



Developing media leaflet to increase parents' understanding of stunting in toddlers

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Abstract

Early childhood is a period of growth and development. Stunted children is a condition where children have shorter bodies than children of other ages. The lack of understanding about stunting leads to mistreatments to children that affects to their development. This research aims to increase the parents' understanding of stunting in toddlers. The analysis method used was research and development (R&D) and the sample were 145 people from the stunting locus of Hulu Sungai Utara, Tapin, Barito Kuala and Banjarbaru Regencies. Data collection was obtained from questionnaires, interviews and documentation. The treatment was given through leaflets and educational videos. This study showed that an increasing in treatment gave impact to parents' understanding of stunting prevention. It can be concluded that there was a significant difference in parents' understanding by giving leaflets and educational videos. This finding may give suggestion for society to promote understanding in stunting by using the media developed in this research.

Keywords: Leaflet, Parents' Understanding, Stunting

INTRODUCTION

Stunting is a condition of children with shorter bodies than other children at the same age. Their body proportions tend to be normal but the appearance seems younger/ smaller than other children. In addition, a stunted child may also have low weight for a child of his or her age and impaired bone growth. Stunting is one of the causes of poor income and parents' understanding of nutritional food intake, detection of child growth from birth, and the need for exclusive breastfeeding for babies (Jalongo et al., 2002). Based on the results of the evaluation of the BKKBN Key Performance Indicators (IKU) in 2021, it was found that the prevalence of stunting in Indonesia is still very high, ranking 6th in Indonesia. Children who fail to grow, especially at the age of five, are at risk of developing various degenerative diseases later in life.

Unfortunately, many parents just weigh their weight and measure their child's height or height without knowing how important the size of the flower is. While achieving development according to the age of the child needs to be known every parent to ensure that the child grows optimally. In addition, parents can also ensure that childcare and education activities are appropriate to their age (Baiti, Zulkarnaen, & Sarimah, 2022). The Child

Development Card (KKA) childhood development monitoring sheet can also be a tool for early detection of deviations or developmental disorders in children covering aspects of rough motor development, fine-motor development, passive communication, active communication, intelligence, and gradual. socialization skills (Brewer, 2007).

The aim of this study was to find out the effectiveness of the use of leaflets and video education for stunting prevention (Rahim, 2012). A similar study, The Effectiveness of Health Education Using Media Booklets Against Mother's Level of Knowledge About Stunting, found that there was an influence on the level of mother's knowledge about stunting by providing health education with a brochure. In addition, in this study the media serves as a tool to understand parents to prevent stunting on news. One of them is to optimize maternal care patterns through a psycho-emotional approach with the Family Building Unit (BKB) as well as understanding the use of Growth Cards (KKA) (Sartori et al., 2022). Based on this background, a medium should be developed to help give parents an understanding of stunting prevention.

METHOD

The research uses experimental methods with one group pre-test and post-test approaches with control group design. The independent variable in this study is the use of media leaflets and educational videos and the dependent variable is parents' understanding of stunting prevention on toddlers. Parent understanding data was obtained through the completion of questionnaires before and after food nutrition education, detection of child growth from birth and the need for exclusive breastfeeding. The design of the one group pre-test and post-test experiment is as follows:

- a. Conduct a pre-test, namely to find out parents' understanding of stunting toddler prevention before being given education using leaflet media and educational videos
- b. Providing education through the use of leaflets and educational videos
- c. Conduct a post-test, which is to find out parents' understanding of the prevention of stunting toddlers after being given education using leaflets and educational videos

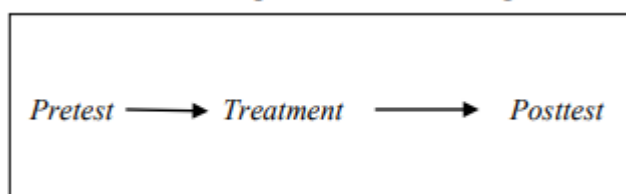


Figure 1. The design of the Pretest and Posttest is described as follows:

Data analysis used the paired t-test to determine the effect of the independent variable with the dependent, and the Kruskal-Wallis test to compare the results of the two media, namely leaflets and educational videos. This analysis and evaluation was carried out in four districts at risk of stunting, namely Hulu Sungai Utara (HSU) in Central Amuntai District, Tapin District in Hatungun District, Banjarbaru District in Landasan Ulin District and Barito Kuala District in Tamban District. Respondents were selected by random sampling of 120 respondents who met the inclusion criteria, namely willing to be respondents, not illiterate and residing in the Analysis and Evaluation area and exclusion criteria, namely those who were not present at the time of data collection. Respondents consisted of 2 groups who received education using leaflets and educational videos.

