

## The effectiveness of growth and development feedback sheets on increasing the knowledge, attitudes and skills of midwives in providing growth and development education for Toddlers Tangerang

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### ABSTRACT

**Background:** Children who experience non-optimal growth and development have an impact on emotional, behavioral, educational achievement and health problems in the future, one of the efforts to improve the level of child welfare by stimulating early detection of child growth and development.

**Objectives:** The purpose of the study was to determine the effectiveness of the use of growth and development feedback sheets on increasing the knowledge, attitudes and skills of midwives in providing growth and development education for children under five in Tangerang City.

**Methods:** The research method used was true experimental with the form of the randomized pretest and posttest control group design. midwife research sample. The sampling technique used random sampling totaling 72 people. Validity test using Pearson Product Moment, Instrument reliability test using Cronbach's Alpha formula correlation the intervention group was given a growth and development back sheet as many as 36 respondents and the control group was given the SDIDTK book as many as 36 respondents. Bivariable analysis was done with correlation test and man whitney.

**Results:** The results of the study knowledge = 0.035 (<0.05), attitude = 0.000 (<0.05), skills = 0.000 (<0.05). The growth and development worksheet is more effective than the SDIDTK book with an N-Gain calculation of 80.13%, which means it is effective. The multivariate results of Pillai's trace obtained a value of = 0.000 so that there is an effectiveness of the growth and development worksheet media and Stimulation of Early Detection and Intervention of Growth and Development on the level of knowledge, attitudes and skills of midwives in Tangerang City.

**Conclusions:** so that there is an effectiveness of the growth and development back sheet on increasing the knowledge, attitudes and skills of midwives in providing growth and development education of children under five compared to the Stimulation of Early Detection and Intervention of Growth and Development book in Tangerang City.

**KEYWORD:** skills; knowledge; attitude; growth and development feedback sheet

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## INTRODUCTION

Based on Minister Of Health Regulations Republic Indonesia No. 66 of 2014, namely growth and development care is care provided by health workers to toddlers which aims to improve the physical, cognitive, mental and psychosocial health of children consisting of monitoring growth and development, monitoring growth and development disorders, and fostering parenting patterns through counseling parents (1). Providing appropriate care can optimize the growth and development of toddlers, by having optimal growth and development will produce high quality toddlers who can be valuable assets for the country for future nation building. Therefore, special attention is needed in providing care such as meeting physical and biological needs, adequate nutrition, psychological needs, appropriate stimulation, and a clean and safe environment (2,3).

Children who experience non-optimal growth and development have an impact on emotional, behavioral, educational achievement and health problems in the future (4). Often parents need to recognize *red flags* in their child's growth and development (5). Therefore, it is important to monitor growth and development routinely in the first 3 years of life, which is a very critical period for monitoring and recording which aims to find growth and development disorders early so that treatment can be carried out as early as possible before the child passes the critical period (6).

*World Health Organization (WHO)* data in 2018 shows that 5-25% of children experience growth and developmental delays, one of the growth problems is malnutrition, shortness and overnutrition, the prevalence of malnourished toddlers is 7.3%, *overweight* is 5.9% and *stunting* (short) toddlers are 21.9% (7). Approximately 95% of children with developmental disorders live in low- and middle-income countries. Nationally, Indonesia's prevalancy status of nutritional status of children under five consists of 3.9% malnutrition, 13.8% undernutrition, 79.2% good nutrition, and 3.1% overnutrition while the prevalence of developmental deviations in children under 5 years of age in Indonesia reported by the *World Health Organization (WHO)* in 2018 was 7,512.6 per 100,000 population (7.51%) (7).

The number of children under five according to the 2018 Indonesian health profile is 14,188,458. However, the rate of growth and developmental delays is still quite high, which is around 5-10% experiencing general developmental delays, two out of 1,000 babies have motor development disorders and 3 to 6 out of 1,000 babies also have hearing impairments, as well as one in 100 children having less intelligence and speech delays (8). Based on research conducted by the South East Asian Nutrition Survey (SEANUTS), it was found that 21.6% of under-fives in Indonesia were detected to have developmental deviations: 11.5% had delays in gross motor; independence (personal-social) of 14.5%, adaptive-fine

motor 11.8% and delays in language development of 15.8%. The percentage of developmental deviations detected was greatest in the infant group (6-12 months), which amounted to (45.8%). The prevalence of stunting in Indonesia in 2019 was 27.67%, higher than the national target of 19%. Stunting in children under five has long-term impacts such as low productivity and cognitive abilities, as well as increased risk of chronic diseases (9).

