The Relationship Between Providing Health Education With A Learning Model Using Social Media on The Knowledge of Stunting Prevention Among Childbearing Age Women

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ABSTRACT

Health education is an effort to make the actions of individuals, groups, or communities a positive influence in maintaining and improving health. Education for women of childbearing age plays an important role for knowledge about stunting because it will prevent early stunting for women of childbearing age. Stunting is a condition of failure to thrive in children under five years old caused by long-term malnutrition that causes children to be too short for their age. This study aims to determine the relationship of providing health education with a learning model using social media on the knowledge of women of childbearing age about stunting prevention. This type of research has used a quantitative approach. This research method uses pre-experiment method with one group pre-test and post-test design. Respondents 47 women of childbearing age who were at STIKes Baitul Hikmah. The results of statistical tests using SPSS through the Wilcoxon test obtained the results of Asymp. Sig 0.000 or p value = 0.000 (<0.05) which means Ha is accepted, it can be concluded that there is a relationship between health education with a learning model using social media on the knowledge of women of childbearing age about stunting prevention.

Keywords: health education, Knowledge of women of childbearing age, Stunting

INTRODUCTION

One in two children in Southeast Asia suffers from at least one micronutrient deficiency, and 27.4% of children under the age of five are stunted, according to the World Bank, WHO, and United Nations Children's Fund (UNICEF). According to data from the 2022 Indonesian Nutrition Status Survey (SSGI), 21.6% of Indonesians were stunted. This number represents a 24.4% drop from the prior year. This number is still high even though it is decreasing, given that the WHO standard is less than 20% and the objective for stunting prevalence in 2024 is 14%. Lampung Province was one of the top three provinces in the country with the lowest prevalence rate in 2022, at 15.2%, according to data from the Indonesian Nutrition Status Survey (SSGI) (Azlina et al 2023).

A child is considered to be stunted if their height-for-age (TB/U) is not comparable to that of other kids their age. When measuring height less than two standard deviations (-2SD), growth retardation is also known as growth failure. As stated by Nisa (2018), Nurfatimah et al (2021), and Rahmadhita (2020), it begins when the fetus is still in the womb and is not visible until the child is two years old. As soon as feasible, the effects of stunting can be avoided, and its incidence can be decreased. Stunting has an adverse influence on future generations' quality and might result in decreased learning capacity and productivity as an adult. The following aspects of parenting, nutrition, social environment, health services, and sanitation accessibility are the main emphasis of stunting treatment. All stakeholders, particularly women of childbearing age, must work together to eliminate stunting. This will help set the stage for future initiatives to avoid stunting (Azlina et al 2023).

Pregnant women of childbearing age should take early measures to prevent stunting in order to ensure that their unborn child has a healthy start to the first 1,000 days of life (HPK). The health and development of a kid are greatly influenced by the first 1000 days of their life (HPK), which spans the time from conception to the child's second birthday. Stunting brought on by malnutrition during this time can have an impact on future productivity and cognitive development in addition to physical growth. This implies that actions taken during this time could have a significant influence.

There are a number of strategies to prevent stunting in women who are childbearing age, including providing blood supplements, offering direct counseling to these women, educating them through animated films, teaching them to eat nutrient-dense foods, and—most

importantly—educating them through social media (Naila, F, Apoina, K, Nugraheni, S, A, 2019).

According to information retrieved from goodstats in January 2024, there were 5.04 billion active social media users worldwide. This amounts to 62.3% of the global populace. Compared to quarter 4, 2023, there were 75 million more social media users in January 2024, a 1.5% rise. According to We Are Social, there were 139 million Indonesians using social media as of January 2024. This figure represents 49.9% of the whole population of the country. According to Christina (2022), the rise in social media users has made it possible to use these platforms to spread health information, including information about preventing stunting in women who are childbearing age. Law No. 20 of 2003 defines education as an intentional, planned endeavor to establish a learning process and environment where students actively develop their potential to have intelligence, noble character, self-control, personality, religious spiritual strength, and skills necessary for themselves, society, nation, and state (Ahmad, N, 2023).

According to research by the Central Statistics Agency (BPS), 34.7% of Indonesians are estimated to be stunted. This study also demonstrates how little women know about preventing stunting. This is corroborated by research conducted by Sinuraya et al. (2019), published in his journal, which demonstrates how Indonesian women of reproductive age's awareness might affect efforts to prevent stunting. According to the study's findings, just 21% of respondents had excellent knowledge on the prevention of stunting in Indonesian women of reproductive age, while up to 40% of respondents overall had inadequate understanding in this area. Given the foregoing context, researchers are curious to find out how women of childbearing age's knowledge of stunting prevention relates to health education delivered through a social media learning paradigm.

