GASTER JURNAL KESEHATAN

https://journal.aiska-university.ac.id/index.php/gaster

Differences in the Effectiveness of Audiovisual Media and Leaflets on the Knowledge and Attitudes of Mothers of Toddlers in Bogorejo Village About Stunting

Caesar Erza Keryn Febriyanti[1], Noor Alis Setiyadi[1]*,
[1]*Faculty of Health Sciences, Department of Public Health, Muhammadiyah University of Surakarta, Central Java, Indonesia*

[*]*E-mail: nas260@ums.ac.id*

ARTICLE INFO

Keywords : Audiovisual; Attitude; Knowledge; Leaflet; Mother of Toddler.

ABSTRACT

Inadequate parenting as a result of a lack of maternal knowledge regarding stunting and infant nutrition is one of the causes of stunting in children. Attitudes and actions are influenced by knowledge. The dissemination of health education materials, such as leaflets and audiovisual media, can serve to improve mothers' knowledge and attitudes. This study aims to find out which media are more effective in improving the knowledge and attitude of mothers of toddlers in Bogorejo Village about stunting. This study used a Pre-experimental method pre-post test with control group design. There were 95 people total in the sample, and they were divided into three groups. (leaflet, audiovisual, and control group). Questionnaires are used to collect data. One Way Anova statistics was used to finding more effective media., and then the Tukey test was used to find the differences between each group. There was a statistically significant difference in knowledge and attitudes mother of toddlers between the leaflet and audiovisual groups (P value = 0.001<0,05). Audiovisual media is more effective to improving the knowledge and attitude mother of toddlers about stunting than leaflets (Mean difference knowledge (audiovisual (4,28); leaflet (4,00) and attitudes (audio-visual (7,93); leaflets (7,56)).

INTRODUCTION

In Indonesia, stunting is common among toddlers due to poor nutrition. Children who are chronical malnutrition, a condition known as stunting, cause them to fail to reach their full height potential as toddlers. A stunted toddler is a toddler with a Z-score of less than -2 SD according to WHO standart growth reference. (Berhanu et al., 2022)

More than 149 million children in the world are stunted and most of the stunted children live in Asia and Africa. According to the Global Nutrition Report (2021), the number of stunted children is 30.9% in the West Africa region, 30.7% in South Asia, and 27.4% in Southeast Asia (WHO, 2019). The percentage of toddlers who were stunted in 2018 was 30.8%, according to data from the Indonesian Ministry of Health (2021). The frequency of stunting among Indonesia's toddler population was 27.7% in 2018, 24.4% in

2019, and 24.4% in 2021. Even if the rate of stunting has dropped, it is still higher than the 20% threshold established by the World Health Organization. This demonstrates that stunting is still a major issue in Indonesian toddlers (SSGI, 2021).

East Java is one of the priority areas for handling stunting problems with a proportion of 23,5% based on the results of the Indonesian Nutrition Status Study (SSGI) by the BKPK Kemenkes RI in 2021. One of the focus areas for stunting in East Java is Magetan District. In 2021, fifteen stunting focus locations have been determined in Magetan Regency, one of which is Barat District. (Kominfo Magetan, 2021). Puskesmas Tebon is a public health center located in Barat District with the highest stunting cases in Bogorejo Village (21,9%), consisting of 25 short children and 9 very short children (Puskesmas Tebon Profile, 2022).

Some factors that influence the high stunting rate are low birth weight, poor nutritional intake, children who don't take vitamins, lack of sanitary hygiene, missed immunizations, and not exclusively breastfed (Haq & Abbas, 2022; Yushananta & Ahyanti, 2022). Other factors include poor parenting due to lack of knowledge about stunting and nutritional deficiencies before, during and after pregnancy. (Ramadhanti et al., 2019). Level of knowledge influences mothers attitudes and behavior when choosing food (Hamimah & Azinar, 2020). Mothers who have good knowledge will apply their knowledge in choosing and processing food, so that the nutritional content of the food will be more secure (Wang & Fang, 2020).

