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COUNSELING ABOUT GIVING VITAMIN A TO TODDLERS WITH IMMUNE DISORDERS

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ABSTRACT

Vitamin A supplementation is a National Program to prevent vitamin A deficiency among Indonesian children. This program provides free vitamin A capsules to every baby and toddler who visits the Posyandu and Puskesmas. Infants aged 6-11 months are given once in February or August blue vitamin A capsules with a dose of 100,000 SI, while toddlers aged 12-59 months are given twice a year red capsules with a dose of 200,000. According to WHO, it is estimated that there are 6-7 million new cases of xerophthalmia in children under five each year, approximately 10% of whom suffer from corneal damage. Among those suffering from corneal damage 60% died within one year, while among those who lived 25% 3 million. It is estimated that at any one time as many as 3 million children were blind due to vitamin A deficiency and as many as 20-40 million suffered from a milder degree of vitamin A deficiency. The difference in mortality between children who are deficient and not deficient in vitamin A is approximately 30%. Vitamin A deficiency is estimated to affect millions of children worldwide. Approximately 250,000-500,000 children in developing countries become blind every year due to vitamin A deficiency, with the highest prevalence in Southeast Asia and Africa. Due to the high prevalence of vitamin A deficiency, WHO has implemented several initiatives for vitamin A supplementation in developing countries.

Keywords: *Vitamin A, Toddler, Immune Disorders*

Abstrak

Suplementasi vitamin A merupakan Program Nasional untuk mencegah kekurangan vitamin A diantara anak-anak Indonesia. Program ini memberikan kapsul vitamin A secara gratis kepada setiap bayi dan balita yang mengunjungi Posyandu dan Puskesmas. Pada bayi usia 6-11 bulan diberikan satu kali pada bulan Februari atau Agustus kapsul vitamin A berwarna biru dengan dosis 100.000 SI, sedangkan balita usia 12 – 59 bulan diberikan dua kali dalam setahun kapsul berwarna merah dengan dosis 200.000. Menurut WHO diperkirakan terdapat sebanyak 6-7 juta kasus baru xerophthalmia pada balita tiap tahunnya, kurang lebih 10% diantaranya menderita kerusakan kornea. Diantara yang menderita kerusakan kornea ini 60% meninggal dalam waktu satu tahun, sedangkan diantara yang hidup 25% 3 juta. Diperkirakan pada satu waktu sebanyak 3 juta anak-anak buta karena kekurangan vitamin A dan sebanyak 20-40 juta menderita kekurangan vitamin A pada tingkat lebih ringan. Perbedaan angka kematian antara anak yang kekurangan dan tidak kekurangan vitamin A kurang lebih sebesar 30%. Defisiensi vitamin A diperkirakan mempengaruhi jutaan anak di seluruh dunia. Sekitar 250.000-500.000 anak-anak di negara berkembang menjadi buta setiap tahun karena kekurangan vitamin A, dengan prevalensi tertinggi di Asia Tenggara dan Afrika. Tingginya prevalensi kekurangan vitamin A, WHO menerapkan beberapa inisiatif untuk suplementasi vitamin A di negara-negara berkembang.

