



JNK

JURNAL NERS DAN KEBIDANAN
(JOURNAL OF NERS AND MIDWIFERY)

<http://jnk.phb.ac.id/index.php/jnk>



Knowledge and attitude of Mothers about Stunting in Banjar Pengukuh Peguyangan Kangin Village Denpasar



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Article Information

History Article:

Received, 12/12/2019

Accepted, 06/03/2020

Published, 05/12/2020

Keywords:

Knowledge, attitude, mother with toddler, stunting

Abstract

Childhood is a crucial period in the process of human growth and development. According to the Center for Data and Information of the Ministry of Health of the Republic of Indonesia (2018) stated the occurrence of a short toddler or commonly referred to as stunting is one of the nutritional problems experienced by toddlers in the world today. One of the determinants of the incidence of stunting in children under five years was the knowledge and attitude of the mother. The purpose of this research was to find out the description of the knowledge and attitudes of mothers with toddlers about Stunting in Banjar Pengukuh Peguyangan Kangin Village, Denpasar. The design of this study was cross-sectional. The sampling technique used nonprobability sampling with a purposive sampling approach, and the total sample was 68. In this study, the data analysis technique used the Univariate Analysis. Based on the analysis of the data obtained that the majority of respondents lacked knowledge of 44 people (64.7%) and had the right attitude, 66 people (97.1%). Suggestions for public health centre (puskesmas) to play an active role for disseminating stunting in schools and villages that will help reduce stunting indirectly.

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DOI: 10.26699/jnk.v7i3.ART.p320-325

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P-ISSN : 2355-052X

E-ISSN : 2548-3811

INTRODUCTION

Childhood is a crucial period in the process of human development. Development and growth at that time determine the success of children's growth and development in the next period. The period of growth and development at this age is a period that takes place quickly and unrepeated because it is often called the golden age (Uripi, 2004). According to Sutomo and Anggraeni (2010), the toddler is a general term for children aged 1-3 years (toddlers) and preschoolers (3-5 years). Allender and Spradley (2005) classify toddlers into three age groups, as follows infants (0-1 year), toddlers (1 year-2 year) and preschool ages (3-4 year). This period is a risk of getting various infectious diseases, social problems, injury and malnutrition as well as growth and development problems.

Toddlers are children under five years of age, with rapid growth characteristics at the age of 0-1 years. In the five months of age, their body weight increases two times their birth weight, and their body weight increases three times from their birth weight at one year of age, and becomes four times two years old. Growth starts to slow down during preschool weight gain of approximately 2 kg per year, and then the constant growth begins to end (Soetjiningsih, 2001). Toddlers is a period of the rapid growth of the body and brain in achieving optimal function, essential growth that will influence and determine the development of language skills, creativity, social awareness, emotional and intelligence (Supartini, 2004).

According to the centre of data and information of the Indonesian Ministry of Health (2018) stated that the incidence of short children or commonly known as stunting is one of the nutritional problems experienced by toddlers in the world today. In 2017, 22.2% or around 150.8 million children under five years in the world were stunting. The majority number of stunting in the world came from Asia (55%) while more than a third (39%) lived in Africa. In Asia, the number of stunting under five years old was 83.6 million, and the highest proportion came from South Asia (58.7%) and the lowest proportion in Central Asia (0.9%). Stunting prevalence data for children under five years collected by the World Health Organization (WHO), Indonesia included in the third country with the highest prevalence in the Southeast Asia / South-East Asia Regional (SEAR) region. The average prevalence of stunting under five years in Indonesia in 2005-2017 was 36.4%.

The incidence of stunting (short) children is a major nutritional problem facing Indonesia. Based on Nutritional Status Monitoring (PSG) data for the last three years, stunting has the highest prevalence compared to other nutritional problems such as malnutrition, thinness, and obesity. The prevalence of stunting for children under five years in Indonesia had been increased since 2016, from 27.5% to 29.6% in 2017.

Stunting (dwarfism) is a condition of toddlers who have less length or height compared to age. This condition is measured by a length or height that is more than minus two standard deviations. Stunting toddler is apart of chronic nutritional problems caused by many factors such as socioeconomic conditions, maternal nutrition during pregnancy, illness in infants, and lack of nutritional intake in infants. Stunting toddlers would get for achieving optimal physical and cognitive development in the future (Center of Data and Information, Ministry of Health of the Republic of Indonesia, 2018).

According to the centre of data and information of the Indonesian Ministry of Health (2018), maternal health and nutrition conditions before and during pregnancy and after childbirth affected fetal growth and the risk of stunting. Other factors were the mother's posture (short), the pregnancy is too close, the mother is a teenager, and the lack of nutritional intake during pregnancy. According to the Minister of Health Regulation Number 97 of 2014 concerning Health Services for the Period before Pregnancy, Pregnancy, Childbirth, and the Period after Childbirth, Contraception Services, and Sexual Health Services, factors that aggravate the condition of pregnant women are too young, too old, too frequent delivery, and too close to births. Pregnant mothers who were too young (under 20 years) have a risk of giving birth to babies with low birth weight (LBW). LBW babies accounted for about 20% of the incidence of stunting. To reduce this number, the community needs to increase their knowledge and understanding of stunting.

