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The Effectiveness of Education Using Video and Pocket Book on Knowledge of Mothers to Stunting About PMT

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Abstract
Introduction: *Stunting is a condition where toddlers have a length or height that is less than their age. The problem faced during the COVID-19 pandemic is the limited delivery of knowledge about PMT to mothers of toddlers. The use of print media only stimulates the sense of sight, while audio-visual media conveys information in an audio and visual way providing visual and auditory stimuli.* ***Methods:*** *A quasi-experimental study in the form of a simple pretest-posttest control group design* ***Results and Discussion:*** *The test results showed that there was a significant difference in mother's knowledge about PMT before and after giving information using video media and pocket book media with a P-value test of 0.000.* ***Conclusion:*** *The difference in knowledge of the video group compared to the pocket book group is that the mean difference in knowledge in the video group is greater than the pocket book group, which means that video media is more effective than pocket book media in increasing the knowledge of mothers of stunting toddlers about PMT.*
Keywords: Education Using Videos; Pocket Books; Mother's Knowledge of Stunting; PMT;

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Introduction

Good nutritional status is one of the determining factors for the success of health development which is basically an inseparable part of overall national development. Children under five, school-age children, and pregnant women are malnourished groups that really need special attention because of the negative impacts caused if they suffer from nutrient deficiency (Azadirachta &; Totalarmi, 2017)

Accelerating stunting reduction is one of the government's focuses in the health sector. This is in line with global targets as contained in the Sustainable Development Goals (SDGs) and the Global Nutrition Target 2025. Target 2.2 of the SDGs states that by 2030, eliminate all forms of malnutrition, including by 2025 achieve internationally agreed targets for short and thin children under 5 years of age, and meet the nutritional needs of adolescent girls, pregnant and lactating women, and the elderly. As for the Global Nutrition Target 2025, it is expected that in 2025 there will be a decrease in the number of stunted children under five by 40% (Rini, 2020)

The United Nations International Children's Emergency Fund (UNICEF) estimates that the number of children with stunting in the five-year bawah usia sebanyak 49.2 million in 2020, down 26.7% compared to 203.6 million in 2000. (United Nations Childrens Fund (UNICEF), 2021). The WHO organization placed Indonesia as the third country with the highest stunting prevalence rate in Asia in 2017 at 36.4% (Eliana &; Solikhah, 2012). Based on the results of the Integrated Toddler Nutrition Survey (SSGBI) Balitbangkes of the Ministry of Health of the Republic of Indonesia in 2021, it is known that the prevalence of stunting in Indonesia is 24.4% (Fadyllah &; Prasetyo, 2021)

Based on the results of the recapitulation of stunting data in West Kutai Regency in 2019, as many as 8.09% of toddlers are stunted. Meanwhile, in 2020, 11.49% of stunted children under five were stunted. This shows that stunted toddlers increased from the previous year. In Linggang Bigung District, toddlers were stunted 9.08% in 2019 and increased to 10.12% in 2020 (Fadyllah &; Prasetyo, 2021)

Stunting is a condition in which toddlers have a length or height that is less than age, a child can be called stunting if the child's Body Length According to Age (PB / U) or Height According to Age (TB / U) is lower than -2 standard Deviations (<-2 SD) of the median standard of WHO Child Growth satndars (Stunting in Nutshell, WHO). The World Health Organization (WHO) defines stunting as growth and development failure experienced by children due to prolonged malnutrition, recurrent infectious diseases, and inadequate psychosocial stimulation. Children who are stunted, especially at an early age.

Many factors cause stunting, including maternal nutrition (before, during, and after pregnancy), maternal posture (short), pregnancy spacing, maternal age, nutritional intake during pregnancy, exclusive breastfeeding, nutritional intake, socioeconomic, sanitation, infectious factors, and maternal knowledge about nutrient (Harahap, 2021)

The impact of stunting that can be caused in the short term, among others, can result in disruption of physical growth, namely having a body posture that is not optimal in adulthood, metabolic disorders, and brain development disorders. Stunting in early childhood is also often associated with low cognitive abilities in late adolescence.

