

The Utilization of Audiovisual Media in Health Education on Knowledge and Attitude of Stunting Prevention during Covid-19 Pandemic in Mangun Jaya Village in 2021

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ABSTRACT

Background: Stunting is one of the triple burdens of nutritional problems caused by chronic malnutrition, especially in the first 1000 days of life (HPK), which causes children to fail to thrive. Bekasi Regency is still facing challenges in the Stunting problem. Stunting prevention can be done through health education. Health education using audiovisual media is a medium that can display images and sound elements. This study aimed to determine the effect of audiovisual media in health education on the knowledge and attitudes of stunting prevention among Posyandu cadres in Mangun Jaya Village. It was quasi-experimental research that used one-group pre-post test design. The sample in this study was 26 people. The sampling technique used was total sampling. Data were analyzed using a paired independent t-test to determine the difference in scores before and after health education. The study results showed a significant difference in the score of knowledge & attitudes before and after health education was given treatment. The results obtained a p-value of $0.000 < 0.05$, which showed an effect of health education using audiovisual on knowledge before and after given health education.

Keywords: Audiovisual, knowledge, attitude, stunting

I. INTRODUCTION

Stunting is one of the triple burdens of nutritional issues caused by chronic malnutrition, especially in the first 1,000 days of life (Guerrant, DeBoer, Moore, Scharf, & Lima, 2013), making the children experience growth failure (Nuzula, Oktaviana, & Yunita, 2020). Stunting in under-five children is affected by some factors of the household environment, such as food insecurity, the burden of disease, and poverty; however, not all children suffer from stunting even when they deal with a condition of food insecurity (Shinsugi et al., 2015). Presently, 162 million under-five children suffer from stunting. If this kind of issue continues to happen, it is predicted that, in 2015, 127 million under-five children will suffer from stunting (Has, 2021). According to United Nations Children's Emergency Fund (UNICEF), 56% of children suffering from stunting live in Asia, and 37% live in Africa (Carolyn, Siauta, Amamah, & Novelia, 2021).

The impacts of stunting incidence in the short term are the increased morbidity and mortality, non-optimal cognitive development or intelligence, motor, verbal, and increased

medical costs (Christian, Mullany, Hurley, Katz, & Black, 2015). The impacts of stunting incidence in the long term are non-optimal body posture when growing into adults. It will increase the risk of obesity, suffering from degenerative disease, reduced reproductive health, non-optimal learning capacity or performance during school time, and non-maximum productivity and work capacity. Due to stunting incidence, children with non-maximal intelligence levels can eventually delay economic growth and increase poverty and inequality in a country (Septianingsih & Pangestu, 2020).

The stunting prevalence becomes a public health issue if the prevalence reaches 20% or more. Bekasi Regency is still dealing with a challenge in overcoming the stunting issue. The prevalence of stunted children in Bekasi Regency in 2018 was 12.4%, and around 11.1% from 70,000 children in Bekasi Regency in 2019; From those numbers, it can be seen that, in a year, it increases by 1.3%. In dealing with this high stunting prevalence, preventive action needs to conduct through health education (Angraini & Imantika, 2021), such as *Posyandu* (Integrated Service Post) (Anggraini, Siregar, & Dewi, 2020).

Health education can be performed using various kinds of media. According to Andayani (2014), audiovisual is the media that can display both pictures and audio. This combination makes audiovisual media have a better capacity to make the content of learning themes more complete (SAPUTRA, 2019). Audiovisual media also can help deliver the texts and words about knowledge, behavior, and ideas in learning (Pratiwi, 2020).

The empowerment of Posyandu cadres in stunting prevention during the COVID-19 pandemic is strongly required considering that Posyandu is primary health care close to people. The importance of improving people's knowledge using audiovisual media through Posyandu cadres by maintaining compliance with health protocols is one of the programs for decreasing the stunting rate conducted by Posyandu.

II. METHODS

The researcher used a quasi-experiment with a one-group pretest-posttest design in this study. The population in this study was 26 Posyandu cadres in Mangun Jaya village. The sampling technique used here was total sampling. This study was conducted in Mangun Jaya village, *Tambun Selatan*, Bekasi Regency, using a questionnaire and videos created by the researcher as the research instrument.

