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Pre-Marital Education (PME) Program Through Online Media to Improve Behavior on Stunting Prevention

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ABSTRACT

Stunting is a condition that affects toddlers who are shorter than their age. Stunting in Yogyakarta was most prevalent in Gunungkidul Regency (17.94%) and least prevalent in Bantul Regency (7.73%). Tepus sub-district is one of the Gunungkidul Regency sub-districts with the highest prevalence of stunting. One of the efforts to reduce stunting prevalence is educational intervention related to the first 1000 days of life. Late adolescents or early adults planning to marry may be the target of interventions in the first 1000 days of life to improve stunting prevention behaviours. This study aimed to determine the effectiveness of the Pre-Marital Education program for increasing stunting prevention behaviour. This study uses a quantitative method (Quasy Experiment). The sample in this study was 19 pairs in the intervention group and the control group. The instruments used in the research are questionnaires in the form of google forms, and educational media used posters and videos. Pre-Marital Education uses Instagram's online media. The data analysis in this study used the Wilcoxon Signed Rank Test and Mann-Whitney Test. The results showed that the behaviour in the intervention group had signed with a p-value = 0,000, while the control group was not significant with a p-value > 0,05. The Mann-Whitney U test analysis results in both groups after the intervention were 0,002 with a p-value of < 0,05, which means that Pre-Marital Education affects the behaviour of pre-marital couples in preventing stunting. Pre-Marital Education effectively increases stunting prevention behaviour in premarital couples.

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ABSTRAK

Stunting merupakan keadaan balita yang mempunyai tinggi badan yang kurang dibandingkan balita seusianya. Prevalensi stunting tertinggi di Yogyakarta adalah Kabupaten Gunungkidul 17,94% dan terendah di Kabupaten Bantul 7,73%. Kecamatan Tepus merupakan salah satu kecamatan di Kabupaten Gunungkidul dengan angka prevalensi stunting paling tinggi. Salah satu upaya menurunkan prevelensi stunting yaitu intervensi edukasi terkait 1000 hari pertama kehidupan. Remaja akhir atau dewasa awal yang merencanakan pernikahan dapat menjadi sasaran intervensi 1000 hari pertama kehidupan untuk meningkatkan perilaku pencegahan stunting. Tujuan penelitian ini untuk mengetahui bagaimana efektivitas program Pre-Marital Education untuk peningkatan perilaku pencegahan stunting. Penelitian ini menggunakan metode kuantitatif (Quasy Eksperimen). Sample pada penelitian ini berjumlah 19 pasangan pada kelompok intervensi maupun kelompok kontrol. Pre-Marital Education ini menggunakan media online Instagram. Hasil penelitian menunjukan bahwa perilaku pada kelompok intervensi memiliki signifikansi dengan nilai p= 0,000, sedangkan kelompok kontrol tidak signifikan dengan nilai p > 0,05. Hasil analisis Mann Whitney U Test pada kedua kelompok setelah intervensi hasilnya 0,002 dengan nilai p < 0,05 yang artinya terdapat pengaruh Pre-Marital Education terhadap perilaku pasangan pranikah dalam pencegahan stunting. Kesimpulan Pre-Marital Education efektif untuk peningkatan perilaku pencegahan stunting pada pasangan pranikah.

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INTRODUCTION

Stunting is a condition of toddlers with less height than their age (Kemenkes RI, 2018). The problem of stunting is still severe globally, especially in poor and developing countries. Data from the Ministry of Health of the Republic of Indonesia said the prevalence of stunting toddlers in Indonesia in 2019 decreased compared to 2018, from 30.8% to 27.7% (Ministry of Health, 2018). The percentage of stunting in Indonesia is still high despite the decline because it is still far from the WHO standard value, which should be below 20% (Jezua et al., 2021). The prevalence of stunting in the Yogyakarta region in 2018 amounted to 12.37%, decreasing to 10.69% in 2019. The highest majority of stunting in the Gunung Kidul Regency is 17.94%, and the lowest in Bantul Regency is 7.73% (Dinkes DIY Nutrition Section, 2019).

The causative factor of stunting is direct and indirect factors (UNICEF, 2013). Direct factors include nutritional intake and limited health services. Indirect causative factors of stunting are influenced by economic differences, food systems, poor early learning, women's empowerment and health behaviours to prevent stunting (Djauhari, 2017; Khorina et al., 2020; Yunitasari et al., 2020). Behaviour for stunting prevention may refer to the "Guidelines for the Implementation of Comprehensive Intervention Measures to Reduce Stunting in Regions or Cities", stating efforts to reduce stunting percentages through sensitive and specific nutritional interventions. These sensitive nutritional interventions have stunting prevention programs/activities such as pregnant women classes, toddler mothers classes, posyandu revitalization, and pre-marital Education (Ministry of VAT / Bappenas, 2018).

