



# The relationship between mother's knowledge and the incidence of stunting in toddlers in polindes, mundar village, south labuan amas district, hulu sungai tengah regency in 2024

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## Article Info

### Article history:

Received June 26, 2024

Revised July 18, 2024

Accepted August 05, 2024

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### Keywords:

Stunting reduction

Maternal knowledge

Nutritional intake

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## ABSTRACT

Stunting is stunted growth caused by a lack of nutritional intake due to a diet that does not meet long-term needs. South Kalimantan Province is the top 3 provinces with the highest stunting reduction (-5.4%) in 2022 based on the results of SSGI issued by the Indonesian Ministry of Health. Initially, in 2021 stunting in South Kalimantan reached 30.0% and in 2022 it decreased by 24.6%. With a figure of 24.6%, stunting reduction is still South Kalimantan's priority to achieve the target of 14% in 2024. Based on data from the Hulu Sungai Tengah district health office in 2020 at 10%, it decreased in 2021 with a figure of 9.44%, and in 2022 it increased by 31.10%. This research is an analytical research. With a Cross Sectional approach. The results of the study were obtained that most of the mothers had sufficient knowledge and 21 people (33.9%) were not stunted, 9 people (14.5%) were stunted, 13 people (21.0%) were not stunted and 2 were not stunted (3.2%), while 0 people (0%) had good knowledge and stunted babies, and 17 people (27.4%) were not stunted. Based on the results of the chi Square test, the results were obtained that there was a relationship between maternal knowledge and the incidence of stunting in Polindes Mundar Village with a P Value = 0.000. It is recommended that the Mundar Village Polindes, South Labuan Amas District, Hulu Sungai Tengah Regency further increase health counseling activities related to health and education to mothers with babies and toddlers about stunting prevention through improving child nutrition.

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DOI: <https://doi.org/10.52465/johmpe.v2i2.383>



## 1. Introduction

Stunting is stunted growth caused by a lack of nutritional intake due to a diet that does not meet long-term needs. This growth delay is a combination of energy, protein, and multi-substance deficiencies. Micronutrients and fetuses up to 2 years old. In children as young as 2 years old can cause the death of infants and children [1].

Stunting is a significant health issue for toddlers that remains prevalent globally. In 2019, approximately 21.3% or 144 million children under the age of five were affected by stunting worldwide. The highest prevalence was in Asia with 78.2 million toddlers, followed by Africa with 57.5 million, Latin America and the Caribbean with 4.7 million, and Oceania with 0.6 million. Among the stunted toddlers in Asia, the largest proportion was in South Asia with 55.9 million, followed by Southeast Asia with 13.9 million [2].

The World Health Organization (WHO) (2021) reported that the global prevalence of stunting reached 22%, or 149.2 million, in 2020. Indonesia ranks second highest in Southeast Asia with a prevalence of 31.8%. The highest prevalence is in Timor-Leste at 48.8%, followed by Laos at 30.2%, Cambodia in fourth place at 29.9%, and the lowest number of stunted children is in Singapore with 2.8%. In Indonesia, about one-third of toddlers are shorter than the average normal height, with approximately 30.8% of toddlers experiencing stunting. According to the 2022 Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting was 21.6%, a decrease of 2.8% from the previous year. The target for 2024 is to reduce the prevalence of stunting to 14% [3].

South Kalimantan Province ranked among the top three provinces with the highest reduction in stunting (-5.4%) in 2022, according to the Indonesian Ministry of Health's SSGI results. Initially, in 2021, the stunting rate in South Kalimantan was 30.0%, and in 2022 it decreased to 24.6%. Despite this decrease to 24.6%, reducing stunting remains a priority for South Kalimantan to achieve the target of 14% by 2024. According to data from the Health Department of Hulu Sungai Tengah Regency, the stunting rate was 10% in 2020, decreased to 9.44% in 2021, but increased to 31.10% in 2022 [4].

The acceleration of stunting reduction in toddlers is one of the main agendas of the Indonesian government. The Indonesian government views this as an effort to create healthy, intelligent, and productive human resources and to achieve the Sustainable Development Goals (SDGs), particularly Goal 2, which aims to eliminate hunger, achieve food security and improved nutrition, and promote sustainable agriculture. Accelerating the reduction of stunting is necessary and many effortst that can be made to do this prevent stunting. Effort to prevent stunting can be said successfully resolved, one of the causes by public health behavior [5].

The impact of stunting on toddlers can be divided into short-term and long-term effects. One short-term effect is the suboptimal development of a child's cognitive, motor, and verbal skills. Long-term effects include shorter stature compared to peers, increased risk

of obesity, suboptimal learning capacity and school performance, and reduced productivity in the workforce [6].

