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Predisposition Factors Related to Stunting Preventing Behaviors

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Abstract

Stunting is a child growth disorder characterized by a child's lack of height compared to children his age. Morbidity and mortality rates, decreased growth, learning achievement, increased risk of infectious and non-communicable diseases, and decreased productivity are all effects of stunting. This research aimed to find predisposing factors that contribute to stunting preventing behaviors. This research focused on the working area of Sidomulyo Inpatient Health Center. The research design was cross-sectional, with 95 mother subjects. The measurement used a questionnaire. Research results from bivariate analysis using chi square analysis showed that there was a correlation between age (p-value 0.022), occupation (p-value 0.024), education (p-value 0.000), and knowledge (p-value 0.015) with the level of stunting. It is recommended to the community and families who will have children under five that the mother's age, occupation, education and knowledge influence their behavior in preventing stunting. Health workers can provide counseling or education about predisposing factors related to stunting prevention behavior to their patients.

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INTRODUCTION

Stunting, also known as dwarfism, is a condition where toddlers have a lower height than their age. This condition is assessed by determining height that exceeds two standard deviations from the median of WHO child growth standards. Many factors, including socio-economic conditions, maternal nutrition during pregnancy, infant pain, and lack of nutritional intake for infants, make stunted toddlers a long-term nutritional problem. In the future, stunted toddlers will have difficulty achieving ideal physical and cognitive development (Kementerian Kesehatan RI, 2018). Stunting has an impact on children's development. Children with stunting have a 21.58 times greater chance than average of experiencing poor motor development. Children's learning achievement will decrease by 0.444 in cognitive development related to nutritional status, where every decrease in the nutritional status of TB/U of a child by 1 elementary school will cause a decrease in cognitive development by 0.444 (Andriani et al., 2023).

Data from the World Health Organization (WHO) in 2020 estimates that the prevalence of stunted toddlers throughout the world is 22% or 149.2 million. More than half of the world's stunted toddlers come from Asia (55%) while more than a third (39%) live in Africa. Of the 83.6 million stunted children under five in Asia, the largest proportion comes from South Asia (58.7%) and the lowest proportion from Central Asia (0.9%). Based on Nutritional Status Monitoring data for the last three years, shortness has the highest prevalence compared to other nutritional problems such as malnutrition, thinness and obesity. The prevalence of short toddlers has increased from 2016, namely 27.5% to 29.6% in 2017 (Kementerian Kesehatan RI, 2017). Data from the Indonesian Toddler Nutrition Status Survey in 2019, the prevalence of stunting in Indonesia reached 27.7%. This means that around one in four children under five (more than eight million children) in Indonesia is stunted. The results of the Indonesian Toddler Nutrition Status Survey show that there has been a reduction in the prevalence of stunting from 30.8% in 2018 to 27.67% in 2019, in 2020 to 26.92%, in 2021 24.4%. However, the high prevalence of stunting in Indonesia is still above 20%, meaning it has not yet reached the WHO target of below 20% (Sudikno et al., 2019).

The prevalence of stunting over the last 10 years shows no significant changes and this shows that the problem of stunting needs to be addressed immediately. The results of the 2018 Indonesian Basic Health Research show that 30.8% or around 7 million children under five suffer from stunting. Other nutritional problems related to stunting which are still a public health problem are anemia in pregnant women (48.9%), Low Birth Weight or LBW Babies (6.2%), thin or wasting toddlers (10.2%), and anemia in toddler. The prevalence of anemia in adolescent girls was 37.1% in Riskedas (2013) which actually increased to 48.9% in Riskesdas (2018), with the proportion of anemia in the 15-24 year and 25-34 year age groups (Kementrian Kesehatan RI, 2018)

Toddlers are children aged 12-59 months, this period is characterized by a very rapid growth and development process. And accompanied by changes that require greater amounts of nutrients with high quality. However, toddlers are a group that is vulnerable to nutrition and easily suffers from nutritional disorders due to lack of necessary food. Food consumption plays an important role in children's physical growth and intelligence so that food consumption has a big influence on children's nutritional status to achieve children's physical growth and intelligence (Dwi Putri & Tiara Levia, 2022). One way to identify deviations in child development is to detect it early, so that appropriate preventive measures, incentives, and healing can be given to children. To prepare a quality future generation, this growth detection must be supported in efforts to prevent stunting (Direktorat Jenderal Pelayanan Kesehatan Kementerian Kesehatan, 2023).

