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The Effect of Providing Counseling With Audiovisual Methods on the Knowledge of Mothers of Toddlers about Stunting

Setia Nisa[1,2], Prasetyaningsih[2]
[1.2]Midwifery Academy STIKES Piala Sakti Pariaman, West Sumatra, Indonesia

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Corresponding Author:

Setia Nisa
Academy STIKES Piala Sakti Pariaman, West Sumatra, Indonesia
Email: setianisa03@gmail.com

ABSTRACT

Indonesia is included in the 5 countries with the highest stunting rate of children under five, namely there are 7.5 million children under five. Based on the results of the 2016 Basic Health Research (Riskesdas), the prevalence of stunting nationally was 37.2%, which means an increase compared to 2010 (35.6%) and 2007 (36.8%). Based on data from the Pariaman City Health Office from 7 existing Puskesmas working areas, the Marunggi Health Center Work Area Pariaman City has the highest percentage of very short children growth, reaching 63 people out of 772 toddlers (8.2%) and 108 people short (14%)).This research uses a correlation pre-experimental design with the One Group Pretest-Posttest Design, which is a research design that has a pretest before being given treatment. Thus it can be known more accurately, because it can be compared with being held before being given treatment. The sample of this study used a purposive sampling technique with certain criteria with the number of samples obtained by 50 PUSH women. The results of the study will be analyzed using the independent sample t test (paired sample t-test. The results of statistical tests obtained P value = 0.000. This means that there is a significant difference in the average knowledge of mothers of children under five before and after counseling. This research is expected to be evidence based, become a guide or material for health promotion at the Marunggi Health Center, as a material for public consideration of the importance of knowledge about stunting.

Keywords:

Counseling, Audiovisual, Knowledge, Stunting

1. INTRODUCTION

Stunting is one of the targets (SDGs) included in the 2nd sustainable development goal, namely eliminating hunger and all forms of malnutrition by 2030 and achieving food security. The target set is to reduce stunting rates to 40% by 2025. Stunting is defined as nutritional status based on the PB/U or TB/U index where in anthropometric standards for assessing children's nutritional status, the measurement results are at the threshold WHO Z score <-2 SD to -3 SD is categorized as short and <-3 SD is categorized as very short [9]

The World Health Organization (WHO) stipulates a maximum tolerance limit for stunting (children of short stature) of 20 percent or one-fifth of the total number of children under five. However, the fact is that in Indonesia, the state of stunting in toddlers is at 35.6 percent, which means that it has exceeded the WHO tolerance limit. It has been recorded that 7.8 million out of 23 million toddlers experience stunting. Meanwhile, of the 35.6 percent of stunting in Indonesia, 18.5 percent of children under five are in the very short category and 17.1 percent are in the short category. With the figures disclosed by the WHO, it also finally makes Indonesia classified as a country with poor nutritional status. Indonesia is included in the 5 countries with the highest stunting rate of children under five, namely there are 7.5 million children under five. Based on the results of the 2016 Basic Health Research (Riskesdas), the prevalence of stunting nationally was 37.2%, which means an increase compared to 2010 (35.6%) and 2007 (36.8%) (Sri, 2016). In a study stated that the occurrence of stunting in toddlers can be caused by the behavior of the mother which is a factor in choosing the wrong food. One of the efforts to improve the behavior of

mothers under five is through health education. Health education will have a good effect if the process uses good methods and media. There are various health education media that can be used, including counseling using simulation media, print media (leaflets) and individual methods (door to door). [15]

Based on data from the Pariaman City Health Office from 7 existing Puskesmas working areas, the Marunggi Health Center Work Area Pariaman City has the highest percentage of very short children growth, reaching 63 people out of 772 toddlers (8.2%) and 108 people short (14%)), [6].

Specific Objectives: a). It is known that the average level of knowledge of mothers of toddlers about stunting before being given counseling using the audiovisual method. b). It is known that the average level of knowledge of mothers under five about stunting after being given counseling using the audiovisual method. c). It is known the effect of providing counseling with the audiovisual method about Stunting at the Marunggi Health Center.

2. METHOD

This type of research is correlation using Pre-experimental with One Group Pretest-Posttest Design. In this research design, the researcher only intervened in one group without a comparison. The effectiveness of the treatment was assessed by comparing the value of the pretest with the posttest can be described as follows (Sugiyono, 2012). The population of this study were all mothers who had toddlers in the working area of the Marunggi Health Center, Pariaman City. The sample size for Quasi Experimental research is 50 people. In this study, the researcher used a purposive sampling technique based on a certain consideration, based on the characteristics or characteristics of the population that were previously known.

