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Flipchart Media And Video About Preventing Early Stunting In Improving Knowledge Of Moms In Integrated Healthcare Center Sempu Village Kediri Regency

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ABSTRACT

The process of stunting or stunting a child in a poor area or area, occurs from about six months of age and continues until the child is 18 years old. The research objective was to analyze the influence providing health education using flipchart media and videos about preventing early stunting of the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Kediri Regency. The design of this research is experimental quantitative research with the focus of the research being directed at analyzing the effectsproviding health education using flipchart media and videos about preventing early stunting of the knowledge of mothers under five at the Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency with a population of 76 respondents and a sample of 39 respondents who were taken using the Accidental Sampling technique. The findings found thatalmost half of respondents have low category knowledge of 9 respondents (47.4%) before it is given flipchart education. Whileonce given flipchart education almost half of the respondents have knowledge of the moderate category of 8 respondents (42.1%). other than that almost half of respondents have low category knowledge of 9 respondents (47.4%) before being given video education. While after being given educational video Most of the respondents have moderate category knowledge of 11 respondents (57.9%). The results of the study used the test *Independent t-test* indicates that the p-value is 0.040 <0.05, then H0 is rejected and H1 is accepted, so it is concluded that there is differences in the effectiveness of providing health education using flipchart media and videos about preventing early stunting on the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency. Parents, especially mothers, can understand well what to avoid in order to avoid stunting, and how to prevent stunting.

Keywords : Flipchart, Toddler, Stunting & Video

INTRODUCTION

Toddler age is a period where the process of growth and development occurs very rapidly. At this time toddlers need sufficient nutritional intake in greater quantity and quality, because in general physical activity is quite high and is still in the learning process. If the nutritional intake is not fulfilled, the physical and intellectual growth of toddlers will experience disruption, which will eventually cause them to become a lost generation, and the broad impact of the country will be to lose quality human resources (Praswati, 2018).

Stunting is a condition of linear growth retardation associated with a process of pathological changes. Physical growth is related to environmental, behavioral and genetic factors, socioeconomic conditions, breastfeeding, and the incidence of LBW are all factors associated with the incidence of stunting. Poor nutrition status has an impact on decreasing the production of antibodies in the body. it is easy for germs to enter the intestinal wall and interfere with the production of several digestive enzymes for food and then the absorption of

important nutrients is disturbed, this situation can worsen the nutritional status of children. Riskesdas (2018) data shows that the national prevalence of stunting is 37.2% consisting of 18.0% very short children and 19.2% short children.

Based on the results of a survey conducted by researchers on October 26, 2020 at Integrated Healthcare Center Sumberpetung, Sempu Village, Ngancar District, Kediri Regency, in the past year there have been at least 15 children with stunting (Integrated Healthcare Center Sumberpetung Data, 2020). And based on the results of a preliminary study conducted by researchers on 10 mothers of children under five, it was found that a total of 7 respondents (70%) did not know correctly about how to provide nutrition to their toddlers according to age. So that sometimes mothers give food to toddlers carelessly and even make taboo opinions on certain foods according to the traditions of the previous people. In addition, mothers under five do not understand how to monitor the growth and development of children under five.

One in three children in developing and poor countries is stunted, with the highest incidence in the South Asia region which reaches 46%, followed by the African region at 38%, while overall the incidence of stunting in poor and developing countries reaches 32%. The incidence of stunting is caused by a lack of food intake that occurs for a long time and the frequency of suffering from infectious diseases. The consequences of stunting include slow motor development, reduced cognitive function, and reduced thinking power (UNICEF, 2012).

The process of stunting or stunting a child in a poor area or area, occurs from about six months of age and continues until the child is 18 years old. This can occur because it is not accompanied by actions or interventions to deal with the incidence of stunting. Stunting occurs mainly in the first two to three years of life, it is because at that time or age children need a lot of nutrients. These nutrients are needed by children for growth and development. One of these reasons is that at that age the growth rate reaches the peak or the fastest so it requires a lot of nutrients (Sudiman, 2013).

