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The Effect of Providing Health Education on Stunting Prevention to Toddlers Through Pre-Experimental Research with a One Group Pretest Posttest Approach on the Level of Knowledge in Banjaran Village Posyandu Cadres

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A B S T R A C T

Stunting is a chronic nutritional problem due to a lack of nutritional intake for a long period of time, resulting in impaired growth in children. Prevention of this problem is still being sought, because the stunting rate is still high until now, especially in the environment in Banjaran village, Driyorejo Gresik district. The purpose of this counseling or education is so that mothers get enough knowledge to overcome stunting in toddlers. The implementation of this counseling activity is attractive, where participants are asked to answer questions from the presenter that have been given in the question answer sheet, in each question there will be a discussion related to this given by the speaker later. The results and discussions of the average score before and after counseling were 67, while the score after counseling was obtained on average 77.5. Results obtained with a p-value of 0.001 then H0 rejected. So it can be concluded that there is The effect of providing counseling or education on stunting prevention to toddlers through the One Group Pretest Posttest approach to Posyandu Toddler cadres in Banjaran village, Driyorejo District, where there is an increase in the knowledge of Posyandu toddler cadres related to stunting prevention in toddlers by 15% before and after counseling and education is given.

INTRODUCTION

Toddlerhood is a golden age period, an important time in the process of human growth and development. The problem of failure to grow and develop in toddlers will affect physical endurance and intelligence so that it can have an influence on life in the future (Wulandini, Efni and Marlita, 2020). According to the World Health Organization (WHO), Indonesia is the third country with the highest prevalence in the Southeast Asia/South-East Asia Region (SEAR). The average prevalence of stunting in Indonesia in 2015-2018 was 36.4 (Teja, 2019). World Health Organization (WHO) 2018 data states that the phenomenon of stunting in toddlers in the world reaches as much as 30.8% or 154.8 million children under five, the number of stunting incidents in Indonesia is included in the top five countries in the world. To prevent this from happening, the government has planned an integrated stunting prevention intervention plan involving departments and agencies across 2018. 100 districts in 34 provinces were designated as priority locations for stunting reduction. This number will increase to 60 districts the following year. The existence of this cross-sector cooperation is expected to reduce the stunting rate in Indonesia, so that the target of the 2025 Sustainable Development Goals (SDG) is to reduce the stunting rate by up to 40% (Kemenkes RI, 2018).

Factors that affect developmental delays (stunting) include maternal factors: maternal nutritional status during pregnancy, maternal education level, maternal knowledge level, breastfeeding factors, complementary breastfeeding factors (MP-ASI), infection factors, family economic factors and environmental factors (Aobama & Purwito, 2020). Factors, the level of education and knowledge of mothers are also a factor that causes developmental delays. Mother's lack of understanding of childcare patterns and lack of knowledge about nutritional fulfillment for themselves and their children can cause malnutrition and stunting (Kemenkes RI, 2018).

The problem of malnutrition begins with a slowdown or retardation of fetal growth known as IUGR (Intra Uterine Growth Retardation). The condition of IUGR is almost half related to the nutritional status of the mother, namely the weight (BB) of pre-pregnant mothers that does not match the height of the mother or is short, and the weight gain during pregnancy (PBBH) is less than it should be. Mothers who are short at the age of 2 tend to be short at the time of adult review. When pregnant short will tend to give birth to babies who are BBLR. If there is no improvement, the occurrence of IUGR and BBLR will continue in the next generation so that there is a problem of intergenerational short childhood (Sari et al, 2010).

Another determinant factor related to the incidence of stunting is socioeconomic factors. Socioeconomic status, age, gender and education of mothers are important factors of adolescent nutritional status (underweight and stunting) (Assefa, 2013). Research conducted in low- and middle-income countries shows that children living in slums, the older the child gets, the worse the risk for stunting (Kyu & Shannon, 2013). Children's health is also a determining factor in the incidence of stunting. Repeated or prolonged episodes of diarrhea during childhood increase the risk of stunting (Ricci et al, 2013).