The number of children under five in Banten Province is 1,094,523, but the percentage of children under five who are monitored for growth and development is 79%, which is still very low with a national target of 81.6% and children who experience delays in growth and development as much as 26.6%. In the implementation of the SDIDTK program in Tangerang, 500 children aged 0-6 years were obtained from 476 children who received SDIDTK services obtained 57 children with growth and development abnormalities while the results obtained from monitoring based on Body Weight according to Age (BB / U) underweight toddlers were 4,747 children (5.73%), Short Toddler Status (TB / U) were 6,632 children (8.03%), and Skinny Toddler Status (BB / TB) were 4,649 children (5.62%) (10).

Based on a preliminary survey conducted at 7 Midwife Independent Practices in Tangerang City in January 2023, it was stated that the problem in providing education on child growth and development is that there are still midwives who do not provide

education and implement SDIDTK, this is evidenced by the blank network reporting records, besides that there are no midwife independent practices that have a special schedule for providing education and monitoring child growth and development, lack of educational media as a means for health workers to provide counseling, especially regarding child growth and development.

One of the government's efforts to improve the knowledge of mothers under five is by issuing a policy on Maternal and Child Health (MCH) Books as outlined in the decision of the Minister of Health of the Republic of Indonesia 284/MENKES/SK/III/2004. The MCH book is designed as an integrated health record book equipped with various maternal and child health information, so that it can be used as a family guide in maintaining maternal and child health.<sup>16</sup> The use of the MCH book in Indonesia is very good, but the utilization of the MCH book as an educational media is still very minimal. This can be seen from the number of MCH book ownership in Banten Province, only 39.61% of mothers were able to show ownership of the MCH book and only 37.12% of growth monitoring records were made, this is far from the target in Indonesia in *Riskesmas tahun 2018* which is 65.9% of MCH book ownership (11,12).

Most mothers utilize the MCH book only as a tool for recording the health status of toddlers, not as a means of educational media (13). This is reinforced by the results of

preliminary studies conducted at the Midwife Independent Practice Site, namely 30% of mothers of toddlers do not understand about growth and development care, most mothers do not know the contents of the KIA book on the grounds that they do not have time to read and the thickness of the KIA book causes the mother's and family's reading interest to decline. The results of previous research by Wardiyati & Rifiqoch also revealed that there was no relationship between the function of the MCH book as an educational medium with knowledge. This is reinforced by the results of research by Veronika, et al conducted at the Jatijajar Village Health Center, Depok City that the use of the MCH book has not been maximized because the MCH book is only used as a record of immunization or weight recording during posyandu (13,14). Therefore, to ensure that the next generation can develop well, it is important to carry out various intervention efforts such as providing adequate nutrition, providing adequate stimulation, and ensuring access to quality health services including early detection and action in addressing growth problems that may occur (15).

The Ministry of Health of the Republic of Indonesia created Guidelines for the Implementation of Stimulation, Detection, and Early Intervention of Child Growth and Development at the Basic Health Service Level which aims to provide references or guidelines for stimulation, detection, and early intervention of child growth and development, the availability of supporting

resources and the implementation of SDIDTK, as well as the organization of monitoring evaluation and guidance of these activities,(16) But in the implementation of providing growth and development education using a guidebook, it is less effective, this is in accordance with the research of Fatmasari and Faizaturahmi (17) , which says that the type of visual media book shows 75-100% is categorized as feasible as health promotion media, while the back sheet produces a number above 90% so it is classified as very feasible as a health promotion media (17). Therefore, to help reduce the number of delays in growth and development, a new educational media that is more practical and effective is needed so that it can educate and increase the knowledge and interest of its user readers (18).

The growth and development back sheet is an effective, easy-to-use and communicative tool for counseling by health workers for decision makers carried out by midwives with the aim of improving welfare levels, especially in the health sector, solving the problem of delayed growth and development of children under five.