Stunting neural performance often decreases which has implications for low intelligence of children. One of the malnutrition in early childhood is stunting, having cognitive abilities and low IQ scores with characteristics of low learning ability and achievement in school (RI, 2017)

The factors that cause stunting are divided into direct and indirect factors. Direct factors include mothers who experience nutritional deficiencies, pretern pregnancy, non-optimal feeding, exclusive breastfeeding, and infection. While the indirect factors are health services, education, socio-culture and environmental sanitation (Data, 2018)

Based on the results of Verawati Simamora (2019) research, many factors cause stunting in children. The causative factors of stunting can be caused by direct or indirect factors. The direct causes of stunting are nutritional intake and the presence of infectious diseases while the indirect causes are education, family economic status, nutritional status of mothers during pregnancy, water, and environmental sanitation, BBLR knowledge from mothers and families.

Maternal nutrition knowledge is one of the factors that determine a person's food. People who have good nutritional knowledge will have the ability to apply nutritional knowledge in food selection and processing so that food intake can be expected to be more secure, both in using household income allocation to choose good food, and being able to pay attention to good nutrition for their children, and parental knowledge about nutrition can help improve nutritional status in children to reach growth maturity.

Poor knowledge of maternal nutrition is influenced by several factors including educational factors, and mothers' lack of care or curiosity about nutrition, so this will have an impact on the growth and development of their toddlers who will experience growth disorders such as stunting

The problem we face now during the COVID-19 pandemic is the limited direct delivery of knowledge about PMT to every mother under five. Based on this experience, it is important for midwives to look for other learning methods that support midwifery care without endangering themselves or mothers during the COVID-19 pandemic. Along with the times, audio-visual media is very possible as a medium in increasing knowledge, namely by using video.

Video is an audio-visual media that can reveal objects and events such as real conditions, by using video someone is able to understand learning messages more meaningfully so that the information conveyed through the video can be understood. The use of print / visual media produced through mechanical and photographic processes only stimulates the senses of the eye (vision), while audio-visual media is produced through mechanical and electronic processes by conveying messages or information audio and visual provides stimulus to the eyes (vision) and ears (hearing). According to previous research conducted by Wilia (2020), it was stated that mothers under five mostly have less knowledge about stunting by 55%, after being educated with pocketbooks and audio visuals, most mothers' knowledge became good by 55%.

The study also showed that there were differences in increasing knowledge before and after education was given (Rini, 2020). In addition to the video method, health

promotion can use the pocket book method. Pocket book media is chosen as an educational medium for toddler mothers because it contains a lot of writing and pictures compared to other health promotion media. The pocket book contains supplementary feeding materials for toddlers. In accordance with research conducted by Rinda Makuri (2019) which states that providing education with pocket books affects the knowledge of toddler mothers about toddler nutrition.

Method

This type of research is quantitative, intervention research using experimental research design (*quasi-experimental).* This research design uses *a simple pretest-postest control group design*. The population in this study is all mothers who have toddlers in Linggang Bigung which amounted to 73 people in the stunting recapitulation data in February 2022. The total sample was 32 respondents. The sampling technique in this study is *simple random sampling*. The study will be planned for April 2022. The respondents came from the working area of Linggang Bigung Health Center.

Results and Discussion

Table 1
Characteristics of Respondents

Characteristics of Respondents	Group Videos		Pocket Book Group	
	F	%	F	%
Age				
21-25 yrs	6	33.3	7	38.9
26-30 yrs	5	27.8	6	33.3
31-35 yrs	4	22.2	3	16.7
36-40 yrs	3	16.7	2	11.1
Total	**18**	**100**	**18**	**100**
Education				
Primary school	2	11.1	0	0
Junior High School	5	27.8	3	16.7
High School	4	22.2	10	55.6
College	7	38.9	5	27.8
Total	**18**	**100**	**18**	**100**
Work				
Civil Servants	5	27.8	3	16.7
Housewives	10	55.6	11	61.1
Self employed	2	11.1	1	5.6
Private	1	5.6	3	16.7
Total	**18**	**100**	**18**	**100**
Parity				
Child 1	3	16.7	5	27.8
Child 2	6	33.3	7	38.9
Child 3	5	27.8	4	22.2
Child >4	4	22.2	2	11.1
Total	**18**	**100**	**18**	**100**