METHOD

This community service activity was carried out at the Banjaran village hall by involving 20 cadres of the posyandu toddlers. Counseling or education is carried out by providing health aspects to mothers of posyandu cadres under five including the prevention of stunting in toddlers. The method of educational or counseling activities using pretest and posttest.

The technical implementation of educational activities is as follows:

1. Provided a pretest question sheet and answers.
2. The speaker asked several questions about stunting prevention in toddlers
3. Participants are expected to fill in our work with the questions that have been asked by the presenter.
4. There are 10 questions, and each question has 4 answers that must be chosen by the participant correctly.
5. Decisions taken according to their respective perceptions.

6. From the participants' answers, the speaker will provide a discussion related to the questions that have been given.
7. After providing education or counseling, the results are evaluated again by providing answer sheets and posttest questions.

Sampling with total sampling, the sampling process is carried out by giving each population member an equal opportunity to become a sample member. This type of research is quantitative. The research design used in this study is PreExperimental with the One Group Pretest Posttest approach, where in this study the sample is given a pretest first before being given an intervention, then a posttest is carried out. The analysis of the data used for data testing, if the data is distributed normally, parametric calculations are carried out using the T (paired t-test) test. If the assumptions are not met or the data is not distributed normally, non-parametric calculations are carried out using the Wilcoxon test.

RESULT AND DISCUSSION

The real work lecture (KKN) activity of group 2 of Nahdlatul Ulama University Surabaya in Banjaran Village for posyandu cadres for toddlers was attended by 20 participants. The activity was attended by participants in the range of 40 – 45 years. Based on the results of univariate analysis of 20 respondents, 50% of respondents were aged 41 – 50 years, according to table 1.

Variable (age)	Frequency	Percentage
< 30 years	1	5%
30 – 40 years	6	30%
41 – 50 years	10	50%
> 50 years	3	15%
Total	20	100%

Furthermore, the data normality test in this study uses *the Shapiro Wilk* test, which is a normality test used when the number of respondents is less than 50 people. The results of the normality test using *Shapiro wilk* are abnormally distributed, so the data is non-parametric data so that the different tests in this study use the Wilcoxon test with the test results listed in table 2.

Knowledge	Frequency	Avarege	p-Value
Before Counseling	20	67	0,001
After Counseling	20	77,5	

Based on the results of the Wilcoxon test in this study, to find out the difference before and after the provision of education, it can be seen from the average score before and after counseling, which is 67, while in the score after counseling obtained an average of 77.5. The average score after being given counseling increased from 67 to 77.5 a significant result was obtained with a p-value of 0.001, then H0 rejected. So that it can It was concluded that there was an effect of providing health counseling to prevent

stunting in toddlers with the Pre experimental method with a one-group pretest posttest approach to the cadres of the Banjaran village posyandu, Driyorejo district.

Counseling on stunting prevention in toddlers needs to be carried out considering the number of mothers who still underestimate the problem. This is due to the lack of knowledge of mothers on the prevention of stunting in toddlers. Factors The level of education and knowledge of mothers is also a factor that causes developmental delays. Lack of understanding of mothers' parenting patterns and lack of knowledge about nutritional fulfillment for themselves and their children can lead to malnutrition and lead to stunting (Kemenkes RI, 2018). According to Nuriannisa et al. (2022), the indicator of the success of community service programs is if the average value of participants' knowledge increases by at least 20%. In this counseling, there is an increase of 15%, so that this counseling activity can be considered quite successful in increasing knowledge related to stunting prevention for toddlers.

CONCLUSION

This counseling activity has been successfully carried out, where there is an increase in participants' knowledge related to reproductive health in mothers by 15% before and after counseling and education. Efforts to provide a positive attitude About the prevention of stunting in toddlers is carried out so that toddlers can avoid stunting. Proper information and education will help mothers make the right decision to distance themselves from risk factors that can affect toddlers to be stunted. It is hoped that through this counseling activity, it can increase the knowledge of mothers on the prevention of stunting for toddlers.

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