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Comparison Of Knowledge And Attitudes Of Pregnant Women About Stunting Using Booklet Media And Audiovisual Media Contents Of My Plate

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ABSTRACT

A World Health Organisation (WHO) report from 2021 states that Universal Health Coverage (UHC) ensures that everyone gets high-quality medical care as and when they need it, without creating any barriers. Of the anticipated 1 billion population, only about 270 million people are expected to get health services between 2000 and 2023. The purpose of this study is to evaluate the job satisfaction of nurses working in inpatient wards of hospitals in 2023 in Banyuasin Regency. This study will be conducted in May 2023. A total of 34 nurses working in the inpatient wards of Banyuasin Regional Hospital were the sample population for this quantitative, cross-sectional study. the sample was 34 respondents, and used complete sampling for sample collection. using questionnaires for data collection and retrieval. Chi-Square statistical test and multiple logistic regression were used in the statistical test analysis, and the findings showed a significant relationship (p-value 0.05) between the variables of incentives (p=0.037), work environment conditions (p=0.001), training (p=0.000), legal protection rights (p=0.002), and rewards (p=0.016). Age (p=0.447), gender (p=0.591), education (p=0.660), length of service (p=0.448), leadership (p=1.000), promotion opportunities (p=0.662), supervision (p=1.000), and punishment (p=0.731) were not correlated with each other. Based on the results of multivariate statistical analysis, the training variable is the most important factor in determining the level of satisfaction of nurses with their work (p=0.003; OR=63.254). It is intended that nursing management in Banyuasin Hospital can protect nurses legally, educate nurses to become competent nurses, pay attention to the quantity of incentives, build a pleasant work environment, and use rewards and punishments to inspire nurses.

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1. INTRODUCTION

Stunting is a chronic malnutrition problem caused by insufficient nutritional intake for a long time due to feeding that is not in accordance with nutritional needs, which is one of the causes of death in children and toddlers. Based on data reported in the Lancet Journal in 2013, as many as 44.7% of infant deaths were caused by low birth weight (LBW), breastfeeding failure, stunting, underweight, and vitamin A and zinc mineral deficiencies (Ministry of Health, 2015). In 2012, the World Health Assembly endorsed a global target to reduce the number of stunted children under the age of five by 40% by 2025. The global effort to tackle nutrition was initiated by the United Nations (UN) through the Scaling-Up Nutrition Movement (SUN Movement) programme that focuses on the first 1000 days of life. The Government of Indonesia has also become part of the SUN Movement by creating a policy for the First 1000 Days of Life (HPK) movement through the design of specific and sensitive nutrition intervention activities (Bappenas, 2012).

This effort has at least shown significant progress. According to data reported by the World Health Organization (WHO), in 1990 the number of stunted children in the world reached 225 million

children and in 2015, this figure was successfully reduced to 156 million children or 23.2% were stunted. However, this does not mean the problem is over. If the trend continues without reduction efforts, it is projected to be 227 million children by 2025 (WHO, 2015). Stunting or shortness of stature is a form of growth faltering due to the accumulation of nutritional inadequacies that lasts from pregnancy to 24 months of age. This situation is exacerbated by the lack of adequate catch-up growth. The period of 0-24 months is the period that determines the quality of life so it is called the golden period. This period is a sensitive period because the consequences caused to the baby at this time will be permanent and cannot be corrected. For this reason, it is necessary to fulfil adequate nutrition at this age (Mucha, 2013).

Many factors contribute to the high incidence of stunting in toddlers. The immediate causes are lack of food intake and the presence of infectious diseases. Other factors include poor maternal knowledge, poor parenting, poor sanitation and hygiene, and poor health services. In addition, the community does not yet realise that stunting is a problem, because stunted children are seen as children with normal activities, unlike thin children who must be addressed immediately. Similarly, people do not realise the importance of nutrition during pregnancy, which contributes to the nutritional state of the baby that will be born later (UNICEF Indonesia, 2013).

Therefore, there is a need for health promotion efforts to increase the motivation of mothers to be more active in participating in government programmes. Which is contained in Health Promotion Permenkes No. 74 of 2015 concerning efforts to improve health and prevent disease. One of them is by providing information with the contents of my plate media on the knowledge and attitudes of mothers about stunting in an effort to prevent stunting.

