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Mother's knowledge and attitudes towards preventing stunting in their toddlers (1-5 years) in West Java Indonesia

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Abstract

Background: Stunting is a term used to describe a condition when a child's physical growth does not reach the height that should be appropriate for his age. This indicates that the child is experiencing growth delays which can have a negative impact on their physical and cognitive development. Stunting or shortness of breath occurs when babies (0-11 months) and toddlers (12-59 months) experience growth failure as a result of chronic malnutrition, especially during the first 1,000 days of life. The impact is that the child has a shorter height than the standard that should be appropriate for his age.

Purpose: To determine the relationship between knowledge and attitudes of mothers towards stunting in toddlers (1-5 years) in the Ciherang Community Health Center working area, Cianjur Regency in 2023.

Method: Quantitative research with a research design *cross sectional*. This research was conducted from April to May 2023. Respondents were 53 mothers who had stunted children under five. Data collection was carried out by observing, analyzing data using tests *spend-square*.

Results: Analysis results *spend-square* earned value $p\text{-value} = 0.003 < 0.05$.

Conclusion: There is a relationship between mother's knowledge and attitude towards *stunting*.

Suggestion: It is hoped that it can increase knowledge and insight for mothers to know the importance of prevention *stunting* from the age of toddlers in order to reduce the number of incidents *stunting* in Indonesia, especially in the Cianjur Region.

Keywords: Attitude; Knowledge; Stunting; Toddler.

INTRODUCTION

Stunting is a health problem that is often found in developing countries, including Indonesia (United Nations International Children's Emergency Fund, 2017). Stunting or shortness of breath is a problem of chronic malnutrition caused by a lack of nutritional intake over a long period of time, resulting in growth disorders in children, namely the child's height is lower or shorter (stunted) than the age standard (Ministry of Health of the Republic of Indonesia, 2018).

In 2017, there were 22.2% or 151 million children suffering from stunting worldwide. The highest proportion of stunting is in Asia with more than half of the cases of stunted toddlers in the world or 83.6 million (55%), while another third is found in Africa with 39% of the number of stunted toddlers. The largest proportion of stunted toddlers in Asia comes from South Asia at 58.7% and the lowest proportion is in Central Asia at 0.9% of stunted toddlers. Southeast

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Asia is in second place with the number of stunted toddlers at 14.9% (World Health Organization, 2021).

In Indonesia, the incidence of stunted toddlers is a major health problem faced. The prevalence of stunting or shortness in Indonesia tends to be static. The results of basic health research in 2007 showed that the prevalence of stunted toddlers in Indonesia was 36.8%. In 2010 it decreased to 35.6%. However, in 2013 the prevalence of stunted toddlers increased again to 37.2% and in 2016 the prevalence of stunted toddlers further fell to 27.5%. In 2017 and 2018, the prevalence of stunting increased again to 29.6% and 30.8% (Ministry of Health of the Republic of Indonesia, 2018a).

Stunting in children is a chronic nutritional problem due to long-term inadequate nutritional intake combined with infectious diseases in children and environmental problems (World Health Organization, 2021; Vilcins, Sly, & Jagals, 2018). Stunting needs special attention because it can increase the risk of death in children, as well as hinder children's physical and mental development (Rokhaidah, & Hidayattullah, 2022; Leroy, & Frongillo, 2019).

The causes of stunting in toddlers are the mother's age, mother's knowledge, family support (Rokhaidah, & Hidayattullah, 2022; Saleh, Syahrul, Hadju, Andriani, & Restika, 2021). The main problem related to stunting or short stature is parental knowledge. Another causal factor is family support. The support provided by the family is the foundation for the mother's decision making which is very important, because the actions taken by the mother will get approval from the family. Family support is very influential on mothers of toddlers, especially support from husbands and parents (Jannah, Ulfiana, & Wahyuni, 2020).

Family support can make family members carry out activities with good self-confidence, so that they can improve health in their lives. Family knowledge and support for mothers is very important for children's growth and development (Latifah, Susanti, & Haryanti, 2018).

Family support is encouragement in the form of attention from the family to family members. Family support is also the most important part of the family to help individuals solve problems. Individuals will feel confident in facing problems when given support from

family members (Saadah, Yumni, Mugianti, & Yulianto, 2022). Family support can create a family capable of functioning with a variety of knowledge and skills, so that families can improve their health and adjustment in life (Matthews, Pupilampu, & Gelech, 2021).

Family support has factors that can influence it, the first is knowledge. Families who have good knowledge will provide support and motivation for mothers of toddlers so they can provide adequate nutritional intake to their children. The greater the support provided by the family, the more persistent the mother will be in providing high nutritional intake (Mamangkey, Rompas, & Masi, 2018). Low knowledge can make someone have limitations in digesting information so that they cannot solve a problem (Helena, Wiyono, & Dewi, 2017).

The cause of the high prevalence of stunting in toddlers in this treatment is due to economic conditions, knowledge, level of education and habits in the family, which is something that is considered to greatly influence the handling of stunting incidents. The lack of understanding and information means that people often think that stunting is something that is considered normal and do not recognize the signs of stunting, this is because it is influenced by the less than optimal role of the family in dealing with family members who are stunted (Aida, 2019).