METHOD

This kind of study employs a quantitative methodology. The present study used a One Group Pre-test and Post-test research design, wherein a pre-test is administered prior to learning, and a post-test is administered afterward.

There were 90 women of childbearing age (WUS) in STIKes Baitul Hikmah Kemiling District, Bandar Lampung City, who were not married and made up the study's population. Using the Slovin method, 47 respondents made up the total sample that was employed for this study's

sampling. 10% more respondents in order to prevent mistakes in the data entry.

The study's instruments include social media—a Whatsapp group for material sharing—leaflets explaining stunting, its causes, its effects, and ways for women of childbearing age to prevent it—and questionnaires using a Google form to determine the knowledge of these women both before and after they receive education on stunting prevention.

The two types of data collection techniques used in this study are primary data and secondary data. The primary data for this study came from women of childbearing age at Baitul Hikmah health science collage filling out Google Form questionnaires. Researchers also collected secondary data from library resources, the Ministry of Health website, journal articles, health promotion module books, and prior research.

Both univariate and bivariate data analysis were used in this investigation. The percentage distribution of WUS age, WUS education level, and WUS knowledge level before and after receiving health education using a social media learning model on stunting prevention in women of reproductive age was determined in this study using univariate analysis. Knowledge requirements for women of reproductive age both before and after receiving an education: excellent : 76%–100%, adequate : 56%–75%, and inadequate : <56%.

The link between health education and social media learning models on the knowledge of women of reproductive age about stunting prevention is examined using bivariate analysis. At this point, computers are used to process and evaluate the data. The data should be subjected to a normalcy test as the initial analysis. Because there are less than 50 respondents, or just 47, the normalcy test of the data using the Shapiro-Wilk test should be performed first. Women of reproductive age were asked to compare their knowledge before and after receiving health education using the Wilcoxon test because the difference test was performed and the findings were not normally distributed.

RESULT

This research was conducted at Baitul Hikmah health science collage with the following results:

Table 1. Mean age of women of childbearing age at Baitul Hikmah health science collage

Age	Quantity	Percentage
18	7	14, 8 %
19	8	17 %
20	13	27, 6 %
21	12	25, 5 %
22	4	8,5 %
23	3	6,3 %
In Total	47	100 %

Based on table 1, female respondents of childbearing age with the age of 20 years were the most respondents 13 respondents (27.6%).

Table 2. Women of childbearing age who became respondents at Baitul Hikmah health science collage based on the semester taken

Semester	Quantity	Percentage
Second Semester	16	34 %
Fourth Semester	19	40, 5 %
Sixth Semester	12	25,5 %
In Total	47	100 %

Based on table 2 respondents with fourth semester were 19 respondents (40.5%), second semester were 16 respondents (34%) and sixth semester were 12 respondents (25.5%).

Table 3. Women of childbearing age's frequency distribution of information prior to receiving health education regarding the prevention of stunting

Knowledge Level	Frequency	Percentage
Good knowledge	6	12,7 %
Sufficient knowledge	30	63,8 %
Poor knowledge	11	23,5 %
In Total	47	100 %

Table 3 shows that of the 47 respondents, 6 (12.7%) have sufficient knowledge, 30 (63.8%) have strong knowledge, and 11 (23.5%) have poor knowledge.

Table 4. The frequency distribution of information among women of reproductive age about the prevention of stunting after receiving health education

Knowledge Level	Frequency	Percentage
Good knowledge	44	93,6 %
Sufficient knowledge	3	6,4%
Poor knowledge	0	0 %
Total	47	100 %

Table 4 shows that 44 respondents (93.6%) have good knowledge, and 3 respondents (6.4%) have sufficient knowledge. Based on the Wilcoxon formula test findings, Ha is accepted with a p value of 0.000 (<0.05). Thus, it can be said that there is a connection between health education and a social media learning model in terms of what reproductive-age women know about preventing stunting.

DISCUSSION

Health education is a learning process carried out in individuals, families, groups, and communities to change unhealthy behavior into healthier behavior patterns. The health education process includes several aspects, including the use of teaching and learning strategies, maintaining decision-making to implement changes / behaviors, and health education that focuses on behavior change to improve health outcomes (Trisutrisno et al 2022).

