



Assistance for Housewives on Awareness of Eating Fruits and Vegetables through Posters and Leaflets to Increase Knowledge and Attitudes in RT.14 Working Area of Puskesmas Trauma Center Samarinda

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ABSTRACT

Eating fruits and vegetables is one of the important requirements in fulfilling balanced nutrition. The purpose of this community service activity is to assist counseling in an effort to raise public awareness of eating fruits and vegetables. The targets in community service are housewives in RT 14 Kelurahan Tani Aman, Kader. The service activity began with the socialization of explanations about the awareness of eating fruits and vegetables. The activity was then continued with training on the practice of making fruit and vegetable meals. This service activity program applies implementation methods, namely lectures and discussions, direct practice and evaluation of activities. The lecture and discussion method aims to provide knowledge about awareness of eating fruits and vegetables. Delivery of material using power points and educational videos on awareness of eating fruits and vegetables. Pretest and posttest results for the consumption category: 54% of housewives consume fruits and vegetables well, and 46% of housewives consume vegetables well. The results of this pretest and posttest are still very low. Vegetable consumption is still higher than fruit consumption. Conclusion After this service activity, it is hoped that it can increase awareness and consumption of fruits and vegetables from housewives and can invite people around, especially families, to consume fruits and vegetables.

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1. INTRODUCTION

Health is an indispensable part of human beings. Without good health, humans cannot carry out their activities optimally and will experience a decrease in productivity. The Indonesian government pays more attention to health in accordance with the Nawacita program, which aims to increase community productivity, so improving health is an important condition to make it happen (Karso & Wibawa, 2017).

Along with lifestyle changes, nowadays, people, especially teenagers, consume ready-to-eat foods, added sugar, excessive amounts of fat, and rarely consume fruits and vegetables. As a result, the body becomes deficient in nutrients (fiber, minerals, and vitamins), and there is an increase in the number of people with non-communicable diseases such as stroke, heart, and diabetes (Dhaneswara, 2017; Nenobanu et al., 2018; Widani, 2019). Eating fruits and vegetables is one of the important requirements in fulfilling balanced nutrition (Yuliah et al., 2018). Consumption of fruits and vegetables recommended by WHO and the Indonesian Ministry of Health is 400 grams / capita / day or 3-5 servings per day (Dhaneswara, 2017; Widani, 2019).

In 2016, the consumption of fruits and vegetables by Indonesian people decreased. Consumption of fruits and vegetables by the Indonesian people is only 43% of the amount recommended by the AKG / FAO (Widani, 2019). Factors that influence the consumption of fruits and vegetables in Indonesia include gender, pocket money, parents' education level, knowledge about fruits and vegetables, preferences, confidence, peer support,

body image perception, availability of fruits and vegetables, and the influence of mass media (Oktavia et al., 2019). Adolescence is a vulnerable age because it is an important period of human growth and development. So, it is very appropriate if this age instilled consumption habits from fruits and vegetables (Dhaneswara, 2017).

According to the Minister of Health Regulation No. 41 on Balanced Nutrition, people's food consumption is still not in accordance with the message of balanced nutrition. The results of the 2010 Riskesdas study state the following picture. First, there are still many residents who do not consume enough vegetables and fruits. Based on Riskesdas 2013, 93.5% of people over the age of 10 years consume vegetables and fruits, which is still below the recommendation. Second, the quality of protein consumed on average per person per day is still low because most of it comes from vegetable proteins such as cereals and nuts. Third, consumption of foods and beverages with high sugar, high salt and high fat, both in urban and rural communities, is still quite high. Fourth, water intake in adolescents is still low. Fifth, the coverage of exclusive breastfeeding in infants 0-6 months is still low (61.5%).

Riskesdas 2007, 2010, and 2013 shows that Indonesia still has a malnutrition problem. The trend in the prevalence of under-five children from 13.6% to 13.3% and decreased by 12.1%. The trend of prevalence of stunting children under five is 36.8%, 35.6%, 37.2%. The prevalence of underweight was 18.4%, 17.9% and 19.6% respectively. The prevalence of underweight school children to adolescents based on Riskesdas 2010 is 28.5%.