Work is also a predisposing factor for stunting. In an interview conducted by Dr. Sitti Patimah; For children whose parents both work outside, one of the causes of children experiencing stunting is that children are often left behind to go to work by their parents and are neglected at home. Or if it is entrusted to someone else, it is not looked after and cared for properly, resulting in malnutrition. Apart from that, in offices it is not possible to provide space for employees to breastfeed their children or provide child care, so children tend to be left behind. Household economic status is considered to have a significant impact on the possibility of children becoming stunted. The picture of the family's economic status can be seen through the opinions obtained, low income means low purchasing power, so they are unable to buy the food they need (Azarine, 2023).

Reinforcing factors are factors that strengthen a person to behave in a healthy or sick manner,

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encouraging or reinforcing behavior such as health workers. One of the factors causing stunting is low public awareness and poor parenting behavior. The main factor causing low public awareness and behavior is the lack of public understanding and attitudes regarding the importance of public health itself (Notoatmodjo, 2018). Interpersonal communication remains a very effective method in changing behavior, as well as in convincing targets to visit health facilities. Therefore, the role of health workers is needed to help mothers and children in preventing stunting (Elinel, Afni, Alifta, Meilani, Jondu, & Kavana, 2022).

Enabling factors are factors that enable or facilitate behavior or actions such as family support and cadre support. Family support is a form of interpersonal relationship that includes attitudes, actions and acceptance of family members. Forms of family support include informational support, assessment support, instrumental support, and emotional support. Based on research in Bone-Bone Village, Baraka District, Enrekang Regency, the results showed that there was a significant relationship between family support and the incidence of stunting in babies aged 24 - 59 months (Ibrahim, Alam, Adha, Jayadi, & Fadlan, 2021). Support for toddler mothers is really needed in toddler care, especially support obtained from the toddler mother's family, such as from the toddler's husband or father because the support given can influence the mother's success in fulfilling the child's nutrition. Apart from that, the necessary family support that can be provided includes the availability of time, funds, and searching for information regarding the health of toddlers in order to provide good and correct treatment in dealing with health problems related to babies and toddlers (Elinel et al., 2022).

RESEARCH METHOD

This type of research uses quantitative research with a cross sectional research design. This research was carried out from April to May 2023. The population was 53 mothers who had stunted children under five in Ciherang Village, Ciherang Community Health Center, Cianjur Regency. The sampling technique uses a total sampling technique. This

research plan aims to determine the relationship between knowledge and attitudes of mothers towards stunting in toddlers (1-5 years) in Ciherang Village, Ciherang Community Health Center Working Area, Cianjur Regency.

The independent variable in this study is the mother's knowledge of stunting in toddlers, while the dependent variable is the mother's attitude towards stunting in toddlers. The inclusion criteria in this study are: Mothers who have toddlers aged 1-5 years and weighing 7-24 kilo grams, both male and female, toddlers who are in the Ciherang Community Health Center Working Area, Cianjur Regency and mothers who are willing to be respondents. Meanwhile, the exclusion criteria are: Mothers who have toddlers aged under 1 year and over 5 years with a body weight of less than 7 kilo grams and more than 25 kilo grams. The mother or respondent was not present at the time of data collection and was not willing to be a sample.

Data collection was carried out by direct interviews using a questionnaire. Data on maternal knowledge regarding stunting was obtained using the Guttman scale, a questionnaire containing 15 questions related to the definition, causes, impacts and prevention of stunting was used. The questionnaire was adapted from research by Agumelar (2014). Data on maternal knowledge of stunting was obtained by direct interview using a questionnaire, then categorized as good if the total score was ≥ 6 ; and poor if the total score is < 6 . 4). and the mother's attitude variable was obtained using a questionnaire consisting of 20 questions related to stunting obtained using the Guttman scale. On positive questions, a score of 1 is given for an agree answer and 0 for a disagree answer. Meanwhile, for negative questions, a score of 1 is given for a disagree answer and 0 for a disagree answer, and in the good category if the total score is ≥ 13 and in the poor category if the total score is < 13 .

Data analysis used cross tabulation (crosstabs) with the Chi Square test to determine the statistical relationship between the independent variables, namely Knowledge and Attitudes, and the dependent variable, namely Stunting in Toddlers.

