

The Influence Of Booklet And Video On Knowledge And Posyandu Cadres' Attitudes Regarding Stunting In The Area PB Selayang II Puskesmas Works In 2023

¹Lailan Syafrina Lubis, ²Daniel Ginting, ³Frida Lina Tarigan

^{1,2,3}Program Studi Magister Kesehatan Masyarakat, Universitas Sari Mutiara Indonesia
Email: frida_tarigan@yahoo.co.id

Keywords

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Abstract. Stunting is a condition of toddlers who have a long or Height is less compared to his age. Objective This research is to determine the effect of booklets and videos on knowledge and attitudes of posyandu cadres regarding stunting in the work area PB Selayang II Medan Community Health Center in 2023. Type of research used is quantitative research with a quasi-experimental design through a non-experimental design equivalent control group. The research sample consisted of 136 posyandu cadres. Data analyzed using the Paired t test. The results of research tests show that there is the difference in the mean value of cadre knowledge before (58.81) and after (70.24) as well students' attitudes before (48.95) and after (67.96) being given the intervention media booklet with a value of $p=0.000$, then there is also a difference in the average value of knowledge cadres before (59.14) and after (73.76) as well as student attitudes before (46.79) and afterward (67.35) were given video media intervention with $p=0.000$. But at the end research shows that video media has more influence on knowledge (73.76) and attitude (67.35) of cadres regarding stunting. Based on this, it is recommended to the Puskesmas to use booklets and videos as media health promotion in conveying information about stunting so that it can Efforts are made to prevent stunting.

1. INTRODUCTION

Stunting is a condition where toddlers have less length or height compared to their age peers. Chronic nutritional problems are a cause of stunting which is influenced by various factors including socio-economic conditions, maternal nutrition during pregnancy, pain in infants, and lack of nutritional intake in infants so that in the future they may experience difficulties in achieving optimal physical and cognitive development [1]. In 2017, around 150.8 million or 22.2% of children under five in the world experienced stunting. More than half of the stunted toddlers in the world come from Asia (55%) while more than a third (39%) are in Africa. Data on the prevalence of stunting under five children collected by the World Health Organization (WHO), Indonesia is included in the third country with the highest prevalence in the Southeast Asia Region (SEAR). The average prevalence of stunted toddlers in Indonesia in 2005-2017 was 36.4% [1]

According to the World Health Organization (WHO), in 2018, globally, more than half (55%) of the number of stunted toddlers were in Asia and more than a third (39%) in Africa, where Southeast Asia had 14.4% of stunted toddlers. decreased from the previous year. The number of stunted toddlers in the south-east Asia region is 31.9%, where Indonesia is in sixth place with the number of stunted toddlers at 36.4% [2].

Toddlers who experience stunting will have a suboptimal level of intelligence, making children more vulnerable to disease and in the future could be at risk of reduced levels of productivity. In the end, stunting will generally hamper economic growth, increase poverty and widen inequality. Stunting and other nutritional problems are estimated to reduce Gross Domestic Product (GDP) by around 3% per year. Stunting is measured as nutritional status by taking into account the height or length, age and gender of the toddler. The habit of not measuring the height or body length of toddlers in society makes stunting difficult to realize. This makes stunting one of the focuses of the target for improving nutrition in the world until 2025[3]. Based on data from the North Sumatra Provincial Health Service in 2017 it is known that the prevalence of short toddlers is 28.4% consisting of 12.5% very short and 16% short. Data from the 2019 District/City Health Profile shows that districts/cities in North Sumatra have the prevalence short toddlers above the provincial prevalence rate, namely Gunung Sitoli Regency (41.5%), West Nias Regency (16.6%), and Samosir (11.9%). For category The lowest districts/cities are South Tapanuli (0.18), Serdang Bedagai (0.28%) and Medan (0.32%).

The bad effects of malnutrition are very difficult to treat if they exceed 1000 First Day of Life (HPK). To overcome the problem of stunting, the community need to be educated to understand the importance of nutrition for pregnant women and toddlers. Actively participate in the global Scalling Up Nutrition (SUN) commitment in reducing stunting[1]. Knowledge of young women regarding stunting can be obtained from health promotion activities. In promotion nutrition, can use several media so that the information conveyed can be caught more easily.