According to the toddler nutrition service officer at the Hinai Kiri Health Centre in Secanggang Sub-district, the causes of stunting are generally poor nutritional intake, poor environment, and various other factors. Observing the high incidence of stunting, the lack of understanding and awareness and the low motivation of the community to carry out health promotion, the authors are interested in conducting research on the comparison of knowledge and attitudes of pregnant women about stunting using booklet media and audiovisual media "Isi Piringku."

2. METHODS

This study is a quantitative study using a quasi-experiment design with a pre post design without control group to compare the effectiveness of treatment or intervention in the form of education through booklet media and audiovisual media on research subjects. This design uses two groups of subjects and then each group is measured and analysed before and after treatment. This design seeks to reveal the effectiveness of the dependent variable by conducting treatment (intervention) in each group (Dharma, 2011).

The sample was grouped into two, namely a promotion group with treatment using visual media in the form of booklets and a promotion group with treatment using audvisual media in the form of videos.

The design model of this study is:

	Pre	Intervention	Post
Visual Media Group (Booklet)	01	X1	02
Audiovisual Media Group (Video)	03	X2	04

Description:
01 : Knowledge of pregnant women about the contents of my plate before (pre test) in the group given promotion using visual media (booklet).
X1 : Treatment by providing promotion using visual media (booklet) about the contents of my plate.
02 : Maternal knowledge about the contents of my plate after (post test) in the group that was given a promotion using visual media (booklet) on the contents of my plate.
03 : Mothers' knowledge about the contents of my plate before (pre test) in the group that was given a promotion using audiovisual media.
X2 : Treatment by providing education using audiovisual media about the contents of my plate.

04 : Mothers' knowledge about the contents of my plate after (post test) in the group given promotion using audiovisual media.

Data Collection Method

Data collection in this study used primary data and secondary data. Primary data was obtained using a format containing a questionnaire filled out before and after counselling the contents of my plate through booklet media and audiovisual media.

The questionnaire is a formal data collection tool given to respondents to answer questions that have been prepared in writing (Nursalam, 2014).

This research questionnaire consists of:

a. Characteristics of respondents
b. Knowledge about stunting and how to prevent it
c. Attitude of pregnant women towards the contents of my plate
d. Assessment sheet for the practice of the contents of my plate

Operational Definition

Table 1. Operational Definition of Research Variables

Variable	Operational Definition	Measurement methods and measurement tools	Measurement Result	Scale
Dependent Variable Knowledge of the contents of my plate	The result of knowing that respondents get from the learning process and experience about the contents of my plate and efforts to prevent stunting.	Questionnaire with question items in the form of multiple choice with correct answer score 2, wrong answer score 1.	The measurement results are classified: - Good, if the score is ≥ 76-100% (11-15 questions). - Fair, if the score is 60-75% (6-10 questions). - Poor, if the score is ≤ 60% (1-5 questions).	Ordinal
Attitude	A look at the contents of my plate	Respondents' attitudes are in the form of a Likert Scale (1-4), namely: strongly agree (SS), agree (S), disagree (TS), strongly disagree (STS). The measurement results are classified based on the cut off point value of the respondent's answer.	The total score of respondents' answers indicating their views/responses to the statements found at the beginning and end of the study. Classification of measurement results: Negative: Score ≤ 30 Positive: Score > 30-60	Ordinal

Data Analysis Methods

1. Univariate Analysis

Univariate analysis was carried out on each data result of the study which included data on characteristics, knowledge, attitudes and practices of groups that received intervention or treatment. The results of data analysis are categorical and presented in percentage. Univariate analysis was carried out by providing a descriptive picture of the research results.

2. Bivariate Analysis

Bivariate analysis was conducted using the t-dependent test to determine the difference between the two groups before and after education (Dahlan, 2009). The t-test is a test used to test whether a certain value (which is given as a comparison) is significantly different or not from the average of a sample.

3. RESULTS AND DISCUSSION

The number of samples in the study amounted to 15 pregnant women each in both the booklet media group and the audiovisual media group The characteristics of respondents in this study include age, education, and occupation of pregnant women at the Hinai Health Centre.

Table 2. Characteristics of Respondents by Age, Education Level, and Occupation.