The way to improve knowledge and attitudes about stunting can be done by providing health education. Providing health education can be provided with supporting media such as leaflets or audiovisuals (Katsuki, M., 2023). Apart from the advantages and disadvantages of leaflet and audiovisual media, both media are good supporting media. So, it's important to study the relative efficacy of leaflets and other forms of audiovisual media in influencing the perspectives and actions of mothers of young children with respect to stunting (Ernawati, 2022). The research was conducted in one of the villages of the Tebon Health Center working area which has a highest number of stunting cases, Bogorejo Village (21,9%), with 25 short children and 9 very short children (Tebon Health Center Profile, 2022). So that it can provide benefits for agencies to find out effective

media used in other health education activities.

Researchers in Bogorejo Village, Barat District, Magetan Regency are interested in comparing media that more effectively increase knowledge and attitudes about stunting among mothers with young children.

METHODS AND MATERIAL

The research was conducted in December 2022-April 2023 with the research location in Bogorejo Village, Barat District, Magetan Regency. The kind of this research is *Pre-Experimental designs* with control group. Mothers with children between the ages of 12 and 59 months (toddlers) living in Bogorejo Village made up the study's population. Using the Slovin method, we were able to determine that 95 participants would be a sufficient sample size. Cluster random sampling, in which representatives are selected at random from each cluster, was used. The media used were leaflets and videos about stunting owned by BKKBN RI.

In this study, the sample was divided into three groups based on the number of Posyandu posts in Bogorejo Village (three posts). First post as a health education group with leaflet media (32 respondents), second post as a health education group with audiovisual media (video) (32 respondents), and third post as a control group (without using media) (31 respondents).

The independent variables of this study are health education without using media, using leaflets, and using audiovisual media (video), while the dependent variable is the knowledge and attitude of mothers of toddlers about stunting. In this study, a researcher-created questionnaire with established validity and reliability was used to collect data.

The questionnaire consisted of 15 statements about knowledge and 10 statements about attitude. In the knowledge statement, a Guttman scale (true and false) is used, if the respondent answers "true" to the favorable statement, he gets a score of 1 (one) and if he answers "true" to the unfavorable statement, he gets a score of 0 (zero). Meanwhile, in an attitude questionnaire, a Likert scale is utilized which consists of four measuring scales: Strongly Agree, Agree, Disagree, and Strongly Disagree. If the respondent chooses "strongly agree" to the favorable statement, he gets a score of four, "agree" gets a score of three, "disagree" gets a score of two, and "strongly disagree" gets a score of one. And if the respondent responds "strongly agree" to the

unfavorable statement, they get a score of one, "agree" gets a score of two, "disagree" gets a score of three, and "strongly disagree" gets a score of four.

Health education using leaflets and audiovisuals were evaluated using the One Way Analysis of Variance (ANOVA) test, and the Tukey (Post-Hoc) test was used to compare the test groups' mean scores and identify the most effective media for increasing mothers of toddlers' knowledge and attitudes about stunting. With approval number 4828/B.1/KEPK-FKUMS/VI/2023 the Health Research Ethics Commission at the School of Medicine at Muhammadiyah University of Surakarta gave its stamp of approval to this study.

RESULTS AND DISCUSSION

Table 1. Characteristics of Subjects

Characteristics	Leaflet Group		Audiovisual Group		Control Group	
	n	%	N	%	n	%
1. Age						
20-31 years old	14	43,7	12	37,6	15	48,4
32-43 years old	12	37,5	18	56,2	16	51,6
44-55 years old	6	18,8	2	6,2	0	0
Total	32	100	32	100	31	
2. Education						
Primary school	4	12,5	2	6,3	3	9,7
Junior high school	4	12,5	5	15,6	4	12,9
Senior high school	17	53,1	21	65,6	24	77,4
College	6	18,8	4	12,5	0	0
No school	0	0	0	0	1	3,1
Total	32	100	32	100	31	100
3. Job						
Merchant	4	12,5	2	6,3	4	12,9
Laborer/Farmer	7	21,9	3	9,4	2	6,5
Self-employed	0	0	9	28,1	5	16,1
Civil servant	3	9,4	1	3,1	0	0
Housewife	15	46,9	15	46,9	16	51,6
Others	3	9,4	2	6,3	4	12,9
Total	32	100	32	100	31	100