Health promotion media can be interpreted as a health promotion tool to facilitate communication and disseminate information. Using booklet media is one way to convey information in a relatively short time, practically and easily to carry anywhere so that it can increase young women's knowledge about stunting. Health promotion is a term that is currently widely used in public health and has received policy support from the government in carrying out its activities. The definition of health promotion is also contained in the Decree of the Minister of Health Number 1148/MENKES/ SK/VII/2005 concerning Guidelines for Implementing Health Promotion in Regions, which states that health promotion is "an effort to improve community capacity through learning from, by, for and together community, so that they can help themselves, as well as develop activities that are sourced from community resources, appropriate to local social culture and supported by public policies that are health-oriented"[4].

Currently, Indonesia is facing an epidemiological transition in health problems, where there are 6 health problems, namely maternal deaths due to childbirth, infant and toddler deaths, increasing problems of malnutrition, increasing infectious diseases, increasing non-communicable diseases, and mental health. Related to the Healthy Indonesia Family Approach Program (PISPK) the government through the ministry of health has begun to voice the 2017 Community Movement (Germas), namely to carry out physical activity, consume vegetables and fruit, and have regular health checks. That is of course must be strengthened by the existence of a healthy paradigm, namely with the aim of increasing awareness, willingness and ability to live healthily [1]. Empowerment basically means enabling people to do things independently by utilizing all existing potential. Empowerment is also defined as a process of making people know, willing and able to improve their lives as well as a learning process in society (learning society process), especially in the field of health. In accordance with the principle of empowerment, the assistance process is gradually reduced, thereby creating an active learning society.

In the mentoring process, community participation is developed as far as possible, both in Medan by improving public health, Posyandu cadres are required to further improve and sharpen their role in development in the health sector and community empowerment. So far, the existence of Posyandu has made a positive contribution to monitoring maternal health and children in the working area of the PB Selayang II Health Center, Medan. Therefore, Posyandu cadres must be more professional and independent in their work, so that they can overcome various kinds of health problems and fulfill community needs more optimally. The role of cadres in improving toddler nutrition is very important in improving the function and performance of Posyandu, especially in monitoring toddler growth by revitalizing the posyandu. In carrying out their duties, the role of cadres is very important because they are responsible for implementing the posyandu program. If cadres are not active, the implementation of the posyandu will also not run smoothly and as a result, the increase in nutrition for children under five will not be good [5]. Cadres are the central point in implementing posyandu activities. It is hoped that the participation and activeness of cadres will be able to encourage community participation. However, the existence of cadres is relatively unstable because participation is voluntary so there is no guarantee that they will continue to carry out their functions well as expected. If there are family or other interests, the posyandu will be abandoned [6].

Based on profile data from PB Selayang II Medan Community Health Center, data on toddlers There were 19 children under five who experienced stunting, and the results of the study Introduction carried out on 7 cadres at the PB Selayang II Community Health Center Medan found that 3 out of 7 cadres had good knowledge while the other 4 people have less knowledge even though they have it many are given counseling or material provision through educational media, leaflets, lectures and others about stunting and stunting prevention.

The health promotion method regarding stunting used by Puskesmas PB Selayang II Medan is using the leaflet and lecture method. However, the long-standing use of this method has not reduced the incidence of stunting at the PB Selayang II Health Center, Medan. So, changes were made to the health promotion method in this research based on previous research which stated that the use of video and leaflet methods as a form of health promotion regarding stunting had a significant influence on the knowledge of posyandu cadres.

2. METHOD

Research design to test the relationship between video media health education and cadres' knowledge and attitudes in preventing stunting. This research is a quantitative research that uses a quasi experiment method in one group pre-test post-test. By observing twice, namely before and after treatment is given to the respondent. The group is observed before the intervention is carried out, then observed again after the intervention at another specified time. The intervention group had their level of knowledge and attitudes measured using the same questionnaire before and after the intervention at the time of the study. The intervention provided is expected to influence or change knowledge and attitude variables.