Respondent Characteristics	Frequency	Percentage
1. Age Group		
20 - 30 years	25	83,3
31 - 35 years	5	16,7
Sum	30	100
2. Education Level		
Higher education (S1 and D3)	3	10
Secondary education (senior high school)	13	43,3
Basic Education (junior high school and elementary school)	14	46,7
Sum	30	100
3. Occupation		
HOUSEWIFE	27	90
Other professions	3	10
Sum	30	100

Table 2 shows that most of the respondents were in the age group 20-30 years as many as 25 respondents (83.3%) and the rest were in the age group 31-35 years as many as 5 respondents (16.7%).

Based on the level of education of the respondents, most of them are graduates of basic education, namely junior high school and elementary school as many as 14 respondents (46.7%), secondary education graduates as many as 13 respondents (43.3%) and the rest are higher education graduates as many as 3 respondents (10%).

Based on the respondents' occupations, most of the respondents were housewives (IRT) as many as 27 respondents (90%) and the rest were teachers and state civil servants (ASN) as many as 3 respondents (10%)

Respondents' knowledge

Respondents' knowledge was categorised into 3 categories, namely good, sufficient and poor knowledge. The knowledge of respondents from the booklet media group and the audiovisual media group was measured twice, namely before treatment (pre test) and after treatment (post test).

Table 3 Frequency Distribution of Respondents' Knowledge of Booklet Media Group "The contents of my plate" at the pre-test and post-test stages.

Knowledge	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Good	-	-	8	53,3
Fair	5	33,3	6	40
Less	10	66,7	1	6,7
Sum	15	100	15	100

Table 3. shows that the frequency distribution of respondents' knowledge about stunting in the booklet media group "Contents of my plate" at the pre-test stage (before treatment) was mostly in the poor category, namely 10 respondents (66.7%), while after treatment (post-test) most were in the good category, namely 8 respondents (53.3%).

Table 4 Frequency Distribution of Knowledge of Audiovisual Media Group Respondents "Fill My Plate" at the Pre Test and Post Test Stages.

Knowledge	Pre Test		Post Test	
	Frekuensi	Percentage	Frequency	Percentage
Good	-	-	9	60
Fair	7	46,7	5	33,3
Less	8	53,3	1	6,7
Sum	15	100	15	100

Table 4 shows that the frequency distribution of respondents' knowledge about stunting prevention in the "Contents of my plate" audiovisual media group at the pre-test stage (before watching the video) was mostly in the poor category, namely 8 respondents (53.3%), while after treatment (post-test) most were in the good category, namely 9 respondents (60%).

Respondents' attitudes

Respondents' attitudes were grouped into 2, namely positive and negative attitudes. The attitude of respondents from the "Contents of my plate" booklet media group and the "Contents of my plate" audiovisual media group was measured twice, namely before treatment (pre test) and after treatment (post test). The results of the measurement can be seen in the table below.

Table 5 Frequency Distribution of Attitudes of Booklet Media Group Respondents "The contents of my plate" at the pre-test and post-test stages.

Attitude	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Positive	8	53,3	13	86,7
Negative	7	46,7	2	13,3
Sum	15	100	15	100

Table 5 shows that the frequency distribution of respondents' attitudes about stunting prevention in the "My Plate" booklet media group at the pre-test stage (before treatment) was mostly in the positive category of 8 respondents (53.3%), while after treatment (post-test) all respondents were in the positive category as many as 13 respondents (86.7%).

Table 6.Frequency Distribution of Attitudes of Audiovisual Media Group Respondents "Fill My Plate" at the Pre Test and Post Test Stages.

Attitude	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Positive	9	60	14	93,3
Negative	6	40	1	6,7
Sum	15	100	15	100

Table 6 shows that the frequency distribution of respondents' attitudes about stunting prevention in the "Isi Piringku" audiovisual media group at the pre-test stage (before treatment) was mostly in the positive category as many as 9 respondents (60%), the distribution of respondents' attitudes one week after treatment (post test) was entirely in the positive category 14 respondents (93.3%).

Attitude Intervention

Researchers found an increase in the attitude of pregnant women about stunting before and after health education in the booklet media and audiovisual media groups. So that there are differences in attitudes before and after treatment both in the booklet media group and audiovisual media in pregnant women about stunting.