Table 2. Results of Univariate Analysis of Knowledge and Attitude

Variable	Duration	Level	Leaflet		Audiovisual		Control	
			n	%	n	%	n	%
Knowledge	Pre-Test	Low (< 15)	32	100	30	93,8	31	100
		High (≥ 15)	0	0	2	6,3	0	0
	Post-Test	Low (< 15)	12	37,5	4	12,5	30	96,8

		High (≥ 15)	20	62,5	28	87,5	1	3,2
Attitude	Pre-Test	Less (< 30)	32	100	32	100	26	83,9
		Good (≥ 30)	0	0	0	0	5	16,1
	Post-Test	Less (< 30)	6	18,8	5	15,6	26	83,9
		Good (≥ 30)	26	81,2	27	84,4	5	16,1

The majority of respondents in the leaflet group were between the ages of 20 and 31 (43.7%), as shown by the results of the univariate analysis in the first table, while in other groups most respondents were 32-43 years old (audiovisual group (56,2%); control group (5.6%)). The last education of respondents in all three groups was mostly high school (leaflet group (53,1%); audiovisual group (65,6%); control group (77,4%)) and most respondents were housewives (leaflet group (46,9%); audiovisual group (46,9%); control group (5,.6%)).

Before the intervention, almost all respondents in each group had low knowledge (leaflet group 100%; audiovisual group 93,8%; control group 100%). The percentage decreased after being given health education about stunting in the leaflet (37,5%) and audiovisual (12,5%) groups, while in the control group it decreased but was not significant. This result is in line with the attitude variable. Most respondents had a poor attitude before receiving health education (leaflet group 100%; audiovisual group 100% control group 83,9%). This number decreased to 18,8% in the leaflet group and 15,6% in the audiovisual group. (Table 2)

Table 3. One-Way Anova Test Result

Variable	Source of variance	SS	Df	Mean of Square	F	sig
Knowledge	Between group	721,81	5	144,362	58,1	0,001
	Within group	457,18	184	2,485		
	Total	1178,995	189			
Attitude	Between group	2084,817	5	416,963	51,1	0,001
	Within group	1500,136	184	8,153		
	Total	3584,953	189			

SS : Sum of Squares

.

Table 4. Post-Hoc Test Analysis

Variable	Duration	Leaflet			Audiovisual			Kontrol		
		Min-max	Mean ± SD	MD	Min-max	Mean ± SD	MD	Min-max	Mean ± SD	MD
Knowledge	Pre-Test	8-14	10,78 ±1,47	4,00	9-16	11,78 ±1,66	4,28	8-14	11,26 ±1,43	0,77
	Post-Test	10-18	14,78 ±1,73		13-20	16,06 ±1,70		9-15	12,03 ±1,40	
	P value		0,001			0,001			0,385	
Attitude	Pre-Test	20-29	24,22 ±2,82	7,56	21-29	24,97 ±2,17	7,93	25,26 ±3,32	20-34	0,516
	Post-Test	27-36	31,78 2,53		24-38	32,90 ±3,18		25,77 ±2,94	20-32	
	P value		0,001			0,001			0,980	
95% CI	Low		2,71			2,29			1,17	
	Up		5,29			5,57			3,80	

