



Article

The Effect of Leaflets on the Knowledge of Posyandu Cadres About Infant and Young Child Feeding (PMBA) in the Working Area of Kampung Bali Health Centre Year 2024

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Abstract: More than 50% of deaths of children under five are due to malnutrition, and two-thirds of these are caused by inappropriate infant and young child feeding practices. Infant and young child feeding (IYCF) is one of the government's programmes to reduce child mortality and improve children's quality of life. Posyandu cadres are an important part of the health care system. The purpose of this study was to determine the effect of leaflet media on the knowledge of posyandu cadres about feeding practices in infants and children. This type of research is quantitative research with a pre-experimental approach with one group pre-post design and the number of respondents in this study as many as 30 people who will be given a pre and posttest questionnaire of knowledge about feeding practices in infants and children. The results showed that leaflet media had an effect on increasing the knowledge of posyandu cadres about feeding practices in infants and children with a P-Value of 0.001. It is expected that posyandu cadres can use leaflet media to provide information to the community.

Keywords: Leaflet, Posyandu Cadres, Infant And Young Child Feeding (PMBA)

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1. Introduction

Infant and young child feeding (IYCF) is one of the government programmes to reduce child mortality and improve children's quality of life. Breastfeeding newborns immediately after 30 minutes, providing breast milk alone without additional food starting from birth until 6 months of age, providing complementary foods (MPASI) after 6 months of age up to 24 months and continuing breastfeeding until 24 months of age or older (Ministry of Health, 2020).

According to the World Health Organization (WHO)/United Nations Children's Fund (UNICEF), more than 50% of deaths of children under five are caused by malnutrition, and two-thirds of these are caused by inappropriate infant and young child feeding practices such as not initiating early breastfeeding within the first hour after birth and providing complementary foods too early or too late. In order to save future generations (Rahmad et al., n.d.), efforts are made to overcome the problem of malnutrition in infants and young children through proper infant and young child feeding. Nutrition problems in Indonesia are currently still a major concern due to malnutrition in children under five who are classified in the golden period of the first 1000 days of life (HPK). The 1000 HPK programme can be seen from improving the nutritional status of infants and toddlers and reducing the stunting rate. Currently the stunting rate in Indonesia is still

relatively high, the risk factors for stunting in Indonesia are due to lack of nutritional intake, especially in infants and toddlers. This results in an increased risk of death, impaired physical growth and mental development (Indonesian Health Profile, 2022).

Infants and young children must receive appropriate IYCF practices to achieve optimal growth and development. Without the consumption of a diverse diet and adequate meal frequency, nutrient intake will never be met and will result in infants and children becoming malnourished, such as stunted children, micronutrient deficiencies, and susceptible to disease. Dietary diversity can be used as an approach in assessing the adequacy of micronutrient sources in the food consumed (SDKI, 2018).

The nutritional behaviour of toddlers is influenced by maternal nutritional knowledge. Maternal nutritional knowledge is one of the factors that has a significant effect on the prevalence of stunting. Achieving good nutrition for children requires good nutritional knowledge from mothers under 5 years of age in order to provide balanced food choices. Nutritional knowledge of mothers of toddlers has a significant effect on attitudes and behaviour in choosing food. (Nurfatimah et al., 202)

Posyandu cadres are an important part of the health care system. Cadres act as a bridge between health workers and the community by providing information to health workers who may not have direct access to the community with the aim of empowering the community to identify and improve their own health problems. Posyandu cadres can communicate directly with mothers of children under five at any time. The communication is in the form of interpersonal communication (KAP)(Fatwati et al., 2024), which is information conveyed through personal conversations between individuals or between individuals and a group of people with the aim of changing the behaviour of certain individuals or groups. KAP can be carried out by posyandu cadres through home visits to provide information or health education related to the risk of stunting to mothers of toddlers (Kemenkes RI, 2021).

The use of health education media can be based on Edgar Dale's cone of experience which states that the health education process by involving more senses will be more easily accepted and remembered by the target of education. Leaflet media is a visual media that only involves the sense of sight (Kartikawati et al., 2020).

Leaflet is one of the teaching aids that is compiled using simple language, easy for readers to understand, can be widely distributed and is one way to convey information (Wijayanti & Fauziah, 2019). This is in line with research conducted by (Choirunisa, 2021) showing the effect of leaflet media on the knowledge of pregnant women with a p value of $0.000 < 0.05$ (Achjar et al., 2023; Pandawa & Saleh, 2024).