A mother's knowledge of stunting could support the prevention and management of these problems. If the mother does not understand about stunting, it will increase the incidence of stunting. Research by Picaully and Toy (2013) stated that the determinants of stunting were family income, maternal knowledge, history of disease infection, history of immunization, protein intake and mother's

education. One of the determinants of the incidence of stunting in children under five years old is maternal knowledge. Knowledge is a significant domain for the formation of one's actions. Knowledge need as support in fostering self-confidence as well as attitudes and behaviour every day. (Notoadmodjo, 2014).

The role of a mother as the primary caregiver for her child is indispensable, starting from purchasing to serving food and fulfilling a child's daily needs. If a mother's attitude were not right, the toddlers would not have been fulfilled their needs for growth and development. According to Notoadmodjo (2014), attitude is a component that exists to create complete behaviour or a precursor to action or behaviour. According to Olsa's research (2017), there was a significant relationship between maternal attitudes and the incidence of stunting in new children entering elementary school in Nanggalo District.

The Profile Report of Public Health Center of North Denpasar III 2016 obtained data on several risk factors for stunting, that showed exclusive breastfeeding was still below the indicator 75.2%. The highest number of children under five is in Peguyangan Kangin Village with 884 children, one of them is Banjar Pengukuh. Based on the phenomena and data described above, the researcher wants to know the description of the knowledge and attitudes of mothers and toddlers about stunting in the Banjar Pengukuh, Peguyangan Kangin Village, Denpasar.

METHODS

This type of research was a non-experimental study (descriptive) with a cross-sectional approach. The research conducted at the Banjar Pengukuh, Peguyangan Kangin Village, Denpasar in April 2019.

In this study, the sample was taken from the population of mothers with toddlers in the Banjar Pengukuh of Peguyangan Kangin Village. The number of population was 82 people. Inclusion criteria included actively participating in integrated community post (posyandu) and toddlers with an adequate condition or not sick. The exclusion criteria for the study were mothers with children who had passed the age of toddlers and mothers who come without bringing their children.

The study used a nonprobability sampling technique with a purposive sampling approach. In this study, the number of samples used 68 people.

The researcher carried out the research when the posyandu was implementing. Mothers and toddlers who came on that day and had finished the examination had explained this research. Mothers allowed to ask questions and mothers who agreed to participate in this study signed informed consent. Researchers maintained the confidentiality of personal data.

The instrument adopted a questionnaire of attitudes and knowledge of mothers from the research of Olsa, Sulastri, & Anas (2018). The questionnaire consists of demographic data, included age and education, a questionnaire of mother's knowledge and a questionnaire of the mother's attitude. The mother's knowledge questionnaire consisted of 16 questions with yes or no answer choices. If the answer was correct, it got the point, and if it was wrong, it did not get a score, the value ranges from 0 to 16. Mother's attitude questionnaire consists of 14 questions with a choice of yes or no answers. If the answer was correct, it got the point, and if it was wrong, it did not get a score, the value ranges from 0 to 14

RESULTS

Table 1 Mother's Age Distribution

Age	Frequency (%)
Late adolescence aged 17-25 years	16 (24%)
Early adulthood, ages 26 - 35 years	34 (50%)
Late adulthood aged 36 - 45 years	18 (26%)
Total	68 (100%)

Based on the Table, the results obtained about the age of the respondents were mostly respondents aged 26-35 years, 34 people (50%).

Table 2 Level of Education Distribution

Level of education	Frequency (%)
University	12 (17,6%)
Senior High School	44 (64,70%)
Junior High School	12 (17,6%)
Total	68 (100%)

Based on the Table, the results obtained about the education level of the respondents, most of the respondents had high school education was 44 people (64.7%).

Table 3 Mother's Knowledge Distribution

Knowledge	Frequency (%)
Good	4 (5,9%)
Enough	20 (29,4%)
Less	44 (64,7%)
Total	68 (100%)

Based on the Table, the results obtained about the level of knowledge of respondents were mostly less knowledgeable, 44 people (64.7%).

Tabel 4 Mother's attitude distribution

Attitude	Frequency (%)
Good	66 (97,1%)
Enough	0
Less	2 (2,9%)
Total	68 (100%)

Based on the Table, most of the respondents have good attitudes; it was 66 people (97.1%).

Table 5 Cross-tabulation between knowledge and attitude of mothers

Variable Attitude	Knowledge			Total (%)
	Good	Enough	Less	
Good	4 (5,9%)	20 (29,4%)	42 (61,8%)	66 (97,1%)
Enough	-	-	-	0
Less	-	-	2 (2,9%)	2 (2,9%)
Total (%)	4 (5,9%)	20 (29,4%)	44 (64,7%)	68 (100%)

DISCUSSION

Overview of mother's knowledge about stunting in Banjar Pengukuh, Peguyangan Kangin Village, Denpasar

Regarding the respondent's knowledge level, it found that the majority of respondents 44 people (64.7%) who have less knowledge. Similar to Ramlah's (2014), the researcher found the level of knowledge of breastfeeding mothers about stunting in children under five years old at the Antang Makasar Health Center, that was 70.2% of mothers have a low level of knowledge about stunting.

