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Effectiveness of Ring Card as a Promotive Effort For Mothers Under Two Years in Stunting Prevention

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Abstract

One of the nutritional issues in toddlers who need attention both at home and abroad at this time is Indonesia is stunting. Included in the third country with the highest prevalence in Southeast Asia. In 2017 the number of toddlers in the world who experienced stunting *was* as much as 22.2% or about 150.8 million. Stunting is a very short state of the body in accordance with the standard WHO-MGRS standard with another definition is disruption of physical growth and brain development, which can affectability and achievement, productivity, and creativity in the productive age. One of the prevention carried out by The government so that Indonesian children can grow and develop optimally, accompanied by emotional, social, and physical abilities that are ready to learn, innovate and compete at the global level. One of the efforts that can be done to prevent stunting is to provide information to the mother or family through interesting health media. Ring Card is one of the easy-to-carry media, with the use of interesting colors and images containing applicable material so that it is expected that the knowledge, attitude, and skills of mothers can be improved. Research Methods used that are experimental quasi with pre-post design in 30 toddlers mothers. In The Practice of Independent Midwives of West Bandung Regency, the data analysis test used is the Wilcoxon test, Paired T-Test. The results obtained are: there is a difference in the increase in pre-test 10.50 to 15.00 with a value of p 0.000 ($p<0.05$), while the attitude variable is obtained that there is an increase in the mean value from 22.31 to 25.71, with a value of p 0.000 ($p<0.05$). and in skill variables, there is an increase in the median from 85.00 to 100.00, with a value of p 0.000 ($p<0.05$). The conclusion of this study the use of ring cards proved effective as a promotive effort in the toddler's mother in the prevention of stunting.

Keywords: Toddlers;RingCard;Stunting;Promotive

Introduction

Indonesia still faces nutritional problems that have a serious impact on the quality of human resources (HR). One of the high nutritional problems that occur in toddlers is the problem of stunting. According to data from WHO found that the prevalence of stunting toddlers in Indonesia entered into the third highest country in the Southeast Asian region. Data results from health data reseacrh in 2018 stunting events experienced by toddlers in Indonesia found Toddlers who experienced very short nutritional status of 19.3% and toddlers with short nutrition 11.5%. (Kemenkes RI, 2018)

In this case recorded very short nutritional status in toddlers as 19.3% only decreased by 1% from 2013. Meaning, growth is not maximal. In West Java the prevalence of stunting in 2013 was recorded at 35.3% while in 2018 it dropped to 31.1%. West Bandung District Health Office noted that the prevalence of stunting currently reaches 11.5%. Prevention in West Bandung Regency has not been optimal because of the COVID-19

pandemic so that it affects health care. Stunting occurs due to lack of gizi especially during the first 1000 days of life and will affect the level of child intelligence and health status in adulthood. Nutrients obtained since the baby is born greatly affect its growth including the risk of stunting. With the failure to initiate early breastfeeding (IMD), exclusive breastfeeding, and the process of early weaning can be one of the factors for stunting. While from the food companion food that needs to be considered is in terms of quantity, quality, and food safety provided. (Ministry of Health of the Republic of Indonesia, 2018)(Millennium Challenge Account Indonesia, 2013)

One to overcome nutritional problems there are two solution that can be done, namely specific and sensitive interventions. Specific interventions are directed at addressing the direct and indirect causes of nutritional problems, whereas sensitive interventions are directed at addressing the root of the problem and its long-term nature. Sensitive interventions one of which increases knowledge. Giving information to the mother or family is one of the effort that can be done.