MD : Mean Difference

Table 5.Tukey Test Results

Variable	Group	N	Subset for alpha = 0,05			
			1	2	3	4
Knowledge	Control	32	12,03			
	Leaflet	32			14,78	
	Audiovisual	31				16,06
Attitude	Control	32	25,77			
	Leaflet	32		32,78		
	Audiovisual	31		32,19		

The One-way Anova test findings on the data of the knowledge and attitude variables of the three groups revealed a sig value of 0,001<0,05, demonstrating that there are huge contrasts in all test groups (Table 3). Table 4 is the result of Post Hoc Test analysis of respondents' knowledge and attitude variables. In the knowledge variable, the mean ± standard deviation of respondents' knowledge score before receiving the intervention was 10,78 ± 1,47 in the leaflet group, 11,78 ± 1,66 in the audiovisual group, and 11,26 ± 1,43 in the control group. After receiving intervention treatment, the average knowledge score was 14,78 ± 1,73 in the leaflet group, 16,06 ± 1,70 in the audiovisual group and 12,03 ± 1,40 in the control group.

These results are in line with the average score of respondents' attitudes. The mean ± standard deviation of respondents attitude scores before receiving the intervention was 24,22 ± 2,82 in the leaflet group, 24,97 ± 2,17 in the audiovisual group, and 25,26 ± 3,32 in the control group. After the intervention, the mean scores were 31,78 ± 2,53 in the leaflet group, 32,90 ± 3,18 in the

audiovisual group, and 2,77 ± 2,94 in the control group. The one way anova test also showed a significant difference in the attitude scores of leaflet and audiovisual group respondents (p=0,001<0,05) and an insignificant difference in the control group (p=0,980>0,05).

To determine the comparison of media that effectively increases the knowledge and attitudes of respondents, the Post Hoc test was conducted. The knowledge and attitude variables in the leaflet and audiovisual groups have a P value of 0,001<0,05 indicating that there is a significant difference in both groups after receiving health education through both media. The mean difference value of knowledge improvement and attitude can be used to compare the effectiveness of various media in increasing respondents' knowledge and attitudes. On the knowledge variable, the leaflet group increased by 4,00, while the audiovisual group increased by 4,28. On the attitude variable, the score in the leaflet group improved by 7,56 , while the score in the audiovisual group increased by 7,93. This means that the audiovisual media is more effective in increasing the knowledge and attitude of mother of toddler in Bogorejo Village regarding stunting.

The Tukey test is used to determine the differences between each group. When groups are in distinct subset columns, they are considered different greatly. Based on Table 5, it is clear that the audiovisual group is in the column 4 subset of the knowledge variable, while the other groups are in columns 1 (control group) and 3 (leaflet group), implying that the audiovisual and leaflet groups differ significantly from the control group. On the attitude variable, it is known that the leaflet and audiovisual groups difference significantly (column 2) from the control group (column 1).

According to the study, the majority of respondents had inadequate health awareness prior to receiving health education. Many of them continue to have a poor impression and grasp of stunting's causes, traits, and impacts. They believe that all short children are stunts, and that stunts are not deadly diseases that must be treated promptly.In line with the respondents attitudes prior to receiving health education, respondents did’nt care much about how food was processed or nutritional fulfillment of the young, which was consistent with their view prior to getting health education. The majority of respondents chose to provide unevenly nutritious items, such as too much carbs

and fast foods, without taking other nutritional intake (proteins, vitamins, minerals, and etc). on the basis that the toddler was full and didn't cry.

Knowledge is the consequence of sensation through human senses (vision, taste, smell, touch, and hearing) where the results of sensing affect attention and perception on an object (Pratiwi et al., 2022; Rita Kirana, 2022). A person's attitude is the intensity with which they respond to a stimuli with either dislike (negative attitude) or favor (positive attitude) (Soltani,2023). Knowledge influences attitudes and behaviors and shapes people's beliefs in action. (Notoatmodjo, 2014). Following a health education, respondents knowledge climbed to a high level, and their attitude improved to a good level. This is due to the fact that human senses respondents were offered information (stimuli) about stunting for health education via leaflet and audiovisual media. The information is captured and retained in his memory so that the respondent's knowledge of the concepts, characteristics, and impact of stunting as well as the correct attitude of the mother to do so that the kid avoids stunting becomes better.