The first stage is the analysis stage, namely seeking information regarding the purposes that are useful in designing leaflet media. The second is the design stage, namely the stage of making media designs. The third is the stage of developing a product that is in accordance with what is made. Leaflet media is made using the Canva application. After being made, the media was validated by experts. The fourth stage is implementation or being tested on children. Finally, namely evaluation, the results of the media are analyzed to find out whether a product is feasible or not.

This research was carried out through the following Stages and Activity Plans:

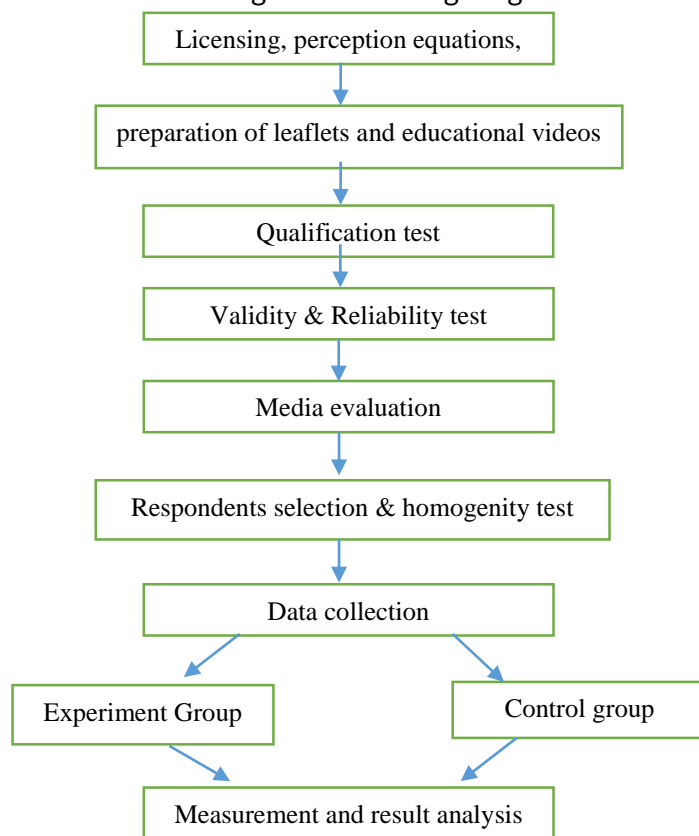


Figure 2. Research

Data collection techniques in this study through interviews, observation and questionnaires. Data collection instruments were used in this study. Interviews were used to determine the basic problems openly. Expert validation with a questionnaire instrument to assess leaflet media by media experts. Observation sheet in media development trials (Santrock, 2014). The data analysis technique used for validity and practicality is qualitative data. The validity and practicality criteria are adapted from the conversion formula (Isik, 2016).

RESULTS AND DISCUSSION

According to Arikunto (Ciecierski et al., 2017) explains that validity is a measure that shows the level of validity of a measuring instrument. If the instrument is said to be valid, it means that the measuring instrument used to obtain the data is valid so that valid means that the instrument can be used to measure what should be measured. The validity test in this study was divided into 2 ways, namely first, empirical validity and rational validity. In the variables of parental communication, family socioeconomic status and children's language skills are used empirical validity. The way to test its validity is by calculating product moment correlation statistical item items by using SPSS 23. If $r_h > r_t$, then it can be stated that the item is valid.