Kata Kunci : vitamin A, anak, gangguan daya tahan tubuh

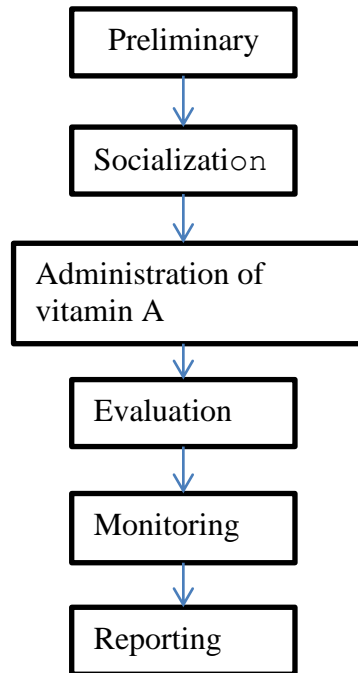
1. INTRODUCTION

Vitamin A was the first fat soluble vitamin to be discovered. The present invention states that all retinoids and their precursors/ provitamin A/ carotenoids have biological activity as retinol. Vitamin A plays an important role in the growth and development of children. Vitamin A deficiency (VAD) increases the risk of developing infectious diseases such as diarrhea, pneumonia, pneumonia and even death. Another most serious consequence of vitamin A deficiency (VAD) is night blindness, which is another form of xerophthalmia such as corneal damage and blindness. Vitamin A can increase the body's resistance to infectious diseases such as measles, diarrhea and ARI and has a very important role for eye health (Ministry of Health, 2018). Vitamin A is an essential nutrient for humans, this nutrient cannot be made by the body so it must be met from the outside. Food sources of vitamin A are derived from animal products such as meat, eggs, milk and liver as well as from plant products that contain beta-carotene (pro-vitamin A), namely colorful fruits and vegetables such as carrots, spinach, cabbage, broccoli, watermelon, melon, papaya, mango, tomato and peas. Apart from natural products, vitamin A can also be derived from fortified engineered products such as cooking oil, margarine, milk and several types of instant noodles. There is a very potential source of vitamin A and can meet all the needs of infants and toddlers, namely vitamin A supplementation through the provision of vitamin A capsules.

The results of the coverage of the vitamin A program in Sidomulyo village are still low at 52.7%, 11 sub-districts of the existing 12 sub-districts have not reached the target. Based on the profile of the Deli Serdang District Health Office, the lowest coverage of vitamin A was 2.95%. This coverage is still far from the national target of 100% or at least 80%, this is due to the inhibiting factors in the implementation of the program, for that counseling To overcome the problem of immune disorders in Sidomulyo village it is very necessary to do counseling about the administration of vitamin A to deal with problems - problems related to immune disorders. Which aims to increase the body's resistance to diseases and infections such as measles and diarrhea. helps the process of vision in the adaptation of light to dark places. prevent abnormalities in epithelial cells including the mucous membrane of the eye. The output of this Community Partnership (PKM) program is publication in national journals. This PKM is important to implement considering the high morbidity rate in infants and children, especially in Deli Serdang Regency. Vitamin A is given twice a year, namely in February and August, with details of the stages of preparation, implementation, evaluation of results reporting and monitoring. Evaluation is carried out at the beginning, during the activity process and at the end of the activity. Monitoring is carried out after the activity is completed, namely in the month of giving Vitamin A according to the government program based on a visit from the posyandu report. after the activity. The expected outcome is increasing public knowledge about the health problems they face, and encouraging the community to actively participate in creating a healthy society and helping people who need health services, in order to lead a healthy society.

2. METHOD

The implementation of Community Service (PKM) which was carried out in Sidomulyo Village, Biru-biru District, Deli Serdang Regency, North Sumatra in several stages, namely the preparation, implementation, evaluation and reporting stages. The entire implementation stage is illustrated in the following figure.



Picture of Implementation Method

1. Prepared and Provided

The preparation stage carried out several activities, namely:

- a. Survey of the place of activity implementation, in this case PKM partners are mothers who have babies and toddlers in Sidomulyo Village, Biru-biru District, Deli Serdang Regency
- b. Interviews were conducted with the head of Sidomulyo village, Masnun, M.Kes which aims to obtain direct information about the condition of infants and toddlers
- c. Preparation of activity schedule. The preparation of the schedule is intended so that the implementation of activities is carried out in an orderly and directed manner.
- d. Preparation of training/assistance materials and modules. PKM materials are arranged in the form of modules with the aim that the delivery of material can be directed and documented
- e. The breadth of the service area in community groups according to the stage of development or strata in the community requires the ability of the lecturer as a supervisor and every student to the science of management and general health promotion that touches various levels of community elements.
- f. The debriefing of this service will be carried out a week before the implementation of community service, then socialization with the community together with the local government and cadres in Sidomulyo Village, Biru-biru District, Deli Serdang Regency.

2. Socialization

Before carrying out the activity, the PKM team at the DELI HUSADA Deli Tua Health Institute will conduct socialization to mothers who have toddlers in Sidomulyo Village, Biru-biru

District, Deli Serdang Regency about the purpose of this PKM. This is also a means for Focus Discussion Groups (FDG) to listen to suggestion and input from the village head of Sidomulyo, Biru-biru District, Deli Serdang Regency.

