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PERAN GANDA GURU PAUD SEBAGAI KADER DALAM UPAYA PENURUNAN STUNTING

The Dual Role of Early Childhood Teachers as Health Cadres in Reducing Stunting

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ABSTRAK

Peran guru pendidikan anak usia dini (PAUD) semakin besar dalam bidang terkait gizi anak, dan menjadi kontributor potensial dalam meningkatkan, dan mengurangi kasus stunting pada anak balita. Tujuan dari penelitian ini adalah bagaimana cara meningkatkan kesehatan melalui makanan yang tepat untuk anak usia PAUD. Peran guru PAUD sekaligus kader kesehatan menjadi praktik baik dalam upaya penurunan stunting di Kota Malang, Indonesia. Penelitian ini adalah observasional analitik berdesain cross sectional, menggunakan 150 guru PAUD serta kader kesehatan yang melakukan praktik baik untuk upaya menurunkan stunting melalui wawancara mendalam berbasis bukti. Praktik terbaik yang telah dilaksanakan adalah : jumlah anak usia PAUD yang menerima PMT secara langsung; kemudahan penyampaian promosi kesehatan kepada masyarakat khususnya orang tua atau pengasuh anak; kepatuhan masyarakat yang lebih tinggi; dan peningkatan yang signifikan dalam berat dan tinggi badan anak-anak. Dampak dan keluaran peran ganda guru PAUD sebagai kader kesehatan dalam menurunkan stunting lebih efektif. Peran ganda guru PAUD sebagai kader kesehatan ini perlu diapresiasi, ditetapkan, dan dihargai oleh otoritas nasional, berdasarkan kebutuhan lokal, dan diprogram sesuai dengan bukti berbasis kebijakan, seperti dalam pembentukan Tim Percepatan Pengurangan Stunting (TPPS).

Kata kunci: Praktik Baik, Penurunan Stunting, Peran Ganda, Guru PAUD

ABSTRACT

Background: The role of early childhood education teachers (PAUD) is getting bigger in areas related to child nutrition and become potential contributors in improving and reducing stunting cases in children under five. The purpose of this study is how to promote health through the right food for PAUD-aged children. The role of PAUD teachers as well as health cadres is to become best practice in efforts to reduce stunting in the Malang City, Indonesia. **Methods:** This research is an analytic observational cross sectional design, using 150 PAUD teachers as well as health cadres who carry out best practice efforts to reduce stunting through evidence-based in-depth interviews. **Results:** The best practices that have been implemented are : the number of PAUD-age children who receive PMT directly; the ease of delivery of health promotion to the community, especially parents or child caretakers; higher community compliance; and a significant increase in children's weight and height. The impact and output of the dual role of PAUD teachers as health cadres in reducing stunting is more effective. **Conclusion:** This dual role of early childhood teachers as health cadres needs to be appreciated, defined, and rewarded by national authorities, based on local needs, and programmed according to policy-based evidence, such as in the formation of the Team for the Acceleration of Stunting Reduction (TPPS).

Keywords: Best Practices, Reducing Stunting, Dual Role, PAUD Teachers

PENDAHULUAN

Undang-Undang Republik Indonesia Nomor 20 Tahun 2003 tentang Sistem Pendidikan Nasional, bahwa Pendidikan Anak Usia Dini adalah

suatu upaya pembinaan yang ditujukan kepada anak sejak lahir sampai dengan usia enam tahun yang dilakukan melalui pemberian rangsangan pendidikan untuk membantu pertumbuhan dan

perkembangan jasmani dan rohani agar anak memiliki kesiapan dalam memasuki pendidikan lebih lanjut.

Pendidikan Anak Usia Dini (PAUD) ini dapat diselenggarakan melalui beberapa jalur, baik berbentuk pendidikan formal, berupa Taman Kanak-Kanak (TK) dan /Raudathul Atfhal (RA); nonformal, maupun informal, berupa Kelompok Bermain (KB), Tempat Penitipan Anak (TPA) atau bentuk lain yang mirip (Undang-Undang Republik Indonesia Nomor 20 Tahun 2003 pasal 28).