3. RESULTS AND DISCUSSION

RESULTS

This research was conducted from February to April 2021 in the working area of the Marunggi Public Health Center. This research was conducted on 50 respondents. The research was conducted by distributing pretest questionnaires. After that, health education with audio visuals was given about stunting. Furthermore, respondents filled out the posttest questionnaire. Then the results of the level of knowledge about the pretest and posttest stunting tools were compared, the following results were obtained:

1. Kolmogorov-Smirnov . normality test

The results of the normality test on the pretest and posttest using the SPSS (Statistical Package for the Social Sciences) release 17. Using the Kolmogorov-Smirnov test, the results show that P > 0.05 the results show that the distribution is normal with a value of 0.880 > 0.05

3.1. Frequency distribution of mother's knowledge about stunting before counseling

Table 1. Frequency distribution of mother's knowledge about stunting before counseling

No	Knowledge	F	%
1	High	20	40,0
2	Low	30	60,0
	Total	50	100,00

Based on table 1, it can be seen that 60% of respondents have low knowledge.

3.2. Frequency distribution of mother's knowledge about stunting after counseling.

Table 2. Frequency distribution of mother's knowledge about stunting after counseling.

No	Knowledge	F	%
1	High	45	90,0
2	Low	5	10,0
	Total	50	100,00

Based on table 3.2, it can be seen that 90% of respondents have high knowledge.

3.3. The effect of providing audio-visual counseling on the level of knowledge of mothers under five about stunting in the working area of the Marunggi Public Health Center

Table 3. Level of knowledge of mothers under five about stunting in the working area of the Marunggi Public Health Center

Variabel	Mean	SD	Beda		*P* value	n
			Mean	SD		
Knowledge before counseling (Pretest)	44,56	15,38				50
Knowledge after counseling (Pretest)	61,26	12,14	16,70	10,99	0,000	50

Based on table 3 above, the average knowledge of mothers of children under five before counseling on stunting was carried out was 44.56 with a standard deviation of 15.38, while the average knowledge of mothers after counseling was carried out was 61.26 with a standard deviation of 12.14. It can be seen that the difference in the average value after and before being given health education about contraception is 16.70 with a standard deviation of 10.99. The results of statistical tests obtained P value = 0.000. This means that there is a significant difference in the average knowledge of mothers of children under five before and after counseling. It can be concluded that there is an effect of providing audio-visual counseling on the level of knowledge of mothers under five about stunting in the working area of the Marunggi Public Health Center.

DISCUSSION

Stunting is a condition of failure to thrive in children under five years of age due to chronic malnutrition so that children are too short for their age. Short (stunted) and very short (severely stunted) toddlers are toddlers with body length (PB/U) or height (TB/U) according to age compared to the WHO-MGRS standard (Multicentre Growth Reference Study, 2016).

Stunting is not only caused by one factor but is caused by several factors that are interconnected with one another. Among the factors that influence the incidence of stunting are nutritional intake, pregnancy history, exclusive breastfeeding, complementary feeding, infection, as well as knowledge about nutrition for parents of toddlers and counseling methods delivered (right on target) [8]

The level of knowledge is closely related to the level of education, mother's education is indirectly one of the factors that determine a person's food consumption. People who have high education will have the ability to apply nutritional knowledge in food selection and processing so that it can be expected that their food intake is more secure, both in using household income allocations to choose good food and being able to pay attention to good nutrition for their children, as well as the education of people. Parents can help improve nutritional status in children to reach growth maturity.

This study is in line with research conducted by [17] which showed that before being given nutrition education with audiovisual media 50% of respondents had good knowledge about balanced nutrition in stunting prevention and 50% of respondents had poor knowledge. After being given nutrition education, there was an increase in knowledge from the poor to good category as much as 78.6%. The results of the research by Ardiyah et al (2015) said that the level of mother's knowledge about nutritional status is one of the factors that can affect the occurrence of stunting in children under five, both in rural and urban areas. After being given health information, the mother has insight about stunting, its causes and prevention.

The direct causes of the nutritional status of mothers and children are infectious diseases and food consumption. Mother's knowledge is an indirect cause but very influential on the direct cause of child stunting because it contributes to what food is given to children. The level of knowledge of a person's nutrition has a great influence on changes in attitudes and behavior in the selection of food ingredients, which in turn will also affect the nutritional state of the individual concerned. So the higher the knowledge of mothers under five, it will be easier to receive health information, especially in the field of nutrition, so that they can increase their knowledge and be able to apply it in daily life, so that their children under five will not experience stunting because of insufficient nutrition. Specific nutritional interventions, one of which is an effort to prevent and reduce direct causes, contributes 30% in efforts to improve nutrition [3]

4. CONCLUSION

It can be concluded that there is an effect of providing audio-visual counseling on the level of knowledge of mothers under five about stunting in the working area of the Marunggi Public Health Center.

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