

The Effects of Lecture, Brainstorming, Demonstration (CBD) to Mother's Knowledge, Attitude, and Behavior About Stunting Prevention on Toddler

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ABSTRACT

The lack of a mother's knowledge was a factor in the stunting incidence in a toddler. High or low mother's level of knowledge is closely related to the level of awareness of their children's health. Lecture, Brainstorming, Demonstration (CBD) method was an innovative method that provides a different learning atmosphere from health education that was usually done at the Puskesmas. The purpose of this study is to see the CBD method's effect on mothers' knowledge, attitudes, and behavior in stunting prevention on a toddler. This research used a quasi-experimental design with a pretest-posttest control group design. The number of the sample that was used was 35 respondents in the treatment and control groups were selected using the purposive sampling method. The independent variable in this study was CBD and knowledge, attitudes, behavior as the dependent variable. Data were collected using a questionnaire and then analyzed using the Wilcoxon Sign Rank Test and Mann Whitney U test with a $p < 0.05$. The results showed that the mother's knowledge, attitudes, actions in the treatment group had a significant value of $p = 0.000$. In contrast, the control group was not significant, with a value of $p > 0.05$. There was a difference in the level of that mother's knowledge, attitudes after intervention between control and treatment groups with a value of $p = 0.000$. Lecture, Brainstorming, Demonstration (CBD) increases mother's knowledge, attitudes, and behavior in stunting prevention on toddler, so the CBD (Lecture, Brainstorming, Demonstration) can be used as a choice in providing health education.

Keywords: brainstorming, demonstration, lecture, mother, stunting, toddler

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INTRODUCTION

The occurrence of short toddlers, commonly referred to as stunting is one of the main nutritional problems experienced by toddlers in Indonesia. Stunting is a condition in infants who fail to grow due to chronic nutrient deficiencies to make toddlers shorter for their age (Kementerian Kesehatan Republik Indonesia, 2017). Stunting occurs due to not fulfilling chronic nutrition in the first 1000 days of life, which results in impaired child development. First 1000 Days of Life (HPK), 270 days during pregnancy, and 730 days in the first life of a born baby are often referred to as the "golden period" and has been scientifically proven to be a period that determines the quality of life and is sensitive because the impact will be permanent and cannot be corrected. One of the problems that will be caused is growth disturbance, physical disorders, mental growth disorders, and intelligence. Impacts will be seen when adulthood is characterized by suboptimal physical size and uncompetitive work quality, resulting in low productivity and the economy (BAPPENAS, 2019).

Based on interviews conducted, it is known that 6 out of 10 mothers do not know what stunting is under five (stunting), its causes, and symptoms. 8 out of 10 mothers do not know about stunting prevention and the impact of situation of toddlers who are shortly stunted (stunting) if not addressed later on. 6 out of 10 mothers also provide complementary foods such as mashed bananas, porridge, and formula before the child is six months because they think it will make the child full, plump, and not fussy. According to the results of the Basic Health Research in 2018, the prevalence of stunting shows a decrease at the national level of 6.4% over five years, from 37.2% in

2013 to 30.8% in 2018 (Risksdas, 2018). However, this is not yet in line with achieving the WHO prevalence target of 20%. The prevalence of short and very short toddlers in East Java was 26.7% (Kementerian Kesehatan Republik Indonesia, 2017). In Bangkalan District in 2018, there were 16.84% (902 toddlers) who experienced indicators of short and very short babies where many occurred in the Bangkalan district as many as 12.8% (116 toddlers) and followed by Arosbaya district consisting of 10.7% (97 toddlers).

Stunting prevention behavior according to the Ministry of Health can be done by initiating early breastfeeding (IMD), behaving so that the baby gets colostrum of breast milk (ASI), giving only breast milk until the baby is six months old and followed by giving MP-ASI (complementary foods) (Kementerian Kesehatan Republik Indonesia, 2017). According to research conducted by Nadhiroh (2015), lack of a mother's knowledge is a factor related to the incidence of stunting in infants (Ni'mah & Nadhiroh, 2016). A high or low level of knowledge of mothers is closely related to the level of awareness of their children's health. The higher the knowledge, mothers tend to have children with good nutritional conditions and vice versa (Surbakti, Santosa, Padang, & Rochadi, 2018).

