

Prevention of Stunting Through Health Education in Parents of Pre-School Children

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ABSTRACT

Stunting is a condition of failure to thrive in children due to chronic malnutrition which results in the child being too short for his age. One of the preventive measures to overcome stunting is by providing health education to parents. This study aims to analyze the effect of pre-school age children's health education on stunting in the Setia Bakti Kediri Kindergarten.

The design of this study used a pre-experimental pre-post test. Subjects were parents who had pre-school children with 49 respondents in the Setia Bakti Kediri Kindergarten. Retrieval of data from 29 - 31 May 2019. Randomization technique with purposive sampling. The variable of this study is parental knowledge. Measurement of knowledge with a questionnaire. Health education is carried out for 60 minutes using lecture methods, audio media, visual aids, and booklets. Research analysis technique with the Wilcoxon Signed Rank Test statistic test.

The results of this study indicate that there is an influence of health education about stunting on the knowledge of parents of pre-school children in Setia Bakti Kediri Kindergarten.

Health education about stunting increases parental knowledge

Keywords: Health education, Knowledge stunting, Parents of preschool children

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BACKGROUND

Stunting is a condition where a person's height is shorter than the height of other people in general (who are the same age) (Sandjojo, 2017). Stunting or short term is a condition of growth failure in children under five due to chronic malnutrition, especially in the first 1,000 days of life. According to Istiningsih, et al (2018), stunting is a condition of failure to thrive in children (babies under five years old due to chronic malnutrition so that the child is too short for age. Nutritional deficiencies occur since the baby is in the womb and the early period after the baby is born however, the condition new stunting appears after the baby is 2. Stunted and severely stunted are toddlers with length (PB / U) or height (TB / U) according to their age compared to WHO-MGRS (Multicenter) book standards Growth Reference Study) 2006. Lack of parental knowledge about stunting can cause signs of late puberty, aged 8-10 years the child becomes quiet, not making much eye contact, poor performance on attention tests and learning memory, slow growth, slow tooth growth, face looks younger than his age (Sandjojo, 2017) Based on pre-research in Setia Bakti Kedti Kindergarten, parents of pre-school children have never heard about stunting, did not know the cause of stunting, did not know the impact of children who experienced stunting and did not know how to prevent stunting. Indonesia still faces nutritional problems that have a serious impact on the quality of Human Resources (HR). One nutritional problem that is the main concern at this time is the high short stature of children (Stunting).

Basic Health Research Results in 2013, the prevalence of stunting in Indonesia reached 37.2%, in 2016 reached 27.5%, WHO <20% This means that growth is not maximized experienced by around 8.9 million Indonesian children, or 1 in 3 Indonesian children experience stunting. More than 1/3 of children under 5 years old in Indonesia are below average height (Sadjojo, 2017). The prevalence in the province of East Java stunting problems by (29%) (Nutrition Section of the East Java Provincial Health Office in 2014). Pre-research results on 3 to 5 January 2019 in Setia Bakti Kindergarten received results from 10 respondents, 6 respondents (60%) had never heard of stunting, 8 respondents (80%) did not know the cause of stunting, 8 respondents (80%) did not know the impact of children who experienced stunting, 9 respondents (90%) did not know how to prevent stunting.

The cause of stunting is the factor of malnutrition experienced by pregnant women and children under five, lack of maternal knowledge about health and nutrition before and during pregnancy, as well as after delivery, still limited health services including ANC - Ante Natal Care services (health services for mothers during pregnancy), Post Natal Care and quality early learning, still lack of access to nutritious food this is because the price of nutritious food in Indonesia is still relatively expensive, lack of access to clean water and sanitation. The characteristics of stunting are signs of late puberty, aged 8-10 years the child becomes quiet, not making much eye contact, poor performance on attention and learning memory tests, slow growth, slow tooth growth, the face looks younger than his age. Lack of parental knowledge about stunting affects children to be stunted, stunted growth and development. Adverse effects that can be caused by short-term stunting is the disruption of brain development, intelligence, physical growth disorders, and metabolic disorders in the body. Long-term adverse effects that can be caused are decreased cognitive ability and learning achievement, decreased immunity so that it is easy to get sick, and a high risk for the emergence of diabetes, obesity, heart, and blood vessel disease, cancer, stroke and disability in old age. All of these will reduce the quality of Indonesian human resources, productivity, and national competitiveness (Sandjojo, 2017).

