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Education about stunting prevention with knowledge of pregnant women at the ritnawati midwife clinic, Pantai Cermin district, Serdang Bedagai district, year 2022

Rapida Saragih[1], Linda Hernike Napitupulu[2], Christin Jayanti[3]
[1]Kesehatan Masyarakat, Universitas Haji Sumatera Utara, Indonesia
[2]Kesehatan Masyarakat, Institut Kesehatan Helvetia, Indonesia
[3]Kebidanan, STIKes RSPAD Gatot Soebroto, Indonesia

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ABSTRACT

Stunting or often called stunted or short according to Umar 2017 said that the condition of failure to thrive in children under five years old (toddlers) is due to chronic malnutrition and repeated infections, especially during the first 1,000 Days of Life (HPK) period. To knowEducation about Stunting Prevention on Knowledge of Pregnant Women. The research design used isquasi experimental research (quasi experimental). The population in this study were all pregnant women. The sampling technique was purposive sampling, namely sampling using certain considerations in accordance with the desired criteria to be able to determine the number of samples to be studied, amounting to 30 respondents. Data analysis used univariate analysis using frequency distribution and bivariate analysis using paired t test. Research is known from the test resultstest paired t test where the results of the study the average knowledge score on the pre-test with no treatment was 11.40, whereas after the knowledge treatment was done withEducation about stunting preventionhas an average knowledge score on the post test, namely 12.97, meaning that it can be concluded that knowledge isEducation about stunting prevention after treatment can increase respondents' knowledge about stunting. Based on the results of the study it can be concluded thatknowledge withEducation aboutafter the treatment can increase the knowledge of respondents aboutStunting prevention. Expectedknowledge withEducation aboutafter the treatment can increase the knowledge of respondents aboutStunting prevention.

Corresponding Author:

Rapida Saragih,
Kesehatan Masyarakat,
Universitas Haji Indonesia,
Jl. Selamat No.73t, Sitirejo III, Kec. Medan Amplas, Kota Medan, Sumatera Utara 20226, Indonesia,
Email: pida81saragih@gmail.com

INTRODUCTION

Indonesia will predict that it will experience a peak in the demographic bonus in 2030, according to Umar (2017) say that where fThe phenomenon when the population of productive age is very large compared to the population of non-productive age. If the stunting rate is still high then the

demographic bonus will be wasted and cannot be utilized properly because the population increases but they are not productive, then they are sick and relatively poor.Besides that, the lack of good nutrition and vitamins, and children who experience stunting are one of the results of a lack of early education for pregnant women and as one that can prevent stunting.

Stunting or often called stunted or short according to Umar (2017) said that the condition of failure to thrive in children under five years of age (toddlers) is due to chronic malnutrition and repeated infections, especially during the first 1,000 Days of Life (HPK) period, namely from fetus to 23 month old child. Identification of stunting is done by comparing the child's height with the standard height of children in the normal population according to the same age and sex. Children are classified as stunted if their height does not match the age and development of the child.

Based on UNICEF/WHO(2021) there are still 149.2 million or around 22.0% of toddlers experiencing stunting. This figure has shown a decrease compared to 2000 which reached 33.1%. 3 Even so, the reduction in stunting cases in toddlers is still far from the World Health Assembly (WHA) target of 40% in 2025. If viewed per region, it is more half of toddlers who experience stunting in 2020 live in Asia or around 53% of toddlers. Of the 135.9 stunting toddlers in Asia, more than 11% of cases occurred in Southeast Asia.

Sewhile in the Asian Development Bank/ADB (2021)said Indonesia is the second highest in Southeast Asia. The prevalence will reach 31.8% in 2020. The highest prevalence of stunting is in Timor Leste at 48.8%. Laos is in a position after Indonesia with a prevalence of 30.2%. Then, Cambodia is in fourth position with a toddler stunting prevalence of 29.9%. The Philippines followed with a toddler stunting prevalence rate of 28.7%. Meanwhile, the lowest prevalence rate of children with stunting comes from Singapore.