Stunting or shortness is an indicator of chronic nutritional status that describes stunted growth due to long-term malnutrition. According to the Decree of the Minister of Health of the Republic of Indonesia Number 1995 / MENKES / SK / XII / 2010 concerning Anthropometric Standards for Assessment of Child Nutritional Status, short and very short are nutritional status based on the index of body length according to age (PB / U) or height according to age (TB / U) which is the equivalent of the terms stunting (short) and severely stunting (very short).

In Puspita (2015) states that stunting is a condition of the body that is short or very short. Editing occurs due to malnutrition and repeated diseases for a long time during the fetus period up to the first 2 years of a child's life. Stunted children have an IQ of 5-10 points lower than normal children. Stunting describes growth failure that occurs over a long period of time, and is associated with physical and psychological capacity, decreased physical growth, and low educational attainment.

Based on the above conditions, the authors are interested in researching flipchart media and videos about preventing early stunting in increasing the knowledge of mothers under five at Integrated Healthcare Center Sumberpetung, Sempu Village, Ngancar District, Kediri Regency.

METHODS

In this study, researchers used an experimental quantitative design with an approach two group pre test and post test design that is the measurement of knowledge is carried out in two different times. The initial measurement 01 (pre test) is carried out before any treatment or intervention is then given an intervention in the form of health promotion usingflipchart

media and videos on preventing early stunting and the final measurement 02 (post test) which is carried out after the treatment (treatment) or intervention (Arikunto, 2012). This research will analyzethe effect of the effectiveness of providing health education using flipchart media and videos about preventing early stunting on the knowledge of mothers under five at the Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency with a population of 76 respondents and a sample of 39 respondents who were taken using the Accidental Sampling technique.

RESULTS

1. Pair Test

Table 1 Results of the Paired T-Test analysis the effectiveness of providing health education using flipchart media and videos about preventing early stunting of the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency

Category	Category	Mean	Sample	Sig
Flipchart	Prior knowledge	5.45	19	0.020
	After Knowledge	7.79	19	
Video	Prior knowledge	5.38	19	0.000
	After Knowledge	8.84	19	

a. Flipchart groups

Based on the results of the Paired T-Test analysis It shows that the p-value is 0.020 <0.05, then H0 is rejected and H1 is accepted, so it can be concluded that there is an effect of providing health education using flipchart media on preventing early stunting on the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency.

b. Video Group

Based on the results of the Paired T-Test analysis It shows that the p-value is 0,000 <0.05, then H0 is rejected and H1 is accepted, so it can be concluded that there is an effect of providing health education using video media about preventing early stunting on the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency.

2. Independent Test

Table 2 Independent test t-test of differences in the effectiveness of providing health education using flipchart media and videos about preventing early stunting on the knowledge of mothers under five at Integrated Healthcare Center Sumberpetung, Sempu Village, Ngancar District, Kediri Regency

No.	Category	N	Mean	Sig
1	Flipchart	19	7.79	0.040
2	Video	19	8.84	

Based on the results of the analysis *Independent t-test* indicates that the p-value is 0.040 <0.05, then H0 is rejected and H1 is accepted, so it is concluded that there is differences in the effectiveness of providing health education using flipchart media and videos about preventing early stunting on the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency.

DISCUSSION

A. Knowledge of Toddlers before and after being given health education about preventing early stunting using flipchart media at the Sumberpetung Integrated Healthcare Center, Sempu village, Ngancar district, Kediri district

Based on the results of the Paired T-Test analysis It shows that the p-value is 0.020 <0.05, then H0 is rejected and H1 is accepted, so it can be concluded that there is an effect of providing health education using flipchart media on preventing early stunting on the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency.

The results showed that almost half of the respondents had low category knowledge of 9 respondents (47.4%) before being given education. Meanwhile, after being given education, almost half of the respondents had moderate knowledge of 8 respondents (42.1%).

Based on the results of the cross tabulation, it was found that almost half of the respondents before being given education had moderate knowledge after being given knowledge education into the high category of 6 respondents (31.6%).