Actions were taken to increase knowledge about stunting by providing health education to parents of preschool children. Researchers can help parents by providing knowledge about stunting so parents can play a role in stunting prevention by improving nutrition so that the effects of stunting can be prevented. Health education for parents is one alternative to increase parental knowledge about stunting so that it can be optimally fulfilled. This researcher aimed to analyze the effect of health education on stunting on the knowledge of parents of pre-school children in Setia Bakti Kediri Kindergarten.

METHODS

The design of this study used a pre-experimental pre-post test. Subjects were parents who had pre-school children with 49 respondents in the Setia Bakti Kediri Kindergarten. Retrieval of data on May 16, 2019 - May 31, 2019. Randomization technique with purposive sampling. The variable of this study is parental knowledge. Measurement of knowledge with a questionnaire that has been tested for validity and reliability using Cronbach Alfa with results $\alpha = 0.789$. Health education is carried out for 60 minutes using lecture methods, audio media, visual aids, and booklets. Research analysis technique with the Wilcoxon Signed Rank Test statistic test.

RESULTS

Table 1 Frequency Distribution of Pre-school Level Parental Knowledge of Stunting in Setia Bakti Kediri Kindergarten (n = 49)

No.	Knowledge level	Amount	Percentage (%)
1	Good	23	46,9
2	Enough	18	36,7
3	Less	8	16,3
Total		49	100

Based on table 1 above, it is explained that the respondents' level of knowledge of good parents were 23 respondents (46.9%).

Table 2 Level of Parental Knowledge of Preschoolers about Stunting in Setia Bakti Kediri Kindergarten (n = 49)

No.	Indicator	Knowledge level						Total	
		Good		Enough		Less			
		f	%	f	%	f	%	f	%
1	Know	6	12,2	26	53,1	17	34,7	49	100
2	Understand	30	61,2	6	12,2	13	26,5	49	100
3	Application	42	85,7	5	10,2	2	4,1	49	100

Based on table 2 above, the level of knowledge is more than 50%, which is enough with 26 respondents (53.1%). Understanding before health education about knowledge stunting more than 50% is a good category with 30 respondents (61.2%). Applications before health education about stunting knowledge of more than 50% is a good category with 42 respondents (85.7%).

Table 3 Results of Statistical Tests on the Effects of Health Education on Stunting on the Knowledge of Parents of Pre-School Age Children in Kindergarten Setia Bakti Kediri.

		N	Mean Ranks	Sum of Ranks	Z	P
Parental Knowledge After - Before	Negatif Ranks	24 ^a	13.15	315.50	-4.322 ^a	.000
	Positive Ranks	1 ^b	9.50	9.50		
	Ties	24 ^c				
	Total	49				

Based on table 3 shows $p < \alpha$, where $p = 0,000$ then H_0 is rejected so there are differences before and after health education is given. Changes in the level of parental knowledge from 49 respondents increased.

DISCUSSION

Pre-School Parents' Knowledge of Stunting in the Preschool

The level of knowledge of parents of pre-school age children about stunting in Setia Bakti Kediri Kindergarten before and after health education is in a good category, as many as 23 respondents (46.9%) to 46 respondents (93.9%) or an increase of 23 respondents (46.9%). In the category, there was quite a decrease of 16 respondents (32.6%) from 18 respondents (36.7%) to 2 respondents (4.1%). In the less category 8 respondents (16.3%) became 1 respondent (2.0%). According to Lestari, 2015, knowledge is the result of tofu, and this happens after people have sensed a certain object. Post-sensing senses are senses of sight, hearing, smell, taste, and touch. Most of the human knowledge is obtained through the eyes and ears, the process of seeing and hearing. Also, the process of experience and learning process in formal and informal education. Knowledge means everything that is known or everything related to the subject matter. The category of knowledge includes the ability to recall from memory specific and general things, methods and processes or remembering something though, arrangement, symptoms or events. Knowledge is someone's ability to something. The ability to know is the ability to recognize or recall an object, idea, procedure, principle or theory that has been found with experience without manipulating it. Knowledge of cognition is a very important domain in shaping one's actions. Knowledge is something that comes from the senses and experiences that have been processed by reason and arise spontaneously, intuitively, and subjectively. Besides knowledge is also true because according to existing realities, knowledge is also a basis for human thinking in doing things related to the search for answers to existing questions, such as relating to children under five. Knowledge related to health problems will influence the occurrence of health problems in certain groups.

