

Community Service Introduction to Innovation During Dimasa Orba to Improve the Nutrition of Pregnant Women in the KEK Village in Mekargalih

**Lisa Trina Arlym¹, Rubianti Dewi Tresnasari², Elis Sri Mulyati³, Rini Andriani⁴,
Siesca Sundari⁵, Karsini⁶, In In Siti Hindun⁷, Utari Kusuma Wardani⁸, Ai Hartini⁹**

*1,2,3,4,5,6,7,8,9 Midwife Professional Education Department, Faculty of Health Sciences,
National University of Jakarta*

**Corresponding author: Lisa Trina Arlym, Faculty of Health Sciences, National
University of Jakarta, Email: lisatrina@civitas.unas.ac.id*

Submission date: 31-12-2024; Date of received: 26-02-2025

Abstract

Background: Government efforts to improve family health include improving family nutrition. One of the solutions to overcome nutritional problems is to hold a nutritional improvement program by utilizing local food ingredients called Local PMT. The provision of local PMT is intended for toddlers and pregnant women who experience chronic energy deficiency. Based on the results of a preliminary survey in Mekargalih Village, Tarogong Kidul District, Garut Regency, the prevalence of KEK in pregnant women in November was 20.75%, whereas the RPJMN target in 2024 was 10%. Of the 53 pregnant women, 11 pregnant women experienced KEK. KEK is a condition where a person suffers from an imbalance in nutritional intake (energy and protein) that lasts for years. Pregnant women who experience KEK will have problems during pregnancy, childbirth, and postpartum. In addition, it will also have an impact on fetal development. The government has made efforts to help reduce the incidence of KEK in pregnant women by providing additional food regularly to pregnant women, but these efforts have not been able to achieve the expected target.

Objective: The implementation of community service is to empower the community by increasing the knowledge of pregnant women, cadres, and community leaders about the

impact of KEK on pregnant women and teaching pregnant women with KEK skills in processing varied and innovative foods. Method: The method used in this study was to provide counseling on the impact of malnutrition on toddlers and introduce the DIMASA ORBA innovation. Participants in this activity were 11 pregnant women who experienced KEK, Posyandu cadres, and community leaders. Conclusion: This activity began with a preliminary survey, conducting a Forum Discussion Group (FGD) to determine the priority of problems and interventions to be given. The implementation of

the intervention was assessed by pre-test and post-test to see the effectiveness of the counseling provided. The evaluation results showed that there was an increase in knowledge in pregnant women with an average value of the pre-test results of 55.45 and the post-test results of 93.63. So it can be concluded that pregnant women understand the impact of KEK during pregnancy. We hope that pregnant women can meet their nutritional intake during pregnancy by consuming foods that are high in calories and protein, by the innovation provided, namely DIMASA ORBA, an abbreviation of chicken, carrot, and spinach dimsum.

Keywords: DIMASA ORBA, Pregnant Women, KEK

Introduction

The National Medium-Term Development Plan and the 2020-2024 Strategic Plan aim to improve quality and competitive human resources. One of the main focuses is the acceleration of improving community nutrition. The target to be achieved by the end of 2024 is the incidence of Chronic Energy Deficiency (CED) in pregnant women by 10%, until now the incidence of CED is still at 16.9% in 2023. (RPJMN, 2020-2024)

CED is a condition where a person suffers from an imbalance in nutritional intake (energy and protein) that lasts for years. CED is characterized by an upper arm circumference (LILA) of less than 23.5 cm. Pregnant women with chronic malnutrition have a greater risk of giving birth to babies with Low Birth Weight (LBW), death during childbirth, bleeding, difficulty postpartum due to weakness, and prone to health problems. In addition, it will cause anemia in newborns, easy infection, abortion, and stunted fetal brain growth. The nutritional status of pregnant women is one of the indicators in measuring the nutritional status of the community. If the nutritional intake for pregnant women from food is not balanced with the body's needs, nutritional deficiencies will occur (Kemenkes RI, 2023).

Management of pregnant women with KEK at the community level involves collaboration between midwives, health cadres, and families. Midwives play a role in providing nutritional counseling, nutritional supplementation (such as iron tablets and additional food), and regular monitoring of maternal and fetal health (Hariyanti et al., 2021). Health cadres can help identify pregnant women with KEK, motivate them to participate in nutritional supplementation programs and conduct home visits to ensure compliance of pregnant women in consuming nutritious food and iron tablets (Susanti et al., 2020).