The back sheet used is a back sheet adopted from the Guidelines for the Implementation of Stimulation, Detection and Early Intervention of Child Growth and Development at the Basic Health Service Level, the development of this back sheet aims to provide education for parents who have children 0-72 months which is expected to minimize the number of delays in growth

and development because the sooner a child is found to have growth and development problems, the sooner the intervention will be carried out as early as possible and referral to primary health care (16). The growth and development back sheet was created by researchers in order to create new innovations to make it easier for midwives to provide education on child growth and development. Based on the background that has been described, the researcher is interested in conducting a study with the title "The Effectiveness of Using Growth and Development Back Sheets on Increasing Midwives' Knowledge, Attitudes and Skills in Providing Education on the Growth and Development of Toddler Children at Independent Midwife Practices in Tangerang City."

## **MATERIALS AND METHODS**

This study was conducted at the Tangerang midwife's independent practice in April to May 2024 and using this research method is a quantitative study with a *True Experimental Design* research design with the form of the *randomized pretest and posttest control group design*, Respondents used in this study were midwives in accordance with the inclusion criteria as many as 36 intervention group respondents who were given the Growth and Development Back Sheet and 36 control groups who were given the Guidelines for Stimulation, Detection, and Early Intervention of Child Growth and Development from the Ministry of

Health of the Republic of Indonesia. All research subjects have agreed and signed informed consent and this research has been approved by the Ethics Committee of the Dharma Husada Bandung College of Health Sciences. The data analysis used was univariate using frequency distribution and data homogeneity, bivariate using *man whitney* statistical test, effectiveness measurement using N-Gain and multivariate using *Pillai Trace's*.

## **RESULTS AND DISCUSSION**

### **RESULTS**

This study began with data collection of 72 independent midwife practices that had been selected based on the inclusion and exclusion criteria, 36 independent midwife practices were obtained into the intervention group and 36 into the control group, which can be described as follows:

#### **Univariate Analysis**

The results of the study in **Table 1** *Pretest* knowledge in the intervention group the majority of respondents had poor knowledge as many as 21 people (58.3%), while the *pretest* knowledge of the control group was mostly poor as many as 22 people (61.1%). While the results of *posttest* knowledge in the intervention group the majority of respondents had good knowledge as many as 17 people (47.2%), while the majority of the control group's *posttest* knowledge was sufficient as many as 22 people (61.1%).

**Table 1. Frequency distribution of *pretest* and *posttest* score of midwives' knowledge in intervention group and control group in Tangerang City**

Knowledge	Pre Test				Knowledge	Post Test			
	Control group		Intervention Group			Control Group		Intervention Group	
	N	%	n	%		N	%	n	%
Good	0	0	0	0	Good	11	30.6	17	47.2
Simply	14	38.9	15	41.7	Simply	22	61.1	16	44.7
Less	22	61.1	21	58.3	Less	3	8.3	3	8.3
<b>Total</b>	<b>36</b>	<b>100</b>	<b>36</b>	<b>100</b>	<b>Total</b>	<b>36</b>	<b>100</b>	<b>36</b>	<b>100</b>

**Table 2. Frequency distribution of *pretest* and *posttest* scores of attitudes of midwives in intervention group and control group in Tangerang City**

Attitude	Pre Test				Attitude	Post Test			
	Control group		Intervention Group			Control Group		Intervention Group	
	N	%	n	%		N	%	n	%
Positive	18	50	14	38.9	Positive	23	63.9	33	91.7
Negative	18	50	22	61.1	Negative	13	36.1	3	8.3
<b>Total</b>	<b>36</b>	<b>100</b>	<b>36</b>	<b>100</b>	<b>Total</b>	<b>36</b>	<b>100</b>	<b>36</b>	<b>100</b>

**Table 3. Frequency distribution of *pretest* and *posttest* scores of midwives' skills in intervention group and control group in Tangerang City**

Skills	Pre Test				Skills	Post Test			
	Control group		Intervention Group			Control Group		Intervention Group	
	N	%	n	%		N	%	n	%
Good	0	0	0	0	Good	6	16.7	20	55.6
Simply	9	25	9	25	Simply	26	72.2	12	33.3
Less	27	75	27	75	Less	4	11.1	4	11.1
<b>Total</b>	<b>36</b>	<b>100</b>	<b>36</b>	<b>100</b>	<b>Total</b>	<b>36</b>	<b>100</b>	<b>36</b>	<b>100</b>

The results of the study in **Table 2** *pretest* attitude in the intervention group the majority of respondents had a negative attitude as many as 22 people (61.1%), while the *pretest attitude* of the control group had a positive attitude of 18 people (50%) and a negative attitude of 18 people (50%). While the results of the *posttest* attitude in the intervention group the majority of

respondents had a positive attitude as many as 33 people (91.7%), while the *posttest attitude* of the control group had a positive attitude of 23 people (63.9%).