Cognitive processes include memory, thoughts, perceptions, symbols of reasoning and problem-solving. In the general Indonesian dictionary, knowledge is everything that is known that is related to something (Lestari, 2015). Stunting is a condition where a person's height turns out to be shorter than the height of other people in general (who are the same age) (Sandjojo, 2017). The introduction of stunting at this time is necessary so that it will increase the knowledge of parents in order to prevent stunting in pre-school age children. Poor care includes a lack of maternal knowledge about health and nutrition before and during pregnancy, as well as after delivery. Some facts and information show that 60% of children aged 0-6 months do not get mother's milk exclusively, and 2 out of 3 children aged 0-24 months do not receive complimentary foods for breast milk (MP-ASI). The MP-ASI is given or introduced when a toddler is over 6 months old. Besides functioning to

introduce new types of food to infants, MPASI can also meet the nutritional needs of the baby's body which can no longer be supported by breast milk, as well as form the body's immune system and the development of the child's immunological system for food and drink (Rama Yulis, 2018).

Based on the results of the study prior to health education, the respondents have a lack of knowledge, this is evidenced in the indicators that know 17 respondents (34.7%) lack knowledge of stunting prevention. From the answers, parents know the condition where a person's height is shorter than the height of other people, in general, is called stunting as much as 40.3%, parents know stunting occurs due to lack of nutrition experienced by pregnant women before pregnancy and after giving birth as much as 40.3%, parents know that the impact of stunting is that it will affect cognitive abilities impaired by 38%, one's height is shorter than the height of other people in general called stunting as much as 40.3%. In understanding indicators, respondents lack understanding as many as 13 respondents (26.5%). This is needed in response to the statement of parents understanding the occurrence of stunting due to lack of nutrition experienced by pregnant women before pregnancy and after giving birth as much as 38%, parents understand the characteristics of stunting in children is slow growth and growth of late teeth by 40, 3%, parents understand that children who experience stunting are children who get sick easily by 40.3%, parents understand blood-booster tablets are good when consumed by pregnant women as much as 38%, parents understand the need to know and monitor the growth of children under five in the nearest Posyandu 40.3%. In the application indicator, as many as 2 respondents (4.1%) can apply prevention about stunting. This is evidenced by the answer to the statement of the mother giving food with four healthy five perfect as much as 40.3%, the mother taught washing her hands with running water and using soap as much as 40.3%, the mother brought her child for complete basic immunization and as much as 40 vitamin A, 3%. Parents do not know about stunting, so knowledge is lacking. If parents lack knowledge, stunting can occur. Lack of knowledge about stunting prevention will result in reduced ability to apply information in daily life which is one of the causes of stunting. From experience and research, it is proven that behavior based on knowledge will be more lasting than behavior that is not based on knowledge.

The Influence of Health Education on Stunting Against the Knowledge of Parents of Preschoolers in Kindergarten Setia Bakti Kediri

Based on the results of the study there is the effect of health education about stunting to the knowledge of parents of pre-school age children in the Setia Bakti Kediri Kindergarten, where $p = 0,000$. Data retrieval after the health education level of knowledge obtained good categories as many as 46 respondents (93.9%) experienced an increase in the level of knowledge about stunting. Obtained sufficient knowledge level of 2 respondents (4.1%) experienced an increase in the level of knowledge about stunting, obtained a level of knowledge of less than 1 respondent category (2.0%) lack of knowledge about prevention about stunting. And the results obtained 24 (48.9%) of respondents experienced changes in knowledge and 24 (48.9%) respondents remained.

Health education is a process of dynamic behavior change, to change human behavior which includes components of knowledge, attitudes, or actions related to healthy living goals both individually, in groups, and society, as well as use, existing health service facilities appropriately and appropriately (Cecep and Mitha, 2015). Health education aims to improve the healthy behavior of individuals and communities, knowledge relevant to interventions and strategies for maintaining health status, disease prevention and treating

(providing care) for chronic diseases at home (Nursalam and Efendi, 2009). According to Niman, Susanti et al (2017) health education conducted by nurses aims to change the behavior of individuals, families, and communities so that they have health care roles and play an active role in maintaining health. Health education provided by nurses includes cognitive, attitude and psychomotor domains from individuals, families, and communities so that they can meet optimal health status.