According to Health Law Number 23 of 1992 and the World Health Organization, the goal of health education is to increase community members' capacity to preserve and enhance their physical, phsycological, and social health as well as their ability to be economically and socially active. Education in all health initiatives, such as community nutrition health services, environmental health, infectious disease control, and other health programs (Wijayanto, 2021). The purpose of this study's health education program is to improve the awareness of women at Baitul Hikmah health science college who are of childbearing age on how to prevent stunting as early as feasible.

The p-value for the above research, which is determined by the Wilcoxon test results, is 0.000 (<0.05), indicating that Ha is accepted. Therefore, it can be concluded that there is a relationship between the knowledge of women of childbearing age about stunting prevention and the provision of health education through a social media learning model. The study's findings show

that health education that uses social media as a learning model significantly improves women's reproductive age knowledge regarding stunting prevention. Stunting is one of the major health issues that can negatively impact a child's future development and quality of life, thus this growth in knowledge is crucial.

The findings of other investigations, such as Astusti's (2023) investigation on "The effect of animated video media counseling on stunting on maternal attitudes in preventing stunting," provide support for this study. It is evident from this study that the methodology used in it is quantitative research with a pre-experimental design that uses a single group for both the pre- and post-tests. 45 responders made up the study's sample. According to the findings of statistical analyses and non-parametric Wilcoxon tests conducted using SPSS, the impact of animated video media counseling on mother attitudes towards reducing stunting is evident, with an Asymp. Sig 0.000 or p value <0.05.

Children under five who suffer from stunting, a disease when they fail to thrive due to prolonged starvation, are abnormally small for their age. Stunting doesn't show up until the child is two years old, although the issue is there from the moment the infant is in the womb and during their early postpartum growth. Stunting may result from an unsuccessful first thousand days of life. According to Subratha in Dharma 2022, this period is critical for deciding a person's level of intelligence, physical development, and productivity in later life.

Since women are of childbearing age, stunting can also be avoided as early as possible. According to Akbar and Hidayani in Wati 2023, women of childbearing age (WUS) are those who are between the ages of 15 and 49 from the start of their first menstrual cycle until the end of their monthly period, or menopause, if they are married, divorced, or widowed and still may become pregnant. When planning a pregnancy, women of reproductive age should try to prevent stunting as early as possible in order to adequately prepare for the first 1000 days of life (HPK) of their unborn child.

This study highlights the importance of preventing stunting early on, especially in women of childbearing age (WUS) who have the potential to become pregnant. In this context, women of childbearing age are between the ages of 15-49 years according to the data taken by researchers on female respondents of childbearing age at Baitul Hikmah health science college, namely 18-23 years old. Women of childbearing age play an important role because their nutrition and

health conditions can affect the quality of their fetal and child growth. Subratha's thesis (in Dharma 2022) states that a person's level of intelligence, physical growth, and future productivity are all greatly influenced by their first thousand days of existence, including the prenatal and postnatal phases. Stunting in women can be prevented in a number of ways, including by providing blood supplements, offering direct counseling to women who are childbearing, educating women through animated films, educating them about eating a healthy diet, and most importantly using social media (Naila, Apoina, Nugraheni, 2019).

Social media is a very attractive and promising tool for public health education. Health information may be efficiently and rapidly distributed to a wide range of audiences due to its broad reach. Social media's two-way communication enables users to actively engage, pose queries, and exchange experiences, resulting in a stimulating and fulfilling conversation. Furthermore, the utilisation of photos, videos, and infographics on social media platforms enhances the accessibility and engagement of health education. Because of its tremendous accessibility, users can obtain information whenever and wherever they need to, depending on their needs.

The knowledge of women of childbearing age about stunting prevention is positively impacted by health education using a social media learning model. This is because there is a rise in knowledge among these women before and after health education, indicating the extent of their knowledge about stunting prevention at Baitul Hikmah health science college. According to this study, women of childbearing age who get health education utilizing social media as a learning model are significantly more knowledgeable about how to prevent stunting. Stunting is one of the major health issues that can negatively impact a child's future development and quality of life, thus this growth in knowledge is crucial.

CONCLUSION

Respondents of childbearing age women before health education who have sufficient knowledge are (63.8%), while having good knowledge 12.7%, and having less knowledge 23.5%. Respondents showed better knowledge after providing health education with 93.6% having good knowledge, only 6.4% had sufficient knowledge and there were no respondents with poor knowledge. The analysis showed a positive relationship between health learning using social media and increased knowledge about preventing stunting among women of reproductive age.