According to Syarifah in the results of his research mentioned that education has an effect on knowledge and efforts to prevent stuting and preventive efforts are expected to be done optimally and continuously. (Waliulu, 2018). Another study conducted by Asri said that there was an influence of knowledge after being given interventions using audiovisual media about the picture of non-nutritious eating consumption, and the status of smoking in dominant husbands but required continuous education and monitoring every month in monitoring the diet of mothers during pregnancy classes in integrated health care. (Arsyati, 2019)

With the use of educational media as one way that supports success in providing information. Educational media that are equipped with the use of color variations, tables, charts, and images can make a medium interesting to see. Ring Card is one of the educational media in the form of Ring Card that is easy to carry and read at any time, with the design of the use of interesting colors and images containing applicable material so that it has the potential to provide optimal and continuous education in improving the knowledge, attitude and skills of readers.

Method

The research design used is an experimental quasi. The type of design used is pre post test one *group*. This research was conducted within a month. The population in this study was all mothers who had toddlers in Midwife Pelly Yulia, Amd.Keb., SKM. The sample was taken from toddlers's mother who came to Midwife Pelly Yulia, Amd.Keb., SKM to examine her child by sampling using quota *sampling* technique amounting to 30 samples. The inclusion criteria in the study is a mother who has Toddlers (0-20 months during pre-test), while the exclusion criteria is Toddlers's mother who only visited 1 time to PMB. There are several research ethics that are considered as long as the research process takes place including benefits, autonomy, justice, anonymity and confidentiality and Mrs. Toddlers who is a respondent has agreed through a inform consent given before data retrieval began. The data obtained is primary data using instruments in the form of knowledge questionnaires about stunting and toddlers mother attitude questionnaires in stunting prevention given at pre and post, as well as observation sheets of infant age-appropriate nutrition filled out 2x in one month as monitoring instruments. Conducted a validity and reliability test on a questionnaire before the study, started on 20 respondents in midwifery practice Yuni Warsita,

SKM because it has the same characteristics as the research site with the results of 3 questions in the knowledge questionnaire is invalid so it is excluded from the research questionnaire. The variables studied were knowledge, attitudes and skills regarding stunting including prevention. The data analysis used is descriptive, wilcoxon test, and Paired T Test.

Result and Discussion

The results of the analysis on this study can be seen in the following table:

Table 1. Distribution of Frequency of Respondents' Educational Characteristics

Group of respondents	Education of respondents						Total	
	Low education		Secondary Education		Higher Education			
	n	%	n	%	n	%	n	%
0-5 months	6	50	6	50	0	0	12	100
6-8 months	2	66,7	1	33,3	0	9	3	100
9-11 months	0	0	3	100	0	9	3	100
12-24 months	5	41,7	6	50	1	8,3	12	100
Total	13	43,3	16	53,3	1	3,3	30	100

Table 1 above shows the distribution of the frequency of the respondent group based on Education. Of the 12 respondents who had Toddlers 0-5 months, half were poorly educated, namely 6 respondents (50%), while of the 12 respondents who had Toddlers 12-24 months, less than half were poorly educated or 5 respondents (41.7%) and a small percentage were highly educated, namely 1 respondent (8.3%).

Table 2 Frequency Distribution of Respondents' Age Characteristics

Group of Respondents	Age of respondents						Total	
	<20 years		20-35 years		>35 years			
	n	%	n	%	n	%	n	%
0-5 months	2	16,7	7	58,3	3	25	12	100
6-8 months	0	0	3	100	0	0	3	100
9-11 months	0	0	3	100	0	0	3	100
12-24 months	0	0	8	66,7	33,3	33,3	12	100
Total	2	6,7	21	70	7	23,2	30	100

Table 2 above shows the frequency distribution of the respondent group by Age. Of the 12 respondents who had Toddlers 0-5 months, a small percentage were less than 20 years old, namely 2 respondents (16.7). While in respondents who have Toddlers 6-8 months and 9-11 months, in all or 3 responden (100%) 20-35 years.

Table 3. Frequency distribution of respondents' work

Group of respondents	Job of respondents				Total	
	Not Working		Work			
	n	%	n	%	n	%
0-5 months	12	100	0	0	12	100
6-8 months	3	100	0	0	3	100
9-11 months	2	66,7	1	33,3	3	100
12-24 months	11	91,7	1	8,3	12	100
Total	28	93,3	2	6,7	30	100

Table 3 above shows the distribution of the frequency of the respondent group by occupation. Of the 12 respondents who had Toddlers 0-5 months, all (100%) were housewives.