Research by Picaully and Toy (2013) stated that the determining factor for the incidence of stunting in children under five years old was the mother's knowledge. Knowledge is a fundamental domain for the formation of one's actions. Knowledge supported in fostering self-confidence as well as attitudes and behaviour every day that it could be said that supports one's actions (Notoadmodjo, 2014). Health knowledge will influence behaviour as a result of the medium-term (intermediate impact) of health education. Furthermore, health behaviour will affect increasing

public health indicators as an outcome of health education, especially maternal knowledge about stunting (Notoatmodjo, 2014)

Notoatmodjo (2012) stated that knowledge is the result of knowing and will exist after someone senses an object. Sensing occurs through the five human senses, including sight, hearing, smell, taste, and touch. Knowledge can be obtained, among others, through curricular, non-curricular and extracurricular education. Knowledge related to education, where it can be assumed that with high education, the person will have broader knowledge. Low education does not guarantee that a mother does not have sufficient knowledge about her family's nutrition. The results of this study showed 44 respondents who have insufficient knowledge, 68% were high school graduates, and 23% junior high school education. The existence of high curiosity can influence mothers in getting information about stunting in toddlers. Increasing knowledge is not only obtained from formal education but also through non-formal education. A person's knowledge of an object contains two aspects: those are positive aspects and negative aspects. These two aspects will determine a person's attitude, the

more positive aspects and objects that are known, the more positive attitude will be towards particular objects.

In this study, it was dominated by a lack of knowledge 64.7%, while the mother's age dominated by 50% early adults and late adults by 26%. The age factor showed may not have an impact on the mother's level of knowledge. The contradicts with the theory which stated that the older of the person is, the maturity level of thinking will be more mature. Maturity is due to the maturation of organ functions in psychological and mental aspects as well as a person's level of thinking (Mubarak, 2007). However, this study in line with Destria (2007) which described the factors related to age and the mother's level of understanding of Antenatal Care messages contained in the MCH book, indicating that there was no relationship between age and respondent's knowledge of Antenatal Care messages. In the KIA book. These results were also supported by Muthmainah's (2010) research on factors related to maternal knowledge in providing complementary feeding at Puskesmas Pemulang that factor did not affect maternal knowledge is age ($p = 0.189$). Many factors influence the level of knowledge, including education, employment, sources of information, income and socio-culture. Knowledge can be obtained from other people's knowledge, such as: listening, seeing directly and through communication tools such as television, radio, books and others (Notoatmodjo, 2014).

An overview of mother's attitude about stunting in Banjar Pengukuh, Peguyangan Kangin Village, Denpasar

Based on Table 4, it found that most of the respondents' attitudes have good attitudes that were 66 people (97.1%). These results were in line with Olsa's (2017) study of the relationship between attitudes and knowledge of mothers towards the incidence of stunting in children who just entered elementary school in Nanggalo sub-district, which showed that the attitudes of mothers were mostly in the positive category of 55.2%. Another research conducted by Talitha (2015) in Utan Kayu Utara Village, East Jakarta also found that the attitudes of mothers were mostly in the positive category at 81.1%, while 18.9% for mothers with attitudes that categorized as unfavourable.

According to Sunaryo (2004), attitude is the readiness to respond consistently with positive or negative characteristics of an object or situation. Attitude is a tendency to act from an individual in the form of fast response to a specific stimulus or object. Attitude shows the suitability of reactions to stimuli that already involve a person's opinion and emotional factors. Thus, attitude is not an action or activity, but a tendency to take action or behaviour.

The results of the in-depth analysis showed 66 respondents who had good attitudes, 42 of 66 people or 61.8% of them had lacked knowledge. That was in stark contrast to the theory which stated that attitude is a mental and nervous state of readiness through experience or knowledge which gives a dynamic influence on individual responses to each object or situation they experience (Widayatun, 1999). The comprehensive attitude is not only influenced by knowledge but also the belief (belief) of ideas, concepts towards an object, and the emotional life of an object (Notoatmodjo, 2014).

In this study, respondents had less knowledge of the definition of stunting, caused, and the long-term effects of stunting, but respondents had a right attitude towards preventive measures against risk factors for stunting. There were still many respondents who do not know the term stunting. According to Azwar in Budiman and Riyanto (2013), cultural factors can affect a person's attitude. The culture we lived and growth had a profound influence on shaping our attitudes. If a mother lived in a culture that had the habit of fulfilling balanced nutrition and maintaining health, this would be affected the mother's attitude in preventing the incidence of stunting in toddlers.

CONCLUSION

Based on the research results, there were still many mothers who had less knowledge of stunting, 64.7% mothers. This can give a long-term impact on the child. Puskesmas need to increase socialization related to stunting in order to optimize growth from an early age.

SUGGESTION

Puskesmas are expected to provide education when posyandu for toddlers related to stunting, and the government needs to spread education through social media related to stunting. In this study, there

are still limitations, there was the saturation of respondents when answering statements on the questionnaire because there were quite a lot of statement items.

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