Based on table 1, the frequency distribution of video group respondents' characteristics of 18 respondents are mostlyaged 21-25 years as many as 6 people

(33.3%), have college education as many as 7 people (38.9%), as housewives as many as 10 people (55.6%) and parity 2 children as many as 6 people (33.3%). In the pocketbook group of 18 respondents, most of them wereaged 21-25 years as many as 7 people (38.9%), had a high school education as many as 10 (55.6%), as housewives as many as 1 person (61.1%) and parity 2 children A total of 7 people (38.9%).

Analyzes Univariate

a. Mothers' knowledge of PMT before and after was given information on the video group

Table 2

Frequency distribution of knowledge on video groups

Knowledge	Mean	Standard Deviation	Delta
Before	9	2.17	5.78
After	14.78	1.56	

Based on table 2. distribution of frequency of maternal knowledge about PMT in the video group that prior to information obtained maternal knowledge about PMT before information was given a mean of 9; standard deviation of 2.17. After the information was given, a mean of 14.78 was obtained; Standard deviation of 1.56. The delta value (mean difference) is 5.78.

b. The mother's knowledge of PMT before and after was given information in the pocketbook group

Table 3

Frequency distribution of knowledge in pocketbook groups

Knowledge	Mean	Standard Deviation	Delta
Before	8.17	2.07	4.39
After	12.56	1.85	

Based on table 3 of the frequency distribution of maternal knowledge about PMT in the pocketbook group that before information was given, maternal knowledge about PMT was obtained before being given information, the mean was 8.17; standard deviation was 2.07. After the information was given, the mean was 12.56; the standard deviation was 1.85. The delta value (mean difference) is 4.39.

Bivariate Analysis

a. Data Normality Test

Table 4

Normality Test of variable data of maternal knowledge about PMT

Mother's knowledge of PMT	Shapiro-Wilk		
	Statistics	df	P-value
Group Videos			
Before	0.945	18	0.358
After	0.925	18	0.162
Pocket Book Group			
Before	0.951	18	0.442
After	0.969	18	0.773

Based on table 4 obtained the results of the normality test of maternal knowledge about the PMT of the video group before the intervention with a p-value of 0.353; after the intervention with a p-value of 0.162. In the pocketbook group before the intervention with a p-value of 0.442; after the intervention with a p-value of 0.773. Where is the p-value>α (0.05) which means that the data is normally distributed. From these results, the researchers determined bivariate analysis using paired t-test and *t-independent test*.

b. Differences in maternal knowledge about PMT in the video group

Table 5

Differences in maternal knowledge about PMT in the video group

Group	Knowledge	n	Mean	Standard Deviation	Delta	*P-value*
Video	Before	18	9	2.169	5.78	0.000
	After	18	14.78	1.555		

Based on the results of the analysis in table 5 The difference in the mean value of maternal knowledge about PMT in the video group before and after the provision of information was 9 and 14.78, which means that there was an increase in the mean value of knowledge after being given information with video media. The results of uji statistics obtained a p-value of 0.00 0 ($p < 0.05$) which means that there is a significant difference in maternal knowledge about PMT before and after providing information with video media.

c. Differences in maternal knowledge about PMT in the pocketbook group

Table 6

Differences in maternal knowledge about PMT in the Pocket Book group

Group	Knowledge	n	Mean	Standard Deviation	Delta	P-value
Pocket Book	Before	18	8.17	2.07	4.39	0.000
	After	18	12.56	1.86		

Based on the results of the analysis in table 6 The difference in the mean value of maternal knowledge about PMT in the pocket book group before and after providing information was 8.17 and 12.56, which means that there was an increase in the mean value of knowledge after being given information with pocket book media. The results of uji statistics obtained a value of p=0.00 0 (p<0.05) which means that there is a significant difference in maternal knowledge about PMT before and after providing information with pocket book media.