Stunting prevention can begin as early as the first 1000 days of life. Nutritional consumption is significant because it is the most critical period for children's physical and cognitive development. So far, efforts to raise awareness about stunting are limited to pregnant women or mothers who already have children, whereas preparing for a quality generation starts before pregnancy. Promotional efforts to prevent stunting are aimed at pre-marital couples to prepare them for a stunt-free generation (Fauziatin et al., 2019 in Data, 2020).

Pre-marital Education is a program that aims to allow brides-to-be to have the knowledge and face the world of marriage so that they know what to prepare for, especially in the health sector, so that their children will not experience stunting. This Education is not only for prospective mothers but involves prospective fathers in parenting and providing support during pregnancy, which can affect the health and well-being of children in the future. Stunting behavioural prevention interventions can thus be used on late teens or early adults planning a wedding and require Education about the first 1000 days of life (Supriatin et al., 2020).

Based on the background above, this study uses online media for stunting prevention during the pandemic, which can be a means of *the Pre Marital Education* program. This study was conducted on pre-marital couples because this period necessitates knowledge about the importance of the first 1000 days of life. The findings should lead to better stunting prevention behaviour.

METHOD

The research design used in this study is the design of quantitative method research (*Quasy Experiment*) with *pretest and post-test design*. The participants were divided into two groups: intervention and control groups. This study population consists of a prenuptial couple in Gunungkidul Regency who registered at the Religious Affairs Office (KUA) of Tepus and Tanjungsari Districts in December 2021 – January 2022, as well as a final teenage couple who entered the marriage level.

Samples from the population that met the study's inclusion criteria were prenuptial couples who had smartphones at home, could use Instagram, and could follow the intervention until it was over. The exclusion criteria in this study were couples who had been married before and did not have Instagram. The sampling technique used is *simple random sampling*, which is random sampling. The sample number was 38 couples, 19 late adolescent couples who entered the marriage age for the control group and 19 prenuptial couples for the intervention group.

This research was conducted in Gunungkidul Regency. The intervention group was prenuptial couples in Tepus District, and the control group was prenuptial couples in Tanjungsari District. The independent variable in this study is Pre-Marital Education, while stunting prevention behaviour is a dependent variable. PME uses online media to improve stunting prevention behaviour given to prenuptial couples in videos and posters. Videos and posters are uploaded every two times a week for one month with different material. The material provided in the first week is about the understanding of adolescents, the growth and development of late adolescence, health that needs to be maintained, and Q & A about stunting. The second week of material about understanding risk factors, signs or symptoms of stunting impact. Week 3 material on preventing stunting in aspects of physical activity, smoking behaviour and nutrition. Week 4 material on stress management, spiritual, functional health patterns and social support. Follow-up is done one time a week through chat on the WhatsApp group. The researcher used Instagram media to give Pre-Marital Education. Pre-test and post-test using a questionnaire in the form of google form analyzed using Wilcoxon Sign Rank Test test and Mann Whitney U Test test with significance p < 0.05.

RESULT AND DISCUSSION

Characteristics of Respondents

Based on table 1 showed no difference in gender, education level, and occupation in the intervention group

and control group. At the same time, there was a difference in age between the intervention group and the control group.

Based on table 2, the intervention group showed an increase in the behaviour of pre-marital couples in stunting prevention after being given PME intervention. Based on table 3 in the control group, there was no difference in stunting prevention behaviour in pre-marital couples.

Table 1. Distribution of respondents' characteristic frequencies based on gender, education, occupation, and age of respondents (n=76)

Characteristics of Respondents	Intervention Group (n=38)		Control Group (n=38)		P Value	
	f	%	f	%		
Gender						
Male	19	50	19	50	0,591*	
Female	19	50	19	50		
Education						
Elementary School	1	2,6	1	2,6		
Junior High School	2	5,3	1	2,6	0,763*	
Senior High School	25	65,8	29	76,3	0,763	
College	10	26,3	7	18,4		
Work						
Labor/Not Working	12	31,6	23	60,5		
Entrepreneurial	8	21,1	5	13,2	0,074*	
Private Employees	12	31,6	8	21,1	0,074	
Public Servant	6	15,8	2	5,3		
Age (year)						
Min – Max	19 – 32		20 - 31		0,001**	
Mean ± SD	24,21 ± 3,22		21, 97 ± 1,95			