III. RESULT AND DISCUSSION

Table 4.1

The Frequency Distribution of Knowledge and Attitude Before and After Giving Health Education through Audiovisual Media in Mangun Jaya Village in 2021
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Based on table 4.1, it can be seen that, in the pre-test score, the number of respondents for the cadres' knowledge of stunting in the appropriate category is 18 (60%), and 2 (6.7%) respondents were those with poor knowledge. In the post-test score, the number of respondents for the cadres'

knowledge in the excellent category is 28 (93.3%) people, and 2 (6.7%) respondents are those with proper knowledge. In the pre-test score, the number of respondents for the mothers' attitude towards stunting prevention at a score range of >50 is 11 (36.7%) people, and 19 (63.3%) respondents have a negative attitude or are at a score range of ≤ 50 . The post-test score of all respondents (100%) is at a score range of > 50 , indicating that the respondents have a positive attitude towards stunting prevention.

Table 4.2

The Effect of Health Education using Audiovisual Media on Knowledge and Attitude before and after Giving the Treatment
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Based on table 4.2, the analysis results using the dependent t-test against knowledge before and after giving treatment obtain a p-value of $0.000 < \alpha 0.05$ and a calculated-t score of $17.258 > 0.000$, a tabulated-t (n-1) ($1/2\alpha$) of 2.059, showing that health education by using audiovisual media affects the knowledge level before and after giving the health education.

The analysis results using dependents t-test to identify differences in the attitude before and after giving the treatment obtain a p-value of $0.000 < \alpha 0.05$ and a calculated-t of $24.054 > a$ tabulated-t (n1)($1/2\alpha$) of 2.059. Indicating that health education using audiovisual media affects the cadres' attitude towards stunting; meanwhile, a p-value of $0.000 < \alpha 0.05$ and a calculated-t of $17.258 > a$ tabulated-t (n-1)($1/2\alpha$) of 2.059 shows that health education using audiovisual affects the knowledge level before and after giving health education.

This study is in line with a study conducted by Anggraini (2020) on the effect of health education on the pregnant mothers' knowledge level of stunting with a p-value of 0.002, indicating that health education affects the cadres' knowledge level of stunting prevention (Anggraini et al., 2020).

This study is also in line with a study conducted by Ardiyah et al. (2015) in Arsyati (2019), stating that mothers' knowledge level is one of the factors affecting stunting incidence in under-five children in both rural areas and urban areas (9). After giving them health information, the mothers had knowledge of stunting, the factors, and the prevention; so, health education can improve knowledge level (Arsyati, 2019). The improvement of knowledge level happens because of the willingness inside the mothers to follow and learn the stunting prevention efforts, the result of human curiosity over something and the desire in increasing the life quality to be better and more comfortable as an effort to fulfill the human needs both for now and in the future (Rosidah, 2018).

The analysis results showed that audiovisual media health education affected stunting with an Asymp.Sig value (p-value < 0.05) of 0.000. It indicates that health education using audiovisual media affects attitudes towards stunting prevention before and after giving health education.

According to (Wawan & Dewi 2012), some factors can affect attitude because it is an emotional reaction towards social stimulus, so it can still be private. Besides, the factor of personal experience can affect what and where the thing that is going on will also form and

affect the social stimulus; the factor of other people's influence also affects the change in attitude; the way mass media present news is also the factor (Indrawati, Damayanti, & Nurjanah, 2016).

The analysis results by the researcher in this study showed an improvement in the cadres' attitude toward stunting prevention. However, it might happen because the researcher gave health education intervention through a handphone. Therefore, the cadres felt that they had to give good answers about the attitude toward stunting prevention.

IV. CONCLUSION

1. The knowledge of stunting in cadres before and after receiving health education indicates that only 33.3% of the respondents have good knowledge of stunting. Meanwhile, after giving the treatment, the proportion of respondents with good knowledge becomes 93.3%, indicating an increase of 60%.
2. The data show that 36.7% of the respondents have a positive attitude towards stunting before giving health education using audiovisuals. In contrast, 100% of the respondents positively attitude towards stunting prevention after health education. It means an increase in the percentage of the respondents with a positive attitude by 63.3%.
3. Health education affects stunting using audiovisual media on cadres' knowledge and attitude in Mangun Jaya village in 2021 with a p-value = 0.000.

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