d. The effectiveness of providing information with video media compared to pocket book media on changes in maternal knowledge about PMT

Table 7

Comparison of providing information with video media compared to pocket books on differences in maternal knowledge about PMT

Variable	Group	n	Delta	*P-value*
Knowledge of PMT	Video	18	5.78	0.000
	Pocket Book	18	4.39	

Based on the results of the analysis in table 7 The difference in the mean value of knowledge in the video group compared to the knowledge of the pocketbook group was 5.78 and 4.39 respectively, which means that the difference in the mean knowledge in the video group was greater than the pocket book group. The results of the uji statistic obtained a p-value of 0.000 (p < 0.05) concluded that providing information in the video group was more effective than in the pocket book group.

Discussion

1. Characteristics of Respondents

Based on the results of the frequency distribution analysis of the characteristics of video group respondents from 18 respondents, most of them were aged 21-25 years as many as 6 people (33.3%), hada college education as many as 7 people (38.9%), as housewives as many as 10 people (55.6%) and parity of 2 children as many as 6 people (33.3%). In the pocketbook group of 18 respondents, most of them were aged 21-25 years as many as 7 people (38.9%), had a high school education as many as 10 (55.6%), as housewives as many as 11 people (61.1%) and parity of 2 children as many as 7 people (38.9%).

Women who are less than 20 years old have a greater possibility of anemia and a higher risk of having unstable emotional disorders when becoming parents in nurturing the growth of their toddlers which results in stunted growth and development of their toddlers. Having children at a young age, their psychic development and physiological function are not optimal. In addition, her emotions and psychology are not mature enough, so that at the time of becoming a mother she has not been able to respond to the development and growth of her toddler perfectly and there are often conflicts (Solihin et al., 2013). The age of the mother is not always the determining factor of the mother's knowledge about PMT, but the factor of the mother's sincerity in caring, nurturing and

raising her child. Adequate knowledge of child nutrition will have an impact on the feeding patterns given to toddlers so that it affects the nutritional status of children under five.

Parental education is one of the most important factors in a mother's knowledge of PMT and nutritional status. Because with good education, parents can receive all information from outside about good parenting, especially how mothers provide food to children, how to maintain children's health, education, and so on, especially this digital era. So that more knowledge is possessed and the behavior that is expected will appear good parenting. The role of a mother is very important in the health and growth of her child. A child of a mother who has a highly educated background will get the opportunity to live and grow and easily receive a broader insight into nutrient

Good child development requires good stimulation from parents. Parents are also required to know various aspects of development experienced by children at various age ranges. Parents should also be important to know and understand how early examination and stimulation of growth and development in their children, so that any delays that occur in children can be detected and stimulated quickly

One factor that can affect a mother's *knowledge about PMT* and one's food intake is the time the mother provides nutrition to her toddler which will affect a person's nutritional status. The attitude and behavior of mothers in choosing food to be connotated by toddlers are influenced by various factors of maternal readiness in dividing time in determining eating patterns related to the amount, type and frequency that will affect food intake in the toddler. Mothers who have toddlers but work status cause two opposite sides which, one side has a positive impact on income growth, but on the other hand has a negative impact on child development and maintenance, especially in maintaining toddler nutritional intake

The mother's work affects the mother's knowledge of PMT and the nutritional status of toddlers. Mothers who have toddlers but working status will cause two opposite sides which, one side has a positive impact on income growth, but on the other hand has a negative impact on child development and maintenance, especially in maintaining toddler nutritional intake. So, the mother must balance both sides.

Ibu with parity more than three times have a higher risk than mothers who experience parity ≤3 times have toddlers with less nutritional status due to the ability to divide time and parenting style is not optimal. And mothers who have many children will cause a lot of complications for the family, if the income is not sufficient for the needs of family members, research in Indonesia proves, if a family has only three children, it can reduce 60% of infant malnutrition. Mothers who have many children also cause uneven distribution of affection and attention in each child.

