



THE EFFECT OF AN INTERACTIVE HEALTH EDUCATION ON INCREASING KNOWLEDGE ABOUT STUNTING IN ADOLESCENTS AT RURAL OF MAYANG

PENGARUH PENDIDIKAN KESEHATAN SECARA INTERAKTIF TERHADAP PENINGKATAN PENGETAHUAN TENTANG STUNTING PADA REMAJA DESA MAYANG

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ABSTRACT

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Introduction: Stunting is a nutritional problem in Indonesia that needs serious treatment. The cycle of stunting in Indonesia needs to be broken with a series of programs. The youth empowerment program has the potential to be carried out as a strategic step in breaking the stunting cycle.

Methods: The method used in this research is pre-experimental using a one-group pretest and posttest approach. The sample used in this study was Mayang village youth who were selected by purposive sampling technique. The instrument used was a knowledge questionnaire about stunting based on previous research. The statistical test used in data processing is the Paired T-Test.

Result: Based on the test results showed that p value = 0.001 ($p < 0.05$) which means that interactive health education has a significant effect on knowledge about stunting in respondents.

Conclusion: Health education using interactive methods has a significant effect on increasing adolescents knowledge about stunting in Mayang Village.

Keywords: Adolescents; Interactive Health Education; Stunting

ABSTRAK

Pendahuluan: Stunting masih menjadi permasalahan gizi di Indonesia yang perlu mendapat perhatian serius. Lingkaran stunting di Indonesia perlu diputus dengan serangkaian program. Program pemberdayaan pemuda merupakan salah satu upaya yang berpotensi untuk dilakukan sebagai langkah strategis dalam memutus siklus stunting.

Metode: Metode yang digunakan dalam penelitian ini adalah pre-experimental dengan menggunakan pendekatan one-group pretest and posttest. Sampel yang digunakan dalam penelitian ini adalah remaja Desa Mayang yang dipilih dengan teknik purposive sampling. Instrumen yang digunakan adalah kuesioner pengetahuan tentang stunting berdasarkan penelitian yang telah ada sebelumnya. Uji statistik yang digunakan dalam pengolahan data adalah Paired T-Test.

Hasil: Berdasarkan hasil uji yang telah dilakukan menunjukkan bahwa p value = 0,001 ($p < 0,05$) yang berarti terdapat pendidikan kesehatan interaktif berpengaruh signifikan terhadap pengetahuan tentang stunting pada responden.

Kesimpulan: Pendidikan kesehatan dengan metode interaktif berpengaruh signifikan terhadap peningkatan pengetahuan remaja tentang stunting di Desa Mayang.

Kata kunci: Remaja; Pendidikan Kesehatan Interaktif; Stunting



INTRODUCTION

According to the World Health Organization (WHO), stunting is defined as a child who grows smaller than his peers due to chronic malnutrition, poor maternal health and nutrition, repeated infections, and improper feeding and care in the first 1000 days of life.¹ Stunting is still a nutritional problem in Indonesia that needs serious attention. Based on data compiled by the Jember District Health Office, the prevalence of stunting at the Mayang Health Center since 2021 has increased by 3.67%. Other data states that 11.45% of infants and toddlers in Mayang Village are classified as short and very short, which percentage indicates the incidence of stunting in Mayang Village. Meanwhile, by Riskesdas's data on 2018 shows that 25.7% of adolescents aged 13–15 years are stunted and 26.9% are stunted adolescents aged 16–18 years. In addition, cases of anemia in adolescent girls are still very high.

One of the factors that cause stunting is factors from parents, such as the lack of maternal nutritional intake during pregnancy and inappropriate parenting patterns. Adolescent girls who grow up in a state of malnutrition, in the future have the potential to become malnourished mothers accompanied by anemia, so that they tend to give birth to stunting babies and increase the risk of bleeding during the parturition process, and this cycle will continue without stopping.² In addition, the teenage boy who will become the head of the family also plays an important role as a support system in fulfilling balanced nutrition in his family for stunting prevention efforts. Marriage and pregnancy in adolescence are at high risk because adolescents are not yet fully mature both physically and psychologically.²

The Indonesian government has released the National Strategy for the Acceleration of Stunting Prevention (STRANAS Stunting), which makes adolescents an important target in efforts to accelerate stunting prevention. Empowerment is one form of sensitive intervention in stunting prevention efforts, is by intervention in groups of adolescents (especially young women) considering that sensitive interventions account for 70% of stunting elimination efforts³. According to Jim Iffe (1997) in the book 'Community Development, Creating Community Alternatives-Vision, Analysis and Practice' states that education is one component in empowerment.⁴ Providing education can be one of the interventions that should be realized to increase awareness of adolescents as prospective parents about maternal and child health. The purpose of this study was to identify the effect of interactive health education on increasing knowledge about stunting in rural adolescents of Mayang.