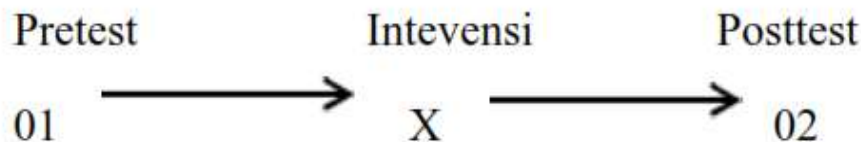


Figure 1 Research Design

Information :

01: Pretest score in the intervention group before the intervention was carried out with booklet media

X: Providing intervention using booklet media

02: Posttest score in the intervention group after intervention with booklet and video media

The population used in this research was posyandu cadres at the PB Selayang II Health Center, Medan, namely 205 people. Sampling Sampling in this research was carried out by a non-probability sampling technique using the purposive sampling method. The sample in this study was 136 cadres of Posyandu cadres in the PB Selayang II Medan Community Health Center area which was obtained from calculating the number of samples based on the sample size formula as below. This :

$$\begin{aligned}
 n &= \frac{N}{1+N(e)^2} \\
 &= \frac{205}{1+122(0,05)^2} \\
 &= \frac{205}{1+205(0,0025)} \\
 &= 135,53 = 136
 \end{aligned}$$

Information :

n = sample size

N = population size

e = sample error rate (sampling error)

The instrument used in this research was a questionnaire to measure the knowledge and attitudes of posyandu cadres at PB Selayang II Public Health Center regarding stunting, using research materials in the form of booklets and videos. The data analysis used in this research is Univariate Analysis and Bivariate Analysis

3. RESULTS AND DISCUSSION

Stunting incident at PB Selayang II Community Health Center

From data reported by name by address at the PB Selayang II Health Center in Medan, it is known that the incidence of stunting among toddlers at the PB Selayang II Health Center in July

reached 22 toddlers declared stunted. The number of stunted toddlers in the PB Selayang II Health Center working area is mostly in the Asam beetle sub-district, namely 8 toddlers are declared stunted, then Selayang II sub-district has 7 stunted toddlers, Selayang I sub-district has 4 stunted toddlers and Tanjung Sari sub-district has 3 stunted toddlers. The large number of stunting incidents in a month in the work area of the PB Selayang II Community Health Center shows that the strategies used in reducing the number of stunting incidents have not been successful even though doctors, nutritionists and health promotion staff at the Community Health Center have made health promotion efforts related to stunting among mothers and posyandu cadres. However, by conducting this research it can be seen that the use of booklets and video media can influence cadres' knowledge and attitudes regarding stunting. It is hoped that increasing the knowledge and attitudes of cadres can be an effort to reduce the number of stunting incidents at PB Selayang II Community Health Center, where cadres must be able to implement the knowledge gained from community health center officers correctly.

Normality Test

Table 1. Kolmogorov-Smirnov test

		Unstandardized Residual
N		136
Mean Std. Deviation	Mean	.0000000
	Std. Deviation	3.21594177
Absolute	Absolute	.113
Positive	Positive	.113
Negative	Negative	-.077
Kolmogorov-Smirnov Z		1.083
Asymp. Sig. (2-tailed)		.192

a. Test distribution is Normal.

b. Calculated from data.

Based on Table 1, it can be seen that the Asymp. Sig. (2-tailed) is $0.192 > \alpha (0.05)$. This means that H_0 is accepted so it can be concluded that all research variables are normally distributed.

Univariate Analysis

Univariate analysis is used to analyze data that has been collected descriptively in the form of a frequency distribution table. These characteristics are seen in the following table:

Table 2 Preetest Frequency Distribution of Posyandu Cadres' Knowledge Regarding Stunting Through Booklet Media at PB Selayang II Community Health Center

Knowledge level	Frequency	Percentage
Good	12	19.0
Currently	42	66.7
Not enough	9	14.3
Total	43	100

Based on table 2, frequency and percentage distribution and the percentage of knowledge level regarding stunting before being given intervention through booklet media (pre-test), it was found that 12 respondents (19.0%) were in the good category, 42 respondents (66.7%) in the medium category and 9 respondents (20.9%) in the low category.

Table 3 Posttest Frequency Distribution of Posyandu Cadres' Knowledge Regarding Stunting Through Booklet Media at PB Selayang II Community Health Center

Knowledge level	Frequency	Percentage
Good	33	52.4
Currently	28	44.4
Not enough	2	3.2
Total	63	100

Based on table 3, the distribution of frequencies and percentages and the percentage of knowledge level regarding stunting after being given intervention through booklet media (posttest), it was found that there were 33 respondents (52.4%) in the good category, 28 respondents (44.4%) in the medium category and 28 respondents (44.4%) in the moderate category and 28 respondents (44.4%) in the moderate category. 2 respondents (3.2%).