Source: Primary Data 2022

Table 2. Description of prenuptial couple behaviour on Starting Prevention in PME Intervention Group (n = 38)

Behaviour		Before the Intervention (n=38)		After the intervention (n=38)	
	F	%	F	%	
Good	13	34,2	31	81,6	
Satisfactory	17	44,7	5	13,2	0,000
Less	8	21,1	2	5,3	

*p<0.05 based on Wilcoxon test, Sources: Primary data in 2022

Table 3.

Overview of Adolescent Couple Behavior on Stunting Prevention in PME Control Group (n =38)

Behaviour	Pre-test v	Pre-test value (n=38)		Post-test value (n=38)	
	F	%	F	%	
Good	18	47,4	18	47,4	
Satisfactory	13	34,2	13	34,2	1,000
Less	7	18,4	7	18,4	

*p<0.05 based on Wilcoxon test, Sources: Primary data in 2022

Table 4. Effect of PME on behaviour in pre-marital couples & adolescents after intervention (n=76)

Behaviour		Intervention Group (n=38)			P value*
	F	%	F	%	
Good	31	81,6	18	47,4	
Satisfactory	5	13,2	13	34,2	0,002
Less	2	5,3	7	18,4	<u></u>

*p<0.05 based on Mann-Whitney test, Sources: Primary data in 2022

Based on the results of table 4, after the intervention, the intervention group was primarily seen in good behaviour, while the control group was partly in the good and satisfactory behaviour category. The *Mann-Whitney U Test* analysis in both groups after the intervention showed an influence of *Pre Marital Education* (PME) on the behaviour of pre-marital couples in stunting prevention.

This study showed that the behaviour of pre-marital couples in stunting prevention before being given intervention in the control group and intervention group in the category was good and sufficient. The study results align with the respondents' education level, primarily high school and PT. Someone who has studied higher Education is better at stunting prevention. Education plays an active role in a person's activities and behaviours and encourages healthy behaviours (Nurfatimah et al., 2021).

The level of Education will affect an individual's knowledge, and health knowledge will influence the behaviour of the medium-term results or *intermediate impact* of Education (Hutami, 2022). Notoatmodjo (2012) in (Sangadji et al., 2021) explain how education level, knowledge, confidence, and satisfaction impact behaviour. Behaviour is the interaction process with an environment manifested in knowledge, attitudes, and actions.

Knowledge is an essential cognitive domain that significantly influences the formation of a person's actions. Knowledge has a critical role in determining complete behaviour because knowledge forms a belief that further perceives reality, provides a basic idea for decision making and determines behaviour towards an object to influence a person's or society's behaviour. So that high knowledge is interpreted and supported by a good attitude will be reflected in positive behaviour, with positive behaviour can realize reasonable prevention efforts (Arnita et al., 2020; Mutingah & Rokhaidah, 2021)

Before intervention in the control group, the behaviour was in line with respondents' work; most in the job status control group were not working/labour. A person who does not work is considered uninformed and spends a lot of time only at home with limited access to information. Still, today everyone can easily access many media anywhere and anytime. People who do not work have a lot of free time to access information or participate in various association activities that make it possible to exchange information (Rahmawati et al., 2019).

Another study by (Amelia, 2020) said that work could affect the knowledge she has, someone who works, her knowledge will be more comprehensive than someone who does not work because people who work more get information. The results of the study support related intervention groups whose majority of their employment status is private employees who have broader knowledge that affects their behaviour.

This study proved that the intervention group was mainly good behaviour while the control group was partly good and sufficient. The *Mann-Whitney U test* analysis after interventions in both groups showed an influence of *Pre Marital Education* (PME) on the behaviour of pre-marital couples in stunting prevention. This *Pre Marital Education* (PME) study uses Instagram social media as an educational medium to improve stunting prevention behaviour in line with research (Rusdi et al., 2021) that the Instagram application is more effective than the WhatsApp application for Education about nutrition in adolescents. The results show that the Instagram application improves knowledge, attitudes and actions because Instagram is more interactive and features better when compared to WhatsApp.