The results of the study in **Table 3** *Pretest* skills in the intervention group the majority of respondents had poor skills as many as 27 people (75%), as well as the *pretest* skills of the control group the majority

were poor as many as 27 people (75%). While the results of *posttest* skills in the intervention group, the majority of respondents had good skills as many as 20 people (55.6%), while the majority of control group *posttest* skills were sufficient as many as 26 people (72.2%).

### Bivariate Analysis

Based on **Table 4**, the difference in the use of growth and development worksheets in the intervention group at pretest, showed no difference between the control and intervention groups. In the *posttest* knowledge measurement, the intervention group had a higher average value than the control group which was statistically significant. with a value of  $p=0.035$  ( $p<0.05$ ).

**Table 4. Effectiveness of using growth and development flip sheets to increase midwives' knowledge in Tangerang City**

	Average Value		p-Value
	Control	Intervention	
Knowledge Pretest	51	51.56	0.035
Knowledge Posttest	69.97	73.58	

**Table 5. Effectiveness of using the growth and development flip sheet on the attitude of midwives in Tangerang City**

	Average Value		p-Value
	Control	Intervention	
Attitude Pretest	52.22	53.44	0
Attitude Posttest	58.06	66.39	

Description: Man Whitney test

Based on **Table 5**, both control and intervention groups have an average value of

attitude before the test / pretest is not different. in the attitude assessment after the use of the growth and development worksheet, the post-test value increases significantly which is statistically meaningful, namely  $p = 0.00$  ( $p < 0.05$ ).

Based on **Table 6**, the use of growth and development worksheets in the control group and intervention group has a value that is not much different, but the skill test at *posttest* has a statistically significant increase in value, namely  $p= 0.00$  ( $p<0.05$ ).

**Table 6. Effectiveness of using the growth and development flip sheet on the skills of midwives in Tangerang City**

	Average Value		p-Value
	Control	Intervention	
Skill Pretest	49.92	52.03	0
Skill Posttest	68.03	74.78	

Description: Man Whitney test

**Table 7. Effectiveness of pretest and posttest flip sheets based on n-gain calculation**

Media	Gain Score	Description
<b>Flip Sheet</b>		
Pretest Intervention	56.93	Effective
Posttest Intervention		
<b>SDIDTK</b>		
Pretest Control	44.98	Less
Posttest Control		

Based on **Table 7**, the effectiveness of the flip sheet based on the *N-Gain* calculation is 80.13%, meaning that the use of the growth and development flip sheet by midwives in

**Table 8. Multivariate Test on the Use of Growth and Development Flip Sheets with SDIDTK Books**

Media	Std. Deviasi	Partial Eta Squared	Sig	Description
<b>Flip Sheet</b>				
Knowledge	10.308			
Attitude	66.39			
Skills	74.78			
Pillai's Trace		0.987	0	<0.05
<b>SDIDTK</b>				
Knowledge	69.97			
Attitude	58.06			
Skills	68.03			
Pillai's Trace		0.286	0	<0.05

Tangerang City is effective, while the effectiveness of SDIDTK based on the *N-Gain* calculation is 44.98%, meaning that the use of SDIDTK by midwives in Tangerang City is less effective.

Based on the results of **Table 8**, the significance value for Pillai's Trace, = 0.000. So the significance value is smaller than the significance level of 0.05 or 0.000 <0.05, so the  $H_0$  decision is accepted. Thus it can be concluded that there is an effectiveness of the flip sheet media and Stimulation, Detection and Early Intervention of Growth and Development on the level of knowledge, attitudes and skills of midwives in Tangerang City.

## DISCUSSION

Based on **Table 1**, In an effort to increase the knowledge of midwives in stimulating growth and development in children, researchers conducted a study using growth and development worksheets in

the intervention group and SDIDTK in the control group with the same material, namely the growth and development of children under five. The results of this study found that respondents who were given counseling using a growth and development back sheet obtained an increase in knowledge about the growth and development of children under five. One of the elements in the competence of midwives is knowledge, because in carrying out midwifery practice good knowledge is needed (19). This knowledge includes basic and additional knowledge, in order to provide care safely and responsibly in various health service settings. Likewise, in carrying out midwifery actions in children under five, that the knowledge of a midwife in managing malnutrition cases is needed to support the skills performed.(20) In accordance with the statement that knowledge is a very important domain for the formation of one's actions (19).