Table 4 Pretest Frequency Distribution of Posyandu Cadres' Attitudes Regarding Stunting Through Booklet Media at the PB Selayang II Community Health Center

Attitude Level	Frequency	Percentage
Good	4	6.3
Currently	11	17.5
Not enough	48	76.2
Total	63	100

Based on table 4, the distribution of frequencies and percentages and the percentage of cadres' attitudes regarding stunting before being given intervention through booklet media (pre-test), it was found that there were 4 respondents (6.3%) in the good category, 11 respondents (17.5%) in the medium category and 11 respondents (17.5%) in the medium category. less than 48 respondents (76.2%).

Table 5 Posttest Frequency Distribution of Posyandu Cadres' Attitudes Regarding Stunting Through Booklet Media at PB Selayang II Community Health Center

Attitude Level	Frequency	Percentage
Good	26	41.3
Currently	37	58.7
Not enough	0	0
Total	63	100

Based on table 5, the distribution of frequencies and percentages and the percentage of cadres' attitudes regarding stunting after being given intervention through booklet media (posttest), it was found that there were 26 respondents (41.3%) in the good category, 37 respondents (58.7%) in the medium category and none. respondents who fall into the underprivileged category.

Table 6 Pretest Frequency Distribution of Posyandu Cadres' Knowledge Regarding Stunting Through Video Media at PB Selayang II Community Health Center

Knowledge level	Frequency	Percentage
Good	14	22.2
Currently	42	66.7
Not enough	7	11.1
Total	63	100

Based on table 6, the distribution of frequencies and percentages and the percentage of knowledge level regarding stunting before being given intervention via video media (pre-test) was found to be in the good category as many as 14 respondents (22.2%), the moderate as many as 42 respondents (66.7%) and less as many as 7 respondents (11.1%).

Table 7 Posttest Frequency Distribution of Posyandu Cadres' Knowledge Regarding Stunting Through Video Media at PB Selayang II Community Health Center

Knowledge level	Frequency	Percentage
Good	45	71.4
Currently	15	23.8
Not enough	3	4.8
Total	63	100

Based on table 7, the distribution of frequencies and percentages and the percentage of knowledge level regarding stunting after being given intervention via video media (posttest), it was found that there were 45 respondents (71.4%) in the good category, 15 respondents (23.8%) in the medium category and 15 respondents (23.8%) in the moderate category and 15 respondents (23.8%) in the moderate category. 9 respondents (4.8%).

Table 8 Pretest Frequency Distribution of Posyandu Cadres' Attitudes Regarding Stunting Through Video Media at the PB Selayang II Community Health Center

Attitude Level	Frequency	Percentage
Good	3	4.8
Currently	19	30.2
Not enough	41	65.1
Total	63	100

Based on table 8, the distribution of frequencies and percentages and the percentage of attitudes regarding stunting before intervention was given via video media (pre-test), it was found that there were 3 respondents (4.8%) in the good category, 19 respondents (30.2%) in the medium category and 19 respondents (30.2%) in the moderate category. as many as 41 respondents (65.1%).

Table 9 Posttest Frequency Distribution of Posyandu Cadres' Attitudes Regarding Stunting Through Video Media at PB Selayang II Community Health Center

Attitude Level	Frequency	Percentage
Good	27	4.8
Currently	33	30.2
Not enough	3	65.1
Total	63	100

Based on table 9, the distribution of frequencies and percentages and the percentage of attitudes regarding stunting before intervention was given via video media (posttest), it was found that there were 27 respondents (42.9%) in the good category, 33 respondents (52.4%) in the moderate category and 3 poor. respondents (4.8%).

Bivariate Analysis

The Influence of Booklet Media on the Knowledge and Attitudes of Posyandu Cadres.

The data that the researcher obtained was first tested for normality using a normality test, then the results showed that the knowledge data and attitude data of the respondents were normally distributed. Therefore, the statistical test used is Paired Sample T-Test analysis.

Based on the results of the paired t test analysis, it can be seen that the average knowledge value before being given intervention regarding stunting through booklet media was 58.81 and after being given the intervention the average knowledge result of respondents increased to 70.24 with probability value (p) = 0.000 and t value = -4,700. Meanwhile, it is known that the average value of respondents' attitudes before being given intervention regarding stunting through booklets was 48.95 and after being given the intervention it increased to 67.96 with a probability value (p) = 0.000 and a t value = -11.733 as can be seen in table 10.

