

Health Education On The 8000 First Days Of Life Programme On The Knowledge Level Of Adolescents

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ABSTRACT

Purpose: To determine the level of knowledge of adolescent students at Fikri Junior High School about the 8000 first days of life programme. **Methods:** descriptive method with pre and post test design. **Results:** Before the health education of the 8000 HPK programme, 18 people (60%) had a poor knowledge level, 12 people (40%) had a moderate knowledge level. After health education, the value of knowledge level became good 30 people (100%). **Conclusion:** there is an increase in the level of knowledge of adolescents about the 8000 HPK programme using the outline map media. Education using an outcrop map is recommended as an educational learning media for teenagers.

Keywords: 8000 First Days of Life, Health Education, Adolescents, Level of Knowledge

Introduction

The adolescent phase is called the puberty phase, which is a period where the skeletal or physical maturity of the body such as body proportions, weight and height changes and the maturity of sexual functions that occur rapidly. Adolescents are the generation that will produce superior generations in the future, therefore, it is necessary to increase health programmes to minimise the number of disabilities in the next generation, for example stunting. If not addressed immediately, it will result in suboptimal child development, disruption of brain development, physical and metabolic changes in the body, and death.

The Ministry of Health has programmed the first 1000 days of life to prevent stunting. To follow up on this programme, the government conducted a follow-up programme, namely the addition of the 7000 first days of life programme issued in the Yogyakarta Mayor Regulation Number 41 of 2021 concerning regional action plans to prepare superior generations through the 8000 first days of life programme 2021-2025. According to Widaryanti & Yuliani (2022) the 8000 first days of life programme is one way to stop the stunting cycle, this programme starts from conception until someone turns 19 years old.

With the 8000 HPK programme, a person's health status can be seen from conception to the future. Through this 8000 HPK programme, it is hoped that it can reduce the number of stunting cycles so that it can give birth to the expected generation. The 7000 HPK period is divided into several stages, namely toddlers and children (2-4 years), children (5-9 years), adolescents (10-15 years) and late adolescence to early adulthood (16-21 years). Each stage in the 8000 HPK provides an opportunity to improve the failure of the previous period of life.

Efforts that can be made in adolescents are by educating adolescents about the dangers of stunting and how to handle it to prevent stunting. There are four roles of nurses in stunting prevention efforts, namely promotive, preventive, curative and rehabilitative. Using

a promotive role, namely by promoting health in the form of motivation to adolescents so that adolescents do not lack knowledge about the life that will be able to produce a stunting-free generation . According to Susianti (2016) knowledge is the result of knowing, and this occurs after someone senses a certain object. To increase adolescents' knowledge about the importance of preventing stunting, health education is needed.

Methods

This type of research is a descriptive case study using an outcrop map With the minimum sample required in this study is 24 teenage students of Fikri Junior High School.. The research instrument used is using a pre and post questionnaire sheet consisting of 20 questions containing true and false questions, measured using the Guttman Scale, for questions will be coded 1 (True) and 0 (False) by assessing the level of knowledge good if able to answer correctly about 16-20 questions, sufficient if able to answer correctly about 13-15 questions and less if answering correctly less than equal to 12 questions. The ethics of data collection used are using *informed consent*, *anonymity* , and confidentiality.

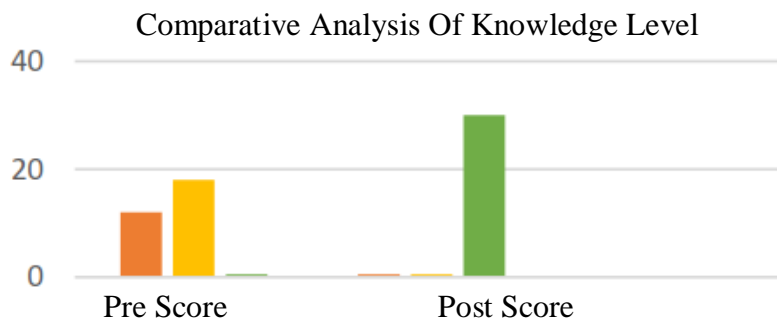
Results

Table 1.1 Age distribution of ninth grade students at Fikri Junior High School, Al Anfal Foundation, North Jakarta who were given health education on the 8000 first days of life programme.