The effect of malnutrition in the first 1000 days of life, namely from the fetus to the child is two years old, not only on physical development but also on cognitive development, which in turn affects intelligence, thinking agility and work productivity. Nutritional deficiencies at this time are also associated with the risk of chronic diseases in adulthood, namely obesity, heart and blood vessel disease, hypertension, stroke and diabetes. According to data from reporting in the working area of the Trauma Center Puskesmas about PHBS consuming fruits and vegetables from 1182 houses surveyed, only 353 houses carried out PHBS and routinely consumed fruits and vegetables with a percentage of only 30%. Therefore, the importance of health promotion programs to increase public awareness, especially among the community in the Tani Aman RT family. 14 located in Loa Janan Ilir sub-district, Samarinda City, East Kalimantan Province, Indonesia.

From the Indonesian Health Profile (2017), it can be seen that the achievement of healthy households in Indonesia is 68.69%, higher when compared to the national target set at 60%. The achievement of healthy households for East Kalimantan Province is 63.58%, which is slightly higher than the national target but still below the national average. Data and information on the Health of East Kalimantan Province (2018) shows that the percentage of households behaving clean and healthy in Indonesia in 2012 was 56.2%. As for East Kalimantan Province, the percentage value is only 46.51%, still below the target and national average.

Tani Aman was established on July 6, 2006, and was inaugurated by the mayor of Samarinda Achmad Amins. The area of this village is 392 hectares, with a population of 5,650 people with a density of 1,441 people / km². Tani Aman is the gateway to Samarinda City from Balikpapan City (to the south). There is no nearest market and difficult access to the market, so many people do not consume fruits and vegetables properly.

From the above problems, a Health Promotion program is needed in partnership with the Trauma Center Health Center, RT leaders and local cadres using counseling methods and group discussions using poster and leaflet media by inviting the community to partner with RT leaders and cadres to increase public interest in eating fruits and vegetables, so that this problem is a major concern and a priority to improve community nutrition. Based on the above background, we will hold community service with the theme of approach through counseling on the importance of eating fruits and vegetables for the community in RT 14 Tani Aman Village in the working area of the Trauma Center Samarinda Health Center.

2. METHODOLOGY

This service activity was carried out at RT 14 Kelurahan Tani Aman in the working area of the Trauma Center Health Center. Community Service Activities entitled "Assistance for Housewives on Awareness of Eating Fruits and Vegetables through Posters and Leaflets for Increasing Knowledge and Attitudes in Rt. 14 Working Area of Puskesmas Trauma Center Samarinda". The initial stage of service activities is that there is a health problem, namely the lack of consumption of fruits and vegetables in the RT and based on data and research results and health information from various sources, including the Health Profile of the Samarinda City Health Office and the Trauma Center Health Center, there is still a low rate of lack of consuming vegetables and fruits.

Proposals are prepared based on the results of preliminary studies and literature reviews of various concepts, government policies, research results, surveys or health profile data. In this activity, the team coordinates to formulate goals, work plans, simulation activities and design budgets. The team also coordinates with parties related to fruit and vegetable awareness programs at both the provincial and city levels, puskesmas, to find out the program of activities that have been implemented.

Implementation of Activities by coordinating with Puskesmas Leaders and Safe Farmer Output Leaders through Zoom meetings and creating WA groups, making invitations for prospective participants, namely housewives. Conducting data collection of prospective targets in the trauma center

PUSKESMAS area and preparing counseling equipment in the form of Leaflets, Posters, Consumption (Fruits and vegetables) and Banners, and preparing counseling places, namely in open spaces and households in the Trauma Center RT 14 Trauma Center area, Safe Farmers Village, Room, Table, Chair, Lyric, Projector (LCD) and Adjustment of Activity Schedule.