Namun sebagian besar pengembangan layanan pendidikan lembaga PAUD masih bersifat parsial dan belum terintegrasi dengan berbagai lembaga/ organisasi/instansi, dan pemangku kepentingan terkait lainnya, yang menangani perkembangan anak usia dini seperti pendidikan, pengasuhan, pelayanan kesehatan-gizi dan perlindungan anak. Sementara kualitas layanan PAUD sangat ditentukan juga oleh keterlibatan sektor lain di luar pendidikan. Didukung juga dengan masih rendahnya kesadaran, partisipasi dan peran serta masyarakat dan keluarga terhadap pentingnya pelayanan pendidikan bagi anak usia dini (Nuarca, 2018).

Diperlukan Pengembangan Anak Usia Dini secara Holistik Integratif dengan upaya yang dilakukan untuk memenuhi kebutuhan esensial anak yang beragam dan saling terkait secara utuh, simultan, sistematis, dan terintegrasi, meliputi pemberian layanan pendidikan yang terintegrasi dengan layanan kesehatan dan gizi, pengasuhan dan perlindungan anak agar anak dapat tumbuh dan berkembang secara optimal dan terlindunginya anak dari segala bentuk kekerasan dan tindakan diskriminasi. (Peraturan Presiden RI Nomor 60 tahun 2013).

Untuk itu, peran guru PAUD sangat penting untuk menghasilkan siswa yang sehat dan dapat mengikuti pelajaran di kelas dengan baik tanpa tertinggal. Para guru PAUD menjadi garda terdepan, karena selain mendidik dalam mata pelajaran juga memberikan edukasi tentang kesehatan dan gizi agar stimulasi anak menjadi maksimal. Hal ini menjadi upaya baik, dan potensial untuk mencegah anak selanjutnya pada kondisi gizi kurang dan stunting. Anak stunting tidak disebabkan oleh faktor genetik, tetapi karena faktor lingkungan, dan nutrisi yang tidak memadai

sehingga anak menjadi kekurangan gizi (Jalal, 2021).

Pengembangan Pendidikan Anak Usia Dini secara Holistik Integratif (PAUD HI) menjadi dasar utama dalam pembangunan manusia untuk mewujudkan Generasi Indonesia sehat, cerdas, ceria dan berakhlak mulia. Diperlukan peran guru PAUD dalam melaksanakan upaya tersebut untuk mencapai tujuan yang diharapkan.

Penelitian ini bertujuan untuk mengetahui *best practice* peningkatan status gizi anak usia PAUD melalui kegiatan pemberian makanan yang layak di sekolah, dan mengangkat potensi guru PAUD sebagai kader kesehatan dalam upaya penanggulangan stunting.

METODE

Penelitian ini merupakan penelitian observasional analitik melalui wawancara mendalam berbasis bukti dengan menggunakan desain *cross sectional*. Populasi penelitian adalah pengelola PAUD Kota Malang, Provinsi Jawa Timur, Indonesia, sebanyak 600 PAUD, dan besar sampel dalam penelitian ini sejumlah 150 pengelola PAUD yang bersedia mengisi kesediaan sebagai responden, serta memenuhi kriteria inklusi sebagai PAUD holistic integratif dalam upaya membantu menurunkan kasus stunting, berupa kegiatan pemberian makanan di sekolah.

Pengambilan data dilakukan pada Bulan November 2022. Variabel yang diteliti mencakup : jumlah anak usia PAUD yang menerima pemberian makanan di sekolah secara langsung; respon penyampaian promosi kesehatan kepada masyarakat khususnya kepada orang tua atau pengasuh anak; kepatuhan masyarakat ; dan perubahan antropometri anak didik PAUD berdasarkan perubahan berat badan (dalam kg), dan tinggi badan (dalam cm) selama kegiatan pemberian makanan di sekolah, dengan uji *paired t-test*.

HASIL DAN PEMBAHASAN

Berdasarkan data dari sampel yang dikumpulkan, semua (100%) PAUD sudah melakukan pemberian makanan di sekolah, dengan frekuensi pemberian makanan, mulai dari setiap hari sampai 2 (dua) bulan sekali (Tabel 1).

