



Development of Pingit Education Model for Increasing Knowledge and Behaviour of Prospective Bride in Stunting Prevention

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Abstract. Stunting in toddlers is the result of multi-factor causes, both pre- and post-natally. Stunting is an intergenerational nutritional problem, stunting babies are born to women with a history of malnutrition during pregnancy, then are born with low birth weight or premature babies who are very at risk for various diseases and even death, babies who survive death will still have an increased risk of becoming underweight. nutrition and stunting in the first 2 (two) years of life. This study aims to examine the educational model during the bride and groom's seclusion period to increase knowledge, attitudes and behavior to prevent stunting. The study used a quasi-experimental type. The research was conducted in June–August 2021, in Tasikmalaya. The research population is all prospective brides who are registered at the District Office in Tasikmalaya. The sample is the total population that includes the inclusion and exclusion criteria. Data were collected by interview with standard instruments. Data analysis using T test. The results showed that the profiles of the research respondents were women (64.7%), elementary and junior high school education (70.6%), not working (52.9%), nutritional status in the thin (17.6%) and obese (11,8%). After being given pingit education, the readiness of respondents' knowledge about nutrition and health was good, with the correct answers reaching 82.9%. The readiness of the attitude of the bride and groom is very good, with an agree rate of 96.0%. The behavior readiness of the bride and groom is very good, reaching 89.4%. The results of the T-test analysis showed that there were significant differences in the knowledge, attitudes and behavior of the bride and groom after being given seclusion education with a p value of 0.00. It can be concluded that pingit education can increase the knowledge of attitudes and skills of the bride and groom related to nutrition and health to reduce stunting.

Keywords: Stunting · Pingit education · Bride and groom

1 Introduction

Nutritional problems are still faced by developing countries, including Indonesia, especially in children under five and pregnant women. This nutritional problem is not only caused by a lack of macronutrients, but also micronutrients. Stunting (short body) in

toddlers is a manifestation of chronic nutritional deficiency, both pre- and post-natally. Stunting is a process that has an impact on children's development starting from the early stages, namely at the time of conception to the 3rd year or so. -4 children's lives, where the nutritional status of the mother and child is an important factor in the child's growth. Stunting at an early age is associated with the incidence of mental decline at the level of children's intelligence, psychomotor development and good motor skills. It can also reduce the ability to work in adulthood [1-4].

Stunting is an intergeneration nutritional problem, stunting babies are born from women with a history of malnutrition during pregnancy, then are born with low birth weight or premature babies who are very at risk for various diseases and even death, babies who survive death will still have an increased risk of becoming underweight. Malnutrition and stunting in the first two years of life, this cycle of malnutrition will continue throughout life. In addition to malnutrition in mothers, other factors that can cause stunting are inadequate breastfeeding and complementary foods, wrong parenting patterns, infectious diseases, and other factors such as lack of family food security, poor economic conditions and access to health services [3, 5-7].

The results of the Basic Health Research (Riskesdas) show that the prevalence of stunting in Indonesia is still quite high, in 2007 it was 36.8%, in 2013 it was 37.2% and in 2018 it was 30.8%. Many studies have been published in the effort to prevent stunting, but the results vary, some of which have significant changes or not. Stunting reflects impaired growth as a result of poor nutritional and health status in the pre- and post-natal period. The UNICEF framework explains the factors that cause malnutrition. Two direct causes of stunting are disease factors and nutrient intake. These two factors are related to factors of parenting, access to food, access to health services and environmental sanitation. The basic cause of all this is at the individual and household level, such as education level, household income. Many cross-sectional studies have found a close relationship between mother's education level and child's nutritional status [1, 4]

These intergeneration causal factors can be prevented and efforts are made to reduce the incidence of stunting in children, including by providing comprehensive and structured information to prospective brides and grooms (catin), about preparation for pregnancy, especially how to maintain good nutritional intake, optimal parenting in all aspects that will affect the development of the fetus during pregnancy and the first years of life held in the prospective bride's school [8-11].