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RESEARCH RESULTS**Table 1. Characteristics of Respondent (N=53)**

Variables	Results
Age (Mean±SD)(Range)(Year)	(38.7±8.75) (20-46)
Occupation (n/%)	
Unemployed	24/45.3
Employed	29/54.7
Education (n/%)	
Elementary School	10/18.9
Junior High School	16/30.2
Senior High School	24/45.2
University	3/5.7
Knowledge (n/%)	
Good	19/35.8
Poor	34/64.2
Attitude (n/%)	
Good	37/69.8
Poor	16/30.2
Number of Child (n/%)	
1	8/15.1
2	12/22.6
3	14/26.4
>3	19/35.9
Child's Height (n/%)	
Normal	46/86.8
Short	7/13.2
Very short	0/0
Child's Weight (n/%)	
Over	8/15.1
Normal	31/58.5
Low	14/26.4

From table 1 above, it is known that the average and standard deviation of respondents' age is (38.7 ± 8.75) with an age range of 20 to 46 years. The majority are employed with 54.7%, 45.2% have higher education, 64.2% with poor knowledge, 69.8% with good attitudes, 35.9% with >3 children, 86.8% with normal child height and 58.5% with normal child weight.

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Table 2. Relationship between Mother's Knowledge and Attitudes towards Stunting in Toddlers

Variable	Attitude		p-value
	Good (n=37)	Poor (n=16)	
Knowledge (n/%)			
Good	18/48.6	1/6.25	0.003
Poor	19/51.4	15/93.75	

Based on the table above, it is known that of the 37 respondents who had a good attitude, as many as (48.6%) had good knowledge, while of the 16 respondents who had a poor attitude, the majority (93.75%) had poor knowledge.

Based on the analysis results *Chi-Square* earned value $p\text{-value} = 0.003 < 0.05$, meaning there is a relationship between mother's knowledge and attitude towards *stunting* in Ciherang Village, Ciherang Community Health Center Working Area, Cianjur Regency.

DISCUSSION

Based on the results of data analysis using tests *spend-square* in table 2, the values are obtained $p\text{-value} 0.003 < 0.05$ means there is a significant relationship between mother's knowledge and attitude towards *stunting* in toddlers (1-5 years) in the Ciherang Community Health Center Working Area, Cianjur Regency.

According to theory, the environment where a person works can provide opportunities for the individual to gain experience and knowledge directly or indirectly (Notoatmodjo, 2018).

Education is where someone provides direction, knowledge, and guidance to others in order to help them understand something. In this context, education functions as a form of guidance or direction that aims to help individuals gain a better understanding of a particular topic or concept. By providing guidance, the person providing education plays a role in helping other people to achieve a deeper and broader understanding of something that is being studied or understood (Notoadmodjo, 2018).

This shows that education (knowledge) is a person's attitude regarding an object at different levels. It can be said that the higher a person's level of education, the better the knowledge that person

has, as is the case in developing a healthy lifestyle (Mirowsky, 2017).

Attitudes are evaluations or judgments made by individuals or respondents regarding topics related to health, disease, and factors related to health risks. In this context, attitudes reflect a person's views or opinions on health issues. Such as the condition of their body, feelings of illness or health, positive or negative (Arnita et al., 2020).

Attitude is an individual's tendency to act which includes closed responses to certain stimuli or objects. This attitude shows the suitability of reactions to stimuli that involve individual opinion and emotional factors. If someone has a tendency to have a negative attitude, then their actions and behavior will also tend to be negative. Therefore, if someone has a negative attitude towards nutritional problems in children, this can cause problems with inadequate nutrition in these children. Based on the direction and strength of the relationship, the relationship between maternal attitudes towards stunting is positive (unidirectional) and quite strong. Positive behavior will be reflected when someone has knowledge supported by a positive attitude (Arnita et al., 2020).

According to the theory, knowledge based on understanding is a key factor in shaping a person's actions. In the context of prevention stunting, Accurate and well-understood knowledge can inspire positive attitudes in overcoming children's nutritional problems. Through health team collaboration and specific nutritional interventions, such as providing nutritional counseling to individuals and families. In this case, knowledge provides a strong foundation for gaining a better understanding of nutritional issues and enables individuals and families to change their behavior to implement the necessary changes. Meanwhile, parents who have less knowledge tend to have a less positive attitude in dealing with certain situations. Here it can be concluded that this happens

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because all of the respondents are mothers, usually mothers always pay attention to their children's growth and development (Ramayulis, Kresnawan, Iwaningsih, Rochani, & Atmarita, 2018; Carolina, Puspita, & Indriana, 2023).

This research is in line with research conducted on children at Early Childhood Integrated Healthcare Center, Lubuk Pakam District, with a p-value of 0.001, meaning that the H_a hypothesis is accepted, indicating that there is a relationship between mother's knowledge and attitudes about stunting (Hulu, 2020). And research in the working area of the Simpang Wire Community Health Center, Jambi City regarding the relationship between maternal knowledge and attitudes and efforts to prevent stunting in toddlers with a p-value of $0.030 < 0.05$, meaning the H_a hypothesis is accepted (Arnita, Rahmadhani, & Sari, 2020). Also research on the relationship between maternal knowledge and attitudes and stunting prevention behavior in toddlers, obtained a p-value of $0.003 < 0.05$, meaning the H_a hypothesis is accepted (Mutingah & Rokhaidah, 2021).

CONCLUSION

It is hoped that it can increase knowledge and insight for mothers to know the importance of prevention *stunting* from the age of toddlers in order to reduce the number of incidents *stunting* in Indonesia, especially in the Cianjur Region.

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