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The Influence of Health Education on Mother's Knowledge and Attitude toward Toddler's Stimulation Development in Anutapura Hospital Palu 2015

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Abstract
The development of child could come to 80% at the age of 3 if development stimulation is done regularly. A mother is the best to carry out the child stimulation development. For this reason, the mother's knowledge needs upgrading through health education. This research was aimed to explore the influence of health education on mother's knowledge and attitude toward children stimulation development in *toddler* at Anutapura Hospital Palu. The reseacrh method was quasy eksperimental with pretest-posttest non-equivalent control group design. Consecutive sampling was applied in this study. A sampling of 17 mother's as an intervention group (health education) and 17 mother a control group. The result were show the different between knowledge, and attitude before and after health education to the intervention group. Different between knowledge and attitude intervention group and control group to stimulate *toddler*. Sugestion to the pediatric nurse provide health education to the parents how to stimulate growth and development in *toddler* and collaboration with stake holder.
Keywords: Health education, knowledge, attitude, toddler, stimulate growth and development , mother

INTRODUCTION

Brain plasticity in toddler children has positive and negative sides. Positive side of toddler child's brain is more open to learning and enrichment process, while the negative side is more sensitive to the environment is generally environment that does not support such as inadequate nutrition intake, lack of stimulation and do not get adequate health services. Therefore toddler child is very sensitive to the environment and this period is very short and can not be repeated again, it is called the "golden period", "window of opportunity" (window of opportunity) and "crisis period" (Critical period) (MOH, 2006).

The development of children's development in a comprehensive and quality manner that is carried out through stimulation activities, detection and early intervention deviation of growth of toddlers is done at "critical period" mentioned above. Perform adequate stimulation means to stimulate the brain of the toddler so that the development of movement ability, speech and language, socialization and independence in infants underway optimally according to the age of the child. Comprehensive and coordinated multi-stakeholder stimulation activities are organized in the form of partnerships between families (parents, caregivers and other family members), community (cadres, community leaders, professional organizations and non-governmental organizations) with professionals (health, education and Social), will improve the quality of early child development and readiness to enter the formal education level. Indicators of successful development of children's growth and development are not only increasing the health and nutrition status of children but also mental, emotional, social and child self-sufficiency develop optimally (MOH, 2006).

Stimulation is an activity to stimulate the basic ability of children aged 0-6 years for children to grow and develop optimally. Every child needs to get regular stimulation as early as possible and continuously at every opportunity. Stimulation of child growth can be done by the mother and father as the closest to the child, the substitute mother (nanny), other family members and community groups in their respective households and in everyday life. Lack of stimulation can cause deviation to grow flowers in children can even also cause a persistent disorder in children. The basic abilities of children stimulated by directional stimulation are abilities of coarse motion, smooth motion ability, speech and language ability and socialization and independence (Agus, 2008).

Research has been done by brain development experts in children stated that parents and nannies have the greatest influence in the development of brain potential of children. Parents should provide a strong foundation for child development to optimize their child's brain development, by providing a healthy environment, providing good nutrition in the early years of child development, especially in the Golden Years Period, which is in the age range 0 to age 3 year. Judging from the developmental process of a child, the first three years of age is a very important period in a child's life, so that the family or the nearest person needs to invest time to get optimal results in a child's development. Therefore, in a child's early life, the need to be noticed and fulfilled is the need for stimulation / developmental stimulation (Soedjatmiko, 2008).

Lack of stimulation of development in childhood such as lack of independence of children. Self-reliance according to Barnadib (1982, in Muktadin, 2002), includes "behavior capable of initiative, able to overcome obstacles or problems, have self-confidence and can do something alone without the help of others". This lack of

independence is very evident in the behavior of adolescents today. Often to decide whether to choose the next school, they prefer the school that their friend chooses. Teenagers tend to be more confident when in the group than at their own time. Sometimes teen idle acts while in a group can cause aggressive behavior and can lead to continuous unrest, such as adolescent brawl.