The information in the leaflet media is clarified with text and images so that respondents can read and understand the contents of the message in the image media, which can increase respondents' knowledge. The occurrence of an increase in respondents' knowledge is where respondents can read and see the images displayed so that it can accelerate respondents' memory about stunting prevention. The existence of intervention media is an important factor in the success of messages about stunting can be conveyed to mothers. This connection and sharing of information can help mothers develop the ability to explore new information at any time. Simulation as a group learning platform can improve the availability of learning materials and the delivery of learning activities. (Abidin et al., 2018).

Preliminary Study at Puskesmas Kampung Bali Working Area Of the 10 posyandu cadres found that knowledge about IYCF is 5 cadres with less knowledge, 4 cadres with sufficient knowledge and 1 cadre with good knowledge (Muflihatin et al., 2021).

Cadre members are expected to play an active role in promotive and preventive activities. Low knowledge of stunting, both in academic and technical terms, requires adjustments to cadres' knowledge and skills. The IYCF programme provides nutrition for

infants and children by paying attention to: the age of the child, the frequency of meals per day, the number of meals or portions of meals, the structure of feeding, the versatility of feeding and maintenance of hygiene (Wijayanti & Fauziah, 2019).

2. Materials and Methods

This type of research is quantitative research with a pre-experimental approach with a one group pre-post design. This study analysed the effect of leaflet media on the knowledge of Posyandu cadres about IYCF. The population in this study were all posyandu cadres in the Kampung Bali Health Centre Working Area. The sample in this study were all posyandu cadres in the Kampung Bali Working Area of 30 people. This research was conducted in May 2023. The instrument used in this study was a questionnaire of knowledge of posyandu cadres about IYCF. In the implementation of the pre experiment given a questionnaire about knowledge then given a leaflet for the next given the same knowledge questionnaire. Data analysis techniques using the Wilcoxon test so that it can be known the effect of leaflets on cadre knowledge about PMBA (Djuari et al., 2023).

3. Results

Table 1. Frequency Distribution Of Posyandu Cadres' Knowledge Of Infant And Young Child Feeding (PMBA) Before Intervention

No	Knowledge	Frek	%
1	Less	13	43,3
2	Enough	11	36,7
3	Good	6	20
Total		30	100

Based on table 1, it was found that the knowledge of posyandu cadres before being given leaflets was mostly poor, namely 13 people (43.3%).

Table 2. Frequency Distribution Of Knowledge Of Posyandu Cadres About Infant And Young Child Feeding (PMBA) Before Intervention

No	Knowledge	Frek	%
1	Less	2	6,6
2	Enough	17	56,7
3	Good	11	36,7
Jumlah		30	100

Based on table 2, the results of the knowledge of posyandu cadres after being given leaflets were mostly knowledgeable enough, namely 17 people (56.7%).

Table 3. The Effect Of Leaflets On The Knowledge Of Posyandu Cadres About Infant And Young Child Feeding (PMBA)

Knowledge	N	Mean	SD	P Value
Before Intervention	30	1,77	0,77	0,001
After Intervention		2,3	0,59	

Based on table 3, the average knowledge of posyandu cadres before being given a leaflet is 1.77 (less knowledge) with a standard deviation of 0.77. The average knowledge

of posyandu cadres after being given a leaflet is 2.3 (Fair Knowledge) with a standard deviation of 0.59. The statistical test results obtained a p-value of 0.001, it can be concluded that the leaflet media can affect the knowledge of posyandu cadres about Child and Infant Feeding (PMBA(Mataram & Agustini, 2020)).

4. Discussion

Based on the results of the analysis, there is an increase in knowledge about infant and young child feeding (IYCF) before and after being given leaflet media education (Pangestuti et al., 2020). This is supported by the theory which states that, knowledge is the result of 'knowing' and this occurs after people perceive a certain object. This sensing occurs through the five human senses. Knowledge or cognitive is a very important domain for the formation of a person's actions (Rachmawati, 2019).

A person's knowledge can be influenced by several factors, one of these factors is health education. Health education can be done by providing health promotion media. Leaflet is one of the health promotion media that functions to convey health information or messages (Jatmika, 2019).