The service activity began with the socialization of explanations about the awareness of eating fruits and vegetables. The activity was then continued with training on the practice of making fruit and vegetable meals. This service activity program applies implementation methods, namely lectures and discussions, direct practice and evaluation of activities. The lecture and discussion method aims to provide knowledge about awareness of eating fruits and vegetables. Delivery of material using power points and educational videos on awareness of eating fruits and vegetables.

The direct practice method is carried out to provide skills to the participants (housewives) in eating fruits and vegetables and processing healthy foods such as fruits and vegetables. This community service activity team carried out activities through two stages: the first stage was the Socialization of Eating Fruits and Vegetables, and the second activity was Food Management Practices and Growing Fruits and Vegetables.

3. RESULTS AND DISCUSSION

Socialization and Education of the Fruit and Vegetable Eating Awareness Movement and the implementation of community service activities were attended by 50 participants (Housewives). This activity will be held on August 1 – 2, 2023. Filling out questionnaires was carried out by housewives, and then counseling was carried out with the presentation of material on the outline of vitamins and minerals as well as the content and benefits of consumption of fruits and vegetables with the method of using a food model assisted by students. During this counseling, questions and answers and discussions were also held with participants (housewives). After the presentation of the material, students were asked to fill out a questionnaire for the post-test. This activity is expected to be an awareness effort to eat fruits and vegetables, which is expected to have a positive impact on families to eat fruits and vegetables and improve skills.

The media used also makes housewives interested, namely with leaflets, posters and videos that tell about the importance of eating vegetables and fruits every day so that housewives can provide a healthy food menu for their families and housewives can easily capture the material presented. *Leaflets are* also made with many colorful pictures of writing so that mothers are more interested. Even when questioning and answering, housewives are more interested. At the time of evaluation after the material delivery, the housewives came back about the importance of eating fruits and vegetables every day and promised to eat vegetables and fruits every day.



Figure 1. Material Exposure

In general, housewives already know the types of fruits and vegetables, but they do not regularly consume fruits and vegetables. Based on the results of discussions with housewives, they stated that because parents are busy working and prefer instant food whose presentation does not require a long time. In addition, there are families of some children who do not like to eat vegetables because parents do not accustom the pattern of eating habits. Some parents want to meet the nutritional needs of children through nutritious feeding, but due to economic limitations, they cannot afford fruit for their family to consume.



Figure 2. Fruit Sandwich-Making Practices

The Healthy Community Movement Program (GERMAS) is one of the government's programs to improve vegetable and fruit consumption behavior. GERMAS was established in 2013 through Presidential Regulation Number 42 of 2013 (Ministry of Health, 2017). An important factor that determines the success of changes in vegetable and fruit consumption behavior is the primary environmental factor, that is, the home environment. In that environment, the role of parents is the primary environmental factor, namely the home environment. In this environment, the role of parents becomes very important (Nisa, 2020).

Parents, especially mothers, determine the food consumed by all family members in all age groups, from children to the elderly (Kushargina & Afifah, 2021). Vegetables should be served at every meal. This habit can form healthy habits of vegetable consumption. Parents are also role models that children can emulate. Parents who also consume vegetables will be a reference for children to participate in consuming vegetables. After counseling about eating fruits and vegetables to housewives, it is hoped that housewives can improve their habit of consuming fruits and vegetables according to their respective needs. With this counseling, it can provide an overview to housewives to teach children to consume healthy foods.

A regular habit of eating vegetables and fruits in the family will form good habits for children. Furthermore, the diet in the family must also be considered, the frequency of eating with the family, the availability of fruits and vegetables at home, getting used to eating fruits and vegetables, parents give examples of eating fruits and vegetables on children, can form habits for their children.



Figure 3. Vegetable Consumption

Pretest and posttest results for the knowledge category, 80% of housewives' knowledge about good fruit and 21% of housewives' knowledge about good vegetables. This indicates that most housewives already understand the importance of fruits and vegetables for the body. Several factors, including parental education, educational institutions and religious institutions, influence the knowledge of housewives. Understanding and knowledge about fruits and vegetables can increase the awareness of housewives to carry out consumption behavior from fruits and vegetables (Lathifuddin et al., 2018).