Health education is an attempt to provide psychological conditions and targets so that someone has the knowledge and attitudes that are in accordance with the guidance of health values (Notoatmodjo, 2007). To avoid wrong perceptions, the selection of appropriate methods and media for health education is a strategic step in improving community health status. One method that can

be used is the Lecture, Brainstorming, Demonstration (CBD) method. The application of innovative CBD methods will provide a different learning atmosphere than the usual counseling at the Public Health Center. The advantage of this method innovation is to increase the active role of participants through brainstorming (Triharini, Pradanie, & Zahra, 2017). In the Bangkalan Madura community, mothers used to gather together to interact with one another. The survey results also found that they were cooperative when asked questions. So that brainstorming can highlight the quality of interaction between researchers as facilitators and the community as participants. Discussion sessions in brainstorming can encourage communication between members, positive dependence, individual responsibility, and evaluation of group processes (Mubarak, 2011). This method will stimulate vision and hearing that can develop imagination and critical thinking so that interest, attention, concentration, and understanding of the material will increase (Jayanti, Budu, & Nontji, 2019). According to research conducted by Habibi in 2015, health education using the CBD method can influence the level of knowledge, attitudes, and actions of mothers in giving MP-ASI. The three-time meeting showed a significant understanding of the provision of complementary feeding on the post-test results (Habibi, 2015).

Health improvement behavior, in this case, stunting prevention efforts are influenced by behavioral factors that are formed from predisposing factors, supporting factors, and driving factors. This is in line with the theory of Green in 1991, which explains that knowledge is a predisposing factor that will influence the taking of a mother's attitude in stunting prevention. A positive attitude will form positive actions and will influence the mother's behavior in stunting prevention (Green & Kreuter, 1991). Based on the description, the researchers want to know the effect of the CBD method of health education for stunting prevention in mothers who have toddlers (aged 0-24 months). So that nurses or other health workers can provide counseling by applying these methods.

MATERIALS AND METHODS

The design used in this study is a quasi-experimental design with Pre-Post-Test Control Group Design. In this study, there were two groups: the treatment group and the control group. Both groups were given the same pretest, then the treatment group (KA) would be given treatment (I) while the control group (KB) was not given treatment. After that, a post-test would be held on both the treatment and the control groups. A comparison of changes in the pretest and post-test results would show the effect of treatment on the results of the study.

The population in this study were mothers who had children aged 0-24 months totaling 110 children. The research sample used in this study is mothers who have children aged 0-24 months who meet the inclusion and exclusion criteria. Inclusion criteria in this study were mothers who have children aged 0-24 months, can read and write, are willing to be respondents, with Madurese ethnicity. Exclusion criteria in this study were working mothers, children experiencing pathological disorders such as bone disorders such as chondrodisroi, bone dysplasia, Turner syndrome, Prader-Willi syndrome, Down syndrome, Kallman syndrome, Marfan syndrome, and Klinefelter syndrome. Based on the calculations, the

number of samples in each group was 32. The anticipation of Drop Out (DO) was added by 10%, and facilitate the analysis, the same number of patients was taken between the treatment and control groups of 35 respondents. So that the total sample needed was 70 respondents. This study used a nonprobability sampling technique with a purposive sampling method.

The independent variable in this study was a variable that is suspected to be an influence on the knowledge, attitudes, and actions of mothers in stunting prevention. This study used the independent variable of health education through the Lecture, Brainstorming, Demonstration (CBD) method. In this study, the dependent variable was the knowledge, attitudes, and actions of mothers in preventing stunting in infants. The instrument in this study was a questionnaire. There were three kinds of questionnaires, namely demographic questionnaire, questionnaire of mother's knowledge about stunting, and questionnaire of mother's attitude about stunting prevention. From the data that has been collected, then the relationship between the two variables is analyzed. Researchers used the Wilcoxon Signed Rank Test and the Mann Whitney U test with a significance level of $p \leq 0.05$. The Wilcoxon Signed Rank Test is used to analyze differences in knowledge, attitudes, and actions of mothers in the prevention of stunting before and after intervention in the treatment and control groups. The Mann Whitney U test was used to analyze differences in knowledge, attitudes, and actions of mothers prevent stunting before the intervention between the treatment and control groups and analyzing the differences after the intervention between the treatment and control groups. The Wilcoxon Signed Rank Test and Mann Withney U Test statistic test requirements are ordinal data scales in the form of scores. This study was approved by the Health Research Ethics Commission (KEPK) with no. 1876-KEPK Faculty of Nursing, Universitas Airlangga.