RESEARCH METHOD

The research method chosen by the researcher in this case is pre-experimental using the one group pretest and posttest approach. Related research aims to determine the effect of interactive health education methods on increasing knowledge about stunting among village youth in Mayang. Interactive health education is set as the independent variable, while the level of knowledge about stunting is set as the dependent variable.

This research which is integrated with the youth empowerment program, has received a permit from the Jember District Health Office with a letter number 440/14896/311/2022. Moreover, this research has submitted an ethical review of 'The Ethical Commitee of Medical Research Faculty of Dentistry University of Jember' and has ethical clearance approval with a letter number No.2130/UN25.8/KEPK/DL/2023 which was released on June 14th, 2023.

The number of research samples obtained was 20 respondents with a sampling technique is accidental sampling. Before the research was conducted, respondents received an explanation regarding the research to be carried out both orally and in writing on an informed form. All respondents stated that they were willing to participate in the research and signed a consent form.

The research location is located in Mayang Village, Jember Regency. In addition, this research was carried out from June to September 2022. The sessions summary in this reserach will be displayed in Table 1. This study used a stunting knowledge instrument or questionnaire based on previous research which has proven valid and reliable.⁵ Data processing uses a data processing application on a computer using a statistical test is the Paired T-Test.

Table 1. Summary of Sessions

Session	A Summary of Topics and Activities
First	- Introduction the number and objectives of the sessions - Perfoming pretest
Second	- Introducing the educators - Explaining the concept of adolescents - Explaining about stunting - Questions and answers session - Games and group discussions
Third	- Introducing the educators - Explaining about mental health - Esplaining about the relationship between mental maturity and stunting - Questions and answers session - Games and group discussions
Fourth	- Introducing the educators - Explaining about stunting



	- Explaining about prevention of early marriage
	- Questions and answers session
	- Games and group discussions
Fifth	- Introducing the educators
	- Explaining about healthy and nutritious foods
	- Practice of making healthy and nutritious food
	- Questions and answers session
	- Games and group discussions
Sixth	- Review the general concepts of the previous sessions
	- Performing posttest

RESULT

Table 2. Socio Demographic of Participants

Respondent Characteristic	Intervention Group	
	Amount	Percentage (%)
Gender		
Male	9	45
Female	11	55
Ethnic		
Java	0	0
Madura	20	100
Age		
14	2	10
16	1	5
17	3	15
18	4	20
19	6	30
20	2	10
22	2	10
Education level		
SLTP	5	25
SLTA	2	10
S1	4	20
Quit school	9	45
Ever attending training before		
Yes	0	0
No	20	100
Stunting Information Resources		
Teacher	0	0
TV	2	10
Social Media	2	10
Friend	0	0
Family	0	0
Other	4	20
Never	12	60

Based on table 2, there is known that the dominant sex of the respondents is male youth (55%). As for ethnicity, all respondents in this study were Madurese (100%). Most of the teenagers involved in this study were 19 years old (30%) followed by 18 years old (20%). The table also shows that the majority of teenagers have dropped

out of school, is 9 people (45%). All youth, is as many as 20 people (100%) had never attended training or education related to stunting before. The majority of adolescents, is 12 people (60%), never received information about stunting and the rest received stunting information from other sources, 4 people (20%), from TV, 2 people (10%), and from social media, 2 people (10%).

Table 3. Adolescents Knowledge Category

Category	Amount	Percentage (%)
Deficient	1	5
Sufficient	16	80
Decent	3	15

Based on table 3, it is known that the majority of adolescents in Mayang Village have sufficient knowledge is 16 people (80%).