Stunting is defined as a short or very short body condition based on the index of body length according to age (PB / U) or height for age (height / age) with a threshold (z-score) between -3 SD to <- 2 SD (Ministry of Health RI, 2010). Stunting is a major nutritional problem that will have an impact on socio-economic life in society. In addition, stunting can affect children under five in the long term, namely disrupting their health, education and productivity in the future. Stunting children under five tend to find it difficult to achieve optimal growth and development potential both physically and psychomotor (Dewey & Begum, 2011). Stunting or shortness occurs because nutritional growth is stunted due to health conditions and nutrient intake that is not optimal and chronic malnutrition caused by poverty and improper parenting. The first thousand days of a child's life are a critical period that determines their future, and during this period Indonesian children are vulnerable to serious growth disorders (Kemenkes RI, 2015).

Stunted children are at risk of experiencing increased morbidity and mortality, impaired motor and mental development, intellectual decline and productivity, increased risk of degenerative diseases, obesity and more susceptibility to infectious diseases (Anugraheni, 2012).

Toddlers aged 24-59 months are included in the nutritionally vulnerable group (the group of people most prone to malnutrition), while at that time they are experiencing a relatively rapid growth process (Faramita, 2014). Linear growth disturbance or stunting, occurs mainly in the first 2 to 3 years of life and is a reflection of the interaction effect between lack of energy intake and nutritional intake, and infection (Fitri, 2016)

Parents, especially mothers, have a very important role in fulfilling children's nutrition, because children need parental attention and support in facing very rapid growth and development. To get good nutrition requires good nutritional knowledge from parents, in order to provide a balanced menu of choices. In this case, the level of one's knowledge greatly influences attitudes and behavior in choosing food (Dewi, 2012). People who have good nutritional knowledge will have the ability to apply nutritional knowledge in food selection and processing so that food intake can be expected to be more secure, both in using household income allocations to choose good food and being able to pay attention to good nutrition for their children.

Based on the research of Ismanto et al, (2012) on "The relationship between parents' knowledge about nutrition and stunting in children aged 4-5 years at TK Malaekat Protector Manado". The results showed that out of 30 children, 24 of them had normal TB / U age (96%) accompanied by parental knowledge about good nutrition (4%), and 5 children with stunting had parents with poor nutritional knowledge (100%). .

Therefore, it is important to carry out health education in order to increase the knowledge of mothers about stunting as a promotive and preventive effort.

Health education media is one component of the learning process that will support the other components (Kapti, 2010). The media not only serves as a complement to assist in providing information for reminders, but the media has an attention function that has the power to attract attention. An attractive media will provide confidence, so that affective and psychomotor cognitive changes can be accelerated (Setiawati, 2013).

One of the print media is flipchart media. Flipchart media are sheets of paper that form an album or calendar measuring 50 x 75 cm or a smaller size 21 x 28 cm as a flipbook arranged in sizes that are tied at the top (Lucie, 2005). The advantages of flipchart media are that it provides concise and practical information, does not require electricity, is economical, media is suitable for outdoors or indoors, is easy to carry everywhere and helps remind basic messages for facilitators or media users (Desi, 2013)

Kusumawardani's (2012) research results through counseling using flipchart media and the lecture method, significantly increased knowledge by 17.6%. And based on the research of Yusyaf (2015), health education using flipchart media showed that it was effective to use visual aids in the form of flipcharts to increase family knowledge about dengue fever. This shows that health education carried out with appropriate media can increase effectiveness in achieving health education goals itself.

This research is in line with Nugraheni's (2018) research that flipchart media is very effective in increasing knowledge. In the intervention group there was an increase in the knowledge of the prospective bride and groom after being given counseling using flipchart media. The increase can be seen with the increase in the mean score, this is supported by the explanation of stunting prevention material from the researcher as a facilitator.

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According to researchers, providing health education is very important to improve the quality of one's health, starting from increasing knowledge to changing one's attitude to be more focused. Providing health education using flipchart media is proven to be effective in increasing the knowledge of mothers under five in preventing stunting. Where when given education, mothers of toddlers will better understand everything that can cause stunting and what ways can be done to prevent stunting in toddlers.

B. Knowledge of Toddlers before and after being given health education about preventing early stunting using video media at the Sumberpetung Integrated Healthcare Center, Sempu village, Ngancar district, Kediri regency

Based on the results of the Paired T-Test analysis It shows that the p-value is 0,000 <0.05, then H0 is rejected and H1 is accepted, so it can be concluded that there is an effect of providing health education using video media about preventing early stunting on the knowledge of mothers under five at Sumberpetung Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency.

