

MOTHER'S KNOWLEDGE AND ATTITUDE RELATED TO STUNTING PREVENTION

Rini Kristiyanti¹⁾, Siti Khuzaiyah²⁾, Sandi Ari Susiatmi³⁾

Email: mamabilgis@gmail.com¹⁾, khuzaiyahpenulis@gmail.com²⁾,
sandi.kedungwuni@gmail.com³⁾

^{1,2,3)} Midwifery Diploma Program, Faculty of Health Sciences, Muhammadiyah University of Pekajangan Pekalongan

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Abstract

Recently, stunting has becoming one of the nutritional problems experienced by toddlers in the world. Stunting will impact on children growth and development in the future. One of the factors related to stunting is mother's knowledge. The objective of this study was to determine the factors related to mother's knowledge and attitude in preventing stunting. This was a cross sectional study. The sample of this study was 50 pregnant women in Pekalongan Regency. This study showed that mother's education significantly related to mother's knowledge (p-value: 0,017, Wald score: 5,687). On the other hand, the habit of food restriction strongly related to mother's attitude in preventing stunting (p-value: 0,023, Wald score: 6,156). Further study with huge number of respondent is needed to gain more significant data. Moreover, health service should include education related to stunting and food restriction so that mothers could improve their knowledge and attitude in preventing stunting.

Keyword: knowledge, attitude, mother, stunting

Correspondence:

Siti Khuzaiyah, Midwifery Diploma Program, Faculty of Health Science, Muhammadiyah University of Pekajangan Pekalongan. 87th Pekajangan Street, Pekalongan, Central Java, Indonesia, Phone Number:085659676149, email: khuzaiyahpenulis@gmail.com

1. Introduction

Stunting is a global problem. The stunting rate in the world in 2000 was 32.6%. In 2017, this figure decreased to 22.2%, where 55% came from Asia and 39% from Africa. Of the 83.6 million stunted children under five in Asia, the highest proportion came from South Asia at 58.7% and the lowest in Central Asia at 0.9%. ^[1]

Stunting prevalence data for children under five collected by the World Health Organization (WHO), Indonesia was included in the third country with the highest prevalence in the Southeast Asia/South-East Asia Regional (SEAR) region 36.4%. ^[2]

Stunting is a nutritional problem that has a broad impact on social and economic aspects. Furthermore, stunting affects children's health, education, and productivity in the long term. Toddlers who experience stunting disorders will be disturbed in achieving optimal growth and development. ^[3]

Children under five and under two years of age who were stunted mostly had low intelligence and were prone to disease. Also, productivity in the future was not optimal. Ultimately, stunting stifles economic growth, increases poverty, and widens inequality more widely. ^[4]

The stunted toddler was a problem related to chronic nutrition, which was influenced by the mother's nutritional condition during pregnancy, fetal period, infant/toddler, and diseases suffered during toddlers. Comprehensive intervention related to nutrition was needed.^[5] Research showed that mothers' nutritional status during pregnancy significantly affected the incidence of stunting in children, with a p-value of 0.000.^[6]

One of the factors that caused stunting aged 6-23 months in Indonesia was inadequate knowledge and improper nutrition practices (Unicef Indonesia). In particular, it was explained that the knowledge and training that became the main obstacle was the lack of exclusive breastfeeding and appropriate complementary feeding (41%). Studies showed that the most dominant factor affecting stunting among children under five in Ketapang was the mother's knowledge of nutrition.^[7]

Besides knowledge, maternal health attitudes and behavior also contribute to stunting in Indonesia. One of the predisposing factors that facilitate behavior was attitude. The attitude of pregnant women will affect the mother's health behavior in carrying out her pregnancy to produce quality children. The mothers' attitude in preventing stunting is expected to help reduce stunting in the community, especially in the Pekalongan Regency.

Based on data in Pekalongan Regency in 2014, the stunting incidence reached 22.68%. This study aimed to analyze the factors that influence pregnant women's knowledge and attitudes in preventing stunting in Pekalongan District Health Center.