Data from the Indonesian Ministry of Health(2018)said that noted that Indonesia is the 5th country with the highest number of toddlers experiencing stunting. CountryIndia isthe 1st country with a stunting prevalence of 48%, the 2nd country, namely China with the prevalence of stunting is 15%, the 3rd country is Nigeria with a stunting prevalence of 41%, the 4th country is Pakistan with a stunting prevalence of 42%, the 6th country is Bangladesh with a stunting prevalence of 43% while the 7th country is Ethiopia with a prevalence of stunting 51%

To prevent and reduce stunting, the government has established several policies and programs. The government's commitment and initiative to prevent stunting began with Indonesia joining the 2011 Global Scaling Up Nutrition (SUN) movement. This was marked by the submission of a letter of participation by IndonesiaMenterKhealth to the Secretary General of the United Nations. This movement was launched in 2010 with the basic principle that all citizens have the right to get access to adequate and nutritious food. Stunting prevention requires integrated nutrition interventions, including specific nutrition interventions and sensitive nutrition interventions. Global experience shows that implementing integrated interventions to target priority groups in priority locations is the key to success in improving nutrition, child growth and development, and preventingstunting. In linewith the initiative to Accelerate Stunting Prevention, the government launched the National Movement to Accelerate Nutrition Improvement (Gernas PPG) which was stipulated through Presidential Regulation no. 42 of 2013 concerning Gernas PPG within the 1,000 HPK framework. Germas PPG is coordinated by the Coordinating Minister for Human Development and Culture (Menko PMK) as Chair of the Task Force. As part of the Gernas PPG, the government issued the Policy Framework and Guidelines for Planning and Budgeting for the 1,000 HPK Gernas. At the policy level, the government pays great attention to stunting prevention

The acceleration of stunting reduction cannot be solved alone by the health sector, but must be carried out jointly through strengthening regional commitments and cross-sectoral and cross-program coordination. For example, to ensure good parenting practice,Ministry healthplays a role in providing health services for pregnant women, adolescents and children, as well as nutrition education and community empowerment. To increase family access to nutritious food requires two agencies.Ministry agricultureand food security plays a role in developing family gardens and

providing livestock seeds to families and ensuring that every family is food secure. At the village level, it is hoped that village officials can play a role in exploring local potential to encourage improved nutrition through empowering the local community, and what is no less important and the key to success in reducing stunting is the community itself, namely by having awareness and behaving in a healthy lifestyle and nutritional diet. balanced

Based on the initial survey by conducting direct interviews at the Ritnawati Midwife Clinic with 5 pregnant women who came to visit the clinic, where 4 of them were pregnant women in the category of not understanding stunting prevention because the mother said that short children were not due to stunting but because of heredity, so the mother said her child not stunting but heredity from an average short age, and 1 of them understands stunting prevention for children. From this it is necessary to conduct research on pregnant women and in order to find out whether pregnant women understand the importance of preventing stunting because pregnant women should understand how to prevent stunting properly which is very important, especially in providing nutrition to their children.

RESEARCH METHOD

This research was conducted using the type of research used was quasi-experimental research with the research design used was one group pre test-post test design, determining variables and then measuring them with numbers so that analysis can be carried out in accordance with applicable statistical procedures.The population in this study were all pregnant women and those who were stunted and not stunted.In this study, researchers used a purposive sampling technique,After knowing the characteristics of each, before the statistical test is carried out, the data normality test is carried out because it is a requirement for conducting a t test.

RESULTS AND DISCUSSIONS

In this section several tables of results will be presented from the data processed in the study:

Table 1. Frequency distribution of characteristics of pregnant women

Characteristics		f	%
Age	<30 Years	9	30.0
	31-40 Years	17	56.7
	>41 Years	4	13.3
Amount		30	100
Education	Base	2	6.7
	Intermediate	19	63.3
	Tall	9	30.0
Amount		30	100
Work	Work	16	53.3
	Doesn't work	14	46.7
Amount		30	100

The table shows that the frequency distribution is based on the age of the majority aged 31-40 years, namely 17 (50.0%) respondents, and the minority aged > 41 years, namely 4 (13.3%) respondents, based on the education of the majority, namely secondary education, 19 (63.3%) , and a minority in basic education, namely 2 (6.7%) respondents, while based on work the majority worked, namely 16 (53.3%) respondents, a minority, namely not working 14 (46.7%) respondents.

Table 2. Results of frequency distribution before education about stunting prevention on knowledge of pregnant women

No	Knowledge before education	F	%
1	Good	4	13.3
2	Not enough	26	86.7
	Amount	30	100

The table above shows that the frequency distribution based on before being given education on knowledge of pregnant women is the majority lacking, namely 26 (86.7%), while the minority is good, namely 4 (13.3%).

Table 3. Results of frequency distribution after education about stunting prevention on knowledge of pregnant women

No	Knowledge after education	F	%
1	Good	22	73.3
2	Not enough	8	26.7
	Amount	30	100

The table above shows that the frequency distribution based on after being given education on knowledge of the majority of pregnant women is good, namely 22 (73.3%), while the minority is poor, namely 8 (26.7%).