Table 4. Differences in Knowledge About Stunting Before and After Health Education (Paired t test)

Variable	Mean	SD	t	P-value
Pretest	27,40	2,583	-8,955	0,001
Posttest	36,05	3,927		

In table 4, there is known that the average score of adolescents knowledge before being given health education about interactive stunting is 27.40 and the average score of adolescents knowledge about stunting after receiving interactive health education is 36.05. From the results of the tests that have been carried out, the p value = 0.001 ($p < 0.05$).

DISCUSSION

Based on this research, it is known that as many as 9 respondents (45%) dropped out of formal education (school) and all 20 respondents (100%) stated that they had never attended training or education related to stunting before. In table 2 it is also known that as many as 12 people out of a total of 20 respondents (60%) were not previously exposed to stunting information as evidenced by the fact that adolescents have never received any source of information about stunting from anywhere (Table 2). In addition, from this study it is known that the majority of teenagers have sufficient knowledge is 16 people (80%) and only 3 out of 20 people who have good knowledge (15%). The knowledge and level of education of adolescents as prospective parents is very important, because in the future it will affect the upbringing of their children. This is supported by previous research with the result that there is a relationship between parenting style and the incidence of stunting in Lebong Regency, where



one of the three most influential factors is parental knowledge.⁶

Age affects one's comprehension and mindset.⁷ Apart from that, other research also states that emotions also influence a person's mindset and way of dealing with problems.⁸ Based on the results of this study it is known that the majority of respondents are 19 years old (30%). In adolescence, a person's mental condition is still unstable and immature so that when faced with a problem, adolescents will act according to their thoughts and reasoning. Emotional maturity is very important for a teenager to achieve by starting to open feelings to others, doing physical exercise, playing or working, laughing or crying, so that a sense of security arises in association and can control emotions stably. Assistance for adolescents is very necessary, considering that adolescents emotions are said to be mature if at the end of their teenage years they do not "explode" their emotions in front of other people but rather wait for a more appropriate time and place to express their emotions in a more determined way. So that when adolescents have not reached the stage of emotional maturity, they still need primary assistance when facing a problem.⁸ These conditions support the process of receiving the information provided related to stunting prevention properly.

Knowledge is influenced by several factors such as education, information/mass media, social culture and economy, environment, experience and age.⁹ Intervention through health education using lecture and discussion methods can improve the ability to solve health problems. This is supported by research conducted by Suryani in 2020 which states that lecture and group discussion methods increase adolescents compliance knowledge in consuming Fe tablets.¹⁰ In this study, adolescents received interventions through interactive health education involving group discussions and peer teaching or peer education. According to research conducted by Astari and Fitriyani in 2019, it was concluded that peer education influences the knowledge and attitudes of adolescents about HIV-AIDS prevention.¹¹ Furthermore, other studies also concluded that the development of peer education methods was effective in increasing the nutritional knowledge of female high school students.¹² Focusing more on stunting, other studies also state that peer education is effective in increasing knowledge about stunting prevention in cadres.¹³

In this study, it was found that the average score of adolescents' level of knowledge about stunting before being given interactive health education was 27.40. After being given interactive health education regarding stunting knowledge, there was an increase in the average adolescents

score to 36.05. This shows that there is a significant increase in interactive health education towards increasing the knowledge of adolescents in Mayang Village regarding stunting. The results of this study are in accordance with previous studies which state that there are differences in knowledge about stunting prevention before and after being given health education.² Other studies also support that education about nutrition has an effect on increasing knowledge of healthy food choices in young women in Benda Baru Village.¹⁴

The results of the tests that were carried out in this study obtained a p value = 0.001 ($p < 0.05$), which means that the provision of interactive health education has a significant effect on increasing adolescents knowledge about stunting. This is in accordance with research conducted by Harsiwi and Arini in 2020 which states that interactive learning affects student learning outcomes at school.¹⁵ Other research that is more specific to interactive health education also states that interactive health education has an effect on changes in health behavior that is better regarding the abstinence culture culture (tarak) in diabetic foot ulcer patients in Bojonegoro Regency.¹⁶ Subsequent research that supports this is research in 2018 which shows that health counseling with interactive video and leaflet media increases the knowledge and attitudes of adolescents about the risks of early marriage in the Gerung Butun Timur Environment.¹⁷

CONCLUSION

The results of the research that have been carried out show that health education with interactive methods has a significant effect on increasing knowledge about stunting in rural adolescents in Mayang.

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