Second, the parenting style variable is used to test rational validity which consists of construct validity and content validity (face validity/face validity, logical validity/logical validity, expert judgment). This instrument has rational validity, if the criteria contained in the instrument rationally (theoretically) reflect what is being measured. So the criteria are in that instrument (Prasetya & Tsukasa, 2018). The more the scale items reflect the overall concept or the dimensions measured, the greater the content validity (Mannan, 2017).

Face validity is merely the stage of acceptance by the general public of the test's measurement function, and is not related to validity statistics such as coefficients or indices. Further analysis after face validity is through logical validity, namely the procedure for assessing the feasibility of the item content through a qualitative assessment by an expert panelist. This procedure then produces logical validity or is the level of agreement among experts who assess the feasibility of a measurement scale (Kirschenbaum, 1995).

The measurement results with measuring devices based on that theory are seen as valid results. However, even though theoretically it can be said to be valid, empirical testing of a non-test instrument is still needed to reveal how far each variable to be measured can be explained by each dimension in the instrument that has been compiled (Scull, 2013).

The validity level was tested for significance by comparing the *r*-count value with *r*-table. Degree of freedom (df) = $n-k$ in this case *n* is the number of samples and *k* is the number of constructs. $R \text{ table} = df (N-2, 0.05) = df (145-2, 0.05) = 0.1637$ for each question item it can be seen in the corrected item question column that the total correlation is greater than the *r* table and the *r* value is positive, then the question item is said to be valid. *R* count is to see the level of significance. If the item significance level is <0.05 then the measuring instrument used is valid.

This research was using an experimental method with a one group pre-test and post-test approach with a control group design. The independent variable in this research is the effectiveness of using leaflet media and educational videos and the dependent variable is parents' understanding of preventing stunting in toddlers.

The respondents obtained based on the South Kalimantan BKKBN row data were several people who were used as samples totaling 145 people from population data at risk of stunting from 4 districts of Hulu Sungai Utara, Tapin, Brito Kuala and Banjarbaru. Respondents were given an understanding of the prevention of stunting under five by using leaflets and educational videos. In carrying out this analysis and evaluation activity, the initial steps taken were to make data collection instruments and create media leaflets and determine educational videos or short videos to be used to provide understanding to parents about stunting.

The leaflet media used was made using the Canva application, the media content consists of material on how to prevent stunting, child development cards, compassionate and sharpening parenting, and balanced nutritional food sources as well as breast milk & solids (Hannaford, 1985). With this leaflet media, parents are expected to understand stunting prevention and how important the child development card is to help parents find out about their child's growth and development work each month. The child development card is a parental monitoring sheet regarding the development of infants/toddlers as a tool for early detection of deviations or disorders of child development (Boove, 1997). KKA (Kartu Kembang Anak) provides an overview of child development according to the child's age which includes gross movements, fine movements, passive communication, active communication, intelligence, self-help, and behavior.

Child development cards help parents know how far their children are experiencing development and experiencing difficulties in their growth and development. Based on the findings, some parents already had KKA (59.3%) and only a portion understood KKA. The Children's Flower Card is almost similar to the KMS (Healthy Toward Card) but now it is also

equipped with KKA in digital form and it's easier to have every month to be able to monitor only via gadgets.

Of all the respondents who had a Child Flower Card, there were 86 people. It showed that almost half of the samples taken already had and used KKA as a support for monitoring the growth and development of children and disorders experienced by children (Baiti, Yusuf, & Murni, 2021). Others use KMS. However, many parents do not know that the Children's Flower Card can also be used digitally or online. Respondents have also been included in the Toddler Family Development (BKB). However, from the Banjarbaru district there are those who have not yet entered the Toddler Family Development Program (Evans, 2017). Therefore, it is necessary to be supported by family planning assistants to further motivate parents to join BKB and to be more active in monitoring their children's development not only through Posyandu (integrated service post).

From the distribution of data that was obtained by respondents from Tamban, Hatungun, Central Amuntai, all respondents were included in the Toddler Family Development section. In Guntung Manggis Banjarbaru, it turned out that the average respondent did not know about and joined the Toddler Family Development Program. With the Toddler Family Development program, it can support parents to better understand how problems and development detection in children are.