These results are reinforced in the theory of Notoatmodjo (2007), that a person's behaviour can be influenced by attitude, which is a level of effect (feeling) both positive (beneficial) and negative (harmful). Attitude is a readiness or willingness to act and not an implementation of certain motives. Attitude is not yet an action or activity, but a predisposition to action or behaviour.

Researchers found an increase in the level of knowledge by using booklet media with pocket books and audiovisual media with the video "My Plate". So that there is a difference in the level of knowledge before and after health education both in the booklet media group and audiovisual media "My Plate Contents".

Strategies and Efforts to Increase Knowledge

Based on the results of the study, a significant value was obtained in the pretest and post-test of knowledge conducted through the "Isi Piringku" programme. So it can be concluded that there is a difference in pretest and post-test values and this shows that in the group of pregnant women there is a significant change in the knowledge of pregnant women about stunting prevention after participating in the health promotion "Piringku Content".

These results are also reinforced in Blomm's theory quoted in Notoatmodjo (2007), knowledge is the result of human sensing or the result of someone knowing objects through their senses (eyes, nose, ears and so on). A person's knowledge of objects has different intensities or levels and a new behaviour will be formed starting from the cognitive domain. This implies that the first time a person will know more about the stimulus in the form of material or objects outside it so as to cause new knowledge in the subject and the same happens with health behaviour.

This research is also supported by conclusions by Irma (2016) on the effectiveness of the Healthy Families Prevent Anaemia Program on pregnant women's knowledge about anaemia prevention. This programme is carried out by displaying posters in the homes of pregnant women so that it can affect the knowledge of pregnant women in the Working Area of Puskesmas Abeli Kendari City. In addition, Lucia's research showed a difference in knowledge before and after being given health education and those who were not given health education about the prevention and ability to care for ARI toddlers.

Knowledge is a stimulus obtained by a person through the senses so that it stimulates attitudes and motivation. The sense of sight is the sense that most channels knowledge into the human brain. About 75%-87% of human knowledge is obtained through the sense of sight, 13% through the sense of hearing and 12% through other senses.

Based on the results of the study, a significant value was obtained on the pretest and posttest of knowledge conducted through the "Isi Piringku" programme. So it can be concluded that there is a difference in pretest and posttest values and this shows that in the group of pregnant women there is a significant change in the knowledge of pregnant women about stunting prevention after participating in the "My Plate" health education.

The increase in knowledge occurred due to the willingness of pregnant women to follow and know the benefits of the "My Plate" Programme, besides that the learning media used provided motivation and psychological influence for respondents. Interesting media will give confidence to respondents so that cognitive, affective and psychomotor changes can be achieved optimally.

4. CONCLUSION

Based on the results of the analysis of the comparison of knowledge and attitudes of pregnant women about stunting prevention using booklet media and audiovisual media "Isi Piringku" at Puskesmas Hinai Kiri, Secanggang District, Langkat Regency in 2019, it can be concluded that health promotion with booklet media using the pocket book "Isi Piringku" has an influence on increasing

knowledge about stunting prevention. Likewise, health education with audiovisual media using the video "Piringku Content" has an influence in increasing knowledge about stunting prevention. After comparing health promotion through booklet media with audiovisual media seen from the value before and after health promotion, it turns out that health promotion with audiovisual media is more effective than booklet media, because the use of audiovisual media uses two senses at once, namely the senses of sight and hearing. Because the more senses that are used, the better the receipt of health-related information. Based on the results of the recapitulation of pre-test and post-test values in the booklet media group with audiovisual media on maternal attitudes about stunting prevention, it is found that in the audiovisual media group using video there is a significant influence before and after health promotion in improving maternal attitudes, as well as the booklet media group in the form of a pocket book "Fill My Plate" there is a significant influence before and after health promotion. After comparing the mean or average increase value between the two groups, it turns out that the booklet media group (pocket book) is more effective in improving the attitudes of pregnant women about stunting prevention. This is because when conducting research before and after the intervention, the booklet can be taken home by the mother to read and study again, unlike the video which is only shown once and not taken home. So that subjects in the booklet media group have a better attitude than the audiovisual media group.

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