Leaflets are health education media in the form of paper that is folded and contains information in the form of text and images (Oktaviani,2022). Some of the advantages of this media are easy production costs, attractive design, easy to carry anywhere, and durable (Jatmika et al., 2019). Health education media will help convey information precisely and clearly so that the target can receive the information provided. This acceptance can be seen by an increase in target knowledge (Notoatmodjo, 2014).

This research is supported by the Ramdaniati & Wandi Somantri's research (2022), The average knowledge and attitude scores were different before and after obtaining health promotion pamphlets. This is because information in the leaflet is clear enough so that it can be understood well by the target. In line with research by Enindelastri (2021) and Kinanti (2021) also states that there are distinctions and a rise in knowledge and attitude among respondents after receiving health education via leaflet media.

Audiovisual media is a combination of audio and visual media or commonly called hearing media. This media contains elements of sound that can be heard and elements of images that can be seen. This research is supported by Sofiana et al., (2023) according to which the value of information and attitudes

typically increase after completing health education. The difference in average attitude scores also occurred in research of Wijayanti, (2023) and Fatimah, (2019) after the respondents received health education intervention using audiovisual media (video).

This study is in line with the research of Musdalifah et al., (2020) which states that there are differences in effectiveness between leaflets and audiovisuals in increasing knowledge. The study states that health education using audiovisual media is more successful than leaflets in developing knowledge. This is evidenced by the mean post-test knowledge score of the audiovisual group higher than the other groups. In addition, the audiovisual group was the group that experienced the most reduction in the number of targets with poor knowledge among the leaflet and control groups. In line with the attitude variable Indah and Junaidi's research (2021) states that audiovisual media is also more effective in improving attitudes. In this study, the mean post-test attitude was higher than the leaflet and control groups even though the tukey test results were in the same column as the leaflet group.

Audiovisual media is media that has the ability to deliver information better than other media. Information delivered by audiovisual media (video) is more interesting because it contains two media elements, that is sound that can be heard and images that can be seen by the senses. (Ginting et al., 2022) Information provided with attractive media will change the respondent's attitude for the better because it is easily understood by the examples seen and heard. The senses that channel a lot of knowledge to the brain are the eyes (≤75%-87%) and 13% to 25% of human knowledge is channeled through other senses (Holianto, 2021). Using audiovisual media as an educational medium can involve all of the senses; so, the more sensory systems that absorb information, the more probable it is that the knowledge will be processed and retained in human memory. (Sabarudin et al., 2020).

CONCLUSIONS AND SUGGESTIONS

The results of this study show that health education using media can improve the knowledge and attitude of mother of toddlers compared to health education without use a media. Based on the description above, it tends to be presumed that there are impacts and contrasts in average knowledge and attitudes as well as differences in media effectiveness in leaflet and audiovisual groups. Audiovisual media is more successful in

enhancing toddler mothers knowledge and attitudes about stunting. For further researchers, hoped they can provide developments by examining the behavior of mothers of toddlers regarding stunting utilizing self-produced media with different variations or types of media.

REFERENCES

Baiq Meisha Indah Melia Kinanti, Yunita Marliana SSiT., M.Keb, Suwanti SST., M. K. (2021). Pengaruh Penyuluhan menggunakan media leaflet tentang Stunting terhadap pengetahuan dan sikap remaja putri. *Jurnal Midwifery Update (MU)*, *4*(1), 9–15.