Diperoleh data sebagian besar PAUD (76,67%) memberikan makanan di sekolah sebanyak 1 (satu) kali/ bulan.

Masalah kekurangan gizi sering dialami oleh anak usia 3-5 tahun, dengan penyebab berkaitan frekuensi makan yang biasa-biasa saja dari golongan protein hewani, dan kadang-kadang dari golongan protein nabati (Zahara, 2020).

Tabel 1. Distribusi Karakteristik Sampel PAUD Kota Malang Tahun 2022

Karakteristik PAUD	n	%
Program Pemberian Makanan		
PAUD yang melakukan	150	100
Sumber Anggaran Program Pemberian Makanan		
Dana BOS	75	50
Dana BOS, Dana Paguyuban Orangtua, dan Bantuan Lain	75	50
Besar Anggaran Program Pemberian Makanan		
Rp. 5.000,- sd 10.000,-	100	66,67
> Rp. 10.000,- sd 20.000,-	40	26,67
> Rp. 20.000,-	10	6,67
Frekuensi Pemberian Makanan		
Setiap Hari	5	3,33
1 Bulan Sekali	115	76,67
2 Bulan Sekali	20	20

Pada Tabel 1., juga disajikan sumber anggaran untuk pemberian makanan di sekolah bervariasi, mulai dari sumber dana bantuan operasi sekolah (BOS) sampai dengan dana dari paguyuban orang tua peserta didik, dan bahkan ada dana dari sumbangan PKK kelurahan (PAUD Sumber Sari, Kota Malang, 2022). Besar anggaran untuk pemberian makanan di sekolah PAUD bervariasi, mulai dari kisaran harga terendah Rp. 5.000 - Rp. 10.000, sampai tertinggi sekitar Rp. 25.000,-.

Pemberian Makanan untuk Anak Paud/TK pada dasarnya menjadi salah satu Program Prioritas Dana Desa Tahun 2022, namun pada penelitian ini, diperoleh hasil bahwa sumber anggaran sebagian besar diperoleh dari dana BOS dan dana sumbangan dari paguyuban orang tua peserta didik. Hal ini menunjukkan bahwa peran serta dari orangtua peserta didik sebagai penyandang dana menjadi salah satu faktor yang menguatkan untuk dapat diselenggarakannya program kegiatan pemberian makanan di PAUD.

Jenis makanan yang diberikan di sekolah PAUD, berkisar mulai dari jenis hidangan makanan utama, snack puding, buah-buahan, dan produk minuman susu. Pemberian makanan di sekolah ini disertai dengan edukasi berkaitan dengan gizi dan kesehatan, mencakup beberapa topik (Tabel 2).

Topik gizi dan kesehatan yang diberikan pada program kegiatan pemberian makanan di PAUD, disampaikan oleh para guru PAUD kepada 3 (tiga) sasaran, yaitu : peserta didik, orangtua, dan pengasuh anak didik. Sehingga peran Guru PAUD sebagai pendidik, dan sekaligus sebagai pendamping peserta didik sesuai kompetensi, dan proses pembelajaran yang dilaksanakan dengan menggunakan prinsip-prinsip pembelajaran PAUD sangat dibutuhkan (Nuarca, 2009).

Derajat kesehatan anak didik sangat dipengaruhi oleh asupan gizi yang seimbang. Sedangkan stunting menjadi masalah gizi kronis, yang dialami oleh anak pada 1000 Hari Pertama Kehidupannya. Anak dari ibu yang berpendidikan lebih tinggi memiliki prevalensi stunting lebih rendah dibandingkan dengan anak dari ibu yang berpendidikan rendah atau tidak berpendidikan (Conway, *et al.*, 2020). Meskipun dengan peningkatan angka melek huruf perempuan saja tidak cukup dengan sendirinya melindungi anak dari stunting, ada faktor terkait lainnya yang penting, seperti pendapatan, distribusi, pengeluaran pemerintah untuk pelayanan sosial, proporsi ekonomi yang diabdikan untuk pertanian, tingkat imunisasi. dan akses air bersih (Ruel, *et al.*, 2013 and Milman, *et al.*, 2005).