RESULTS

Table 1. Frequency distribution of respondents' demographic data in the treatment and control groups

Characteristics	Treatment group		Control group	
	n	%	n	%
Age				
20-25 years old	8	22.9	8	22.9
26-30 years old	11	31.4	12	34.3
31-35 years old	9	25.7	10	28.6
36-40 years old	7	20	5	14.3
Total	35	100	35	100
Education				
None	2	5.7	1	2.9
Elementary school	8	22.9	6	17.1
Middle School	8	22.9	10	28.6
High school	15	42.9	17	48.2
Diploma / Bachelor Degree	2	5.7	1	2.9
Total	35	100	35	100

Occupation				
Housewife	29	82.9	33	94.3
Farmers	6	17.1	2	5.7
Total	35	100	35	100
Income				
<1,000,000	14	40	13	37.1
1,000,000 - 1,500,000	19	54.3	19	54.3
> 1,500,000	2	5.7	3	8.6
Total	35	100	35	100

Table 1 explains the distribution of respondents according to demographic characteristics in the treatment and control groups, with a total of 35 respondents. The age of the mothers in the treatment group and the control group was at most 26-30 years old, 11, and 12 respondents. The most recent education taken by respondents in the treatment and control group showed that the highest school education was 15 students (42.9%) and 17 people (57.1%). The majority of respondents in the treatment and control group were housewives (IRT) with 29 people each (82.9%) and 33 people (94.3%). Based on the income of respondents from the treatment group and the control group showed that the most had an income of Rp. 1,000,000-1,500,000 by 19 people (54.3%).

Table 2. Frequency distribution of under-fives demographic data in the treatment and control groups

Characteristics	Treatment group		Control group	
	n	%	n	%
Age				
1. 0-6 Months	6	17.1	5	14.2
2. 7-12 Months	7	20	10	28.6
3. 13-24 months	22	62.9	20	57.2
Total	35	100	35	100
Gender				
1. Male	24	68.6	21	60
2. Female	11	31.4	14	40
Total	35	100	35	100

Based on table 2 shows that the age of children under five in the treatment and control groups were mostly 13-24 months old, namely 22 toddlers (62.9%) and 20 toddlers (57.2%). Whereas by gender, it was shown that more were male in the treatment and control groups, namely 24 toddlers (68.6%) and 21 toddlers (60%).

Table 3. Distribution of knowledge, attitudes, actions (choosing safe MP-ASI), actions (proper breastfeeding) of mothers about stunting prevention before and after health education by lecture, brainstorming, demonstration (CBD) methods

Knowledge level	Treatment group				Control group			
	Pre		Post		Pre		Post	
	Σ	%	Σ	%	Σ	%	Σ	%
Less	20	57.1	0	0	19	54.2	15	42.9
Enough	13	37.1	16	45.8	13	37.2	20	57.1
Good	2	5.8	19	54.2	3	8.6	0	0
Total	35	100	35	100	35	100	35	100
Wilcoxon Sign Rank Test	p = 0.000				p = 0.286			
Mann Whitney U Test	p = 0.000							
Attitude								
Negative	31	88.6	5	14.2	33	94.2	20	57.1
Positive	4	11.4	30	85.8	2	5.8	15	42.9
Total	35	100	35	100	35	100	35	100
Wilcoxon Sign Rank Test	p = 0.000				p = 0.102			
Mann Whitney U Test	p = 0.000							
Actions (Choosing MP-ASI safely)								
Less	22	62.9	0	0	20	57.1	19	54.2
Enough	7	20	0	0	8	22.9	14	40
Good	6	17.1	35	100	7	20	2	5.8
Total	35	100	35	100	35	100	35	100
Wilcoxon Sign Rank Test	p = 0.000				p = 0.102			
Mann Whitney U Test	p = 0.000							
Actions (Proper Breastfeeding)								
Less	21	60	0	0	19	54.2	12	34.2
Enough	12	34.2	0	0	12	34.2	13	37.1
Good	2	5.8	35	100	4	11.6	10	28.7
Total	35	100	35	100	35	100	35	100
Wilcoxon Sign Rank Test	p = 0.000				p = 0.102			
Mann Whitney U Test	p = 0.000							

Based on table 3, it was found that the respondents' knowledge in the treatment group and the control group during the pretest and post-test. The analysis results of the Wilcoxon Sign Rank Test in the treatment group were obtained p = 0.000 (p < 0.05), which means there was a difference in knowledge during the pretest and post-test.