3. Implemetation of Activities

The implementation of activities is divided into several stages, namely:

- a. Implementing Health Promotion This intervention is carried out by carrying out counseling about the provision of vitamin A to the community, especially Vitamin A to children with immune disorders. This phase is used to clarify the plan and the various facilities needed. It is important to remember that health promotion calls for flexibility and adjustment to things that cannot be anticipated in advance.
- b. Health promotion aims to increase awareness, willingness, and ability of individuals, families, groups and communities to live healthy and develop community-based sources and create a conducive environment to encourage the formation of community capabilities in improving community health status.
- c. Implement health education / counseling and community organization strategies in carrying out implementation in accordance with health problems found by involving the health team or doctors to carry out examination
- d. The main goal of health education is for people to be able to apply their own problems and needs, be able to understand what they can do about the problem, with the resources at their disposal namely green beans coupled with external support, and be able to decide on appropriate activities to improve health outcomes. standard of living and welfare of the people.
- e. Participate in implementing health services

3. RESULTS

Implementing Health Promotion

This intervention is carried out by carrying out counseling to overcome problems and needs. Making a comprehensive care plan is determined by the previous step, namely from the problem and diagnosis that is currently happening and includes guidance or counseling related to the problem/condition of the patient at that time to anticipate unexpected things and change the client's behavior as expected. do a physical examination of the child and explain to the mother about the child's condition, and about the importance of giving Vitamin A to children, explain about nutritious and balanced food for toddlers, explain the schedule for giving vitamin A capsules, maintaining personal hygiene and environmental hygiene , and explain to the mother that the child needs to play, do physical activity and sleep.

. When in the preparation phase, you must be sure of what, who, why, when, where, and how. This phase is used to clarify the plan and the various facilities needed. It is important to remember that health promotion calls for flexibility and adjustment to things that cannot be anticipated in advance. Health promotion aims to increase awareness, willingness, and ability of individuals, families, groups and communities to live healthy and develop community-based sources and create a conducive environment to encourage the formation of community capabilities in improving community health status. Implement health education / counseling and community organization strategies in carrying out implementation in accordance with health problems found by involving the health team or doctors to carry out examinations

4. DISCUSSION

Community Partnership Program (PKM) through community service, the DELI HUSADA Deli Tua Health Institute PKM Team will provide assistance, guidance, and counseling to all

mothers who have toddlers. Biru-biru District, Deli Serdang Regency, in order to increase mother's knowledge of the occurrence of things that can interfere with the immune system related to the immune system in toddlers. Based on the partner problems that have been described, the solutions and targets to be taken by the PKM team are as follows. To overcome cases of immune disorders in children under five who receive Vitamin A in the village of Sidomulyo, Biru-Biru District, Deli Serdang Regency, above is the provision of Vitamin A twice a year in accordance with the Government Program

No	Problem	Solution	Target Achievement
1	Mother's lack of insight and knowledge about immune disorders in toddlers	<ol style="list-style-type: none"> 1. Provide assistance and bring in resource persons to increase knowledge about the dangers of pregnancy. 2. Provide information and reference books related to the dangers of immune disorders 	Increased public knowledge, especially for mothers who have toddlers. Increased information and insight for mothers who are correct and up-to-date (latest)
2	The lack of insight and knowledge of mothers who have toddlers about the benefits of vitamin A which can be obtained from health workers or from food consumed daily	<ol style="list-style-type: none"> 1. Provide assistance and invite resource persons to increase knowledge about the benefits of vitamin A 2. Provide information and reference books related to the benefits of vitamin A in the food consumed daily 	Increased public knowledge, especially mothers about the benefits of vitamin A Increased information and insight for pregnant women about the content of Vitamin A which is useful in increasing the body's immunity against attacks from outside
3	Use of natural food	Increase knowledge and society, especially mothers	Understanding and having knowledge about the benefits of Vitamin A for the body

5. CONCLUSION

The long-term sustainability plan of this service program/activity is to evaluate the extent of the impact caused by this activity and the sustainability of the program and assess the extent to which mothers know how to process green beans to be made into juice through collaboration with partner institutions, namely the government and local village heads. . Evaluation is carried out on an ongoing basis after every schedule of vitamin A administration after implementation. After conducting counseling with endurance disorders, it can be concluded that the importance of giving Vitamin A to children so that growth and development problems can be detected as early as possible and can be treated immediately are also avoided, the general condition of the child is good and the child is in good health. Planning that will be carried out in overcoming immune disorders is the fulfillment of balanced nutrition such as the fulfillment of macro and micro nutrients, including foods containing protein, carbohydrates and fats as well as the provision of multivitamins such as zinc and iron, giving milk that contains lots of calcium and implementing clean living behavior. and healthy. Conclusions based on the assessment and management provided indicate that midwifery care is carried out on children with immune disorders, namely by providing balanced nutrition and providing multivitamins and clean and healthy living behavior can increase the child's weight and height.

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