Based on the results of a preliminary survey in Mekargalih Village, Tarogong Kidul District, Garut Regency, out of 53 pregnant women, 11 (20.75%) of pregnant women experienced KEK. Information obtained from the Village Midwife stated that pregnant women who experienced KEK had experienced this before they became pregnant. The cause of KEK experienced by mothers was a lack of nutritional intake because the mothers did not understand their health condition before becoming pregnant.

The purpose of implementing community service is to empower the community by increasing the knowledge of pregnant women, cadres, and community leaders about the impact of KEK on pregnant women and teaching pregnant women with KEK skills in processing varied and innovative foods.

Innovation in Handling KEK with DIMASA ORBA is a creative idea to improve the nutritional intake of pregnant women because it has a calorie content of 112 kcal and 11.55 grams of protein in 1 serving of 100 grams. We hope that this innovation can be used as an example of food variations in families to improve nutrition, especially for pregnant women and toddlers.

Method

The methods used in providing interventions are lectures, questions and answers, and demonstrations to introduce innovative products.

1. Ingredients

- 10 grams of spinach leaves, thinly sliced
- 2 carrots, grated
- 250 grams of minced chicken
- 1 egg
- 2 cloves of garlic, finely chopped
- 2 stalks of spring onions, thinly sliced
- 1 tablespoon tapioca
- ready-to-use dimsum

skin Seasoning:

- 1 tablespoon oyster sauce
- 1 tablespoon soy sauce

- 1 teaspoon sesame oil
- 1/2 teaspoon salt
- 1/2 teaspoon pepper powder
- 1 tablespoon tapioca flour

2. Instruments

- 1) Leaflet
- 2) Questionnaire sheet
- 3) “DIMASA ORBA” innovation product

3. How to

Make

Filling:

- a. Mix carrots, pureed spinach and minced chicken in a large bowl.
- b. Add eggs, chopped garlic, sliced spring onions, oyster sauce, soy sauce, sesame oil, salt, pepper powder, and tapioca flour into the mixture.
- c. Stir all ingredients until evenly mixed and into a dough that can be shaped. Shaping Dimsum:
 - a. Take 1 sheet of dumpling skin, place about 1 tablespoon of filling mixture in the middle of the dumpling skin.
 - b. Fold and shape the dumpling skin to cover the filling, can be shaped as desired. Press the edges so that they do not open when steamed

Steaming

- a. Heat the steamer, line the bottom of the steamer with banana leaves or brush with a little oil so that the dimsum does not stick
- b. Arrange the dimsum in the steamer, make sure there is space between each dimsum so that they do not stick to each other.
- c. Steam the dimsum for about 15-20 minutes or until cooked and the dumpling skin looks transparent.

Serving:

- a. Remove the dimsum from the steamer, arrange on a serving plate
- b. Serve the dimsum with the sauce that has been made.

4. Time and Place of Intervention

Activity Name: “DIMASA ORBA” Chicken Carrot and Spinach Dimsum

Day/Date : Monday, December 9, 2024

Time : 10.00 – 12.00 WIB

Venue : TPMB Hj. Husnul Khotimah, S.ST.,Bdn. Ds. Mekargalih District.
Tarogong Kidul Regency. Garut.

Target : Pregnant women with KEK

Activities : Conducting counseling on the impact of KEK on pregnant women including understanding, causative factors, impacts on the fetus, nutritional adequacy that must be met, KEK handling, and introducing the DIMASA ORBA innovation as additional food to increase calorie and protein intake.

Results

1. Planning Stages

- a. Activity Planning
- b. Making a permit letter for implementing the activity
- c. Conducting a preliminary survey
- d. Conducting a Focus Group Discussion (FGD)
- e. Compiling a Preparation of Action Plan (POA)

2. Intervention

Participants were given counseling with the theme "The Impact of Pregnant Women with KEK" During the activity all participants listened and followed the activity enthusiastically. Participants actively asked questions about KEK and the procedures that must be carried out so that this KEK can be handled. So we can conclude that participants have the motivation to improve their nutritional intake patterns.

An introduction to the innovative products that have been made was distributed to participants. Participants tasted DIMASA ORBA and gave positive responses. The taste of DIMASA ORBA was liked by participants and can be used as a daily additional food. This dim sum has a calorie count of 41 kcal and 11.5 grams of protein in 1 serving of 100 grams. Participants were given a

leaflet on how to make dimsum so participants are expected to try making it at home.

The final activity of this counseling is to provide post-test questions to participants, with the hope that after receiving counseling there will be an increase in knowledge about the impact of pregnant women with KEK. We hope that the increase in knowledge of mothers, it can influence the attitudes and behavior of mothers in consuming food needed by mothers during pregnancy so that the prevalence of KEK in Mekargalih Village decreases according to the expected target.