Health education media is a communication channel used to send health messages. Media that can be used in the form of booklets with research methods in the form of lectures, so that data can be used as reminders or messages or can also be given during lectures to strengthen the message being conveyed. At the level of health education about stunting, it is necessary to increase the degree of knowledge of stunting, for example by knowing the conditions where a person's height is shorter than other people's bodies of the same age. Health education is a way where people can discuss and provide feedback to people so that people who do not understand will be able to easily understand and increase knowledge. Health education here includes lectures and discussions using booklets and power points to explain the material. Based on research conducted in the Setia Bakti Kediri Kindergarten, parents actively provide feedback to researchers. Parents who attend health education about stunting gain knowledge, more understanding from the unknowing to knowing. The mechanism of parental health education will better understand the definition of stunting, the causes of stunting, the characteristics of stunting, the impact of stunting, and stunting prevention. The changes above can be concluded by parents of pre-school age children to better understand and understand by providing health education. Health education is a way where people can discuss and provide feedback to people so that people who do not understand will be able to easily understand and increase knowledge. When parents can understand and comprehend the material that has been given, parents will be better able to apply the material that has been obtained. This is in line with the statement of Cecep and Mitha (2015), Health education is one form of independent nursing intervention to help clients, individuals, groups and communities in overcoming health problems through learning activities and nurses play the role of educators

Health education is a process of dynamic behavior change, to change human behavior which includes knowledge, attitudes or actions components related to healthy living goals both individually, in groups, and society, while using existing health service facilities appropriately and appropriately. Health education is defined as an effort to translate what is known about health into the desired behavior of individuals or communities through the education process. Nutrition or health education can be done by counseling or by other means such as giving posters. To change the behavior of consuming snacks, perhaps the most related is to provide health and nutrition education. Because with the existence of health education can change the behavior of people or communities from unhealthy behaviors to healthy behaviors. In this case includes the behavior of choosing good food and healthy. Health education is one way to improve one's knowledge. Because health education is an educational tool to increase one's knowledge. The ultimate goal of health education is a change in human behavior that is carried out educatively. Because with health education it is expected that people can understand the importance of stunting prevention, so they are willing to act and act according to nutritional norms. Education and knowledge are indirect factors that influence a person's behavior. Knowledge obtained by a person is inseparable from education. The higher the education of people, the more extensive knowledge. Lack of knowledge and misconceptions about food needs and food value are common in every country in the world. Poverty and a lack of nutritious food

supplies are important factors in nutrition issues, but besides that nutritional disorders are also caused by a lack of knowledge about nutrition or the ability to apply this information in everyday life. The purpose of health education based on a fairly simple approach to information distribution is to provide information to people who need food and nutrients they need and how good food is. Good education will make it easier for parents to accept all information from outside, especially how to take good care of children and how to maintain the health of children. One's level of education will be related to insight knowledge about nutrition sources and types of food that is good for family consumption. Educated housewives tend to choose foods that are better in quality and quantity, compared to mothers whose education is low. The lack of maternal education is one of the causes of stunting because educated mothers are more likely to make decisions that will improve the nutrition and health of their children. Also, there will be a variety of strategies that will be carried out for the survival of their children, such as breast milk, immunization, oral dehydration therapy, family planning.

Based on the results of this study there is the effect of health education about stunting on the knowledge of parents of pre-school age children. Through the provision of health education, parents of pre-school children understand and understand more with the material that has been given. The benefits of health education provide information and understanding to improve and provide information and understanding of the material knowledge provided. Health education can add to changes in behavior and habits, attitudes and knowledge. Health education that has been carried out by researchers to parents of preschool children who attend health education invitations provided for approximately 60 minutes can provide an understanding of the importance of stunting knowledge. Health education here includes lectures and discussions using booklets and power points to explain the material, using booklets makes it easier for respondents to understand the material. Based on the results of providing health education to parents who do not work 23 (46.9%) respondents with a good level of knowledge. This is because if parents of pre-school age children do not work then the knowledge and information obtained is also very lacking, basically parents who work then the opportunity to obtain wider information. Based on the education of parents with a high school education 28 (57.1%) of respondents with a good level of knowledge and 1 (2.0%) of respondents with a lack of level of knowledge. This is because the higher the level of education, the wider the knowledge and understanding of stunting. Of the 49 respondents, 30 (61.2%) respondents had never received information about stunting. Of the 30 (61.2%) respondents had less knowledge levels of 8 (16.3%) respondents, the level of knowledge was sufficient 11 (22.4%) respondents and the level of knowledge was good 11 (22.4%) respondents. This information about stunting can affect the knowledge, experience, understanding, benefits obtained by respondents to apply to children and can prevent stunting. Health education can affect a person's knowledge, this is consistent with the results of research proven by the knowledge of parents before health education 23 (46.9%) of respondents have less knowledge to 46 (93.8%) of respondents have good knowledge.

CONCLUSION

The knowledge of parents of preschoolers in Setia Bakti Kediri Kindergarten is good. But there are still parents who have enough and less knowledge. Health education about stunting affects the knowledge of parents of pre-school children in Setia Bakti Kediri Kindergarten.

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