The number of children born to the mother and the distance between children who are too close are closely related to the burden of household chores and affect the physiological ability of the mother's body to provide nutrition for her toddler. The large number of children will affect the mother's knowledge about PMT and the level of food, namely the amount and distribution of food in the household.

With many children followed by uneven food distribution, it will cause children under five in the family to suffer from malnutrition. Many children in the family even though the economic situation is sufficient will result in reduced attention and parental affection received by their children, especially if the distance of the child is too close, and in terms of meeting food needs the mother will be confused in giving food if her child is a lot because the focus of attention will be divided. This can result in a decrease in the child's appetite so that the fulfillment of the child's primary needs such as food will be disrupted and this will have an impact on the mother's knowledge and nutritional status of her child.

2. Mothers' knowledge of PMT before and after was given information on the video group

Based on the results of the analysis of the frequency distribution of maternal knowledge about PMT in the video group, before being given information obtained from 18 respondents, most of them were not well informed as many as 15 people (83.3%), while after being given information, most were obtained quite well knowledge as many as 11 people (61.1%). The value of the central tendency of maternal knowledge about PMT before information was given obtained a mean of 9; standard deviation of 2.169; minimum value of 6; The maximum value is 13%. After the information was given, a mean of 14.78 was obtained; standard deviation of 1.555; minimum value of 12; The maximum value is 17%.

Stunting is a condition in which toddlers have less length or height compared to age, a child can be called stunting if the child's Body Length According to Age (PB / U) or Height According to Age (TB/U) is lower than -2 standard Deviations (<-2 SD) median standard WHO Child Growth standard (Stunting in Nutshell, WHO). The World Health Organization (WHO) defines stunting as growth and development failure experienced by children due to prolonged malnutrition, recurrent infectious diseases, and inadequate psychosocial stimulation.

Children who are stunted, especially at an early age. Many factors cause stunting, including maternal nutrition (before, during, and after pregnancy), maternal posture (short), pregnancy spacing, maternal age, nutritional intake during pregnancy, exclusive breastfeeding, nutritional intake, socioeconomic, sanitation, infectious factors, and maternal knowledge about nutrition (Harahap, 2021)

According to previous research conducted by Wilia (2020), it was stated that mothers under five mostly have less knowledge about stunting by 55%, after being educated with pocketbooks and audio visuals, most mothers' knowledge became good by 55%. The study also showed that there were differences in increasing knowledge before and after education was given

The level of maternal knowledge about nutrition is one of the factors that can influence the occurrence of stunting in children under five. The increase in knowledge occurs due to the willingness in mothers to follow and know stunting prevention efforts. Maternal knowledge is an indirect cause of child stunting because it affects what food is

given to children and is also one of the factors that affect food intake in understanding food, health, and nutrition.

The benefits of audiovisual methods include being a supporting medium for conducting counseling or health education because the information provided is short, concise, and clear as well as interesting and easy to understand. Audiovisual media displays motion and sound that make it easier for mothers to receive information quickly. Videos are currently widely used in daily activities, so they are very supportive in the implementation of education compared to other methods

3. The mother's knowledge of PMT before and after was given information in the pocketbook group

Based on the results of the analysis of the frequency distribution of maternal knowledge about PMT in the pocketbook group, before being given information obtained from 18 respondents, most of them were poorly informed as many as 16 people (88.9%), while after being given information, most were obtained quite well knowledge as many as 12 people (66.7%). The value of the central tendency of maternal knowledge about PMT before information was given obtained was a mean of 8.17; standard deviation of 2.065; minimum value of 5; The maximum value is 12%. After giving information, a mean of 12.56 was obtained; standard deviation of 1.854; minimum value of 9; The maximum value is 16%.