Berhanu, A., Garoma, S., Arero, G., & Mosisa, G. (2022). Stunting and associated factors among school-age children (5–14 years) in Mulo district, Oromia region, Ethiopia. *SAGE Open Medicine*, *10*. https://doi.org/10.1177/20503121221127880

Enindelastri, Sety, L. O. M., & Kusnan, A. (2021). Pengaruh Edukasi Melalui Media Leaflet Terhadap Pengetahuan dan Sikap Siswa SMAN 14 Bombana Tentang Covid-19. *NURSING UPDATE : Jurnal Ilmiah Ilmu Keperawatan P-ISSN : 2085-5931 e-ISSN : 2623-2871*, *12*(4), 67–77.

Ernawati, A. (2022). Media Promosi Kesehatan Untuk Meningkatkan Pengetahuan Ibu Tentang Stunting. *Jurnal Litbang: Media Informasi Penelitian, Pengembangan Dan IPTEK*, *18*(2), 139–152. https://doi.org/10.33658/jl.v18i2.324

Fatimah, et. a. (2019). Efektivitas Media Audiovisual (Video) Terhadap Peningkatan Pengetahuan dan Sikap Kelompok Masyarakat Tentang Program G1R1J. *JURNAL KESEHATAN MASYARAKAT KHATULISTIWA*.

Ginting, S., Simamora, A. C. R., & Siregar, N. (2022). Pengaruh Penyuluhan Kesehatan dengan Media Audio Visual Terhadap Perubahan Pengetahuan , Sikap dan Praktik Ibu dalam Pencegahan Stunting di Kecamatan Doloksanggul Kabupaten Humbang Hasundutan Tahun 2021 The Effect of Health Counseling with Audio Visual Me. *Journal of Healtcare Technology and Medicine*, *8*(1), 390–399.

Hamimah, & Azinar, M. (2020). Penyuluhan Kesehatan melalui Media Video Explainer Berbasis Sparkol Videoscribe Terhadap pengetahuan Ibu. *Higeia Journal of Public Health Research and Development*, *4*(4), 535–542.

Haq, W., & Abbas, F. (2022). A Multilevel Analysis of Factors Associated With Stunting in Children Less Than 2 years Using Multiple Indicator Cluster Survey (MICS) 2017–18 of Punjab, Pakistan. *SAGE Open*, *12*(2).

Holianto, V. (2021). *Community Medicine & Education Differences in the Effectiveness of Health Promotion through Video and*. *2*(1), 128–138.

Indah, J., & Junaidi, J. (2021). Efektivitas Penggunaan Poster Dan Video Dalam Meningkatkan Pengetahuan Dan Sikap Tentang Buah Dan Sayur Pada Siswa Dayah Terpadu Inshafuddin. *Jurnal SAGO Gizi Dan Kesehatan*, *2*(2), 129. https://doi.org/10.30867/gikes.v2i2.311

Jatmika, S. E. D., Maulana, M., Kuntoro, & Martini, S. (2019). Buku Ajar Pengembangan Media Promosi

Kesehatan. In *K-Media*.

Katsuki, M., et al. (2023). Headache education by leaflet distribution during COVID-19 vaccination and school-based on-demand e-learning: Itoigawa Geopark Headache Awareness Campaign. *Headache*, *63*(3), 429–440.

Musdalifah, M., Oka, I. A., & Marwanty, M. (2020). Efektivitas Promosi Kesehatan Terhadap Pengetahuan Dan Sikap Tatalaksana Diare Pada Balita Di Kota Palopo. *PREPOTIF : Jurnal Kesehatan Masyarakat*, *5*(1), 20–34.

Notoatmodjo, S. (2014). *Promosi Kesehatan dan Ilmu Perilaku*.

Oktaviani, N. P. W. (2022). *Siaga Stunting di Indonesia*. Yayasan Kita Menulis. https://www.google.co.id/books/edition/Siaga_Stunting_di_Indonesia/yPVcEAAAQBAJ?hl=en&gbpv=0

Pratiwi, A., Pujianto, J. S., Setyadi, N. A., Muhlisin, A., & Tamelia, Y. (2022). Peningkatan Pengetahuan Tentang Ronde Kasus Keperawatan Pada Ketua Tim Melalui Metode Role Play Di Rumah Sakit Jiwa. *JKJ): Persatuan Perawat Nasional Indonesia*, *10*(4), 821–828.