Table 4. Results of the normality test. the effect of education on prevention of stunting on the knowledge of pregnant women in the pre-test and post-test

Tests of Normality

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistics	df	Sig	Statistics	df	Sig.
Pre Test Knowledge	.139	30	.142	.948	30	.152
Post Test Knowledge	.158	30	054	.852	30	.190

a. Lilliefors Significance Correction

From these results it is known knowledge withEducation about stunting preventionpre test is 0.152, knowledge withEducation about stunting preventionpost test is 0.190. then as the basis for decision making in the sahpiro-wilk normality test it can be concluded that the data for the knowledge variable withEducation about stunting preventionthe pre test and post test is greater than 0.05, so it means that the variables are normally distributed.

Table 5. Results of the paired sample t test the effect of education on stunting prevention on knowledge of pregnant womenpre test and post test

Paired Samples Statistics

		Means	N	std. Deviation	std. Error Means
Pair 1	Pre test Knowledge	11.40	30	3,276	.598
	Knowledge Post test	12.97	30	3,253	.594

The research results show that knowledge withEducation about stunting prevention has an average knowledge score on the pre-test with no treatment, namely 11.40, whereas after the knowledge treatment withEducation about stunting preventionhas an average knowledge score on the post test, namely 12.97, meaning that it can be concluded that knowledge isEducation about stunting preventionafter treatment can increase respondents' knowledge about stunting

Knowledge is the result of "knowing" and occurs after people sense one particular object. Sensing occurs through the five senses of sight, hearing, smell, taste and touch so that most human knowledge is obtained through the eyes and ears, so knowledge is the result of our sensing. (Sinuraya, 2019).

Knowledge is also obtained from one's own experience or the experience of others, in this case the mother's level of knowledge influences exclusive breastfeeding. Knowledge or cognitive is a very important domain in determining one's actions. The knowledge factor becomes the personal considerations of an individual or group that influence behavior. These considerations can support or hinder exclusive breastfeeding.

This research is in line with research conducted by Novia Results., 2021 increase in mother's knowledge regarding the material given during pre-test and post-test activities. During the pre-test the level of knowledge of mothers in the less category was 15 people (71.4%), while in the good category there were 6 people (28.6%). At the time of the post-test the level of knowledge of mothers in the less category was 3 people (14.3%) and in the good category were 18 people (85.7%).

Based on the results obtained, it is known that mothers' knowledge increases after being given education related to stunting. Knowledge is very closely related to higher education, so the person's knowledge is wider. However, it should be noted that a person with low education does not necessarily mean that he has low knowledge. Increased knowledge is not absolutely obtained from formal education but can be obtained from non-formal education (Fauziatin, 2019)

Development of human resources can be done by providing training to improve one's skills (Maulana, 2012). Efforts to tackle stunting are focused on 1000 HPK, because this period is an important period in determining the quality of life of children, this period is called the golden age, namely the period when growth and rapid development in children (Ministry of Health, 2018)

Mother factors have an important role in raising their children, and have different parenting patterns. Because this is strongly influenced by factors that support it, including: mother's educational background, mother's occupation, mother's nutritional status, mother's age at the time of having children and as a supporting factor for children's nutritional status in this study in Seberaya Village stated that mothers with the age of early marriage has poor parenting because the mother does not know about good parenting (Sari, 2017)

If a mother's nutrition is insufficient during pregnancy, the baby will be born with low birth weight (LBW) and is very at risk of being stunted. In pregnant women under the age of 18, the reproductive organs are immature. Uterine organs, for example, are not yet fully formed, so there is a high risk of interfering with fetal development and can cause miscarriage. (Puspita, 2021)

Some research results state that there is a significant relationship between maternal parenting and the incidence of stunting in toddlers, both parenting and eating. that good maternal parenting patterns such as exclusive breastfeeding, appropriate complementary feeding, immunization and providing psychosocial stimuli for children can prevent children from becoming stunted, and vice versa. Poor parenting has a risk of 8.07 times greater than good parenting (Rahmayana, Ibrahim I, 2014)

Interventions for stunting programmed by the government include pregnant women getting blood supplement tablets of at least 90 tablets during pregnancy, providing additional food to pregnant women, fulfilling nutrition, delivering with doctors or midwives who are experts, IMD (Early Breastfeeding Initiation), Exclusive Breastfeeding for babies up to 6 months of age, provide complementary feeding from 6 months to 2 years of age, provide complete basic immunization and vitamin A, monitor toddler growth at the nearest Posyandu, and apply clean and healthy living behaviors (L. Marlina, 2019).

CONCLUSION

Knowledge of pregnant women before being given educationabout stunting prevention with a mean of 11.40. Knowledge of pregnant women after being given education about stunting preventionwith

mean results 12.97. For research sites in Ritnawati Midwife Clinicin order to be able to increase counseling with posyandu cadres so that mothers' knowledge about stunting increases and can raise awareness of mothers.

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