Peran strategis Guru PAUD dalam pencegahan dan solusi stunting adalah melalui penyampaian informasi pengetahuan dan pemahaman kepada anak-anak sejak dini, sehingga diperlukan kompetensi guru PAUD dalam pengetahuan dan keterampilan tentang stimulasi perkembangan anak usia dini (Orisinal, *et al.*, 2020). Pengetahuan dan ketrampilan tersebut sangat penting untuk memberikan layanan maksimal pada anak didik secara tepat.

Pengetahuan dan kemampuan guru pendidik PAUD dalam asesmen perkembangan anak usia dini cukup baik. Mayoritas (56,3%) Guru PAUD memiliki pengetahuan baik tentang perkembangan anak (Novianti, 2013). Pengetahuan guru PAUD

tentang tumbuh kembang anak juga sudah pada katagori tinggi (70,6%) (Mayasari, 2014).

Namun, pelaksanaan pemantauan tumbuh kembang anak didik oleh guru PAUD dalam mendeteksi kejadian stunting sejak dini, relatif belum banyak dilakukan, karena berkaitan dengan tingkat pemahaman, dan kemampuan para guru PAUD terhadap masalah atau kasus stunting yang ada di wilayah sekitarnya. Meskipun diperoleh hasil bahwa pengetahuan Guru PAUD/TK tentang SDIDTK (stimulasi, deteksi dan intervensi dini penyimpangan tumbuh kembang) sebagian besar dalam kategori baik (70,21%) (Suryandari dan Purwanti, 2018).

Berdasarkan Tabel 2., diperoleh hasil bahwa respon seluruh sasaran dari hasil edukasi gizi dan kesehatan yang diberikan oleh guru pendidik PAUD berada dalam katagori baik, artinya baik kemampuan, maupun materi yang yang disampaikan oleh guru pendidik PAUD dapat diterima secara baik oleh seluruh sasaran, dan ada kepatuhan yang ditunjukkan dalam bentuk mengkonsumsi habis makanan yang diberikan. Hal ini sejalan dengan Penelitian Pormes, memperoleh hasil bahwa pengetahuan orangtua murid PAUD/TK mengenai gizi sebagian besar (83,3%) dalam katagori baik, dan adanya hubungan antara pengetahuan gizi orang tua dengan kejadian stunting pada anak usia 4-5 tahun (Pormes, Rompas, & Ismanto, 2014).

Gambar 1. dan 2. menyajikan rata-rata perubahan berat badan dan tinggi badan peserta didik dengan pemberian makanan di PAUD. Diperoleh hasil sebagian besar (58%) peserta didik meningkat berat badan dan tinggi badannya secara signifikan ($p\text{-value} < 0,05$) dengan rata-rata kenaikan berat badan sebesar $1\pm 0,7$ kg, dan tinggi badan sebesar $1,25\pm 1,06$ cm. Hal ini sejalan dengan penelitian Muhammad, et al., 2017 yang memperoleh hasil 95% anak didik mengalami peningkatan berat badan, dan 100% mengalami kenaikan tinggi badan setelah diterapkan pola makanan sehat di sekolah.

Kebiasaan makan yang sehat yang diterapkan sejak dini pada anak-anak dapat membentuk perilaku makannya secara positif (Tovar, et al., 2012). Meningkatnya pengetahuan ibu tentang praktik PMBA juga dapat membantu dalam

meningkatkan status gizi anak (Meshram, et al., 2019).