The results showed that almost half of the respondents had low category knowledge of 9 respondents (47.4%). before being given education. While after being given education Most of the respondents have moderate category knowledge of 11 respondents (57.9%).

Based on the results of cross tabulation, it was found that almost half of the

respondents before being given education had moderate knowledge, after being given knowledge education, there were 8 respondents (42.1%) in the high category.

Stunting is a new issue that is in the WHO's spotlight to be resolved immediately because it affects the physical and functional bodies of the body and increases in child morbidity (Mugianti et al, 2018). Stunting is a small and short posture caused by long-term malnutrition (Anindita et al, 2012). Stunting requires special attention. Stunting can increase the risk of stunted motor and mental growth, decreased intellectual ability, productivity and an increased risk of obesity and non-communicable diseases (Almatsier, 2009). Stunting is a major nutritional problem that will have an impact on social and economic life within and among communities. There is clear evidence that individuals who are stunted have a higher mortality rate from various causes and an increase in disease (Jihad et al., 2016).

Many factors can trigger a baduta to become stunting, namely LBW, history of exclusive breastfeeding, age history of complementary breastfeeding, maternal height, history of maternal anemia during pregnancy, and lack of maternal knowledge (Anugraheni, 2012). According to the UNICEF frame, stunting is caused by direct factors, namely the low amount and quality of nutrients consumed since the womb and infectious diseases, especially gastrointestinal infections. In addition, the indirect factors that cause stunting are poor eating habits (exclusive and complementary foods) and low hygiene and environmental sanitation (Ardiyah et al., 2015). The process of stunting has been going on since in the womb and gets worse if it can't be handled (catch-up growth) in the first 1000 days of life.

One of the ways to handle stunting is the one pillar program for the security of access to nutritious food. One pillar of access to nutritious food security includes provision of nutritious food, meeting food and nutritional needs of families, processing nutritious food, and strengthening regulations regarding food labels. Nutrition is one of the most important factors affecting an individual or society and hence is a fundamental issue in public health. One of the prevention and management of stunting is to increase the knowledge of mothers who have stunting children so that they do not continue to the next child (Wahyurin et al, 2019). Previous research in Central Kalimantan showed that the success of education using audiovisual methods in increasing knowledge (Rahmawati et al, 2012).

Stunting prevention education is essentially an activity or effort to convey a message to the community, group or individual in the hope that they can gain better knowledge so that it can influence attitudes and behavior. Several factors influence the educational process, namely the method, material or message, the presenters who do it, and the tools or media used to convey the message. Stunting prevention education cannot be separated from interesting methods, one of which is the audiovisual method so that the messages conveyed can be more attractive and easy to understand, so that targets can adopt positive behavior (Haris, 2017).

This research is in line with the research conducted by Nindya Kurniawati (2012) which also shows that there are differences in knowledge before and after counseling with video media on the knowledge of mothers about how to deal with complaints during pregnancy at Surakarta Hospital, with a value of p = 0.000. The same research was also carried out by Fatmah Zakaria (2017) which states that there is an increase in maternal knowledge before and after being given health education with video (audiovisual) media on the knowledge of mothers about early breastfeeding initiation in Yogyakarta City, with a value of p = 0,000. The same research also conducted by Fanny Asfany Imran (2017) also shows an increase in knowledge about the impact of criminal provocate abortion at SMAN 2 Gowa Makassar, with a value of p = 0.000.

The results of this study are in line with Sardiman's (2014) theory that counseling with video media is counseling that contains audio and visual elements, so that it can help increase knowledge and can provide clear information on messages conveyed that are informative, educational and instructional.

This media is quite easy to make and the resulting video can explain health material sequentially through the effects and transitions of moving images which hope that the material will be easier for the audience to understand. The choice of video media refers to research by Prawesti, et al (2018) which states that health education interventions using video media have a higher effect on increasing maternal health literacy compared to standard interventions such as brochures.

According to researchers, health education is any planned effort to influence other people, be they individuals, groups or communities so that they do what is expected by health practitioners or health promotion. Video media provides stimulation through the eyes and ears. The combination of information channels through the eyes and ears will provide good stimulation so that it can provide optimal results. So that education using the video method will have a good effect in increasing the knowledge of toddlers in preventing stunting. The provision of this method affects the participants' interest in paying attention to the material in a more interesting and understandable manner.