There are five main factors that cause stunting, namely poverty, social and cultural, increased exposure to infectious diseases, as well as food insecurity and public access to health services (Simamora et al., 2019). The results of research on stunting found factors that cause stunting in

toddlers. It was found that low birth weight (LBW), age, gender, mother's education level, economic status and health services for toddlers were risk factors that caused stunting in toddlers (Tebi et al., 2022). Factors causing stunting are also influenced by the mother's occupation, father's height, mother's height, income, number of household members, parenting patterns, and exclusive breastfeeding. Apart from that, stunting is also caused by several other factors such as mother's education, mother's knowledge about nutrition, exclusive breastfeeding, age at MP-ASI feeding, zinc and iron adequacy levels, history of infectious diseases and genetic factors (Agustina, 2022), Children aged between 12 and 23 months, being female, having more siblings, lack of sufficient dietary variety, lack of zinc supplements to treat diarrhea, and lack of iodized salt in complementary foods were factors strongly associated with stunting and underweight (Tafese et al., 2020). Mother's knowledge influences the child's growth and development status. It is very important to support the child's growth and development process. lack of maternal knowledge, inappropriate parenting patterns, lack of sanitation and hygiene, and lack of health services. Apart from that, society does not realize that short children are a problem because they are considered active children and do not need to be cared for like thin children (UNICEF, 2016).

Stunting in toddlers is associated with a number of factors, such as larger family size, absence of toilets, history of diarrhea in the last two weeks, pre-breastfeeding, lack of daily consumption of animal and fruit products, and lack of growth monitoring and promotion (Asefa et al., 2024). Maternal height and education, premature birth and birth length, exclusive breastfeeding for 6 months, and household socioeconomic status, clean drinking water is very important for households with inadequate toilets. In addition to short and poorly educated mothers, premature children, and poor households, children from poor urban and especially rural communities are particularly vulnerable to stunting. Boys are much more likely to be stunted than girls across Indonesia; biological factors, living conditions, and differences in maternal diets (Beal et al., 2018). There is a correlation between income and stunting incidence (Lestari et al., 2022), Toddlers from families with low economic status have twice the risk of stunting compared to toddlers from families with high economic status (Utami et al., 2019).

Maternal knowledge about nutrition is the mother's ability to understand all information about foods that contain nutrients for toddlers. Because the process of forming behavior is the evolution of knowledge which can form attitudes and then influence the creation of behavior, a mother's knowledge about giving food to her child can influence the mother's behavior in giving food to her child. With good nutritional knowledge, mothers are expected to be able to provide the right type and amount of food according to the needs of the child's growing age so that the child can grow optimally without experiencing nutritional deficiencies (Rohmatun, 2014). Data from the Pekanbaru City Health Service for 2021, the percentage of cases of stunting under five in Pekanbaru City was 11.4% and the highest was in Limapuluh District with 76 cases, then Tenayan Raya District with 31 cases and the lowest was in Kulim District with 2 cases. Bina Widya sub-district is the sub-district with the highest cases of stunted toddlers compared to Rumbai sub-district, namely 25 cases, while Rumbai sub-district has 23 cases of stunted toddlers. Bina Widya District itself is divided into two health centers, namely the Sidomulyo Inpatient Health Center with 20 cases and the Simpang Baru Health Center with 5 cases of stunted toddlers. Based on an initial survey conducted by researchers on 10 mothers who have children under five in the Sidomulyo Health Center Working Area, 70% of parents did not know about stunting that occurs in children under five. It is very important for parents to know the growth and development of children under five from an early age as a reflection of stunting prevention behavior in toddlers.