Figure 4. Fruit Consumption

This result is in line with research conducted by Rachman et al., that most respondents have nutritional knowledge in a good category (Rachman et al., 2017). However, Widani stated something different in his dedication, that the knowledge and attitudes of the housewife participants in counseling were still lacking. This is due to the lack of information related to the importance of fruit and vegetable consumption; wrong opinions about healthy vegetables must be expensive and green (Widani, 2019). Pretest and post-test results for the favorite category, 92% of housewives positively like fruit and 79% like vegetables. Preference for food is influenced by several factors, such as taste, texture and color of food (Rachman et al., 2017), expressing fondness for good fruits and vegetables.

Pretest and posttest results for the consumption category: 54% of housewives consume fruits and vegetables well, and 46% of housewives consume vegetables well. The results of this pretest and posttest are still very low. Vegetable consumption is still higher than fruit consumption. This isn't very objective because the price of relative fruit is more expensive than vegetables. The results of the pretest and posttest are in line with the results of research conducted by previous studies that vegetable consumption (16.2%) is higher than fruit consumption (7.5%) in respondents. Some factors that influence low consumption of fruits and vegetables include dislike factors, family income, the availability of fruits and vegetables at the household level is still low, depending on the fruit season, parental education, parental influence, peer influence, mass media exposure and low level of nutritional knowledge (Kusumajaya et al., 2009; Nenobanu et al., 2018; Oktavia et al., 2019).

Another cause is because fruits and vegetables lose prestige to fast food, which is the current trend. This has an impact on the low consumption of fruits and vegetables in adolescents. The practicality of fast food and its cheaper price than fruits and vegetables and the tendency of housewives to choose whatever food is available both at home and at school also affect the consumption of housewives in each family (Bahria & Triyanti, 2010).

Education about nutrition is very important because it plays a role in realizing the behavior of choosing healthy food consumption such as fruits and vegetables. Speaking of the higher level of one's nutritional knowledge, eating behavior of fruit and vegetable consumption will also be better. There is a significant relationship between attitudes, nutrition education, availability of food, exposure to both electronic and non-electronic media, and family economic income on fruit and vegetable consumption behavior in adolescence (Rachman et al., 2017).



Figure 5. Shared Documentation Teams and Participants

4. CONCLUSION

Healthy food is food that contains substances needed by the body and must have several conditions, including hygienic, nutritious and adequate, but not necessarily expensive and tasty food. Vegetables and fruits are sources of various vitamins, minerals and dietary fiber. Some vitamins and minerals contained in vegetables and fruits act as antioxidants or antidotes to bad compounds in the body. Based on the results of service activities, it can be concluded that there is an increase in the average knowledge and attitudes regarding fruit and vegetable consumption in early school children after education about vegetable consumption using leaflets and video media. The existence of regular and continuous educational activities to increase fruit and vegetable consumption in children is a strategy for preventing non-communicable diseases.

Based on the results of this community service activity, it can be concluded that 80% of students' knowledge about good fruits and 21% of students' knowledge about good vegetables, 92% of housewives positively like fruit and 79% of students positively like vegetables. However, fruit and vegetable consumption is still low. Only 4% of female students consume fruit well, and 25% of housewives consume vegetables well. The form of fruit most consumed by students is the form of fresh fruit (39%), while vegetables the most consumed is by stir-fry (68%). After this service activity, it is hoped that it can increase awareness and consumption of fruits and vegetables from housewives and can invite people around, especially families, to consume fruits and vegetables. The author's suggestion for partners is that it is hoped that there will be attention from the village and puskesmas maps RT to housewives by paying more attention to food sold in the canteen and around the school, installing posters on the content and the importance of fruit and vegetable consumption in the area of safe farming villages and puskesmas to provide material related to nutritional content, benefits and consequences of lack of fruit and vegetable consumption.

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