Table 10. Comparison of Mean Pretest and Posttest Values for Knowledge and Posyandu Cadres'

Attitudes Using Booklet Media			
Variabel		Pretest Posttest mean	p
Knowledge	Pretest	58,81	0,000
	Posttest	70,24	0,000
Attitude	Pretest	48,95	0,000
	Posttest	67,96	0,000

Based on table 10 it can be seen that in the booklet media knowledge and attitude variables there is an increase in the mean with the probability that the knowledge and attitude variables are smaller than 0.05, so it can be obtained that there is a significant influence on respondents' knowledge and attitudes regarding stunting through booklet media.

The Influence of Video Media on the Knowledge and Attitudes of Posyandu Cadres

The data that the researcher obtained was first tested for normality using a normality test, then the results showed that the knowledge data and attitude data of the respondents were normally distributed. Therefore, the statistical test used is Paired Sample T-Test analysis. Based on the results of the paired t test analysis, it can be seen that the average knowledge value before being given intervention regarding stunting via video media was 59.14 and after being given the intervention the average knowledge result of respondents increased to 73.76 with probability value (p) = 0.000 and t value = -5,315. Meanwhile, it is known that the average value of respondents' attitudes before being given intervention regarding stunting via video media was 46.79 and after being given the intervention it increased to 67.35 with a probability value (p) = 0.000 and a t value = -12.465.

Table 11. Comparison of Mean Pretest and Posttest Scores on Knowledge and Attitudes of Posyandu Cadres Using Video Media

Variabel	Pretest	Posttest mean	p
Knowledge	Pretest	59,14	0,000
	Posttest	73,76	0,000
Attitude	Pretest	46,79	0,000
	Posttest	67,35	0,000

Based on table 11, it can be seen that in the video media knowledge and attitude variables there is an increase in the mean with the probability that the knowledge and attitude variables are smaller than 0.05, so it can be obtained that there is a significant influence on respondents' knowledge and attitudes regarding stunting through video media.

Differences in the Influence of Booklet Media and Video Media on the Knowledge and Attitudes of Posyandu Cadres

Based on the results of the paired t test analysis, the average knowledge score of posyandu cadres regarding stunting after being given the booklet media intervention was 70.24 with a probability value of 0.000 and a t count of -4,700. Meanwhile, the average attitude of posyandu cadres regarding stunting after being given the booklet intervention was 67.96 with a probability value of 0.000 and a t count of 11,733. The average value of posyandu cadres' knowledge after being given intervention via video media was 73.76 with a probability value of 0.000 and a t value of 5.315. Meanwhile, the average attitude of posyandu cadres regarding stunting after being given video media intervention was 67.35 with a probability value of 0.000 and a t value of -12.465 . The results of this analysis can be seen in table 12 below.

Table 12. Average Comparison of Booklet Media and Video Media on Knowledge and Attitudes of Posyandu Cadres at PB Selayang II Community Health Center

Variabel	Pretest	Posttest mean	p
Knowledge	Booklet	70,24	0,000
	Video	73,76	0,000
Attitude	Booklet	67,96	0,000
	Video	67,35	0,000

Based on the probability values of the two variables, it can be seen that there is an influence of both media on the knowledge and attitudes of posyandu cadres. However, from the analysis table above, it can be seen that the average value of knowledge of cadres who were given interventions regarding stunting through video media is higher than cadres who were given booklet media

interventions, so this shows that video media is more effective and influential in increasing posyandu cadres' knowledge about stunting than media. booklet. Meanwhile, regarding the attitude variable, it can be seen that posyandu cadres who were given intervention regarding stunting through video media also had a higher average score than cadres who were given intervention through booklet media.

Discussion

The Effect of Booklet Media on Cadre Knowledge Based on Pretest.

In research that uses booklet media as a medium that provides stimulus to cadres as target organisms and knowledge that acts as a response, the researcher first gives a pretest questionnaire to assess the initial condition of the respondent's knowledge and attitudes before receiving the booklet media intervention. From the research results in table 1, it is known that Based on the results table above, it can be seen that before the intervention was given through booklet media, there were posyandu cadres who were included in the good knowledge category, 6 respondents (9.5%) and 50 respondents in the moderate knowledge category (74.9%) and 7 other respondents (11.1%) were included in the lack of knowledge category.

The Effect of Booklet Media on Cadre Knowledge Based on Posttest.