METHODS

This research was a type of quantitative research that used a cross-sectional design to determine the correlation between predisposing

factors for stunting. The research was carried out on July 27 – August 16, 2023. The research population was all mothers with toddlers in the Sidomulyo Community Health Center working area with a total of 2,022 people. The sample in this study used the Slovin formula with an error rate of 5%. The sampling technique used purposive sampling with the criteria being mothers with toddlers who were willing to be respondents and could read and write. A total of 95 mothers became the research subjects. The instrument used a knowledge questionnaire and a stunting prevention behavior questionnaire, which contained questions to measure the knowledge and behavior of mothers of toddlers in preventing stunting. The validity of the questionnaire regarding knowledge had been tested. The analysis used univariate and bivariate (chi-square). This research had been declared ethically appropriate by the Tengku Maharatu College of Health Sciences with no 083/STIKes-T.MHRT/KEPK/VII/2023.

RESULTS

Table 1. Frequency Distribution of Respondents Characteristics

Demographic Data	Σ	%
Age		
20-35 years old	75	78.9
Upper 35 years old	20	21.1
Occupation		
Housewife	82	86.3
Entrepreneur	13	13.7
Level of Education		
Elementary school	10	10.5
Senior High School	59	62.1
College	26	27.4
Knowledge level		
not enough	13	13.7
Enough	45	47.4
Good	37	38.9
Stunting Prevention Behavior		
Positive	71	74.3
Negative	24	25.3
Stunting		
No stunting	80	84.2
Stunting	15	15.8

Table 2. Predisposition Factors Related to Stunting Prevention Behaviors in The Working Area of The Sidomulyo Inpatient Health Center

Category	Stunting Prevention Behaviour						p-value
	Positive		Negative		Total		
	F	%	F	%	F	%	
Age							
20-35 years old	60	80	15	20	75	100	0,022
Upper 35 years old	11	55	9	45	20	100	
Total	71	74,7	24	25,3	95	100	
Occupation							
Housewife	58	70,7	24	29,3	82	100	0,024
Entrepreneur	13	100	0	0	13	100	

Total	71	74,7	24	25,3	95	100	
Level of Education							
Elementary school	1	10	9	90	10	100	0,000
Senior High School	44	74,6	15	25,4	59	100	
College	26	100	0	0	26	100	
Total	71	74,7	24	25,3	95	100	
Knowledge level							
not enough	32	86,5	5	13,5	37	100	0.015
Enough	33	73,3	12	26,7	45	100	
Good	6	46,2	7	53,8	13	100	
Total	71	75	24	25,3	95	100	

DISCUSSION

Based on Table 2, The majority of mothers aged 20-35 years (15 mothers) have negative behavior, mothers who work as housewives (24 mothers) have negative behavior, mothers with secondary education levels (15 mothers) have negative behavior, and mothers who have negative behavior in sufficient level of knowledge (12 mothers). It shows that the predisposing factors related to stunting prevention behavior at the Sidomulyo Inpatient Health Center is the age factor with a p-value of 0.022. The results of this study indicate that the level of maternal education is correlated with the likelihood of mothers having stunted children under two years old in Indonesia. The lower the level of maternal education, the higher the likelihood of mothers having stunted children under two years old (Laksono et al., 2022). The research shows that respondents with good stunting prevention behavior were >35 years old. A person's knowledge is greatly influenced by their age in terms of their understanding of existing information. A person's understanding and thinking patterns develop as they get older, so that the knowledge they gain becomes better and more mature. The older you are, the more mature a person's level of physical skills and strength will be in absorbing information, thinking and working. This is different from the results of research conducted where the majority of mothers with positive behavior in preventing stunting are 80% aged 20-35 years, where information about stunting prevention can be obtained from various information sources, for example from social media. Bivariate analysis shows that there is a correlation between age and stunting prevention behavior (Nurfatimah et al., 2021). In addition, increasing parental education indicates that children will grow up better (Vaivada et al., 2020). The older a person gets, the more mature they are in receiving information, including information about stunting. Mothers' knowledge about stunting, including knowledge about nutritional care, is closely related to the incidence of stunting (Ramadhan et al., 2024). The level of maternal education will affect maternal knowledge, the level of maternal education has a protective effect against the risk of stunting and severe stunting (Hagos et al., 2017).