Giving stimulation that can be obtained by children, especially those who undergo hospitalization also presented by Gunardi (2004). Children treated for asthma attacks at Cipto Mangunkusumo Hospital Jakarta and are on the healing stage after the onset of respiratory infections more quickly after stimulation of play and drawing from children with the same disease but not stimulated. Games provided are games that meet educational elements in accordance with health conditions and interspersed with drawing activities. The result of research conducted by Redjeki (2005) about mother's ability and satisfaction toward health education about the stimulation of toddler age development in Kemirimuka Depok sub-district showed significant improvement of mother's ability of treatment group before and after health education. In the control group there was a significant increase in the ability related to knowledge and behavior, while the ability related to the attitudes increased significantly, then obtained the level of significant maternal satisfaction and distribution 60,9% mothers feel very satisfied and 39,1% mother feel satisfied with health education about stimulation of toddler child development. The results of the study that looked at the relationship between maternal characteristics with maternal ability and maternal satisfaction level of treatment group after health education intervention showed no significant difference.

Madarina Research (2008) entitled mother's knowledge about stimulation on toddler in Section of Child Health Body Health Service of General Hospital dr. Zainoel Abidin Banda Aceh which resulted that generally mother knowledge about stimulation on toddler is in less category that is 50,98% of respondent whereas specially most of mother knowledge about understanding of stimulation is in good category that is 52,94% responder, Good category that is 56,86% of respondent, kind of stimulation is in the less category that is 58,82% respondent, the way of stimulation is good category that is 50,98% respondent, stimulation stage is in good category that is 62,75% responder, indication stimulation Is in good category that is 52,94% respondent and contra indication is in good category that is 50,98%. Based on the above description, the researcher is interested to identify how the influence of health education on mother's knowledge and attitude toward toddler child development stimulation after getting health education in child room of Anutapura Palu General Hospital. One of the activities that can be done in stimulating the development of toddler children is to provide health education for the family / mother including the introduction of toddler developmental stimulation. With health education is expected to improve understanding of the need for stimulation of child development toddler.

The purpose of this study identified the influence of health education on mother's knowledge and attitude in stimulating the development of toddler children in Anutapura General Hospital.

MATERIAL METHOD

The research design used in this research is quasi experiment research method with approach of pre-post test design with control group (Notoatmodjo, 2010). A useful design for measuring mother's knowledge and attitude in stimulating the development of toddler children before and after being given a health education using a control group.

The population of this study is all mothers who have children toddler who is being treated the room of Anutapura Palu Children's Hospital. In accordance with the research design, sampling is selected according to the inclusion criteria (Nursalam, 2008).

The sample inclusion criteria are:

A. Mothers who have toddler children who are being treated in the care room that has passed the critical phase
B. Willing to participate in research
C. Physically and mentally healthy
D. Can read and write

Sample exclusion criteria in this study are

A. Uncooperative respondents
B. Has high stress due to hospitalization of his child
C. Have a toddler child who is sickly ill / emergency

Researchers make a large calculation of the minimum sample based on the results of previous research. The research of Redjeki in 2005 that distinguishes the knowledge on the group of respondents given health education, got the average value of knowledge in the control group of 33.11 with standard deviation 2.78 with intervention group of 39.11 with standard deviation 1.64.

In this research, the researcher used hypothesis test of difference of two independent groups with 5% significance level and 90% test strength, using the following formula (Kasjono & Yasril) to get 15 samples.

To prevent the incidence of drop out then the calculation of the sample size plus 10%, so the sample for the intervention group of 17 people and the control group 17 people. The total sample is 34 people.

The researcher defines the intervention group and the control group based on the results of the allocation of subjects with the same characteristics. This research was conducted in 3 (three) stages, the first stage (pre test) was done 2 (two) times, that is in the control group as much 17 people in the child care unit and in the intervention group as many as 17 children room. The second stage is to conduct health education intervention in direct intervention group after pre test in child room, while control group is not given health education. The third stage (post test) was conducted twice (twice), ie control group of 17 children in the care unit and intervention group as many as 17 people after 2 days given health education in intervention group.

The sampling technique used in this research is using non probability sampling type of consecutive sampling. Researchers determined the respondents according to the inclusion criteria, one of which is the mother who has toddler children who have passed the critical phase in the treatment room.

