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Health Education About Introduction And Prevention Of Stunting Using Randai As Local Wisdom Of Minangkabau

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A B S T R A C T

Background: The incidence of stunting in Indonesia in 2022 was 21.6%, while in West Sumatra the incidence of stunting reached 25.2% of toddlers . Teenagers daughter is one of target group for stunting prevention , through nutrition programs specific that is supplemental tablet administration blood (TTD) for teenagers . 76.2% teenagers daughter get TTD, but 98.6% of teenagers who get TTD do not consume TTD regularly regular . In Bukittinggi City , the achievement lowest TTD consumption in the work area Health Center mandiangin Plus as much as 8.2%, and 42 people out of 367 teenagers experience anemia . Low TTD consumption in adolescents influenced by various factors that include knowledge , motivation , efficacy self , attitude , parental influence , pressure Friend peers , policies and commitments school .

Purpose: For know influence education Using the Traditional Art of Minangkabau Randai to knowledge and attitude teenager about Introduction and prevention of stunting

Methods: used in study This is quantitative with pre -design experimental use pre and post-test design without control group. Population from study This is teenager daughter who is in SMA 4 and MAN 2 Bukittinggi City which is in the work area Health Center mandiangin Plus as many as 367 people, then 79 people were taken become sample taken using simple random sampling. Intervention education health done using performance media traditional randai , next will pre and post-tests were conducted for measure attitude and knowledge teenager . Analysis used is a paired sample t-test if the data is normally distributed .

Results: From a total of 79 teenagers daughter found results that is existence differences in knowledge before and after intervention with a ρ Value of 0.00 (< 0.05) and the results for attitudes showed differences in attitudes before and after intervention with a ρ Value of 0.00 (< 0.05).

Conclusion: Study This show that There is influence education Using the Traditional Art of Minangkabau Randai to knowledge and attitude teenager about recognition and prevention of stunting.

INTRODUCTION

WHO estimates that in 2022 , the figure the incidence of stunting at the global level is as much as 22.3% [1]. The incidence of stunting in Indonesia in 2022 was 21.6 %. This figure reduce compared to with the year 2021 is as much as 24.4%. The stunting rate is still need commitment together For achieve the

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target of reducing stunting to 14% in 2024. The incidence of stunting in West Sumatra is 25.2% of toddlers, the number This more tall compared to number stunting incidents at the level national [2].

Stunting in children No only just stature short , but cause consequence term short and long term length that affects health and quality life . Improvement number pain , increase number death is consequence term short . Stunting also brings consequence term connected length with improvement risk disease degenerative , decline function reproduction and decline capacity learn [3]

Stunting prevention is a long step more effective than stunting treatment . This stunting prevention shared become three phases that include : phase preconception , prenatal phase and postnatal phase baby toddlers [4]. Intervention to teenager become target main First 8000 Days program Life (HPK) remembers prevention of stunting holistic have very important role , following is business prevention of stunting that can done on teenagers : education nutrition , stunting education , education wedding early , fulfillment intake substance nutrition micro and consumption food balanced as well as micronutrients [5]. Adolescents daughter is one of target group for stunting prevention , through nutrition programs specific that is supplemental tablet administration blood (TTD) for teenagers [6].

RISKESDAS data shows that 76.2% of teenagers daughter get TTD, but 98.6% of teenagers who get TTD do not consume TTD regularly regular [7]. In Bukittinggi City , the achievement teenager 48.08 % of girls received TTD and only 26.56% of teenagers daughter who consumes TTD. Achievements lowest TTD consumption located in the work area Health Center mandiangin Plus as much as 8.2%. data shows that 42 people, 367 teenagers, were in the work area health center mandiangin plus experience anemia . [8]

The low TTD consumption in adolescents influenced by various factors that include knowledge , motivation , efficacy self , attitude , parental influence , pressure Friend peers , policies and commitments school [9]. Other studies also show that knowledge and motivation teenager is factor affecting TTD consumption in adolescents [10] .

METHOD

Research methods used is quantitative with pre -design experimental use purposeful pre and post-test design without control group For test effectiveness education health using Traditional Arts Randai with measure knowledge and attitude teenager before and after about recognition and prevention of stunting.

Study use place in the work area Health Center Mandiangin Plus is in SMAN 4 Bukittinggi and MAN 2 Bukittinggi . Population study a total of 367 teenagers daughter so that For the sample a total of 79 teenagers Princess . Criteria inclusion in study This is teenagers 15-17 years old , willing become Respondent research , able read write and be able to communicate with good and for criteria inclusion in study This is teenagers who don't finish interventions given . Data collection methods sample used is simple random sampling.

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Interventions in research This that is delivery material about Introduction and prevention of stunting in adolescents delivered use art show traditional that is randai . Measurement knowledge and attitude done before and after intervention with use questionnaire that has been passed the validity and reliability test . Pre-test measurements were carried out before giving intervention and post-test was conducted 1 week later after delivered intervention . Data analysis was conducted with a computer using the SPSS for Windows program for test hypothesis . Before analyzed moreover formerly normality test was conducted with Kolmogorov-Smirnov, the data is categorized as sig >0.05. Data that is not normally distributed, nonparametric statistical tests were carried out , analysis bivariate used is the Wilcoxon Signed Rank Test, for analyze difference score knowledge and attitude before and after done intervention . The Null Hypothesis (Ho) is rejected . If p value more small from α value ($p \leq 0.05$)

RESULT DAN DISCUSSION

After done intervention in the form of education using randai media so obtained results from study This show existence change scores on knowledge and attitudes before and after given intervention on 79 respondents . From the research conducted can explained through characteristics respondents and results univariate as well as bivariate as following :

1. Respondent Characteristics

No	Socio-demographic characteristics	Frequency (f)	Percentage
	Consumption of iron supplements		
1	Regular	24	30.4
2	Irregular	55	69.2
	Information about stunting		
1	Ever been	52	65.8
2	Never	27	34.2
	Total	**79**	**100.0**

Based on table 1. shows that in terms of the history of consuming iron tablets, most female adolescents do not consume iron tablets. Review of exposure to information related to stunting, most respondents have received information related to stunting.