In line with the results of Marlina's



research, midwives have sufficient knowledge about the implementation of early detection of child growth and development (21). In her discussion that midwives who have good knowledge can be influenced by several factors such as work experience, education, mass media.

Based on **Table 2**, These results indicate that the proportion of midwives who support and implement early detection of toddler growth and development is higher than midwives who do not. The results showed that changes in attitude increased along with increased knowledge. This is in line with the opinion that attitude change is basically influenced by factors of knowledge and beliefs or beliefs obtained from the results of sensing, one of which is obtained through education or the learning process (22,23).

Based on **Table 2**, Optimal midwife skills are expected to detect early cases of child development deviations so that early intervention or timely referrals can be carried out so as not to fall into delays. Competence is needed to achieve optimal performance (20). In this study, the constraints obtained from internal midwives in carrying out the growth and development of toddlers were a large workload, limited time and the need for compensation. Midwives' fieldwork is extensive so that it takes up time, there are many toddler targets to be examined, because so far they have not been carried out and limited service time makes monitoring of development less than optimal. Meanwhile,

external factors of midwives that are obstacles in the implementation of stimulation, detection, and intervention of child development are the lack of facilities and infrastructure. One of the facilities that supports the implementation of early detection stimulation of child growth and development is the growth and development flipchart. In line with the results of Sulastri's research, the use of flipchart media to improve the skills of village midwives in early detection health education for autism in infants. In his discussion, flipchart media for early detection education for autism is a means to support and improve the role of midwives in the growth and development process of children with autism (24).

Based on **Table 4**, The results of the study with respondents who had low knowledge of growth and development were due to the fact that there were still *midwives who* had not conducted training in early detection of child growth and development, *midwives who* had conducted *midwifery update* training but midwives forgot the theory and skills because they rarely applied it because midwives practiced independently with a small number of patients.

Children's growth and development is a continuous process that continues from conception to adulthood (25). In addition to parenting, stimulation by the mother is very important. Stimulation is useful in the growth and development of organs. The stimulation provided by the mother will enrich the experience and have a great influence on the

cognitive, visual, verbal and mental development of the child (26).

The importance of midwives' knowledge and insights regarding Stimulation, Detection and Early Intervention of Growth and Development has an impact on the role of midwives in providing lectures, roleplays and health education to provide information and knowledge to parents about growth and development stimulation in children which aims to increase parents' awareness of the importance of monitoring children's growth and development and providing appropriate information on how to monitor and overcome delays in child development (20). However, the findings in this study still contained midwives who had insufficient knowledge about Stimulation, Detection and Early Intervention of Growth and Development. Knowledge is the result of knowing and occurs after people perceive certain objects. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most human knowledge is acquired through the eyes and ears. Knowledge is a very important domain in shaping a person's actions (*overt behavior*). Behavior based on knowledge will be more lasting than behavior that is not based on knowledge.

The midwife's lack of knowledge is in line with the theory that backsheets are effective learning media because they are able to transform complex information into visuals and narratives that are easy to understand. Multimedia Learning theory

supports that visual media accelerates the learning process by improving memory and understanding. This study can prove that flip sheets are more effective than traditional methods such as the lecture method in delivering information related to child growth and development.

Based on **Table 5**, Stimulation of early detection of growth and development of children under five using growth and development feedback sheets by midwives aims to change midwives' attitudes towards positive growth and development of children under five so that they can stimulate early detection, prevention, and treatment related to the growth and development of children under five. Midwives' attitudes towards the growth and development of children under five can influence behavior to stimulate early detection of growth and development of children under five in midwives' independent practices (22).

The results of this study are in line with Suryanti's research, there is a relationship between attitudes and early detection of growth and development of toddlers (25). In her discussion, midwives who were supportive and carried out early detection of toddler growth and development amounted to (81.3%), while midwives who were not supportive and carried out early detection of toddler growth and development amounted to (33.3%). These results indicate that the proportion of midwives who support and implement early detection of toddler growth and development is higher than midwives

who do not. The results showed that changes in attitude increased along with increased knowledge. This is in line with the opinion that attitude change is basically influenced by factors of knowledge and beliefs or beliefs obtained from the results of sensing, one of which is obtained through education or the learning process (22,23).