Stunting is not caused by a single factor but by multiple interrelated factors. The role of parents, especially mothers, is crucial for achieving proper child nutrition, as children need parental attention and support during their early growth and development. To ensure good nutrition, parents must have adequate nutritional knowledge to provide suitable meals [7].

A mother's level of nutritional knowledge is influenced by her education. A mother's education is a fundamental asset in planning family meals, childcare, and upbringing. Increased women's education leads to greater awareness of self-development and potential actualization, whether through career pursuits or social activities. In the era of globalization, the growing economic demands often require mothers to work to supplement family income. A mother with limited nutritional knowledge and attitudes will significantly affect her child's nutritional status, making it difficult to choose nutritious food for her child and family [8].

Toddlers are among the most vulnerable groups to nutritional issues. Nutritional deficiencies at an early age increase infant and child mortality rates. One nutritional issue among children is stunting. Stunting is a chronic malnutrition problem caused by prolonged insufficient nutrient intake due to inappropriate feeding. Stunting is caused by multidimensional factors, including insufficient knowledge of mothers and families regarding their toddlers' health and balanced nutrition [9].

This is because toddlers are vulnerable to various forms of malnutrition. Anthropometric assessments of nutritional status can reflect conditions caused by acute/temporary issues (underweight) or chronic issues (stunting). One of the Indonesian government's efforts to address nutritional problems in infants and toddlers is through integrated health programs. The Family Hope Program (PKH), implemented since 2005, is an anti-poverty initiative known internationally as Conditional Cash Transfers (CCT). It aims to build a social protection system for poor communities and is coordinated by the Poverty Alleviation Coordination Team [9].

Factors influencing the occurrence of stunting in toddlers include maternal knowledge, maternal education, family income, exclusive breastfeeding, age of complementary feeding introduction, zinc adequacy, iron adequacy, history of infectious diseases, and parental genetic factors (9). Many parents do not pay attention to the life of toddlers experiencing stunting. It is very difficult to correct stunting in toddlers before the age of five; therefore, parents must understand the factors contributing to stunting [9].

One cause of stunting is the mother's childcare practices. Childcare practices are closely related to maternal knowledge. Insufficient knowledge can result in poor childcare practices, influencing the occurrence of stunting in toddlers and affecting the mother's attitudes and behaviors towards feeding her child. This, in turn, impacts the nutritional status of the child [10].

Based on a preliminary study conducted by the researcher using interview techniques at the Polindes in Mundar Village, Labuan Amas Selatan Subdistrict, out of 10 toddlers, 7 experienced stunting, and 3 did not. Among the 7 mothers with stunted children, 5 did not

know about stunting, and 2 knew about it. This prompted the researcher to conduct a study titled 'The Relationship Between Maternal Knowledge and Stunting in Toddlers at Polindes in Mundar Village, Labuan Amas Selatan Subdistrict, Hulu Sungai Tengah Regency, in 2024.

## 2. Method

This research is an analytical study. Analytical research is conducted without intervening with the research subjects. The time approach used in this study is cross-sectional. Cross-sectional research studies the dynamics of the correlation between risk factors and effect factors through a simultaneous data collection and observation approach. The researcher collects data on the variable of maternal knowledge concurrently with the observation or assessment of the variable of stunting incidence in toddlers [11].

The variables in this study are maternal knowledge and the incidence of stunting. The population in this study comprises all mothers with toddlers at the Polindes in Mundar Village. The sampling technique used in this research is total sampling with a saturation technique, totaling 62 respondents. The instrument used in this study is a questionnaire. The data collected from the study are analyzed using univariate and bivariate analysis. The statistical test used in this research is the chi-square test.

## 3. Results and Discussion

### 3.1. Result

The data obtained from this research are presented in the form of frequency distribution tables and cross-tabulation tables. The researcher presents the characteristics of the respondents, showing the frequency distribution of the mothers' age, education, occupation, the toddlers' age, and gender.

Table 1. Characteristics of Respondents

Characteristics of Respondents	Frequency	Presentage
Mother age		
< 20 tahun	3	4,8
20 – 35 tahun	45	72,6
>35 tahun	14	22,6
<b>Total</b>	<b>62</b>	<b>100</b>
Occupation		
Housewives	51	82,3
Private employees	11	17,5
<b>Total</b>	<b>62</b>	<b>100</b>
Education		
Elementary School	27	43,5
Middle School	12	19,4
High School	20	32,3
University	3	4,8
<b>Total</b>	<b>62</b>	<b>100</b>
Toddler age		
1 - <3 years	33	53,2
3 - 5 years	29	46,8

	<b>Total</b>	<b>62</b>	<b>100</b>
Gender			
Male		27	43,5
Female		35	56,5
	<b>Total</b>	<b>62</b>	<b>100</b>

Table 1 presents the characteristics of respondents. It shows that the majority of mothers are aged 20-35 years, totaling 45 individuals (72.6%), followed by 14 individuals (22.6%) aged over 35 years, and 3 individuals (4.8%) under 20 years old. The occupation of most mothers is housewives, accounting for 51 individuals (82.3%), while 11 individuals (17.5%) work in the private sector. In terms of education, 27 respondents (43.5%) have completed primary school (SD), 12 (19.4%) have completed junior high school (SMP), 20 (32.3%) have completed high school (SMA), and 3 (4.8%) have attended college. The majority of toddlers are aged 1 to less than 3 years, totaling 33 (53.2%), while 29 (46.8%) are aged 3 to 5 years. The gender distribution among toddlers shows 35 females (56.5%) and 27 males (43.5%).