The results of analysis on booklet media using a paired t test showed that there was a significant influence between providing information about stunting through booklet media on increasing respondents' knowledge about stunting, where the mean value of respondents' knowledge was 70.24 and the probability value (p) = 0.000 ($p < 0.05$). These results show that there is a real difference in respondents' knowledge after being given information about stunting using booklet media as can be seen in table 1. Information about stunting through booklet media is considered capable of making a difference and increasing cadres' knowledge. Before being given intervention regarding stunting through booklet media, overall the respondents' knowledge was still in the poor and moderate categories. This could be because cadres have never received or rarely receive specific information about stunting. After being given intervention regarding stunting through booklet media, it was discovered by several respondents, namely in the posttest, that the level of knowledge of respondents had increased after receiving intervention regarding stunting through booklet media, namely those included in the good category, namely 25 respondents (39.7%) in the medium category. 36 respondents (57.1%) and 2 respondents (3.2%) were included in the less than sufficient category. In table 2 you can see that there has been an increase in the level of knowledge among cadres after being given intervention regarding stunting through booklet media. Table 2 shows that before being given intervention through booklet media, the mean score of respondents on the pretest only reached 58.81. However, after being given intervention through booklet media, the mean of respondents increased to 70.24 in the posttest results.

The influence of Booklet Media on Cadre Attitudes Based on the Pretest

Based on the results table above, it can be seen that before the intervention was given through booklet media, there were 2 respondents (3.2%) in the posyandu cadres who were included in the good attitude category, 20 respondents (31.7%) were included in the moderate category. the poor attitude category was 41 respondents (65.1%). Basically, the cadre's attitude can be said to be in the not less or medium category. In this study, most respondents were considered to be starting to be able to determine what they agreed or disagreed with.

The Influence of Booklet Media on Cadre Attitudes Based on Posttest.

Based on the results of the paired t test analysis, respondents' attitudes after being given interventions regarding stunting through booklet media showed that respondents' attitudes had improved. This can be seen from the mean change in respondents' attitudes, which was originally 48.95, increasing to 67.96 with probability $p=0.000$ ($p < 0.05$), which means there is a real influence between booklet media on respondents' attitudes. Before the intervention, overall students already had a fairly good attitude or were in the moderate category towards stunting. However, after being given intervention through booklet media, cadres who originally had moderate attitudes became good even though there were still several cadres who had attitudes in the medium and poor categories.

The Influence of Video Media on Cadre Knowledge Based on Pretest.

In research that uses video media as a medium that provides stimulus to cadres as target organisms and knowledge that acts as a response, researchers first give a pretest questionnaire to assess the initial condition of the respondent's knowledge and attitudes before receiving video media intervention. From the research results in table 10 it is known that Based on the results table above it can be seen that before being given intervention via video media, there were posyandu cadres who were included in the category Good knowledge of 7 respondents (11.1%) was included in the moderate knowledge category, 49 respondents (77.8%) and 7 other respondents (11.1%) were included in the poor knowledge category. In general, respondents' knowledge was in the poor category before being given the intervention with a mean value of 59.14.

The Influence of Video Media on Cadre Knowledge Based on Posttest.

According to the results of the statistical analysis of the paired t test, the mean result of respondents after being given intervention via video media was 73.76 and the probability value was $p=0.0001$. This shows that ($p<0.05$), which means there is a significant influence between video media on increasing respondents' knowledge about stunting. Before being given intervention, the majority of respondents' knowledge regarding stunting was still in the moderate and poor categories. The low knowledge of respondents can be caused by several factors, including respondents who still have poor basic knowledge about stunting, respondents who have never received intervention in the form of health promotion media regarding stunting and a lack of socialization to respondents regarding the importance of stunting. After receiving intervention regarding stunting through video media, respondents experienced a significant increase in knowledge. Based on the results of the analysis from the posttest, it was found that the majority of respondents, namely those in the good category were 35 respondents (55.6%), and respondents in the moderate category were reduced to 25 respondents (39.7%). Then respondents who were included in the less category decreased to only 7 respondents (4.8%) out of 63 respondents. The mean in the group given intervention via video media also increased to 73.76 with a probability value of $p=0.000$ ($p<0.05$). This shows that there is an influence of video media on respondents' knowledge about stunting.