The value of p = 0.286 (p > 0.05) was obtained while in the control group, there was no significant difference in knowledge during the pretest and post-test. The results of the Mann Whitney U Test analysis in the post-test of the two groups obtained p-value = 0.000 (α ≤ 0.05), which means that there is an influence of the CBD method

(Lecture, Brainstorming, Demonstration) on the mother's knowledge in preventing stunting in infants.

It was found that the respondent's attitude in the treatment group and the control group during the pretest and post-test. Wilcoxon Sign Rank Test analysis results in the treatment group obtained $p = 0.000$ ($p < 0.05$), which means that there are differences in attitude when pretest and post-test. While in the control group, the value of $p = 0.102$ ($p > 0.05$) was obtained, which means there was no significant difference in attitude at the pretest and post-test. The results of the Mann Whitney U Test analysis in the post-test of the two groups obtained p -value = 0.000 ($\alpha \leq 0.05$), which means that there is an influence of the CBD method (Lecture, Brainstorming, Demonstration) on maternal attitudes in stunting prevention in infants.

It was found that the respondent's actions (choosing MP ASI safely) in the treatment group and the control group during the pretest and post-test. Wilcoxon Sign Rank Test analysis results in the treatment group obtained $p = 0.000$ ($p < 0.05$), which means that there are significant differences in actions during the pretest and post-test. While in the control group, the value of $p = 0.102$ ($p > 0.05$) was obtained, which means that there was no significant difference in the pretest and post-test actions. The results of the Mann Whitney U Test analysis in the post-test of the two groups obtained p -value = 0.000 ($\alpha \leq 0.05$), which means that there is an influence of the CBD method (Lecture, Brainstorming, Demonstration) on the actions of mothers in preventing stunting in infants.

It was found that the respondent's actions (correct breastfeeding) in the treatment and control groups during the pretest and post-test. Wilcoxon Sign Rank Test analysis results in the treatment group obtained $p = 0.000$ ($p < 0.05$), which means that there are significant differences in actions during the pretest and post-test. While in the control group, the value of $p = 0.102$ ($p > 0.05$) was obtained, which means that there was no significant difference in the pretest and post-test actions. The results of the Mann Whitney U Test analysis in the post-test of the two groups obtained p -value = 0.000 ($\alpha \leq 0.05$), which means that there is an influence of the CBD method (Lecture, Brainstorming, Demonstration) on the actions of mothers in preventing stunting in infants.

DISCUSSION

The results showed that the Lecture, Brainstorming, Demonstration (CBD) method could increase the mother's knowledge of stunting prevention. The level of knowledge of respondents can be seen in the treatment group before giving the CBD method has a level of knowledge that is mostly lacking, and after given the CBD method, an increase in respondents' knowledge becomes good. This increase in knowledge can occur because the information in health education using the CBD method can be well received and responded to by respondents.

The results of this study are consistent with the results of research conducted by (Habibi 2015) that the CBD method can influence the level of knowledge of the mother. This increase in knowledge is in accordance with research conducted by Nadhiroh in 2015, the high or low level of mother's education is closely related to the level of knowledge of health care, feeding, hygiene, and awareness of the health of their children (Ni'mah & Nadhiroh, 2016). The higher education of mothers tends to have children with good nutrition and vice versa (Scheffler et al., 2019). Some research also shows that the last education of mothers is one of the factors that

influence the occurrence of stunting (Nasution, Erniyati, & Aizar, 2018).

The results showed that the CBD method could have a significant influence on maternal attitudes in stunting prevention. Changes in respondents' attitudes from negative to positive can be seen in the treatment group before giving the CBD method has a mostly negative attitude. After being given the CBD method, a change in the respondent's attitude becomes positive. This is indicated by the number of respondents having positive attitudes increasing. This change in respondent's attitude from negative to positive can occur because the information in health education using the CBD method can change the respondent's mindset for the better.

The results of this study are in line with the theory put forward by Azwar in 2013 that the factors that influence the formation of attitudes are personal experiences, culture, other people considered necessary, the mass media, religious institutions or institutions as well as the emotional factors of the individual (Azwar, 2013). (Rusmiati & Hastono 2015) states that the attitude formed begins with the knowledge that is perceived as a positive or negative thing, then internalized within a person. In addition, an increase in positive attitudes is due to information when providing health education that suggests that prevention of stunting is important. Attitudes are formed through the willingness to accept one's words, respond to positive messages, provide judgment to readiness to act (Potter, P. A., & Perry, 2010). The results showed that the CBD method could have a significant effect on the mother's actions (choosing safe breastfeeding MP material) in stunting prevention. The increase in actions taken by respondents can be seen in the treatment group before giving the CBD method has less action partially. After being given the CBD method, a change in the respondent's action becomes good. This is indicated by the increasing number of respondents who have good actions. This change in respondent's actions for the better can occur because the information in health education using the CBD method can change the respondent's actions for the better.