RESULT

Presenting the results and on the influence of health education on mother's knowledge and attitude in stimulating the development of toddler children in the Anutapura Palu General Hospital room, which was held for approximately 6 (six) weeks, commencing August 25 - October 9, 2015. The number of intervention respondents was 17 People and the number of respondents control as many as 17 people. Presentation of data result of this research consist of univariate and bivariate analysis and previously done analysis by using computer device.

ANALISIS UNIVARIAT

a. Characteristic Respondent

Tabel 5.1 Distribution of Respondents According to maternal age, employment and Number of Children in Children Room Anutapura Palu Public Hospital August-September 2015 (n=34)

Variable	Group	N	Mean	SD	Min-Maks	95% CI
Age	Intervention	17	31,53	5,387	20-40	28,76-34,30
	control	17	30,41	6,094	21-42	27,28-33,54
Total		34	30,97	5,740	20,5-41	28,02-33,92
Education	Intervention	17	2,12	0,781	1-3	1,72-2,52
	control	17	2,18	0,809	1-3	1,78-2,59
Total		34	2,15	0,795	1-3	1,75-2,55
Number of Child	Intervention	17	1,47	0,514	1-2	1,21-1,24
	Control	17	1,35	0,493	1-2	1,10-1,61
Total		34	1,41	0,503	1-2	1,15-1,42

Table 5.1 shows that the age of mothers whose children are treated in the Anutapura Pedi child room is 30.97 years old, with a standard deviation of 5.740 years. The youngest is 20.5 years old and 41 years old. Interval estimation results can be concluded that 95% is believed that the average age of respondents 28.02 to 33.92 years. The average respondent education was 2.15, with a standard deviation of 0.795. Education lowest 1 and highest 3. Interval estimation results can be concluded that 95% is believed to average respondents education between 1.75 to 2.55. The average number of children is 1.41, with a standard deviation of 0.503. Number of children lowest 1 and highest 2. Interval estimation results can be concluded that 95% is believed to mean the number of children of respondents between 1.15 to 1.42.

a. Knowledge and attitude of respondent before given by stimulation intervention toddler child development

Table 5.2 Distribution of Knowledge and Attitudes of Respondents About stimulation of toddler child development before being given intervention in Children Room Anutapura Palu RSU August-September 2015 (n = 34)

Variable	Group	N	Mean	SD	Min-Maks	95%CI
Knowledge	*Pre Test* (Intervention)	17	10,59	2,320	6-15	9,40-11,78
	Pre Test (Control)	17	11,65	1,693	7-14	10,78-12,52
Total		34	11,12	2,006	6,5-14,5	10,09-12,15
Attitude	*Pre test* (Intervention)	17	41	4,016	33-49	38,49-43,06
	Pre test (control)	17	43,24	3,382	35-49	41,50-44,97
Total		34	42,12	3,699	34-49	39,99-44,03

Table 5.2 shows that respondents about the stimulation of toddler child development before the intervention period have an average knowledge of 11.12, with a standard deviation of 2,006. The lowest knowledge is 6.5 and the highest is 14.5. Interval estimation results can be concluded that 95% is believed to average knowledge of respondents in the stimulation of development of children aged toddler before the intervention period is 10.09-12.15. Repondent attitude in stimulating the development of toddler age children before the intervention period average attitude 42.12 with standard deviation 3,699. Lowest attitude 34 and highest 49. Interval estimation results can be concluded that 95% is believed to mean the attitude of respondents in stimulating the development of children aged toddler before the intervention period 39.99-44,03.

b. Knowledge and Respondent Attitude After Given Intervention Stimulation of toddler child development

Tabel 5.3 Distribution Knowledge and Attitudes of Respondents About stimulation of toddler child development after being given intervention in Children Room Anutapura Palu RSU August-September 2015 (n = 34)

Variable	Group	N	Mean	SD	Min-Maks	95%CI
Knowledge	*Post test* (Intervention)	17	14,00	1,173	11-15	13,40-14,60
	Post test (control)	17	11,71	1,404	8-14	10,98-12,43
Total		34	12,85	1,288	9,5-14,5	12,19-13,21
Attitude	*Post test* (Intervention)	17	48,53	2,741	43-52	47,12-49,94
	Post test (control)	17	43,65	3,639	34-49	41,78-45,52
Total		34	46,09	3,19	38,5-50,5	44,45-47,50