Based on this background, it is necessary to conduct research to determine whether a comprehensive pregnancy preparation education model can be accepted and increase knowledge, attitudes and behavior of prospective brides and grooms in reducing stunting rates in children.

2 Research Methods

This research uses Quasi Experiment method. The study was conducted in 2021 in the Tamansari District, Tasikmalaya City. The population in this study were all 17 brides and grooms. The sample size was 17 brides and groom during the study period who met the inclusion and exclusion criteria. The research was conducted with the stages of making an educational model during the seclusion period, testing the acceptability of the

Table 1. Readiness Of Knowledge, Attitude And Skill Of the Brides

Readiness og brides	F								P Value	
	Before				After					0.00
	+	(%)	-	(%)	+	(%)	-	(%)		
Knowledge of the Bride and Groom	8	47,0	9	53,0	14	82,9	3	17,1		
Bride and groom's attitude	10	58,8	7	41,2	16	96,0	1	4,4		
Bride and Groom's skill	9	53,0	8	47,0	15	89,4	2	10,6		

model, then measuring the knowledge, attitudes and behavior of the prospective bride and groom in preparing for pregnancy related to preventing stunting in childbirth before and after education. Collecting data using a questionnaire, the measurement results are categorized as good if the score is $>60\%$, and less if the score is $<60\%$. Data analysis used descriptive analysis to describe single variables and paired difference test analysis to see changes in knowledge, attitudes and behavior related health and nutrition.

3 Results and Discussion

The study began by giving a questionnaire related to the readiness of knowledge of the attitudes and behavior of the bride and groom, then providing education for the prospective bride and groom, they were given materials and modules that support in increasing the knowledge and behavior of the bride and groom in preventing stunting. The next activity, monitoring and consultation through Whatsup Group by conducting discussions and questions and answers to support and improve the knowledge and behavior of brides and grooms in preventing stunting, After one month they were given a questionnaire again to measure the knowledge of attitudes and skills of the bride and groom. The results obtained from the study this can be seen in Table 1.

The knowledge of respondents in the good category about nutrition and health before the intervention was 47% and after the intervention it was seen an increase to 82.9%, the attitude of the respondents in the good category about nutrition and health before the intervention was 58.8% and after the intervention it was seen an increase to 96%, while for The behavior of respondents in the good category about nutrition and health before the intervention was 53% and after the intervention it was seen an increase to 89.4%. The results of the analysis of the difference test show a p value of 0.00, it can be interpreted that there is a significant difference between the knowledge, attitudes, and behavior of the prospective bride and groom before and after the intervention.

Education for prospective brides in this study showed an increase in the knowledge of respondents' attitudes and behavior, in addition to holding bridal classes in this study, respondents were also given modules and a whatsup group was created for respondents to ask questions and discuss nutrition and readiness for marriage. These additional interventions helped the respondent's understanding of the material provided. Previous studies have stated that the provision of education for the bride and groom can help with various maternal and child health problems, the provision of education or health checks

for the prospective bride and groom must be supported by policies in the perspective of regional autonomy which regulates the issue of health checks for the bride and groom [12, 13].

Several studies related to the category of knowledge stated that education is the main capital in supporting the family economy and also plays a role in the preparation of food menus in the family as well as the care and care of children. Families with a high level of education will more easily receive health information, especially in the field of nutrition so that they can increase knowledge and be able to apply it in daily life. The nutritional knowledge obtained by mothers is very useful because nutritional knowledge affects the diversity of types of food that will be served in the family, how to process food so that the nutrients in food are not lost, and how to serve food so that children are interested in consuming it [14, 15].

Attitude is a reaction or response that is still closed from someone to a stimulus or object. Attitude is not yet an action or activity, but predisposes to action a behavior. Changes in attitudes and behavior shown after health education are also in line with several other studies which state that health education conducted on research respondents causes a change in the level of knowledge followed by changes in attitudes and behavior in a more positive direction [16–18].

4 Conclusion

Pingit education for brides-to-be can improve knowledge, attitudes and behavior of brides and grooms related to nutrition and health to reduce stunting.

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