Table 2. Distribution of Maternal Knowledge Frequency and Stunting Incidence in Toddlers

Research Variable	Frequency	Percentage
Good	17	27,4
Sufficient	30	48,4
Unsufficient	15	24,2
<b>Total</b>	<b>62</b>	<b>100</b>
Stunting Incidence		
Stunted	22	35,5
Not-stunted	40	64,5
<b>Total</b>	<b>62</b>	<b>100</b>

Based on Table 2, it is known that the majority of mothers have sufficient knowledge, totaling 30 individuals (48.4%), followed by 17 individuals (27.4%) with good knowledge, and 15 individuals (24.2%) with insufficient knowledge. The majority of children are non-stunted, totaling 40 individuals (64.5%), while 22 individuals (35.5%) are stunted.

Table 3. Relationship between Mother's Knowledge and Stunting Incidence

Knowledge	Stunting Incident				Total	
	Stunted		Not-stunted		n	%
	n	%	n	%		
Good	0	0,0	17	27,4	17	27,4
Sufficient	9	14,5	21	33,9	30	48,4
Unsufficient	13	21,0	2	3,2	15	24,2
<b>Total</b>	<b>22</b>	<b>35,5</b>	<b>40</b>	<b>64,5</b>	<b>62</b>	<b>100</b>
	P Value = 0,000		a < 0,05			

## 3.2. Discussion

### 3.2.1 Knowledge

Based on Table 2 above, it is known that the majority of mothers have sufficient knowledge, totaling 30 individuals (48.4%), followed by 17 individuals (27.4%) with good knowledge, and 15 individuals (24.2%) with insufficient knowledge. According to the research findings, the majority of mothers have sufficient knowledge due to a lack of information about stunting and nutrition for toddlers, which significantly affects maternal knowledge.

According to Notoatmodjo (2010), knowledge is the result of knowing and occurs after individuals sense certain objects. Sensation occurs through the human senses: smell, sight, hearing, and touch. Knowledge encompasses all ideas and concepts that humans have about the world around them, including humans and their lives. Knowledge is typically acquired from information obtained through formal education or other sources such as radio, TV, internet, newspapers, magazines, and counseling [12].

There are several factors causing stunting in toddlers, one of which is maternal knowledge about nutrition, which significantly influences the practice of providing nutritional intake to children during their growth and development. Therefore, with good nutritional knowledge, it is hoped that mothers can prepare nutritious and balanced meals for the child's growth process [13].

The research results by Putri Wulandini (2019) on the knowledge of mothers with toddlers about stunting at the Rejosari Community Health Center in Tenayan Raya Subdistrict, Pekanbaru City, indicate that the majority of respondents have insufficient knowledge, totaling 49 individuals (70.00%). This is due to mothers' lack of knowledge about stunting, which can be influenced by factors such as age and education level. Sources of information and technological advances provide various mass media that can influence public knowledge about new information, such as television, radio, newspapers, counseling, and others [14].

### 3.2.2 Stunting Incident

Based on Table 2, it is known that the majority are non-stunted children, totaling 40 individuals (64.5%), while 22 individuals (35.5%) are stunted. Stunted children are those with nutritional status based on Height-for-Age (HAZ) index, where according to anthropometric standards for assessing nutritional status in children, measurements fall within the range of  $<-2$  SD to  $<-3$  SD (short/stunted) and  $<-3$  SD (severely stunted). Stunting occurs due to failure in the child's growth process because of suboptimal health conditions and nutritional intake [15].

There are several factors causing stunting in toddlers, one of which is maternal knowledge about nutrition, which significantly influences the practice of providing nutritional intake to children during their growth and development. Therefore, with good nutritional knowledge, it is hoped that mothers can prepare nutritious and balanced meals for the child's growth process [16].

These research findings align with a study by Amalia, 2021, which found that out of 130 toddlers aged 24-60 months in Planjan Village, within the working area of Saptosari

Community Health Center, the majority of toddlers experienced stunting, totaling 58 toddlers (44.6%). Meanwhile, the remaining 72 toddlers were categorized as normal, comprising 55.4% [13].