Increased knowledge occurs by providing leaflet media as a means of education in conveying information (Ponidjan et al., 2020). This is in accordance with the theory which states that a person's knowledge can be influenced by the information he gets. Information can be obtained from formal and informal education. Formal education can be obtained from learning at school, while informal learning can be obtained from training and health education or health education (Notoadmodjo, 2012).

Health education or health education is a planned and dynamic learning process with the aim of modifying behaviour through improving skills, knowledge, and changing attitudes related to improving lifestyles in a healthier direction (Nurmala, 2018).

The increase in knowledge can be influenced by one of the factors including the provision of educational interventions using leaflets. Based on theory, print media can be used as a tool to convey health messages, some examples include booklets, leaflets, rubrics, flashcards and posters (Notoadmodjo, 2012).

Leaflets have a function to convey information or health messages and have advantages as a promotional media that has an attractive and unique design (Jatmika, 2019). This is in line with previous research which states that there is an influence before and after being given counselling using leaflet media (Jauhari, 2016).

To see the growth of infants, especially body length, child growth from birth to 15 months of age can occur growth disorders, possibly due to insufficient nutritional intake, frequent infectious diseases, or other determinant factors (Fatmah, 2020). Children whose birth weight is 4000 grams. This means that the double burden has begun to appear in babies born. Maintaining babies with normal birth is very important, so that nutritional status can be better (Sutarto et al., 2018).

The Posyandu programme is one of the priorities for improving health services at the village level. This can be seen from the budget allocation for public health programmes, especially for children under five (Rahman et al., 2021). Public awareness to actively participate in checking children's growth and development at the Posyandu provided by the village government really needs to be improved. Increasing the knowledge, skills, awareness of mothers and the active role of posyandu cadres in optimising child growth and development is very important for stunting prevention (Damayanti et al., 2024).

The period of 0-24 months and the growth phase of childhood is a period that determines the quality of life, therefore it is called the golden period. The golden period is a sensitive period because it affects the baby (Siburian & Ritonga, 2024). This time is permanent and irreparable, so efforts are needed to prevent and solve deformity problems so that they do not last a lifetime. Infants between the ages of 12 and 24 months are vulnerable because they often experience infections and/or nutritional disorders due to the transition from infant to child at this age. At this age, eating habits have changed from

breast milk to solid food, some toddlers begin to have difficulty eating, while toddlers have begun to interact with an unhealthy environment. Visits to Posyandu are evidence of the affordability of child health services. Attendance and activity at Posyandu has a significant impact on monitoring nutritional status. Weighing services, supplementary feeding, and nutritional advice are offered to young children every month. Toddlers who regularly weigh themselves and measure their height every month notice changes in their nutritional status. Visits to Posyandu are evidence of the affordability of child health services. The attendance and activity of under-fives at Posyandu has a significant impact on monitoring nutritional status. Weighing services, supplementary feeding, and nutritional advice are offered to young children every month (Agustini, 2023).

Toddlers who regularly weigh themselves and measure their height every month notice changes in their nutritional status. (Simbolon et al., 2015)

Inadequate complementary nutrition (poor feed quality, inadequate feeding methods and food and drink safety) is one of the causes of growth retardation. Poor diet quality can include poor micronutrient quality, a variety of foods eaten and few animal food sources, foods that contain no nutrients, and complementary foods that are low in energy. Inadequate feeding methods include low frequency of feeding, inadequate feeding during and after illness, too even feeding, low feeding. Food and beverage safety can manifest in the form of contaminated food and beverages, poor hygiene, unsafe food storage and preparation (Rahayu, 2018).

The role of nutrition education for mothers of toddlers is very important (Antarsih et al., 2021). Nutrition education is part of health education activities, which are defined as planned efforts to change the health behaviour of individuals, families, groups and communities. The Academic Nutrition and Dietetics defines nutrition education as a formal process that trains client skills or exercises client knowledge about food choices, physical activity and behaviours related to maintaining or improving health (Rahayu, 2018). One of the government's strategies to fulfil children's nutritional needs is Community Strengthening in Infant and Young Child Nutrition Practices (PMBA) (MOH RI, 2020). Kader is a health partner who helps organise health programmes and activities to achieve equitable health services for infants and toddlers. Cadres are also the closest people in the community who are expected to be able to carry out important tasks, especially in health matters. (Purnama Eka Sari et al., 2022).

5. Conclusion

The results of the above study indicate that leaflet media is effective in increasing the knowledge of posyandu cadres about IYCF.

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