The impact of stunting that can be caused in the short term, among others, can result in disruption of physical growth, namely having a body posture that is not optimal in adulthood, metabolic disorders, and brain development disorders. Stunting in early childhood is also often associated with low cognitive abilities in late adolescence. Stunting neural performance often decreases which has implications for low intelligence of children. One of the malnutrition in early childhood is stunting, having cognitive abilities and low IQ scores with characteristics of low learning ability and achievement in school

Media in health counseling can be interpreted as a tool for health promotion to facilitate communication and dissemination of information. Pocket book media was chosen as a medium of counseling because its physical form resembles a thin book and complete information, which makes it easier for the media to be carried. One of the preventive efforts that can be done in preventing malnutrition is to counsel mothers about the importance of nutrients for child growth. Counseling can be done using pocket book media. Pocketbooks are given to mothers of toddlers in the hope of improving the mother's level of knowledge, so that mothers can improve the behavior of giving PMT, to prevent diseases caused by malnutrition and increase respondents' awareness of the importance of providing nutritionally balanced PMT (Virginia et al., 2022)

4. Differences in **maternal knowledge about PMT in the video group**

Based on the results of the analysis, the difference in the mean value of maternal knowledge about PMT in the video group before and after providing information was 9

and 14.78, which means that there was an increase in the mean value of knowledge after being given information with video media. The results of the statistical test obtained a p-value of 0.000 ($p < 0.05$) which means that there is a significant difference in maternal knowledge about PMT before and after providing information with video media.

Video media is a recording of live images or television programs to be broadcast via television to be broadcast via television aircraft, or in other words video is a moving image accompanied by sound. Video comes from Latin, video Total which means to see (have vision); can see. Video media is one type of audio-visual video media. Audio-visual media are media that rely on the sense of hearing and the sense of sight. Audio visual media is one of the media that can be used in listening learning. This media can increase students' interest in learning because students can listen as well as see pictures.

The factors that cause stunting are divided into direct and indirect factors. Direct factors include mothers who experience nutritional deficiencies, pretern pregnancy, non-optimal feeding, exclusive breastfeeding, and infection. While the indirect factors are health services, education, socio-culture, and environmental sanitation. Based on the results of Verawati Simamora (2019) research, many factors cause stunting in children. The causative factors of stunting can be caused by direct or indirect factors. The direct causes of stunting are nutritional intake and the presence of infectious diseases while the indirect causes are education, family economic status, nutritional status of mothers during pregnancy, water, and environmental sanitation, BBLR knowledge from mothers and families.

The audiovisual method carried out is to use video and television advertisements in providing information to mothers. Videos and advertisements contain material on nutrition, diet, eating behavior of mothers and children, sanitation behavior and environmental hygiene, supplementary feeding, modification of feeding, fulfillment of nutrients in accordance with balanced nutrition guidelines, and the importance of giving vegetables and fruits potassium connotated by children in fulfilling nutrition in improving child development. The impact of providing health education using audiovisual methods on mothers is to increase the provision of food and nutrition for children in accordance with balanced nutrition guidelines, changes in maternal behavior in fulfilling nutrition in children, knowing the importance of providing additional food for children, increasing maternal knowledge of the importance of food diversity and fruit and vegetable intake, as well as the fulfillment of protein that can meet children's nutritional needs in reducing Stunting prevalence rate

5. Differences in maternal knowledge about PMT in the pocketbook group

Based on the results of the analysis, differences in the mean value of maternal knowledge about PMT were obtained in the pocket book group before and after providing information by 8.17 and 12.56, which means that there was an increase in the mean value of knowledge after being given information with pocket book media. The results of the statistical test obtained a value of $p=0.000$ ($p<0.05$) which means that there is a significant difference in maternal knowledge about PMT before and after providing information with

pocket book media.