### 3.2.3 Relationship between maternal knowledge and stunting incidence

Based on Table 3, it is known that the majority of mothers have sufficient knowledge, with 21 individuals (33.9%) having non-stunted children, 9 individuals (14.5%) having stunted children, 13 individuals (21.0%) having insufficient knowledge and stunted children, and 2 individuals (3.2%) having insufficient knowledge and non-stunted children. Meanwhile, there were 0 individuals (0%) with good knowledge and stunted children, and 17 individuals (27.4%) with good knowledge and non-stunted children.

The statistical test using Chi-Square yielded a p-value of 0.000, indicating a significant relationship between maternal knowledge and the occurrence of stunting in Polindes Desa Mundar.

These findings are consistent with Amalia's study (2021), which stated that there is a relationship between maternal knowledge of nutrition and the occurrence of stunting in toddlers in Planjan Village, within the working area of Saptosari Community Health Center, Gunung Kidul Regency. Another study supporting this is by Agustiningrum (2016), which found a significant relationship between maternal knowledge of nutrition and the occurrence of stunting in toddlers, evidenced by a chi-square test result with p-value  $< \alpha$ , namely  $0.043 < 0.05$ , concluding a relationship between maternal knowledge and stunting. Additionally, supported by an odds ratio (OR) of 1.8, indicating that mothers with inadequate knowledge are 1.8 times more likely to have stunted children compared to mothers with good knowledge. Thus, good knowledge of nutrition can prevent stunting in children [17].

These research results also align with Hamdin's study (2023), which found a significant relationship between maternal knowledge and the occurrence of stunting in toddlers in the working area of Mayo Hilir Community Health Center, Sumbawa Regency, with a p-value of 0.006. The study showed that maternal knowledge influences the occurrence of stunting in toddlers [18].

Parental knowledge can help improve nutritional status in children to achieve growth maturity. Inadequate knowledge, lack of understanding about good eating habits, and insufficient awareness about stunting determine a mother's attitudes and behaviors in providing food for her children, including the type and amount necessary for optimal growth [19].

Knowledge is also closely related to education, where it can be assumed that higher education broadens one's knowledge. Low education does not guarantee that a mother lacks sufficient knowledge about her family's nutrition. High curiosity can influence a mother in obtaining information about suitable food for her child. Increasing knowledge is not only obtained through formal education but also through non-formal education. One's knowledge about an object contains two aspects: positive and negative aspects. These aspects determine one's attitude; the more positive aspects and known objects, the more positive attitudes towards certain objects [19].

This study also supports Yoga's research (2020), stating that the majority of mothers have sufficient knowledge about stunting. Maternal knowledge levels are influenced by their educational level; mothers with higher education are more receptive to information about stunting [19]. Maternal knowledge also influences maternal behavior in selecting food items, thereby affecting the family's nutritional status [20].

Knowledge about stunting is not only influenced by education but also by age and occupation of the mother. According to Sarah (2022), education, occupation, age, and maternal knowledge about stunting are related [21]. The age of the mother also affects knowledge because the older someone is, the more mature their thinking becomes [22]. Additionally, mothers who work may not necessarily have good knowledge due to their job backgrounds being unrelated to the health sector or lacking access to information about stunting in their workplace.

According to Rahmawati et al. (2019), stay-at-home mothers were once considered as mothers who spend most of their time at home with limited access to information, but nowadays, there are many media sources that can be used anytime and anywhere to access information. Information can be obtained through media owned by the mother or from anywhere, especially in today's era where information is easily accessible through owned media [23].

Apart from knowledge, there are also many factors that cause stunting in children, but because they are highly dependent on the mother/family, family conditions and environmental factors affecting the family will impact their nutritional status. The reduction in nutritional status occurs due to insufficient nutritional intake and frequent infections. Therefore, environmental factors, family conditions, and behaviors that facilitate infection affect the nutritional status of toddlers [24], [25].

Efforts to meet the nutritional needs of toddlers, thereby addressing the prevalence of nutritional deficiencies, include consuming a variety of foods. The most important recommendation to achieve the nutritional needs of toddlers is the factor that influences parental education and food security status that is not suitable for their family, lack of public knowledge about stunting (short body) and lack of awareness of the importance of measuring the height of children's bodies every month in post-ventura. Solusi that can be done is by increasing knowledge of parents about the food that children need.

#### **4. Conclusion**

Conclusion of this research is that the majority of mothers have sufficient knowledge about stunting and nutrition for toddlers, despite the lack of adequate information. This significantly influences maternal knowledge, with most children not experiencing stunting. The study also establishes a significant relationship between maternal knowledge and the occurrence of stunting in Polindes Desa Mundar. Therefore, it is recommended that Polindes Desa Mundar in Kecamatan Labuan Amas Selatan, Kabupaten Hulu Sungai Tengah, enhance health education activities related to stunting prevention through improved child nutrition education for pregnant women, mothers with infants, and toddlers.



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