Table 5.3 shows that the respondents in the developmental stimulation of toddler children after the intervention period had a mean of knowledge of 12.85, with a standard deviation of 1.288. The lowest knowledge is 9.5 and the highest is 14.5. Interval estimation results can be concluded that 95% is believed to average knowledge of respondents in stimulation of toddler child development after intervention period is 12,19-13,21. The attitude of respondents in stimulating the development of toddler children after the intervention period has an average attitude of 46.09, with a standard deviation of 3.19. Lowest Attitude 38.5 and Highest 50.5. Interval estimation results can be concluded that 95% is believed to mean the attitude of respondents in stimulating the development of toddler children after the intervention period between 44.45 to 47.50.

BIVARIATE ANALYSIS

a. **Knowledge of Stimulation in toddler child development**

Tabel 5.4 Differences in Respondents' Knowledge of Stimulation Toddler child development Before Given Intervention In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	N	Mean	SD	Min-Maks	95% CI
Knowledge					
Intervention	17	10,59	2.320	6-15	9,40-11,78
Control	17	11,65	1,693	7-14	10,78-12,52

Table 5.4 shows that respondents' knowledge of stimulation of toddler child development prior to intervention in the intervention group average of 10.59 with standard deviation 2,320. The lowest knowledge of 6 and the highest is 15. Interval estimation results concluded that 95% is believed the average knowledge of respondents about stimulation of toddler child development is between 9,40-11,78. Knowledge of the respondents about the stimulation of toddler child development before being given intervention in the mean control group 11.65 with the standard deviation of 1,693. Knowledge of lowest 7 and highest 14. Interval estimation result concluded that 95% is believed to average knowledge of respondents about stimulation of toddler child development is between 10,78-12,52

B. Equality of respondents' knowledge about Stimulation of toddler child development between intervention groups and control groups before interventionAnalisis menggunakan uji *independent t test.* Hasil analisis kesetaraan dapat dilihat pada tabel 5.5.

Tabel 5.5 Distribution of Knowledge Equivalent of Respondents Before Given Intervention Stimulation of toddler child development In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	Group	N	Mean	SD	Min-Maks	*p value*
Knowledge	Intervention	17	10,59	2.320	6-15	0,066
	control	17	11,65	1,693	7-14	

Table 5.6 shows that respondents' equality of knowledge about stimulation of toddler child development prior to health intervention intervention in intervention and control group in child care unit of RSU Anutapura Palu is equal (p value> 0,5). The statistical test results concluded that there was no difference of knowledge in the two groups before the intervention was given.

b. Differences in respondents' knowledge Stimulation of toddler child development before and after intervention in the intervention group.

Tested using the dependent t-test (Paired t test), described in Table 5.6.

Tabel 5.6 Knowledge Differences of Respondents Before and After intervention in the intervention group In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	N	Mean	SD	Min-Maks	*p value*
Knoelwdge					
Before	17	10,59	2,320	6-15	0,000
After	17	14,00	1,173	11-15	

Table 5.7 shows that the knowledge of the respondents in the developmental Stimulation of toddler children before the intervention in knowledge intervention group 10.59 the lowest score 6 and the highest 15. While after obtaining intervention average knowledge 14.00 the lowest value 11 and the highest 15, resulting in an increase of 3.41 . The results of statistical tests showed a significant increase in the knowledge of respondents in the developmental Stimulation of toddler children after being given intervention in the intervention group (p value = 0,000, $\alpha = 0.05$).

C. Differences in respondents' knowledge Stimulation of toddler child development before and after intervention in the control group. Tested using the dependent t-test (Paired t test), is described in table 5.7.

Table 5.7 Knowledge Differences of Respondents Before and After the intervention in the control group In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	N	Mean	SD	Min-Maks	*p value*
Knowledge					
Before	17	11,65	1,693	7-14	0,579
After	17	11,71	1,404	8-14	

Table 5.7 shows that the knowledge of respondents in the development Stimulation of toddler children in the control group before the average intervention of 11.65 the lowest value 7 and the highest 14. While after no intervention terregated 11,71 the lowest value 8 and the highest 14. The statistical test showed no difference

Which is significant on the respondent's knowledge in Stimulation of toddler child development (p value = 0.579, α = 0.05) in the control group.