The Influence of Video Media on Cadre Attitudes Based on Pretest

Attitude is a closed form of action that cannot be seen in real terms, it is still an opinion expressed concisely through agreeing or disagreeing. Likewise, in this study, there were 15 items Respondents answered statements related to stunting using the options of strongly agree, agree, strongly disagree and disagree. Based on the pretest results summarized in table 6, it can be seen that there are posyandu cadres who are included in the good attitude category as much as 1 respondent (1.6%), who are included in the medium category as many as 14 respondents (22.2%) and who are included in the bad attitude category. supported by 48 respondents (76.2%). Basically, the attitude of the cadres, which can be said to be no longer in the deficient or medium category, is because the cadres have at least received basic teachings and advice from the community health center officers, even if it is just general information about stunting.

The Influence of Video Media on Cadre Attitudes Based on Posttest.

Based on the results of the paired t test analysis of respondents' attitudes before and after being given information about stunting via video media, it can be seen that there is an influence on video media on respondents' attitudes regarding stunting. The average result of respondents before being given the video media intervention was 46.79, after being given the intervention the respondents' attitudes increased on average to 67.35 with a probability value of $p=0.000$ ($p<0.05$) which shows that video media has an effect on respondents' attitudes regarding stunting. Based on the results of the posttest, respondents' attitudes towards stunting incidents through video media increased in the good category, namely 24 respondents (38.1%) and 39 respondents (61.9%) in the medium category and there were no more respondents included in the less category. This shows that there was an

improvement in the attitudes of respondents after being given intervention regarding stunting via video media.

Differences in Increasing Knowledge and Attitudes of Cadres Regarding Stunting Using Booklet Media.

As shown in table 11, it can be seen that there are differences in the results of the intervention in the two groups, namely in the booklet media group and the video media group. Through this table it can be seen that video media has more influence on cadres' knowledge compared to booklet media. It is known that in the booklet media group the average value of respondents' knowledge after being given the intervention was 70.24. Probability of knowledge in the booklet ($p= 0.0001$). Meanwhile, in the booklet media group, the mean value of respondents' attitudes after being given the intervention was 67.96. Probability knowledge of the booklet ($p= 0.0001$).

Differences in Increasing Cadre Knowledge and Attitudes about Stunting Using Video Media.

As shown in table 11, it can be seen that there are differences in the results of the intervention in the two groups, namely in the booklet media group and the video media group. Through this table it can be seen that video media has more influence on cadres' knowledge compared to booklet media. It is known that in the video media group the average value of knowledge respondents after being given the intervention was 73.76. The probability of knowledge in the video is ($p= 0.0001$). Meanwhile, in the video media group, the mean value of respondents' attitudes after being given the intervention was 67.35. The probability of knowledge in the video is ($p= 0.0001$). If you look at the average intervention results for respondents in table 11, it can be seen that respondents who were given intervention via video media got higher scores than the group of respondents who were given booklet media intervention. So, it can also be seen that the media that has more influence on knowledge and attitudes regarding stunting is video media.

4. CONCLUSION

Based on the results of research and discussion on "The Effect of Booklets and Videos on the Knowledge and Attitudes of Posyandu Cadres regarding Stunting in the Working Area of the PB Selayang II Health Center in 2023" it can be concluded that there is a difference in the average value of the knowledge of posyandu cadres at the PB Selayang II Medan Health Center regarding stunting before receiving media intervention. booklet is 58.81 and after that it is 70.24 with a p value = 0.000. This shows that there is an increase in posyandu cadres' knowledge regarding stunting by providing intervention through booklet media. The difference in the mean attitude value of posyandu cadres at PB Selayang II Medan Health Center before receiving the booklet intervention was 48.95 and afterward it was 67.96 with a p value = 0.000. This shows that there has been an increase in posyandu cadres' attitudes regarding stunting by providing intervention through booklet media. The difference in the mean value of knowledge of posyandu cadres at PB Selayang II Medan Community Health Center regarding stunting before receiving video media intervention was 59.14 and afterward it was 73.76 with a p value = 0.000. This shows that there is an increase in posyandu cadres' knowledge regarding stunting by providing intervention through video media. If we look at the average score of the cadres after being given the booklet media and video media intervention, it can be seen that the video media has a higher average score than the average score of the booklet media for the knowledge and attitudes of the cadres. The increase in the average value of knowledge is 14.61 and the increase in the average value of attitude is 20.55. This shows that the use of video media is more effective than the use of booklet media

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