Proactive attitude of midwives is very important to ensure that growth and development interventions are provided at the right time, especially in the critical period (0-5 years). In line with the theory that positive attitudes in midwives can be improved through experiential learning and interactive educational media, such as flip sheets. Ajzen's Theory of Planned Behavior states that attitudes are influenced by beliefs about the results of interventions. In this study, the flip sheet can motivate midwives to be more confident and take the initiative in providing growth and development education because it is accompanied by practical and applicable guidelines.

Based on **Table 6**, Midwives are at the forefront of basic maternal and child health services. Midwife Professional Standards state that midwives have the authority to monitor and stimulate the growth and development of infants and children. The duties and authority of midwives to monitor growth and development in infants, toddlers, and preschool children are based on Minister of Health Decree number HK.01.07/MENKES/1261/2022. The competency standards for midwives (competency 7) state

that midwives must be competent in providing high quality and comprehensive care to healthy infants and toddlers (27).

Skills in stimulating growth and development determine the success of toddler development, including language recognition, motor coordination, and social interaction. In line with the theory that media such as flip sheets help the process of learning skills through the method of compaction and direct practice. According to Experiential Learning theory that learning through practice is more effective than just reading or hearing. In this study by using flip sheets, midwives showed an increase in skills, because the information was equipped with concrete steps and visual illustrations.

Optimal midwife skills are expected to detect early cases of child development deviations so that early intervention and timely referrals can be made so that they do not fall into delay. Competence is needed to achieve optimal performance (20). In this study, the obstacles obtained from internal midwives in carrying out the growth and development of children under five are that the workload is large, time is limited and the need for rewards. The midwife's field duties are many so that it takes up time, the target toddlers to be examined are many, because so far they have not done it and the limited service time makes monitoring development not optimal. While the external factors of midwives who become obstacles in the implementation of stimulation, detection, and intervention of child development are still lack

of facilities and pre-facilities. One of the tools that support the implementation of early detection stimulation of child development is the growth and development back sheet.

Based on **Table 7**, This study provides a clear framework on how educational tools such as flip sheets can serve as an intervention to prevent child development problems in the community. This study can thus serve as a reference for improving child health services through a simple yet effective approach. The growth and development flip sheet is an effective tool in conveying new information because it is static, contains text, images that increase the reader's interest and interest in reading, making it easier to receive new information. This growth and development flip sheet was created based on a request from an independent midwife practice in the Tangerang City area which aims to facilitate the provision of child growth and development education.

In line with the results of Nugrahaeni's research, flip-flop media can improve mothers' knowledge and attitudes in preventing malnutrition in toddlers (28). In the discussion, flip-flop media is more effective in improving knowledge compared to the lecture method with power point.

Based on **Table 8**, multivariate analysis, knowledge, attitude, and skills do not stand alone but influence each other. Such as high knowledge can increase positive attitudes, which in turn can increase skills in using flipcharts. Positive attitudes can motivate midwives to deepen their knowledge

and practice their skills. Contextual factors such as the work environment, institutional support, and the availability of flipcharts in health facilities can be mediator or moderator variables that influence the relationship between the three variables.

Multivariate analysis, the three variables (knowledge, attitude, and skills) are interrelated and together influence the effectiveness of the use of child growth and development flipcharts by midwives. Efforts to improve the quality of child health services require a holistic approach by considering the interaction between these variables and other contextual factors(29).

Providing information with individual methods and flipchart media allows respondents to learn through the process of seeing and hearing. The learning process with these media and methods is expected to provide information retention for respondents. The cone of the learning pyramid from Dale cit. Goga & Şerban showed that the retention of information obtained from audiovisual learning was 20%.(30) This will increase knowledge and attitudes and influence the improvement of midwives' skills in using child growth and development flipcharts in providing education to parents.

## **CONCLUSION AND RECOMMENDATION**

Based on the results of the study, it can be concluded that there is an effectiveness of the use of growth and development turning sheets on increasing the knowledge of

midwives in providing growth and development education for children under five at the Independent Midwife Practice in Tangerang City, there is an effectiveness of the use of growth and development turning sheets on increasing the attitudes of midwives in providing growth and development education for children under five at the Independent Midwife Practice in Tangerang City, there is an effectiveness of the use of growth and development turning sheets on increasing the skills of midwives in providing growth and development education for children under five at the Independent Midwife Practice in Tangerang City.

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