Puskesmas, T. (2022). *Buku Profil Puskesmas Tebon Tahun 2022*.

Ramadhanti, C. A., Adespin, D. A., & Julianti, H. P. (2019). Perbandingan Penggunaan Metode Penyuluhan Dengan Dan Tanpa Media Leaflet Terhadap Pengetahuan Dan Sikap Ibu Tentang Tumbuh Kembang Balita. *Jurnal Kedokteran Diponegoro*, *8*(1), 99–120.

Ramdaniati, S. N., & Wandi Somantri, U. (2022). Perbedaan Efektivitas Pendidikan Kesehatan Antara Media Video Dan Media Leaflet Terhadap Peningkatan Pengetahuan Dan Sikap Pencegahan Covid-19 di MAN 1 Pandeglang Tahun 2021. *Hearty*, *10*(1), 32. https://doi.org/10.32832/hearty.v10i1.5437

Rita Kirana, Aprianti, N. W. H. (2022). Pengaruh Media Promosi Kesehatan Terhadap Perilaku Ibu Dalam Pencegahan Stunting Di Masa Pandemi Covid-19 (Pada Anak Sekolah Tk Kuncup Harapan Banjarbaru). *Jurnal Inovasi Penelitian*, *2*(9), 2899–2906.

Sabarudin, Mahmudah, R., Ruslin, Aba, L., Nggawu, L. O., Syahbudin, Nirmala, F., Saputri, A. I., & Hasyim, M. S. (2020). Efektivitas Pemberian Edukasi secara Online melalui Media Video dan Leaflet terhadap Tingkat Pengetahuan Pencegahan Covid-19 di Kota Baubau. *Jurnal Farmasi Galenika (Galenika Journal of Pharmacy) (e-Journal)*, *6*(2), 309–318.

Sofiana, C., Ginting, D., Ginting, D., Ginting, D., Sinaga, T. R., Sinaga, T. R., & Sinaga, T. R. (2023). Pengaruh Media Audio Visual Terhadap Pengetahuan Dan Sikap Anak Sekolah Di Kabupaten Aceh Timur. *Jurnal Kedokteran Dan Kesehatan : Publikasi Ilmiah Fakultas Kedokteran Universitas Sriwijaya*, *10*(1), 1–8.

Soltani, Abderrezzaq, et. a. (2023). Attitudes and Beliefs Regarding The Use Of Herbs And Supplementary Medications With COVID-19: A systematic review. *Elsevier*, *19*(3), 343–355.

SSGI. (2021). Hasil Studi Status Gizi Indonesia (SSGI) Tingkat Nasional, Provinsi, dan Kabupaten/Kota Tahun 2021. In *Buana Ilmu* (Vol. 2, Issue 1). https://doi.org/10.36805/bi.v2i1.301

Wang, M., & Fang, H. (2020). The effect of health education on knowledge and behavior toward respiratory

infectious diseases among students in Gansu, China: A quasi-natural experiment. *BMC Public Health*, *20*(1), 1–13.

WHO. (2019). *Stunting in a nutshell*. 2019. https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell

Wijayanti, E., & Azizah, S. (2023). Pengaruh Pendidikan Kesehatan Audiovisual Terhadap Pengetahuan Dan Sikap Remaja Tentang Kehamilan Dini di MTsN 3 Penajam. *Majory : Malang Journal of Midwifery*, *5*(1), 15–25

Yushananta, P., & Ahyanti, M. (2022). Risk Factors of Stunting in ChildrenAged 6–59 Months: ACase-Control Study in Horticulture Area. *Open Access Macedonian Journal of Medical Sciences*, *10*(E), 1–5.