2. Univariate Analysis of Mean Knowledge and Attitude Before and After Intervention

The univariate test of the comparison of the average knowledge and attitudes before and after the intervention is explained using the following table:

Variables	n	Mean	Std. Deviation	Minimum	Maximum
Knowledge					
pre test	79	8.01	1,878	4	13

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post test		11.68	1.540	5	14
Sikap					
pre test	79	32.92	4.870	24	46
post test		42.63	3.483	46	49

Table 2 shows that the average knowledge of respondents before the intervention was 8.01, with a standard deviation of 1.878, with a minimum value of 4 and a maximum value of 13. In the knowledge variable after the intervention, the average knowledge of respondents was 11.68 with a standard deviation of 1.540, with a minimum value of 5 and a maximum value of 14. The attitude variable before the intervention showed that the average attitude of respondents was 32.92 with a standard deviation of 4.970, a minimum value of 24 and a maximum value of 46. The attitude variable after the intervention showed that the average attitude of respondents after the intervention was 42.63 with a standard deviation of 3.483, a minimum value of 46 and a maximum value of 49.

Knowledge is the result of understanding, and this occurs after people feel a certain object through human senses, namely sight, hearing, smell, taste, and touch. The majority of humans gain knowledge through the eyes and ears. Knowledge becomes a very important area in shaping a person's actions. Increasing knowledge will change perceptions, habits, and beliefs, based on experience and several studies, long-lasting behavior depends on knowledge, awareness, positive attitudes [11]. Therefore, increasing knowledge in this case the knowledge of adolescent girls is important to prevent stunting problems since adolescence related to preventing stunting from adolescents where adolescents need to know their health which will have consequences in the future.

This study is also in line with the study conducted by Neherta , M., & Nurdin, Y. (2021). which showed that there was a significant average increase in knowledge and attitudes in the intervention group after being given treatment where at each stage of treatment there was an increase, in the first stage for knowledge of female adolescents, namely 11.1% then in the second stage 33.2%, the third stage 74.8% and the last stage which was 76.7% as well as attitudes, namely in the first stage 38.3%, the second stage 44.3%, the third stage 65.2% and the last stage 73.0%.[12]

3. Bivariate Analysis of Differences in Knowledge and Attitudes before and after the Intervention

Bivariate test of differences in knowledge and attitudes before and after the intervention is explained in the following table:

	mean	SD	n	p *value*
Pengetahuan				
Pre-test	8.01	1.878	79	0.000
Post-test	11.68	1.540		
Sikap				
Pre-test		4.870	79	0.000
Post-test	42.63	3.483		

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The results of the statistical test of the difference in knowledge before and after the intervention obtained a ρ Value of 0.00 (<0.05), so it can be concluded that there is a significant difference in knowledge between before and after the intervention. The statistical results also explain that the difference in attitudes before and after the intervention obtained a ρ Value of 0.00 (<0.05), so it can be concluded that there is a significant difference in attitudes between before and after the intervention.

From the results of this study, it can be concluded that there was an increase in the knowledge and attitudes of adolescent girls after the intervention. Before the intervention, it can be seen that a few respondents did not consume iron tablets and most had received information about stunting, but from the pre-test data, the average knowledge and attitudes were still low regarding stunting prevention, especially in consuming iron tablets. This could be due to the lack of knowledge of adolescents regarding stunting prevention that can be done by adolescents since adolescence. For this reason, varied health education is needed so that it can attract adolescents to increase their knowledge.

Health education is a dynamic process of behavioral change, to change human behavior that includes components of knowledge, attitudes, or actions related to healthy living goals both individually, in groups, and in society, as well as the use of existing health service facilities appropriately and appropriately. [13]. Efforts to increase knowledge about stunting can be done through health education. Education can motivate someone to increase knowledge, in this case knowledge about stunting [14]. Health education can be done using various media including visual, audio, and audiovisual media. This study uses visual module media that is collaborated with audio through direct counseling. Health education is an increasing element in health promotion efforts that have been proven by many relevant studies. Health Education is strongly correlated with a person's knowledge regarding prevention, diagnosis, treatment, and prognosis of a disease. Health Education can contribute to ensuring a healthy life and improving well-being for all ages [15].

Educational research using traditional Minangkabau performing arts, namely Randai, shows that there is an influence on increasing the knowledge and attitudes of adolescent girls in line with Sulistyowati's research (2023) , namely existence knowledge teenager the improving daughter after given treatment of Stunting Prevent Card (SPC) games. [16] This research in line to Arini’s Research (2020), Changes in knowledge and attitudes of health cadres and mothers in coastal areas who were given health education using the snake and ladder game simulation method in providing stimulation for cognitive development disorders in stunted children. [17] And in line to Arini, S. (2023), Early stunting education at adolescent Posyandu (Integrated Health Post) can be effectively delivered through the ESTU JADI DIPUJA game. Stunting education can be delivered more effectively than direct education. [18] Sari’s research, that the monopoly game MonAS has a significant influence on the increase in the knowledge of posyandu cadres

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regarding stunting that in line to this reaearch. [19] Syahroni's (2023), that origami games can improve fine motor development in children with a diagnosis of stunting in line to this reaearch.

CONCLUSION

Study This show that There is influence education Using the Traditional Art of Minangkabau Randai to knowledge and attitude teenager about recognition and prevention of stunting.

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