It shows that the predisposing factors related to stunting prevention behavior at the Sidomulyo Inpatient Health Center is employment with a p-value of 0.024. The results of research showed that there is a correlation between occupation and stunting prevention behavior. The results of this study are the same as research that has been conducted which shows that work is related to stunting prevention behavior, where mothers who do not work will have a lot of time to prepare highly nutritious food to prevent stunting in toddlers (Muhamad et al., 2020). The predisposing factors related to stunting prevention behavior at the Sidomulyo Inpatient Health Center is education with a p-value of 0.000. Mothers who have higher education tend to have positive behavior in preventing stunting. The results of research showed that there was no correlation between education and knowledge and stunting prevention behavior (Ni'mah & Muniroh, 2016). Some stunting prevention behaviors include conducting pregnancy checks, taking blood supplement tablets during

pregnancy, meeting pregnancy nutritional needs and preventing exposure to cigarettes during pregnancy (Fitri et al., 2023).

The predisposing factors related to stunting prevention behavior at the Sidomulyo Inpatient Health Center is knowledge with a p-value of 0.015. Knowledge is a very important domain in shaping one's actions. Knowledge is the result of knowing and this happening after sensing a particular object. Other research conducted shows different results where there is a correlation between knowledge and stunting prevention behavior where relatively high maternal education will make it easier for a mother to gain knowledge, especially in terms of health and nutrition, including regarding stunting. This is in line with research conducted where there is a correlation between education and knowledge and stunting prevention behavior. The higher the level of education, the greater the opportunity to seek information that can increase knowledge about stunting (Hidayati & Hasibuan, 2022). Children with stunted and severely stunted growth tend to have low levels of education, lack knowledge of deworming programs, and have low incomes. Maternal occupation influences the severity of stunted growth (Adrizain et al., 2024). A person's nature and behavior can be influenced by their level of knowledge. The level of parental knowledge about stunting is also related to efforts to prevent stunting. Parents who are more knowledgeable about stunting can raise awareness about the importance of preventing stunting. The attitudes and behaviors of parents who delay action even though signs of stunting are already visible in their babies can also hinder stunting prevention (B et al., 2022). Mothers are becoming more aware of the importance of detecting stunting early (Dewi & Ariani, 2021). Lack of maternal knowledge is a condition that can lead to stunting in toddlers, besides from the mother's knowledge, the knowledge of the people around the mother, such as grandparents, also greatly influences stunting prevention behavior (Wulandari et al., 2022).

CONCLUSION

The predisposing factors studied were the majority of mothers aged 20-35 years as much as 78.9%, mothers not working as much as 86.3%, secondary education as much as 62.1%, sufficient knowledge 47.4%, positive behavior as much as 74.3%, no stunting occurred 84.2%. The majority of mothers who have positive behavior are the age factor which is 80% at the age of 20-35 years, the work factor for mothers who do not work is 70.7%, the education factor for middle-class mothers is 74.6% and the good knowledge factor is 86.5%. %. Predisposing factors related to stunting prevention behavior are age with a p-value of 0.022, occupation with a p-value of 0.024, education with a p-value of 0.000 and knowledge with a p-value of 0.015.

SUGGESTION

The community needs to monitor families who will have children under five that the mother's age, occupation, education and knowledge will influence the mother's behavior in preventing stunting. Health workers can provide health education in the form of counseling or counseling about predisposing factors related to stunting prevention behavior.

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CONFLICTS OF INTEREST

There is no conflict of interest stated by the authors. The study's design, data collecting, data analysis, paper writing, and publication decision were all carried out by the authors without the involvement of any other funders.

AUTHOR CONTRIBUTIONS

The primary author observes the phenomena that arise as a result of the mismatch between the spatial ideal and the actual events, begins creating and compiling the theoretical framework, which establishes theoretical concepts and research hypotheses, gathers articles, performs analysis, presents data, carries out critical manuscript writing revisions, and makes the final decision on the version to be published. The co-authors developed research designs and analytical tests using data processing software, carried out data retention and data interpretation, and evaluated the applicability of the theoretical concepts used. They also designed research instruments and evaluated their suitability for implementation in accordance with accepted practices and research frameworks. The primary author communicated with the other authors and monitored the development of the study. To further the research discussion, the researcher examines the study results in the context of the hypothesis. After gathering the data, the research associate verified that the sample was correct and the information was authentic.

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