The difference of knowledge of respondents in the implementation of Stimulation of toddler child development aims to see the difference of respondent knowledge in the developmental Stimulation of toddler children after given intervention between intervention and control group. Analysis using independent t test. The results of the analysis can be seen in table 5.8.

Table 5.8 Differences in Respondents' Knowledge on Intervention and Control Groups After Giving Intervention in Children's Room Anutapura Palu Hospital August-September 2015 (n = 34)

Variable	Group	N	Mean	SD	Min-Maks	P *value*
Knowledge	Intervention	17	14,00	1,173	11-15	0,000
	Control	17	11,71	1.404	8-14	

Table 5.8 shows that respondents' knowledge about the stimulation of toddler child development after the intervention of health education in the intervention and control group without the intervention of values (p value <0.05). The results of statistical tests concluded that there was a difference of knowledge in both groups after intervention.

c. The respondent's attitude in stimulating the development of toddler children before being given intervention in the intervention and control group can be seen in table 5.9

Table 5.9 Differences in Respondents' Attitudes in Stimulation of toddler child development before being given Intervention in the intervention and control group In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	N	Mean	SD	Min-Maks	95% CI
Attitude					
Intervention	17	41	4,016	33-49	38,49-43,09
Control	17	43,24	3,382	35-49	41,40-44,87

Table 5.9 shows that respondents' attitudes about the stimulation of toddler child development before being given intervention in the mean intervention group 41 with a standard deviation of 4,016. Lowest 33 and highest attitudes were 49. Interval estimation results concluded that 95% believed that respondents' average attitudes about child development toddler stimulation were between 38.49-43.09. Attitudes of respondents about stimulation of toddler child development before being given intervention in the mean control group 43.24 with a standard deviation of 3.382. Lowest attitude 35 and highest 49. Interval estimation result concluded that 95% is believed to mean the attitude of respondents about stimulation of toddler child development is between 41,40-44,87.

D. Equality of respondents' attitudes about Stimulation of toddler child development between intervention groups and control groups prior to intervention. Analysis using independent t test. Equivalence analysis results can be seen in table 5.10.

Table 5.10 Distribution of Equality of Respondents' Attitude Before Given Intervention Stimulation of toddler child development In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	Group	N	Mean	SD	Min-Maks	P *value*
Attitude	Intervention	17	41	4,016	33-49	0,482
	Control	17	43,24	3,382	35-49	

Table 5.10 shows that equality of respondents' attitudes about stimulation of toddler child development prior to being given health education intervention in the intervention and control group in child care room of Anutapura Palu General Hospital is equivalent (p value> 0,05). The statistical test results concluded that there was no difference in attitude to the two groups before being given intervention.

D. Differences in respondents' attitudes in Stimulation of toddler child development before and after intervention in the intervention group. Tested using the dependent t-test (Paired t test), described in table 5.11

Table 5.1. Differences in Respondents' Attitude Before and After intervention in the intervention group In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	N	Mean	SD	Min-Maks	*p value*
Attitude					
Before	17	41	4,016	33-49	0,000
After	17	48,53	2,743	43-52	

Table 5.11 shows that respondents' attitudes in the developmental stimulation of toddler children before intervention in the intervention group rerara attitudes 41 lowest score 33 and highest 49. While after getting the intervention average attitude 48.53 the lowest score 43 and the highest 52, resulting in an increase of 7.53. The

results of statistical tests showed a significant increase in the attitude of respondents in the development Stimulation of children toddler after being given intervention in the intervention group (p value = 0,000, α = 0,05).

D. Differences in respondents' attitudes in Stimulation of toddler child development before and after intervention in the control group were tested using the dependent t-test (Paired t test), described in table 5.12.