Demonstrations can make learning clearer and more concrete and stimulate respondents to more actively observe and be able to try it for themselves (Susanti, Donosepoetro, Patellongi, & Arif, 2010). Research conducted by Astuti in 2016 revealed that the demonstration method's application triggers respondents to deepen their knowledge by reactivating the knowledge they have so that the knowledge gained during the demonstration can be adequately controlled. The knowledge given by the demonstration method is stored well in the brain and is difficult to forget. Using the MP-ASI food media model in this study can also optimize the quality of respondent learning (Astuti & Surasmi, 2016). According to Lawrence Green's theory states that behavior is influenced by three main factors, namely (1) predisposing factor, which includes knowledge, attitudes, beliefs, traditions, educational level, and economic level, (2) Enabling factor, namely the availability of facilities and infrastructure or health facilities for the community, (3) Reinforcing factors, which include the attitudes and behavior of community leaders, religious leaders, health workers and also support from families. An attitude has not automatically manifested in action (over behavior). It is necessary to support factors for a condition that allows, among others, the availability of facilities and appropriate

health education to turn the attitude into a real deed. (Green & Kreuter, 1991).

In this study, health education using the CBD method is an effective stimulus for changing the respondent's actions. Demonstration sessions with respondents with facilitators have been effective in providing stimulus in the form of information about actions in the form of choosing safe breastfeeding material to increase maternal skills in stunting prevention. Health education about stunting prevention can influence respondents' responses in line with Green's 1991 theory, which states that behavior (actions) can be manipulated by giving appropriate health promotion (Green & Kreuter, 1991).

The results showed that the CBD method could have a significant effect on the mother's (proper breastfeeding) actions in stunting prevention. The increase in actions taken by respondents can be seen in the treatment group before giving the CBD method has less action partially. After being given the CBD method, a change in the respondent's action becomes good. This is indicated by the increasing number of respondents who have good actions. After being given the CBD method in this treatment group, changes in mothers' actions can occur because of appropriate learning methods.

Through the demonstration stage in the CBD method, the respondent is shown correct new knowledge, then strengthened by a demonstration to believe in the correct knowledge of breastfeeding and correct previous respondents' beliefs that are less precise about how to breastfeed. This can make the activities have increased in the post-test. The majority of pretest results showed less due to a lack of knowledge about exclusive breastfeeding and correct breastfeeding. While the results of the post-test in the control group showed that the majority of respondents were still in the action category less even though previously given similar health education using the lecture method.

Combining lecture methods with brainstorming and demonstration can arouse creative minds and stimulate respondents to look for problem-solving, seek new opinions, and create a pleasant atmosphere in the group (Mubarak, 2011). With brainstorming and demonstrations afterward, there will be a persuasive communication process regarding perceptions of stunting prevention between extension participants. Persuasion can be enriched with messages that evoke strong emotions, especially emotions of fear in a person. This method is effective if the attitude or behavior to be changed something to do with health aspects (Azwar, 2013).

According to Notoatmodjo, in 2007, choosing the right method and media for health education is a strategic step in improving the degree of public health (Notoatmodjo, 2007). The CBD method innovation application provides a different learning atmosphere from the usual counseling at Public health services. The advantage of this method innovation is to increase the active role of participants through brainstorming to highlight the quality of interaction between researchers as facilitators and the community as participants. Discussion sessions in brainstorming can encourage communication between members, positive dependency, individual responsibility, and evaluation of group processes (Mubarak, 2011), while the demonstration is one form of effective methods for visualizing the material provided. This method will stimulate vision and hearing that can develop imagination and critical thinking so that interest,

attention, and concentration, and understanding of the material will also increase (Mukhtar, Nursalam, & Kurniawati, 2013).

CONCLUSION

Health education using the CBD method can improve the knowledge, attitudes, and actions of mothers in preventing stunting in infants. Health education should be done regularly, and a specific schedule is made to increase knowledge and improve maternal attitudes in preventing stunting in infants. The CBD method can be used as an innovation in health education provision in public health services.

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