The selection of Instagram online media for *Pre Marital Education* aligns with Murdiningrum & Handayani's (2021) research, which proves that the development of technology and information flow uses social media as an effective educational medium for disseminating information. The most effective media sequence for Education is social media Instagram, Whatsapp, and Twitter. Next is a combination media between lectures with video/games/quizzes, and finally, conventional courses. Considering adolescents as a vulnerable and unstable group who still need engaging, interactive, and up-to-date information, the development of health education media is required.

Social media is a medium that has great potential to promote health and other health interventions and is easier to touch the target in every circle because of its broader reach. Social media can increase knowledge about the disease and its prevention so that people can share their positive experiences of healthier behavioural changes, disease side effects, and the positive impact of implementing a healthy lifestyle (Leonita & Jalinus, 2018).

Another factor that influences the success of this PME program uses educational media in the form of videos and posters, which effectively improve the behaviour of premarital couples. Research (Sunaeni, 2022) explains that educational methods based on audio-visual media are media that contain elements of sound and elements of images. Audio-visual media contributes significantly to the information and persuasion aspects of behaviour change. Audio-visual can stimulate the sense of hearing and sight as much as 75-87% in channelling information to the brain. From the results of audio-visual media research, it can undoubtedly help the counselling process if selected wisely and used correctly.

In this research, education media and video, this PME program also uses poster media in the Education of premarital couples. Providing Education using poster media is commonly used to convey information in images to influence individuals or groups to be interested in informed material (Meri Agritubella & Delvira, 2020). Adolescent Education has evolved to bring messages to improve knowledge, attitudes, and skills, including printed images that are appropriate if used in nutritional counselling to be more readily accepted by adolescents because they associate directly with the sense of sight. One of the advantages of image media is the poster that will clarify the problem by looking at a clear image by the subject (Atasasih & Mulyani, 2022).

This study is similar to research conducted by Susanto et al. (2021) that there is an increase in behaviour after health counselling interventions using audio-visual and non-audiovisual media. Before being given counselling, the average respondent had negative behaviour before being given counselling, while the average respondent had positive one after counselling. The outcomes of the health education process are expected to demonstrate healthy behaviour. Healthy behaviour is any action taken concerning knowledge, attitudes, and actions regarding health (Pakpahan, 2021).

Pre Marital Education (PME) aims for brides-to-be or mothers-to-be can understand the importance of health behaviours in stunting prevention. With such programs, life after marriage, such as pregnancy and childcare in the first 1000 days of life in terms of health and nutritional intake, will run well (Surjaningrum et al., 2021; Sumarmi, 2019).

Research by Fauziatin et al. (2019) explains that Education or interventions to prevent stunting are very appropriate for someone who will prepare for their pregnancy; therefore, the bride-to-be will be a mother-to-be or father is the right target. Good knowledge and attitude will shape the behaviour of the bride and groom in improving their nutritional status before preparing for pregnancy; indirectly, it will affect the health of the mother-to-be, the fetus conceived, and the baby to be born. When a mother has a pregnancy, some efforts are made to improve nutrition; even children born with BBLR or new stunting will get attention to be handled nutritional status by health workers.

Pre Marital Education in prenuptial teenagers can know things that need preparation for a prosperous family. On psychological readiness, Education is about relationships with husbands and childcare. The nutritional Education provided is about the adequacy of nutrients, macro and micronutrients to prepare for a healthy pregnancy (Tarsikah, 2020). Common knowledge tends to have bad habits or behaviour patterns such as eating foods that are not nutritious, not applying balanced nutrition guidelines and others; otherwise, high knowledge can support healthy behaviour (Apriliani et al., 2021).

This study is the same as Prasetyanti & Fitriasnani's (2020) research on the educational influence of using health calendar media to prevent stunting in pre-marital couples. Education using the media can increase knowledge and attitudes expected to change behaviour regarding nutritional health status in stunting prevention in pre-marital couples.

LIMITATION OF THIS STUDY

The limitation of this study is that several respondents in the control group have transitioned from pre-marital to adolescent status, with 16 respondents and three pre-marital couples in the Tepus Gunung Kidul District.

CONCLUSIONS AND SUGGESTIONS

Based on this study's data analysis and discussion, the *Pre Marital Education* Program effectively improves stunting prevention behaviour in pre-marital couples. Referring to the study results, researchers advise prenuptial preparations to seek information about stunting prevention through online media to enhance stunting prevention behaviour.

ETHICAL CONSIDERATION

The Health Research Ethics Committee of the Faculty of Medicine and Health Sciences UMY No.300/EC-KEPK FKIK UMY/XI/2021 approved this study.

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Conflict of Interest Statement

There are no competing interests in this study.

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