C. Differences in the Effectiveness of Providing Health Education Using Flipchart Media and Videos About Preventing Early Stunting Against Mother's Knowledge of Toddlers at the Sumberpetung Village Integrated Healthcare Center, Sempu Village, Ngancar District, Kediri Regency

The results showed that after a statistical test was carried out using the Independent t-test, it showed that the p-value was 0.040 <0.05, then H0 was rejected and H1 was accepted, so it was concluded that there was a difference in the effectiveness of providing health education using flipchart media and videos about preventing early stunting of knowledge. mother of a toddler at Integrated Healthcare Center Sumberpetung, Sempu Village, Ngancar District, Kediri Regency.

Toddler age is a period where the process of growth and development occurs very rapidly. At this time toddlers need sufficient nutritional intake in greater quantity and quality, because in general physical activity is quite high and is still in the learning process. If the nutritional intake is not fulfilled, the physical and intellectual growth of toddlers will experience disruption, which will eventually cause them to become a lost generation, and the broad impact of the country will be to lose quality human resources (Praswati, 2018). .

Stunting is a condition of linear growth retardation associated with a process of pathological changes. Physical growth is related to environmental, behavioral and genetic factors, socioeconomic conditions, breastfeeding, and the incidence of LBW are all factors associated with the incidence of stunting. Poor nutrition status has an impact on decreasing the production of antibodies in the body. it is easy for germs to enter the intestinal wall and interfere with the production of several digestive enzymes for food and then the absorption of important nutrients is disturbed, this situation can worsen the nutritional status of children. Riskesdas (2018) data shows that the national prevalence of stunting is 37.2% consisting of 18.0% very short children and 19.2% short children.

The process of stunting or stunting a child in a poor area or area, occurs from about six months of age and continues until the child is 18 years old. This can occur because it is not accompanied by actions or interventions to deal with the incidence of stunting. Stunting occurs mainly in the first two to three years of life, it is because at that time or age children need a lot of nutrients. These nutrients are needed by children for growth and development. One of these reasons is that at that age the growth rate reaches

the peak or the fastest so it requires a lot of nutrients (Sudiman, 2013).

In Puspita (2015) states that stunting is a condition of the body that is short or very short. Editing occurs due to malnutrition and repeated diseases for a long time during the fetus period up to the first 2 years of a child's life. Stunted children have an IQ of 5-10 points lower than normal children. Stunting describes growth failure that occurs over a long period of time, and is associated with physical and psychological capacity, decreased physical growth, and low educational attainment.

According to researchers, the effectiveness of health education is supported by health education media in accordance with the objectives of the health education being carried out. The media plays an important role in conveying information. Health education cannot be separated from the media, because through the media the messages conveyed can be more attractive and easy to understand, so that the target can study the message until he decides to adopt a positive behavior. The provision of flipchart media can effectively increase the knowledge of the participants, however, if compared to the application of video media, it will be more effective to provide education using video media to increase the knowledge of mothers under five.

Extension through video media is more effective than flipchart media, because the video method can present what respondents cannot directly experience, this is because audiovisual media presents a real situation from the information conveyed to create a deep impression. In addition to accelerating the learning process with audiovisual assistance, it can increase the level of intelligence and change passive and static attitudes towards active and dynamic attitudes. Unlike the flipchart, it is limited to visual media where the respondent's attention is divided between the media as visual and the material presenter as the audio source that operates the media.

CONCLUSION

1. The data shows that almost half of the respondents have low category knowledge of 9 respondents (47.4%) before being given flipchart education. Meanwhile, after being given the flipchart education, almost half of the respondents had knowledge of the medium category, as many as 8 respondents (42.1%).
2. The data shows that almost half of the respondents have low category knowledge of 9 respondents (47.4%) before being given video education. Meanwhile, after being given video education, most of the respondents had moderate knowledge of 11 respondents (57.9%).
3. There is a difference in the effectiveness of providing health education using flipchart media and videos about preventing early stunting on the knowledge of mothers under five at Integrated Healthcare Center Sumberpetung, Sempu Village, Ngancar District, Kediri Regency

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