Age Variable	Frequency (F)	Percentage (%)
16 years	5	17%
15 years	21	70%
14 years	4	13%
Total	30	100%

The results of the age distribution in the table above show that age characteristics are dominated by the classification of 15 years old 21 people (70%), 16 years old 5 people (17%), and 14 years old 4 people (13%).

Diagram 1.1 Distribution of Knowledge Level Before and After health education with outline map media about the first 8000 days of life programme



Based on the diagram data above, the results obtained an increase in knowledge to 30 research subjects after health education with outline map media, with a value of less knowledge level as many as 18 people (60%), while the level of knowledge is moderate as many as 12 people (40%), and after health education to a good level of knowledge as many as 30 people (100%).

Discussion

Based on the results of research using the case study method, the characteristics of the subjects of this study are the adolescent stage ranging in age from 14-16 years. This is in accordance with research by Davey (2014) which states that the middle adolescent stage ranges from 14-17 years. Adolescence is a period where there is a transition from child to adult at this age, many changes occur starting from biological, social, and psychological changes, although the personality is still childish, but there is already an element of awareness about one's own physical life and personality so that he finds his true identity (Pramesti, TA.et c, 2022)

At this stage, adolescent girls play a major role in determining the future of the nation. Adolescent girls play a more active role than adolescent boys because they are future mothers who will go through pregnancy and childbirth, and are exposed to other health problems that have an impact on mental health, economic conditions and long-term social welfare. Adolescent girls as future mothers should have a good nutritional status.

According to Anita (2022) Indonesian adolescents currently have three nutritional problems or triple burdeon of malnutrition, including overweight, malnutrition and micronutrient deficiencies with anaemia, with problems that occur in adolescent girls will have many adverse risks during pregnancy, one of which is that the child who is born is likely to experience stunting. Stunting prevention interventions are needed with a focus on the priority group, namely adolescents. Indonesia has implemented various interventions to tackle stunting, including the first 1000 days of life programme and the first 8000 days of life programme.

Knowledge is what people know about health and illness or health. According to Saadah (2020) factors that influence the level of knowledge are experience, education, beliefs of each individual and available facilities. Meanwhile, according to Notoatamojo (2014) knowledge is the result of knowing and occurs after people perceive a certain object and most of human knowledge is obtained through the eyes and ears.

Based on the results of this study, it was found that the level of knowledge before health education was carried out was 18 people (60%) with a lack of knowledge and 12 people (40%) experienced a moderate level of knowledge. This is in line with the theory of which says that the level of knowledge is influenced by several factors, namely experience, age, education, individual beliefs, and available facilities.

Knowledge in adolescents, especially in the period of the first 8000 days of life, can be started since adolescence for provision in entering the pre-conception period (Widaryati, 2021). Increasing knowledge about the first 8000 days of life can be done with educational methods. Education is very important to be given to adolescents to increase positive perceptions and motivation in preventing stunting. Strengthening knowledge carried out in adolescents is expected to improve behaviour related to health maintenance (Pramesti, Trisnadewi, Lisawati, & Idayani, 2022)

Health education is a process to improve people's ability to maintain and improve health (Lutfi, 2021). In addition, health education is part of overall health efforts, namely promotive, preventive, curative, rehabilitative, which focuses on efforts to improve healthy living behaviour with the aim of changing adolescent behaviour from unhealthy behaviour

to healthy behaviour. health education is influenced by several factors, namely education level, socio-economic level, customs, community beliefs, and time availability in the community.

Health education methods are approaches used in the education process to deliver messages to health education targets, namely individuals, families/groups and communities. Methods consist of various types, namely lecture, demonstration, brainstorming, and peer education methods. To support and assist health education to achieve its goals, media (props) are needed in delivering health messages as targets or participants get material with information clearly and more directed. The functions or uses of media or teaching aids include attracting the attention of recipients of information so that they concentrate more and focus on the content of the subject matter, and make it easier to understand and remember information.

Health education media consists of various types of printed media including newspapers, posters, leaflets, and outcrop maps. According to Purnomo (2020). in his research entitled the effect of health education with flipcharts on the dangers of smoking on adolescents in Jatirejo village, Jatiroto Wonogiri stated that health education using flipchart / outcrop map media can increase adolescents' knowledge about the dangers of smoking.

According to Sitanaya (2019), an exposure map is a sheet of paper containing images and writings arranged in sequence, the top of which is held together with a spiral so that it is easily uncovered. Where an exposure map is a simple and effective print media to convey information so that it makes it easier for the target of health education education to understand the content of the material provided.