Table 5.12 Differences in Respondents' Attitude Before and After the intervention in the control group In the Children's Room of Anutapura Palu Public Hospital August-September 2015 (n = 34)

Variable	N	Mean	SD	Min-Maks	*p value*
Attitude					
Before	17	43,24	3,382	35-49	
					0,203
After	17	43,65	3,639	34-49	

Table 5.12 shows that respondents' attitudes in the Stimulation of toddler child development in the control group before the average intervention of 43.24 the lowest score of 35 and the highest 49. While after the intervention without evenly ordered 43.65 the lowest score 34 and the 49 highest. The statistical test results showed no difference Which is significant in the attitude of respondents in Stimulation of child development toddler (p value = 0,203, α = 0,05) in control group.

D. Different attitude of respondents about toddler child development Stimulation aims to see differences in attitude of respondents about Stimulation of child development toddler after given intervention between intervention group and control. Analysis using independent t test. The results of the analysis can be seen in table 5.13.

Table 5.13 Differences in Respondents' Attitudes to Intervention and Control Groups After Giving Intervention in Children Room Anutapura Palu RSU August-September 2015 (n = 34)

Variable	Group	N	Mean	SD	Min-Maks	*p value*
	Intervention	17	48,53	2,741	43-52	
Attitude						0,000
	Control	17	43,65	3,639	34-49	

Table 5.14 shows that respondents' attitudes about the stimulation of toddler child development after health education interventions were given in the intervention and control groups without the intervention of values (p value <0.05). The results of statistical tests concluded that there were differences in attitude in both groups after intervention.

DISCUSSION

1. Respondent's characteristic

The age of mothers whose children are treated in the room of Anutapura Palu General Hospital is 30.97 years old, with standard deviation of 5.740 years. The youngest is 20.5 years old and 41 years old. Education lowest 1 and highest 3. Number of children average 1.41, with standard deviation 0,503. Number of children lowest 1 and highest 2.

According to the Polit and Hungler (2001) opinion, the results of the study are said to be valid if the characteristics of respondents there is no significant difference (homogeny). Similarly, the opinion of Notoatmodjo (2003), on quasi experimental research with the design of pre post test design, if initially both groups have the same nature, then the difference of research result after given intervention can be called as influence of intervention given.

2. Differences in Mother Knowledge and Attitudes in Stimulation of Development in Toddler Children before and after being given a health education in the intervention group

This suggests that the health education provided to the intervention group is very useful for improving knowledge to be good in stimulating the development of toddler children. Several research results that support the influence of health education on knowledge improvement are the result of research conducted by Setyowati (2008) using manual, there is a significant increase of knowledge (p value = 0,000). Another research that Juslida (2001) about the influence of health education by using leaflets there is a significant increase in knowledge (p value 0,000). The study conducted by Redjeki (2005) states that there is a significant difference in knowledge increase that occurs in the treatment group from before (mean 33.11) and after (mean 39,11) is given health education intervention (p value 0,000). This finding is also in line with research conducted by Hodikoh (2003) with p value 0.000.

Health education is a series of efforts aimed at influencing others, ranging from individuals, groups, families and communities to the implementation of healthy living behaviors. Similar to learning process, health education has the same goal of behavior change that is influenced by many factors such as education goals, education actors, education process and expected behavior change (Setiawati, 2008). Health education is also a business or activity to help individuals, families, groups or communities in improving their ability or behavior to

achieve optimal health (Notoatmodjo, 2007). To help more direct all the senses to an object of health education required props. Notoatmodjo (2007) says that writing aids (such as leaflets, booklets) will produce more knowledge rather than in words.

Health education about toddler child development stimulation aimed at mothers who have toddler children is a teaching and learning activities using guidebooks. Differences in maternal attitudes in stimulating the development of toddler children before and after intervention in the health education intervention group showed a significant difference. This finding is in line with Dewi's (2007) study which states there is a significant increase in attitude (p = 0,000) in the intervention group after health education. This suggests that the health education provided to the intervention group is very useful for improving positive attitudes in stimulating the development of toddler children.

According to Allport (1935 in Azwar, 2005) the attitude component consists of three namely: 1) cognitive component, 2) Affective component, and 3) Psychomotor component. From the results of research conducted illustrated that the attitude of respondents has reached on the second component is the affective attitude component where respondents have tended to react to change attitudes toward things in certain ways.