Based on the distribution above, it is known that all respondents know the detection of child growth and development well. However, some do not know in more detail about KKA if asked what developments each month the child has in accordance with the stages of development or the task of developing the card.



Figure 3. Leaflet Media

This stage is done by creating the Canva application media and converting it into png form. This media is made with colors and stories about overcoming stunting, MPASI, KKA and caring and honing patterns for parents (Flewit, 2011). After the steps for making the media are complete, the next step is media validation. This validation was carried out by the materials and two media experts. From the validation results obtained comments and suggestions from experts as a reference for media improvement.

The media that has been repaired is then tested on a small class involving 5 parents. Furthermore, parents were directed to use this media for researchers to fill out a questionnaire whether there was an increase in the understanding of parents of stunting toddlers. Evaluation is carried out to determine whether the media is appropriate as a product that is employed. The leaflets used have been tested on 145 respondents who were sampled as research subjects. The aim is to increase parents' understanding of the information in leaflets and educational videos. The results of the trial showed that almost all respondents understood and said the leaflet was interesting.

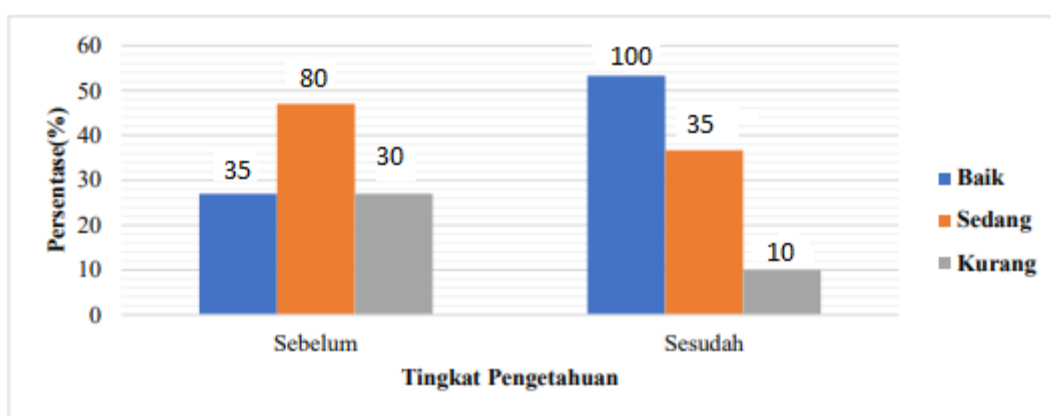


Figure 4. Knowledge Level Result

Respondents answered that reading the leaflet could affect the effectiveness of the leaflet, because some other respondents thought that the picture and color of the leaflet were good for attracting interest in reading and all respondents understood the explanation contained in the leaflet. All input becomes material for making improvements to the leaflet that will be used in research. The leaflets used in the research contain information about stunting prevention, explanations about stunting prevention. Respondent characteristics such as age, education and occupation can also be factors that influence knowledge.

The results of the research in the picture above show that prior to giving leaflets, parents in the 4 districts that were loci for analysis and evaluation generally had less knowledge, but after giving leaflets, their knowledge of parents increased. Based on the results of the

respondent's previous knowledge in the four districts which was quite low, due to the lack of knowledge and insight of parents regarding diarrhea self-medication so that the answers given were not correct. This is also found in the analysis, where most of the parents' knowledge regarding stunting prevention in children is still classified as moderate and low with a background of elementary school level education.

CONCLUSION

Description of the level of knowledge of parents about preventing stunting in children before giving leaflets 35% good knowledge, 80% moderate knowledge, 30% poor knowledge and after giving leaflets 100% good knowledge, 35% moderate knowledge and 10% poor knowledge. There was a significant difference between the total score of knowledge before and after giving the leaflet at ($p = 0.000$), and there was a difference in the average score of the pretest-posttest showing 2.5 and after being given knowledge about parents' understanding of stunting prevention it increased by 7,5. This shows a p-value of $0.000 < 0.05$, so H_0 is rejected, so it can be concluded that there are differences in knowledge before and after treatment. There is an increase in treatment and an increase in parents' understanding of stunting prevention with the media of leaflets and educational videos.

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