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REFERENCES

Ahmad, N. (2023). *Definisi pendidikan.*Di unggahhttps://pusdiklat.perpusnas.go.id/regulasi/download/6

Astusti, R. D. W. (2023). *Pengaruh Penyuluhan Media Video Animasi Tentang Stunting Terhadap Sikap Ibu Dalam Pencegahan Stunting Di Wilayah Puskesmas [Pengetahunwanita usia subur (WUS) tentangstunting sebelum di lakukan edukasikesehatan dengan meodel pembelajaran media sosial]*.Di unggahhttp://repository.unissula.ac. id/30427/%0Ahttp://repository.unissula.ac.id/30427/2/32102100031_f ullpdf.pdf

Azlina, F. A., Firdausi, R., & Hasibuan, N. (2023). Upaya Pencegahan Stunting Pada Wanita Usia Subur di Pinggiran Sungai Martapura. Jurnal Pengabdian Kepada Masyarakat Nusantara, 4(1), 548–556. Di unggahhttps://ejournal.sisfokomtek.org/index.php/jpkm/article/view/87 6

Christina, M. (2020). Pendidikan dan Promosi Kesehatan. In Sarmaida Siregar (Ed.), *jurnal Pendidikan dan Promosi Kesehatan*. UIM Press. Di unggah https://doi.org/10.52574/syiahkuala universitypress.224

Dharma, I. gede G. G. (2022). Gambaran Pola Asuh Orang Tua tentang Pencegahan Stunting pada Balita di Banjar Manut Negara Kecamatan Denpasar Barat Kota Denpasar.

Naila, F., Apoina, A., Nugraheni, S.A. *Pendidikan Kesehatan* dengan *Media Lembar Balik Tentang Pencegahan Stunting Pada CalonPengantin*. Diakses pada 6 maret 2024, Jurnal homepage:http://publikasi.dinus.ac.id/index.php/visikes

Nisa. L, S. (2018). *Kebijakan Penanggulangan Stunting di Indonesia. Jurnal Kebijakan Pembangunan*, 13(2), 173–179.

Nurfatimah, N., Anakoda, P., Ramadhan, K.,Entoh, C., Sitorus, S. B. M., & Longgupa, L. W. (2021). Perilaku Pencegahan Stunting pada IbuHamil. Poltekita : *Jurnal Ilmu Kesehatan,* 15(2), 97–104. https://doi.org/10.33860/jik.v15i2.475

Octaviana, dila rukmi, & Ramadhani, reza aditya. (2021). *Hakikat manusia: Pengetahuan (Knowladge), Ilmu Pengetahuan (Sains), Filsafat Dan Agama.* 2(2), 3–6.

Rahmadhita, K. (2020). *Permasalahan Stunting dan Pencegahannya. Jurnal Ilmiah Kesehatan Sandi Husada*, 11(1), 225–229 https://doi.org/10.35816/jiskh.v11i1.253

Sinuraya, K. R., Qodrina, A. H., & Amalia, R. (2019).Peningkatan Pengetahuan Masyarakat Dalam Mencegah Stunting. *Jurnal Pengabdian Kepada Masyarakat*, 4(2), 48 51. https://jurnal.unpad.ac.id/pkm/article/view/23242

Trisutrisno et al., I. (2022). Pendidikan dan Promosi Kesehatan (A. Karim (ed.)). Yayasan Kita Menulis. Di unggah https://ecampus.afi.ac.id/repo/bitstream/handle/123456789/80/Pendidikan%20dan%20Promosi%20Kesehatan.pdf?sequence=1&isAllowed=y

Wati, P. E. (2023). BAB 2 Klasifikasi keputihan. 6–16. file:///C:/Users/ZYREX/Downloads/BAB%20II%20Tinjauan%20Pustaka_ wus-1.pdf

Wijayanto, D, (2021). Edukasi kesehatan tentang manajemen diri kepada masyarakat. Angewandte Chemie International Edition, 6(11), 951–952., 10–27.

WHO. (2018). Reducing stunting in children: equity considerations for achieving the Global

Nutrition Targets 2025. Geneva: : World Health Organization. Di unggah https://www.who.int/publications/i/item/9789241513647
UNICEF. (2019). Stunting: The https://www.unicef.org/indonesia/id