The attitude of mothers in stimulating the development of toddler children depicted in the results of this study also has dismissed the notion during this time about the attitude of mothers who do not want to be involved in the development of children toddler stimulation program. Basically the information and health education that has been needed by mothers is not accepted even never been obtained as well as health education provided by researchers. Mardiana (1999) obtained the results of research related to attitude change have 7 times contribution to individual behavior. Redjeki (2005) also states that there is a significant difference in attitude change that occurs in the treatment group from before (mean 30,98) and after (mean 36,09) is given health education intervention (p value 0,000).

Researchers assume that health education is a stimulus that affects the mindset and individual attitude patterns. With the increase of mother's knowledge about stimulation of child development toddler hence will cause positive attitude to mother ability in stimulation of toddler child development.

3. Differences Knowledge and attitude of Mother in Toddler Child Development Stimulation before and After Intervention Period without intervention in Control Group

Differences in maternal knowledge and attitudes in stimulating the development of toddler children before and after the period of health education without intervention in the control group showed no significant difference. The results of this study were in accordance with the Hodikoh (2003) study, on the mothers in the control group, it was found that maternal knowledge in stimulating the development of toddler children showed no significant difference between before and after the intervention period (p = 0.057).

This finding is also in line with the Muthmainnah (2006) study with p value 0.38. The control group is a group that does not get a structured health education, but during the research process is not closed the possibility of control group get information about stimulation of toddler child development through media and interaction with others. Researchers assumed that knowledge in the control group was increased due to media influence or close familial relationships among mothers, so the possibility of interaction and exchange of information related to the stimulation of child development toddler.

Differences in mother attitudes in stimulating the development of toddler children before and after the implementation period of health education in the control group showed no significant differences. This finding is consistent with Hodikoh's (2003) study which states there is no significant difference (p = 0.07) between the number of positive and negative mothers in the control group. A positive attitude in the stimulation of toddler child development taken by a control group that is not given a health education does not necessarily reflect the true attitude, since it is possible that the attitude of the control group is at the receiving stage, yet the next stage of the attitude domain is responsible. Therefore, the measurement of the attitude should be repeated or more than once to ensure consistency and measurement results of measured attitudes. Although attitudes in the control group are better, it does not affect behavior to be good or positive. This is in accordance with the theory that a good attitude does not necessarily determine its behavior to be good as well. These results were supported by the study of Redjeki (2005) on mothers in the control group, found that the attitude of mothers in the developmental stimulation of toddler children showed no significant difference between before and after the intervention period (p = 0.724).

The level of education affects a person in performing its role. The level of education also affects the ability of individuals in understanding and internalization of information obtained. Using the right strategy of health education will create an awareness and understanding of the need for a change including attitude change (Pender 2001). In the control group who did not get health education about the developmental stimulation of toddler children with face-to-face and structured possibility may occur the process of discussion and internalization, resulting in increased skills associated with attitude is very large.

4. Differences in Mother Knowledge and Attitudes in Toddler Child Development Stimulation Before and After Intervention in Intervention and Control Group.

Maternal knowledge in the stimulation of toddler child development after the intervention found that there was a significant difference between maternal-educated women in the intervention group and mothers who did not receive health education in the control group in the developmental stimulation of toddler children at post-test in the intervention and control group Value = 0,000. This finding is in line with research conducted by Muthmainnah (2006), on maternal knowledge after intervention in the intervention and control group (p value 0.00).

This study is also in line with research conducted by Hodikoh (2003), on maternal knowledge after health education interventions between intervention and control groups. In the study found that the statistical test obtained p value 0.002. According Setiawati (2008), knowledge is the result of the learning process by involving the senses of sight, hearing, smell and taste. Notoatmodjo (2007) says that knowledge or cognitive is a very important domain for the formation of one's actions. In this case the mother has been through the learning process about toddler child development stimulation well, so that the knowledge obtained has been in accordance with the final result is good. The results of this study are in accordance with the theory put forward by Rogers (1974, in Notoatmodjo 2007) that before people behave in a new person occurs a sequential process of awareness (consciousness), interest (feel interested), evaluation (weigh) And adoption. Nevertheless, from further research Rogers concludes that behavioral change does not always pass through these stages.

