defense system. Efforts that have been implemented by the government to overcome the problem of anemia in adolescents are by providing Fe tablet supplements in the form of iron (60 mg FeSO4) and folic acid (0.400 mg). Iron requirements for adolescent girls aged 16-17 years have an iron requirement of 26 mg (Agustina, 2019; Nguyen et al., 2017).

The amount of iron absorbed in the intestine is around 10-15%, influenced by the type of food source of iron, growth and variations in the amount of iron excreted through menstruation 0.4-0.5 mg/day, feces 10-15 mg, and sweat/urine 0.5-1 mg as a sign that the erythrocyte mass in the blood is decreasing. This is due to the replacement process between old and new red blood cells after 120 days so that at least 1% of the total iron in erythrocytes is released every day, thus affecting the state of iron in the blood body. Apart from that, the peak response from reticulocytes occurs on days 5-7, followed by an increase in hemoglobin levels of 1-2 grams within 4-6 weeks since therapy begins until it reaches normal and continues again for 2-3 months to replenish iron reserves in the body (Aparna, 2017; Nuraeni, R., Sari, P., Martini, N., Astuti, S., & Rahmiati, 2019). Currently the Minister of Health Regulation (Permenkes) in 2014 has determined the dose of Fe tablet supplementation for WUS (including teenagers) is 1 tablet/week and during menstruation it is given every day during menstruation. For young women, it is given 1 (one) time a week and 1 (one) time a day during menstruation (Kemenkes RI., 2014). Providing blood supplement tablets to young women in Kekeran Village is carried out by the community health center through the school. The schedule for drinking blood supplement tablets is every Saturday of every week, and every day when young women experience menstruation.

3. Output from the implementation of the Youth Posyandu program in Efforts to Prevent Early Stunting Incients

The output of youth posyandu activities in terms of coverage, frequency and accuracy of services both in terms of time, targets and quantity is generally quite good. Youth

posyandu activities were not running during the Covid 19 pandemic. Currently, the implementation coverage is around 80%, due to illness and so on. The activities were carried out on time with an implementation time of around 1-2 hours. Information from one of the informants who is a youth organization manager stated that he did not know about youth posyandu activities and this shows that there is still a need for outreach regarding program activities, especially to the target group so that they can access them.

Evaluation and monitoring activities for program achievements were carried out by the Badung Regency health service and the Mengwi I Community Health Center. Kekeran Village received direct visits and supervision by the Badung Regency health service. The Department provided feedback that the posyandu activities had been carried out well because in several villages there were still no youth posyandu.

In implementing efforts to reduce stunting targeting young women through Youth Posyandu, this activity has not run optimally as seen from the attendance or coverage of participants which has not reached 100%. Based on table 2, the data obtained shows that of the 32 young women, some (56.25%) have good knowledge about youth posyandu, and some (43.75%) still have sufficient knowledge regarding youth posyandu. Table 2 also shows that the majority (87.50%) of female adolescents have normal nutritional status, as many as 6.25% are thin and 6.25% are obese. This shows that there are still teenagers who have problematic nutritional status.

Nutritional problems in adolescent girls occur due to the factors of adolescent girls' low knowledge about nutrition, low intake of Fe tablets, and the consumption pattern of girls consuming more plant foods with low iron content, compared to animal foods, as a result of which iron needs are not met fulfilled, while adolescence is a period that requires a lot of nutrients such as iron. The large number of young women who still consume snacks carelessly indicates that young women still have minimal knowledge about the need for balanced nutrition. Apart from that, young women tend to have irregular eating habits, not eating breakfast, eating carelessly and having an uncontrolled diet. This will have an impact on their nutritional status and nutrition. unbalanced and anemic. So it requires hard work from health workers in providing education to teenagers and parents.

Communication Information and Education activities in the form of counseling are expected to target cognitive aspects related to people's attitudes. The affective aspect in communication is also important where the message conveyed is intended to touch and influence individuals. The communication process carried out using educational methods will last longer than persuasive methods, but the results achieved can last a long time because they can be embedded in people's thinking and become the basis for confidence to act as expected. This effort is carried out in outreach activities in youth posyandu.

Conclusion and Recommendations

The Youth Posyandu program input is adequate, the process is running well, and there were problems during the Covid 19 pandemic and the program implementation output is mostly according to plan. Some people's knowledge is good and their nutritional status is mostly normal. Suggestions for the health service to collaborate more with institutions involved in efforts to improve the youth posyandu program from various input, process and output elements that can have an impact on increasing teenageres knowledge of stunting prevention.

Ethics Committee Approval: Ethical approval was issued in Kementerıan Kesehatan Republık Indonesıa Dırektorat Jenderal Tenaga Kesehatan on June 9 2023 with number LB.02.03/EA/KEPK/ 0613 / 2023.
Informed Consent: Written informed consent was obtained from young women who participated in this study.
Peer-review: Externally peer-reviewed
Author Contributions: Concept – NWS, NKEA; Design – NWS, NKEA; Supervision – NWS, NMDP; Resources - NWS, NMDP; Materials - NWS, NMDP; Data Collection and/or Processing – NWS, IGAAND; Analysis and/or Interpretation - NWS, IGAAND; Literature Search - NWS, IGAAND; Writing Manuscript – NWS, INW; Critical Review - NWS, INW; Other – All co author
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Hasta Onamı: Bu çalışmaya katılan genç kadınlardan yazılı bilgilendirilmiş onam alındı.
Hakem Değerlendirmesi: Dış bağımsız.
Yazar Katkıları: Fikir- NWS, NKEA; Tasarım- NWS, NKEA; Denetleme- NWS, NMDP; Kaynaklar- NWS, NMDP; Veri Toplanması ve/veya İşlemesi NWS, NMDP; Analiz ve/ veya Yorum- NWS, IGAAND; Literatür Taraması- NWS, IGAAND; Yazıyı Yazan- NWS, INW; Eleştirel İnceleme- NWS, INW; Diğer – Hepsi ortak yazar
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