This is in accordance with the results of this study obtained data on the value of the level of knowledge after the health education of the 8000 first days of life programme with the media of the outline map on the level of knowledge of adolescents. There was a significant increase, namely to a good level of knowledge (100%) of 30 research subjects. This is in line with Wahyuni's research (2020) where the results of her research obtained an increase in knowledge after an educational intervention using the Icare method based on flipcharts or outline maps. And strengthened by Suwarno (2017) which states that the health education carried out looks effective in increasing knowledge about toilet use education and genital organ health after health education is carried out. It can be concluded that there is an increase in the level of knowledge of adolescents about the 8000 first days of life programme from the level of less and moderate knowledge to a good level of knowledge using the media of the outline map.

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References

- Julianti, P. (2018). *Panduan Manajemen : Penelitian Kuantitatif*. Jakarta: Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan.
- Kurniati, P. T., & Sunarti. (2020). *Stunting dan Pencegahannya*. Klaten: Lakeisha.
- Masturoh, I., & Anggita T, N. (2018). *Metodologi Penelitian Kesehatan*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- MRL, A., Metra Jaya, I. M., & Mahendra,D. (2019). *Buku Ajar Promosi Kesehatan*. Jakarta:

Universitas Kristen Indonesia.

- Pakpahan, M., Siregar, D., Susilawaty, A., Tasnim, & Ramdany, M. R. (2021). Promosi Kesehatan & Perilaku Kesehatan. Medan: Yayasan Kita Menulis.
- Rohmah, N., & Walid, S. (2019). Proses Keperawatan : Teori Dan Aplikasi. Jogjakarta: Ar-Ruzz Media.
- Rosdahl, C. B., & Kowalksi, M. T. (2014). Buku Ajar Keperawatan Dasar. Jakarta: Buku Kedokteran EGC.
- Siregar, D., Pakpahan, M., Togatorop, L. B., Manurung, E. I., Sitanggang, Y. F., & Umara, A. F. (2021). Pengantar Proses Keperawatan : Konsep, Teori dan Aplikasi. Medan: Yayasan Kita Menulis.
- Siswati, T. (2021). Simpul Tak Retak. Yogyakarta: Gracias Logis Kreatif.
- Rohmah, L., & Triyanti. (2017). Modul Pelatihan Peer Education (Pendidikan Sebaya) Tentang "1000 Hari Pertama Kehidupan dan Gizi Seimbang" Remaja Putri. Jakarta: Departemen Gizi Kesehatan Masyarakat.
- Suprobowati, O. D., & Kurniati, L. (2018). Virologi. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Waryana. (2016). Promosi Kesehatan, Penyuluhan, Dan Pemberdayaan Masyarakat. Yogyakarta: Nuha Medika.
- Kemkes. (2023). Terendah Kedua Nasional, Ini Rincian Angka Balita Stunting di Wilayah DKI Jakarta pada 2022. Jurnal Kesehatan.
- Lutfi, A. H. (2021). Pengaruh Edukasi Kesehatan Terhadap Peningkatan Pengetahuan Pencegahan Covid-19 Pada Siswa SDN Peunaga Kec.Meureubo Kab. Aceh Barat. jurnal Jurmakes, 97-109.
- Purnamasari, I., & Raharyani, A. E. (2020). Tingkat Pengetahuan Dan Perilaku Masyarakat Kabupaten Wonosobo Tentang Covid-19. Jurnal Ilmiah Kesehatan.
- Sutarto. (2018). Stunting, Faktor Resiko dan Pencegahannya. 540-545.
- Ulfa, R. (2020). Variabel Penelitian Dalam Penelitian Pendidikan. Jurnal Pendidikan dan Kesehatan, 342-351..
- Widaryanti, R. (2021). Kesiapan Penerapan Program 8000 Hari Pertama Kehidupan(HPK) Di Kota Yogyakarta. Jurnal Jarlit, 86-106.
- Widaryanti, R., & Yuliani, I. (2022). Edukasi Program 8000 Hari Pertama Kehidupan (HPK) Untuk Memutus Siklus Stunting. Jurnal Pengabdian Nasional (JPN) Indonesia, 100-105.
- Widaryanti, R., Yuliani, I., & Rahmuniyati, M. E. (2023). Penerapan Program 8000 Hari Pertama Kehidupan (HPK) di Sekolah. Jurnal Kebidanan Indonesia, 12-24.