The attitude of mothers in stimulating the development of toddler children after the intervention found that there was a significant difference between mothers who received health education in the intervention group and mothers who did not receive health education in the control group in the developmental stimulation of toddler children at post-test in the intervention and control group Value = 0,000. This finding is in line with research conducted by Dewi (2007) which states there is a significant difference between the number of positive and negative mothers (p = 0,000).

According Suciati (2005), attitude or affective is related to feelings, emotions, value systems and attitudes that show acceptance or rejection. Attitudes are formed because of the social interaction experienced by individuals. Interaction creates a relationship of mutual influence among individuals with one another so that there is a reciprocal relationship that eventually lead to attitudes that will affect the behavior patterns of each individual (Azwar, 1998). In this case the respondent gave the actual response or did not try to cover up the actual view of the toddler child development stimulation program that is not contradictory to the principle believed, so that the results of the attitudes obtained in accordance with the final result is good.

The results of this study in accordance with the theory proposed by Notoatmodjo (2007) that attitude is a reaction or a closed response to an object or stimulus, attitude can not be seen but only interpreted. This is also confirmed by Pender (2001) that attitudes are also influenced by several factors including individual characteristics, experiences gained and the individual's psychological atmosphere. Individual characteristics in this case hard attitude is very dominant and still quite felt in the people of Aceh. Experiences that have been assumed by the researchers is the wrong perception of previous experience when stimulating the development of toddler children that causes the mother to feel traumatized and do not want to change his view of things that have been felt good that happened to him, friends, relatives or family who have experienced things Bad about developmental stimulation in toddler child. While the psychological atmosphere that can affect the attitude is related to the busy life undertaken by respondents who sometimes make them less comfortable in hearing explanations from researchers.

5. Implications for Nursing Services and Research

The results of this study can provide input for health professionals, especially nurses who will also work and be among the community. This is the fact that health education in mothers with toddler children is needed to prevent misperceptions of child development stimulation programs and can have implications for nursing services. In addition, child nurses as practitioners, educators and counselors can plan and work with other health teams to develop programs to provide effective health education for mothers with toddler children. For example, child nurses work with community nurses in terms of implementing child development stimulation programs, so that the program can also be implemented within the community context in the community through Puskesmas or Posyandu around the community.

With the provision of effective health education by child nurses, it is expected that mothers can provide stimulation of toddler child development and give full support to child development toddler stimulation program.

This research can be used as a reference for further research on stimula.

CONCLUSSION

1. There is a significant difference of knowledge and attitude of mother in stimulation of toddler child development before and after being given health education in intervention group
2. There is a significant difference in mother's knowledge and attitude in stimulating the development of toddler

children after intervention in the intervention and control group.
3. There is a significant difference in mother's knowledge and attitude in stimulating the development of toddler children before and after intervention in the intervention group.
4. There is no significant difference in mother's knowledge and attitude in stimulating the development of toddler children before and after the implementation of health education in the intervention and control group

SUGGESTION

1. For Health Services

Researchers recommend to health workers in communities and health care clinics to implement and socialize health education to improve knowledge and consolidate the developmental stimulation of toddler children. In this case health services need to cooperate with related institutions such as Hospitals, Puskesmas, Posyandu and local Health Office.

2. For Nursing Science

The results of this study can be used for the nursing profession in providing nursing care, especially nursing children in providing health education intervention about stimulation of toddler child development.

3. For Anutapura Palu Institution / Hospital

It is necessary to schedule regular health education on every child care space and to prepare training for nursing staff so that the maternal health education is successful and successful so that the mothers understand how to stimulate the development of toddler children clearly.

4. For Further Research

This research can be continued with the design of time series design research by doing health education and measuring knowledge and attitude more than once. The number of samples used for the following studies should also employ larger populations and larger areas of research. Further research that can be done include:

A. Conducting research on the effectiveness of health education on mother behavior in stimulation of toddler child development.

B. Conducting research on the factors that influence mother's behavior in the stimulation of toddler child development.

C. Conducting research on the relationship of health education to mother's behavior in stimulation of toddler child development.

D. Conducting research on partner participation relationship to stimulation of toddler child development.

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