3. Evaluation

The indicator of the success of this activity is the increase in knowledge of pregnant women regarding the impact of pregnant women with KEK. To measure the indicator of success, a pretest and posttest were given regarding the counseling material that will be delivered. This aims to determine the extent of knowledge of pregnant women regarding the dangers of KEK in pregnancy.

From the evaluation results, the average pretest result was 55.45 and the post-test result was 93.63 from 11 participants with a total of 10 questions. Based on the results of the analysis of answers in the pretest, the wrong answer was in question number 3, namely about What are the signs and symptoms that appear if pregnant women experience Chronic Energy Deficiency. As many as 6 participants answered incorrectly, participants did not understand the signs or characteristics of someone who is considered to have KEK. In other words, participants were not fully aware of the diagnosis given to them. After being given counseling, there was an increase in participants' knowledge of KEK in pregnancy. So it can be concluded that this counseling activity was successful in the objectives to be achieved.

Photos of Community Service Activity



Figure 1. Zoom FGD



Figure 2. Manufacturing Process



Figure 3. Extension Activities



Figure 4. Pretest-Posttest



Figure 5. Innovation Teaser



Figure 6. Post Activity

Conclusion

Community service was carried out at TPMB Hj. Husnul Khotimah, S.ST., Bdn with 11 participants of KEK pregnant women. Based on the results of the counseling and introduction of innovation activities, it can be concluded that participants have increased knowledge about the impact of pregnant women experiencing KEK. Handling of KEK pregnant women by providing innovations in the form of foods that contain high energy and protein. We greatly hope that the

results of this community service can help reduce the prevalence of KEK in pregnant women in Mekargalih Village, Tarogong Kidul District, Garut Regency.

Acknowledgment

We would like to thank the supervisor of the TPMB practice field, Mrs. Husnul Khotimah, S.ST, Bdn, Mekargalih Village Midwife, Posyandu Cadres, and Mekargalih Village policy makers and the National University Community who have helped and provided support for the implementation of this activity. Furthermore, we would also like to thank the group members who have worked well together so that this activity can run smoothly.

References

1. Departemen Kesehatan RI. (2020). Pedoman Pelaksanaan Asuhan Kebidanan Komunitas. Jakarta: Departemen Kesehatan RI.
2. Dinas Kesehatan Kabupaten Tangerang. (2021). *Profil kesehatan Kabupaten Tangerang tahun 2020*. Tangerang: Dinas Kesehatan Kabupaten Tangerang.
3. Kementerian Kesehatan Republik Indonesia. (2020). Pedoman Pencegahan dan Penanggulangan Kekurangan Energi Kronis. Jakarta: Kementerian Kesehatan RI.
4. Kementerian Kesehatan. (2020). Rencana Strategis Kementerian Kesehatan Tahun 2020-2024. Jakarta: Kementerian Kesehatan Republik Indonesia.
5. Notoatmodjo, S. (2007). *Promosi Kesehatan dan Ilmu Perilaku*. Rineka Cipta.
6. Puskesmas Pembangunan. (2024). *Laporan bulanan kesehatan ibu dan anak Puskesmas Pembangunan Bulan November Tahun 2024*. Garut: Puskesmas Pembangunan.
7. Saputri, R. A., Lestari, L. A., & Susanti, A. I. (2021). Peran pemerintah desa dalam pencegahan kekurangan energi kronis (KEK) pada ibu hamil di Desa Tanjungsari, Kecamatan Banyudono, Kabupaten Boyolali. *Jurnal Kebidanan dan Kesehatan Tradisional*, 6(1), 29-35.
8. WHO. (2022). Primary health care. World Health Organization. https://www.who.int/health-topics/primary-health-care#tab=tab_1
9. Wijayanti, T., Darmawati, I., & Anggraini, N. N. (2021). Peningkatan pengetahuan ibu hamil tentang pencegahan kekurangan energi kronis (KEK) dengan media

booklet di Desa Tambahrejo, Kecamatan Pageruyung, Kabupaten Kendal. *Jurnal Pengabdian Kesehatan*, 4(1), 8-15.

10. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Ann Intern Med* 2009;151(4):264-9, W64.
11. Goering RV, Dockrell HM, Wakelin D, Zuckerman M, Chiodini PL, Roitt IM, et al. *Mims' medical microbiology*. 4th ed. Philadelphia, PA: Mosby Elsevier; 2008.
12. Guy J. *The view across the river: Harriette Colenso and the Zulu struggle against imperialism*. Charlottesville, Virginia: University Press of Virginia; 2001.