Pocket books are one of the print media chosen because they are simple, concise, and contain a lot of information. Pocket books are the size of pockets so they can be carried and read wherever and whenever needed (UNICEF et al., 2013)

Based on several previous studies, it shows that nutrition education with pocketbook media is effective for increasing knowledge. A pocket book is a medium that can convey health messages in the form of a small book (10 x 14 cm) that can contain writing or pictures. The results of this study prove that nutrition education with 36 pocket book media shows better / effective results in increasing students' knowledge and practice about eating vegetables and fruits, although it has not been proven statistically

Maternal nutrition knowledge is one of the factors that determine a person's food. People who have good nutritional knowledge will have the ability to apply nutritional knowledge in food selection and processing so that food intake can be expected to be more secure, both in using household income allocation to choose good food, and being able to pay attention to good nutrition for their children, and parental knowledge about nutrition can help improve nutritional status in children to reach growth maturity. Poor knowledge of maternal nutrition is influenced by several factors including educational factors, and mothers' lack of care or curiosity about nutrition, so this will have an impact on the growth and development of their toddlers who will experience growth disorders such as stunting

6. The effectiveness of providing information with video media compared to pocket book media on changes in maternal knowledge about PMT

Based on the results of the analysis, the difference in the mean value of knowledge after intervention (posttest) in the video group compared to the pocket book group was (2.222 mmHg) which means that the increase in the mean value of knowledge in the video group was greater than the pocket book group. The results of the statistical test obtained a p-value of 0.000 ($p<0.05$) which means that providing information in the video group is more effective than in the pocket book group.

The problem we face now during the COVID-19 pandemic is the limited delivery of direct knowledge about PMT to every mother of toddlers. Based on this experience, it is important for midwives to look for other learning methods that support midwifery care without endangering themselves or mothers during the COVID-19 pandemic. Along with the times, audio-visual media is very possible as a medium in increasing knowledge, namely by using video. Video is an audio-visual media that can reveal objects and events such as real conditions, by using video someone is able to understand learning messages more meaningfully so that the information conveyed through the video can be understood as a whole. The use of print / visual media produced through mechanical and photographic processes only stimulates the senses of the eye (vision), while audio-visual media is produced through mechanical and electronic processes by conveying messages or information audibly and visually providing stimulus to the eyes (vision) and ears (hearing).

In addition to the video method, health promotion can use the pocket book method. Pocket book media is chosen as an educational medium for toddler mothers because it contains a lot of writing and pictures compared to other health promotion media. The pocket book contains supplementary feeding materials for toddlers. In accordance with research conducted by Rinda Makuri (2019) which states that providing education with pocket books affects the knowledge of toddler mothers about toddler nutrition.

The audiovisual method is a learning medium or counseling media to provide important information to be conveyed. Audiovisual methods contain elements of sound and images that can be seen through videos, films, and others. Audiovisual methods can be a supporting medium for conducting counseling because the information provided is short, concise, and clear, as well as interesting and easy for mothers to understand, and can also increase one's knowledge. The advantage of audiovisual methods over other methods is that they are easy and effective. The use of audiovisual media has various types such as short films, videos, advertisements, animated videos, and graphic videos. The large selection of media can make it easier for participants and make participants not bored with ordinary counseling carried out using lecture methods that use posters and flipcharts. Various kinds of media in the audiovisual method can provide interesting and brief information about information about nutrition, diet, adequacy of carbohydrates, good nutrition, and protein as well as environmental cleanliness that must be clean that must be done by mothers

Conclusion

The characteristics of the video group respondents are mostly aged 21-25 years, have college education, as housewives and parity of 2 children. In the pocket book group, most of them areaged 21-25 years, have a high school education, as housewives and parity 2 children. The average maternal knowledge of PMT in the video group before information was obtained was a mean of 9; a standard deviation of 2.169. After information was given the mean of 14.78; The standard deviation is 1.555. Themother's knowledge of PMT in the pocketbook group before information was given obtained a mean of 8.17; a standard deviation of 2.065. After giving information, a mean of 12.56 was obtained; The standard deviation is 1.854.

Therewas a significant difference in maternal knowledge about PMT before and after video information (p-value 0.00 0). There was a significant difference in maternal knowledge about PMT before and after providing information with pocket book media (p-value = 0.00 0). The difference in knowledge of the video group compared to the pocket book group is that the difference in the mean knowledge in the video group is greater than the pocket book group, which means that video media is more effective than pocket book media in increasing the knowledge of stunting toddler mothers about PMT.

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