Table 4. Distribution of Frequency characteristics of respondents' Parity

Group of respondents	Parity						Total	
	Primipara		Multipara		Grandemulti			
	n	%	n	%	n	%	n	%
0-5 months	9	75	0	0	3	25	12	100
6-8 months	3	100	0	0	0	0	3	100
9-11 months	3	100	0	0	0	0	3	100
12-24 months	7	58,3	0	0	5	41,7	12	100
Total	22	73,3	0	0	8	26,7	30	100

Table 4 above shows the distribution of the frequency of the respondent group based on parity. Of the 3 respondents who had Toddlers aged 6-8 months and 9-11 months, all 100%, were primipara. While of the 12 respondents who had Toddlers 12-24 months, hampir half of which is 5 respondents (41.7%), is grandemultipara.

The normality test result found that the distribution of knowledge data before being given treatment is normal with a value of p = 0.224 while knowledge after treatment is abnormal p = 0.011 (p<0.05) so the data analysis used is a wilcoxon test while for attitude variables have a normal data distribution with values p = 0.703 and p = 0.257 (p>0.05) so that the analysis used is a paired t test. Skill variables have abnormal data distributions with values p =0.001 and p=0.000 (p<0.05) so the data analysis used is the wilcoxon test.

Table 5. Comparison of knowledge score before being given intervention and after intervention

Knowledge	Pre	Post	Value P
Mean	10,47	14,97	0.000*
Median	10,50	15,00	
SD	1,737	1,402	
Minimun-Maximum	7-15	11-17	
Attitude			0.000**
Mean	22,31	25,71	
Median	21,62	25.40	
SD	2,61	3.50	
Minimun-Maximum	16-26	28-32	
Skills			0.000*
Mean	85,97	96.87	
Median	85,00	100.00	
SD	12,505	5.412	
Minimun-Maximum	67,100	83-100	

*Wilcoxon Test**Paired T Test

Based on table 5 above it is found that there is an increase in the median value at the time of pre test 10.50 to 15.00 at the time of post test means that the number of correct question answers in the post test is greater than the pre test, so it can be concluded there is a meaningful difference between the number of answers to the correct knowledge question during the pre test and post test with a value of p 0.000 (p<0.05).

In variabel attitude it is found that there is an increase in the mean value from 22.31 to 25.71, so it can be concluded that there is a meaningful difference in the attitude of respondents before and after treatment with a value of p 0.000 (p<0.05). The results obtained in the skill variable are that there is an increase in the median value from 85.00 to 100.00, so it can be concluded that there is a meaningful difference in the skills of respondents before and after treatment with a value of p 0.000 (p<0.05).

This research process is carried out in several stages, the first stage is to homogenize respondents based on characteristics so as to get valid results. Respondents in this study were mostly mothers with an age range of 20-35 years, the number of children 1, low education and not working.

After being obtained homogeneous respondents then conducted an assessment of maternal knowledge and attitudes and evaluation of nutrition practices with the results there are knowledge questions that are at least answered correctly by respondents, namely about the portion of MP-breast milk giving in children 12-24 months, the impact of *stunting* on toddlers, *stunting* prevention efforts during pregnancy, and the texture of MP-breast milk for babies 9-12 months. There are factors that affect maternal knowledge including internal factors (education, employment, age) and external factors (environmental and socio-cultural). According to the theory mentions that education is one of the internal factors that will affect knowledge because with higher education will make it easier for someone to receive information obtained so that from the information obtained by the mother can

understand how to prevent stunting. (Rahmandiani, Astuti, Susanti, Handayani, & Didah, 2019)