2. Method

This research was a descriptive quantitative analytic study with a cross-sectional approach. The population in this study were pregnant women at the Pekalongan Primary Health Center. The sampling technique in this study was

simple random sampling with a total sample of 50 respondents. The data collection used a questionnaire consist of 20 items. The knowledge questionnaire contains statements with "true" and "false" answers that the respondents assessed with the distribution of 4 negative questions on 7, 8, 12, and 17. The attitude questionnaires consist of 10 items containing statements with answers "yes" and "no" that the research subjects will assess 13 points with a distribution of 4 negative statements at 2, 5, 9, and 10. Before distributing the questionnaire, it tested the validity and reliability tests first using Spearman rank. Univariate analysis was used to obtain the percentage distribution of data. Logistic regression analysis was used to see the factors influencing the mother's knowledge and attitudes in preventing stunting.

3. Results and Discussion

Table 1 Characteristics of Respondents

Aspect	n	%	N (%)
Usia Ibu Hamil			
High risk (<20 years and > 35 years)	6	12	50 (100)
Ideal Age (20-35 years)	44	88	
Education			
Elementary School and Junior High School	35	70	50 (100)
High School and College	15	30	
Employment			
Housewives	36	72	50 (100)
Employed	14	28	
Gravida			
Primigravida	20	40	50 (100)
Multigravida	30	60	
Gestational Age			
2 nd Trimester	24	48	50 (100)
3 rd Trimester	26	52	
Dietary Restriction			
abstain	18	36	50 (100)
not abstinence	32	64	

Table 1 shows that most pregnant women were in the ideal age range, namely 20-35. This age is a perfect age for women to get pregnant. Most respondents were graduated from elementary and junior high school (70%). Most respondents were graduated from elementary and junior high school (70%). Most of the respondents' education has graduated from Elementary School and Junior High School (primary education). The education level will give an effect on people behaviour and life style. In addition, the higher education level, the easier those to receive new information.^[8]

Based on job characteristic, 72% respondents were housewives. Mother's busyness can take up time, which causes the mother to not have time to get an antenatal examination, and even some mothers did not do the check-up.^[9] However, not all mothers who did not work had free time to obtain information. Because most of them had to take care of household matters. Besides, the mother's knowledge depends on the mother's desire to learn

More than half of the respondents were multigravida (60 %). Parity can affect pregnant women's mental health, especially in the third trimester who were about to face childbirth. Most pregnant women with multigravidas already experienced pregnancy and childbirth from previous pregnancies, and they know what to expect.^[10]

More than a half of respondents were in their third trimester (52%) and this condition might increase mother anxiety as mothers were closer to the labor time. In contrast to mothers with multigravida, they had experience dealing with childbirth, so they seem calmer.

More than half of respondents were abstaining from specific food (60%). Abstinence is a tradition in several regions in Indonesia, where the mother is denied one or more types of nutrition during pregnancy. Stunting

occurs from pre-conception when a teenager becomes a malnourished and anemic mother. It gets worse when pregnant with insufficient nutritional intake, plus when the mother lives in an environment with inadequate sanitation.

Table 2. Factors Influencing Mother's Knowledge about Stunting

No	Aspect	Wald	sig
1	Age	0.000	0.999
2	Education	5.687	0.017
3	Employment	2.814	0.093
4	Gravida	0.599	0.439
5	Gestational Age	1.502	0.220
6	Dietary Restriction	0.391	0.532

Table 2 shows that maternal education is the most significant factor influencing maternal knowledge, with a Wald score of 5.687 and a significance value of 0.017. Indirectly, the level of a mother's education affects mothers' ability and knowledge in health care, especially regarding nutrition. Whereas if nutrition was not fulfilled, it would affect stunting in children, both mothers who were stayed in rural and urban areas.^[11]

Table 3. Factors Influencing Maternal Attitudes in Preventing Stunting

No	Aspect	Wald	sig
1	Age	2.324	0.127
2	Education	0.271	0.602
3	Employment	0.029	0.864
4	Gravida	0.331	0.565
5	Gestational Age	1.022	0.312
6	Dietary Restriction	6.156	0.023

Table 3 shows that dietary habits significantly affects the mother's attitude in preventing stunting, with a wald score of 6.156 and a significance value of 0.023. Food consumption directly affects

nutritional status. Low food consumption or lack of nutrition balance results in delayed growth.^[12] Socio-cultural nutritional practices related to stunting were dietary restrictions for pregnant women and pre-lacteal foods to newborns, infants who did not receive immunizations, and early feeding complimentary food.^[13]

4. Conclusion

The factor that had the most significant influence on maternal knowledge was the education level (p-value: 0.017). Meanwhile, the dietary restriction greatly influences the mother's attitude in preventing stunting (p-value: 0.023). Further research is required with a considerable number of respondents to obtain more significant data.

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