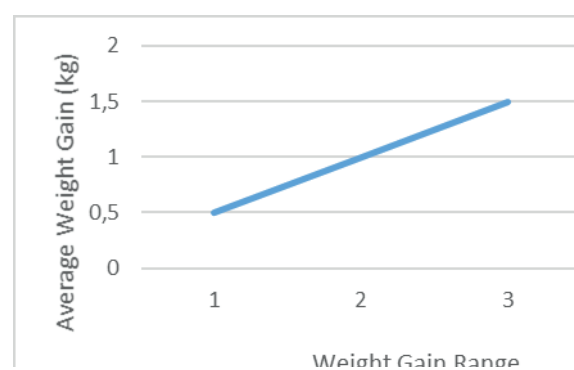
Abdulahi, et al, 2017, menyatakan usia anak, jenis kelamin anak, makanan pendamping, keragaman makanan yang buruk, penyakit diare, pendidikan ibu, tinggi badan ibu, daerah tempat tinggal dan status sosial ekonomi merupakan –

Tabel 2. Hasil Program Pemberian Makanan di PAUD

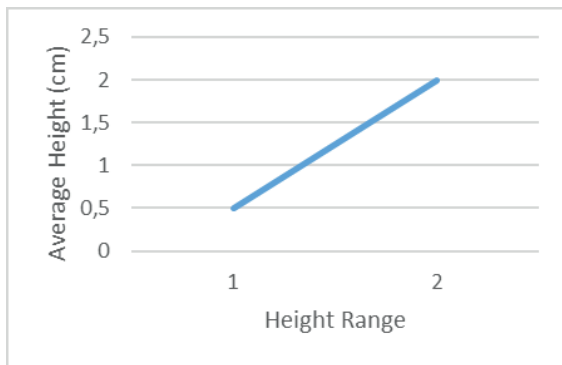
Program Pemberian Makanan di PAUD	n	%
Unsur edukasi gizi dan kesehatan	150	100
Materi edukasi gizi dan kesehatan	- Pengenalan Makanan Sehat, dan Bergizi Seimbang - Pengenalan Makanan Halal dan Toyyib - Kreasi Menu Makanan Sehat - Kandungan Gizi Makanan	
Sasaran edukasi gizi dan kesehatan	- Peserta didik - Orang tua - Pengasuh	
Respon sasaran terhadap edukasi gizi dan kesehatan yang diberikan melalui Program Pemberian Makanan di PAUD	150 Baik	100 Baik

faktor risiko yang signifikan untuk kekurangan gizi. Selanjutnya dapat meningkatkan risiko terjadinya pengembangan obesitas, dan komplikasi terkait obesitas seperti Diabetes Mellitus Tipe 2.

Sedangkan Srivastava (2012), menyatakan risiko terjadinya malnutrisi secara signifikan lebih tinggi di antara anak-anak yang tinggal dalam keluarga bersama, anak-anak yang pendidikan ibunya kurang, dan anak-anak dengan ibu yang bekerja.



Gambar 1. Rata-rata Perubahan Berat Badan Selama Kegiatan Pemberian Makanan di PAUD



Gambar 2. Rata-rata Perubahan Tinggi Badan Selama Kegiatan Pemberian Makanan di PAUD

Melalui program pemberian makanan di PAUD, dan adanya peran penting guru pendidik PAUD sekaligus sebagai kader kesehatan pada program ini, memberikan perubahan pada peningkatan berat badan dan tinggi badan peserta didik secara signifikan. Hal ini membuktikan bahwa peran guru pendidik PAUD tidak boleh dianggap remeh berkaitan dengan upaya pemerintah dalam menurunkan angka kejadian stunting. Didukung dengan pernyataan Arimond dan Ruel, 2004, bahwa pemberian keragaman makanan pada anak balita dapat menghindarkan dari kejadian stunting yang tidak diharapkan.

KESIMPULAN DAN SARAN

Banyak praktik baik yang telah dilakukan oleh para guru pendidik PAUD di Kota Malang, yaitu : melaksanakan pemberian makanan di sekolah, memberikan edukasi gizi dan kesehatan, memonitoring tumbuh kembang anak, serta secara signifikan berhasil meningkatkan berat badan dan tinggi badan peserta didik. Sehingga dengan adanya peran guru PAUD berpotensi untuk meningkatkan status gizi siswa.

Peran ganda guru PAUD sebagai kader kesehatan ini perlu diapresiasi, didefinisikan, dan dihargai oleh otoritas nasional, berdasarkan kebutuhan lokal, dan selanjutnya dapat diprogramkan berdasarkan bukti berbasis kebijakan, seperti dalam pembentukan Tim Percepatan Stunting Pengurangan (TPPS).

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