The results of the assessment of respondents' attitudes at the beginning showed that respondents who had babies aged 0-6 months had the lowest attitude score on the reason for not giving breast milk. While in respondents who had babies 6-12 months regarding the detection of *stunting* during toddlers and the manufacture of MP-breast milk. In respondents who had toddlers 12-24 months the lowest attitude score was about *stunting* detection. Evaluation of nutrition practices is also carried out according to toddlers's age. The results of the study showed that the adequacy of exclusive breast milk is still low because mothers prefer formula milk over breastfeeding. This is allegedly because respondents do not understand the benefits of exclusive breastfeeding on infant growth, Rohmatun (2014) stated that stunting occurs more in children who are not exclusively breastfed than children who are breastfed. In addition to breast milk, at the age of 6 months has an important role for the prevention of stunting can occur as a result of malnutrition, especially during the First 1000 Days of Life. (Rohmatun, 2014) (Nining, 2014)

Poor nutrition during pregnancy,in the period of growth and in the early daysof thechild's health can trigger stunting. Nutritional fulfillment that has not been fulfilled well from the womb until the baby is born can cause problems of healthan inbalita with one of the characteristics of the length of birth of the baby described by linear growth during the womb that is viewed ukuran linear whichis usually low it. Showing a state of lack of nutrition due to lack of energy and protein suffered by the mother whencloudy. (Ministry of Health, Republic of Indonesia, 2018)

The toddler period is a period that is vulnerable to health problems resulting from poor nutritional status. This has a variety of effects including inhibiting organization and development, increasing the risk of infection with other mental physical activities. (Nugrahaeni, 2018)

In respondents whohad a baby 0-6 months the lowest skill score was found inexclusive breast milk and milk storagemethods. The lowest skill score of respondents who had a baby aged 6-9 months was in the process of making MP-breastmilk, while respondents who had babies aged 9-12 months were in the texture of MP-breast milk made, the manufacturing process, as much asthe portion ofMP-breast milk given. In respondents who had a toddlers aged 12-24 months, the lowest score was in how to maintainnutrition in the foodmade. Based on the above results, it can be concluded that the skills and knowledge of respondents regarding the management of breast milk, this is in line with the characteristics of respondents, namely low education and parity 1, many factors that affect in the provision of early breast milk companion feeding, such as parity factors. Mariani's research, et al. (2016), suggest low parity tends to provide breast milk early due to the lack of knowledge and experience possessed in providing breast milk. Therefore, it is necessary to provide information earlier, since a mother is pregnant in order to give MP-BREAST MILK in accordance with the provisions, namely if the baby has reached the age of more than 6 months so that the baby can achieve optimal growth and development. (Mariani, Hendarman, & Nita, 2016)

One of the factors that can directly affect stunting in children of toddlers age is the intake factor, including maternal milk companion foods and breast milk until the age of 2years. Breast Milk companion foods that contain nutrients given to infants or children aged 6-24 months to meet nutritional needs other than breast milk. Giving

MPASI means giving other foods as a companion of breast milk that begins to be given at the age of 6-24 months. Exclusive breastfeeding for the first six months and proper breastfeeding is one of the efforts to reduce stunting rates and improve the child's survival, while exclusive breast milk given too lama will delay the provision of MPASI which impacts children will receive a nutritional intake that is not maximal in supporting the process of coriander. Buhan and development. (Lamid, Almasyhuri, & Sundari, 2015)(Kemenkes RI, 2010)

The next stage is the provision of information about the understanding, causes, how to detect, and how to prevent *stunting* from the time of pregnancy until the age of toddlers including exclusive breast milk, how to breastfeed, how to store milk milk, types of food, diet, and food menu for toddlers according to the stage of nutritional needs through ring card *media*. Then re-assessment of knowledge, attitudes and practices of nutrition with the result of an increase in the number of correct answers to the question of knowledge about *stunting* and nutrition Toddlers after being given information using ring *cards,* this is in line with lawrence green theory (1980) in Mubarak (2011) which states that knowledge as one of the predisposing factors of behavior. A person's health behavior is strongly influenced by the knowledge, attitudes, traditions, beliefs, customs of society. (Azria & Husnah, 2016) (Notoatmojo, 2007)

The result of the Ardiyah et all (2015) study said that the level of maternal knowledge about nutrition is one of the factors that can affect *stunting* in children under five both in rural and urban areas. After being given health information, then the mother has insight into *stunting,* causes and prevention. (Aridiyah, Rohmawati, & Ririanty, 2015)(Pratiwi & Wahyuningsih, 2018)

This is in line with the results of research Alfridsyah et all (2013) noted that by being given health education is able to increase knowledge. Increased knowledge occurs due to the willingness in the mother to follow and know the efforts to prevent *stunting.* (Alfiridsyah, Ichsan, & Miko Ampera, 2013)

The direct causes of the nutritional status of the mother and child are infectious diseases and foodconsumption. Maternal knowledge is an indirect cause but is very influential on the direct cause of child *stunting* because it contributes to what food is given to the child. Nutrition-specific is one of the prevention efforts and contributes to the direct cause that has 30% inthe effort to providenutrition. (Jalal, 2017)

The increase in knowledge that occurs in mothers is in line with the increase in maternal attitudes about *stunting* and prevention efforts including nutrition to Toddlers, after counseling using ring *cards* there is an increase in the average value of maternal attitude compared to the average value when initial assessment. The above results are in accordance with the exposure of Notoadmojo (2007) that knowledge plays an important role for a person in determining attitudes. The existence of an increase in knowledge supported by education and experience, has an impact in determining attitudes to what is done to children, in this case the provision of food to toddlers. The target ofinformation with the media ring *card* is the mother who has toddlers. This is because parents are the closest people to the child and it is expected to be right to decide what is good for their child in feeding. (Notoatmojo, 2007)(Rahmandiani et al., 2019)

In addition to knowledge and attitudes, the improvement of maternal skills in nutrition practices in Toddlers also experienced an increase after providing information using *ring cards,*

characterized by an increase in the middle value of skills from 85.00 to 100.00. Nutritional education interventions with the provision of knowledge and giving can motivate the change in attitude and behavior of giving nutrisi. The practice of nutrition is a factor that can affect changes in nutritional status in toddlers. Nutrition education in children of toddlers age is the right age in theedalization of children's nutritional status because that age is part of the golden period of life. The study of nutritional interventions against *stunting* proved that the intervention's improvement to indirect linear growth could be observed in this case an increase in body length. (Lamid et al., 2015)(Azria & Husnah, 2016)

Based on statistical tests showed that there were significant differences in maternal behavior before and after giving information using *ring cards.* The results of this study are in line with the results of Azria and Husnah 's research (2016) which states that there is an influence on the provision of health information on the behavior of mothers in providing balanced nutrition to their children with a value of p 0.029. (Azria & Husnah, 2016) By increasing information and knowledge levels in the mother can increase knowledge about nutrition, then the better my mother in nutrition (Complementary Foods). Good nutritional knowledge that the mother has is expected to affect the consumption of food that is good for her child. (Olsa, Sulastri, & Anas, 2018)

Maternal nutritional knowledge has an important role in the formation of children's eating habits. The provision of health information provided to mothers can improve feeding behavior. The nutritional quality of food given to toddlers is greatly influenced by knowledge and healthbehavior. Positive behavior will be reflected in high knowledge and supported by a good attitude in stunting prevention efforts. Mother so that themother's incomprehension about stunting will affect stunting prevention efforts. (Kemenkes RI, 2010)(Luh Dila Ayu Paramita, Ni Luh Putu Shinta Devi, 2021)(Arnita, Rahmadhani, & Sari, 2020)

Conclusion

Based on these results, it can be concluded that *ring cards* proved effectively used as promotive efforts on Ms. Toddlers in the prevention of *stunting,* it can be seen from the improvement of knowledge, attitudes and behavior of respondents before and after being given education.

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