Relationship of Knowledge and Attitude about Stunting with Stunting Evidence

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Introduction: Stunting is an abnormal growth of children that occurs in toddlers due to lack of nutrition from the womb until birth. Children who experience stunting have impaired growth and development. The objectives of the study was to measure the relationship between knowledge and attitudes about stunting with the incidence of stunting.

Methods: The research approach used a descriptive study with a cross sectional design. The respondents in this study were all mothers that had toddlers. The sample of the study were mothers who had children aged 0–59 months as many as 48 mothers. Analysis of univariate with frequency distribution and bivariate analysis with Chi-Square.

Results: Based on the results of the research, knowledge about stunting was good, namely 37 (77.1%), and mother’s attitude about stunting was positive at 40 (83.3%) and stunting incidence was 62.5%. The findings with the Chi-Square test analysis revealed a significant effect between knowledge, attitudes about stunting and the incidence of stunting where knowledge with prevalence values and confidence intervals is 7.2 (1.59 – 32.67) and attitudes with prevalence values and confidence intervals of 7.0 (1.23 – 39.78).

Conclusion: The study declares that mothers with good knowledge effect significantly toward incidence of stunting. Mothers with positive attitudes effect significantly toward stunting incidences.

Keywords: stunting, knowledge, attitude

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INTRODUCTION

Stunting is lack of success to thrive in children less than 2 years of age due to lack of nutrition from the womb until birth. This will be clearly seen when a 2-year-old child who has the characteristics of his/her height growth is not the same as children his/her age [1]. Children who experience stunting of growth and development make them disturbed which can cause abnormalities. Decreased productivity, increased disease, and low birth rates are direct impacts of stunting. Indirectly, the impact experienced in the long term on the family can increase poverty so that health status decreases [2].

Stunting can be caused not only from poor nutritional status, but it can also be influenced by other factors, such as child care patterns, lack of understanding of pregnant women about nutrition during pregnancy, during childbirth and breastfeeding and babies who do not get exclusive breastfeeding, namely from 0 to 6 months of age. Furthermore, the impact of stunting on children can be long term to adults and the elderly [3].

The World Health Organization (WHO) declares that one of public health problems is stunting. WHO in 2018 based on Sustainable Development Goals (SDGs) data states that the percentage of children under five years is (29.6%) while under two (20.1%) (0 to 24 months) [4]. Based on SGBI data in 2021, there is a decrease in stunting in toddlers by 24.4 percent or 5.33 million. However, there is still a need for an evaluation according to height [5]. Stunting in Central Java in 2021 has decreased to 19.9 percent, but it’s different from Wonosobo Regency. Wonosobo has the highest number of stunting in Central Java, reaching 27.17%. The stunting data in Wonosobo is far above the provincial stunting rate of 14.9%. Based on data from the health office, Wonosobo is the first rank of 15 sub-districts experiencing stunting, which is still 28% according to SGGI data (Indonesian Nutrition Case Study), and 20% according to the EPPGBM [6].

During the COVID-19 pandemic, it is crucial to decide a particular strategy for handling stunting cases where posyandu activities take into account health protocols to carry out weighing and screening activities to measure children’s growth and development. This stunting condition, if not handled properly, will disrupt Indonesia Development [7].

Based on the research survey, it was found that parents have a very important role in fulfilling children’s nutrition. If parents’ knowledge regarding nutrition is not sufficient, then the fulfillment and selection of food will have a bad impact on children. Therefore, this will affect attitudes and behavior in providing nutrition [8].

Therefore, the study aimed at revealing and determining the relationship of knowledge and attitudes about stunting to the incidence of stunting in the Slukatan Village.

METHODS

This study is a descriptive study with a cross sectional approach [9]. The research site is Slukatan Village, Mojotengah District,
Wonosobo. The time phase of the study was carried out in January 2022. The participants of this study were all mothers who had toddlers. The technique in taking the sample is conducted by using the total sampling technique. The sample from this research is a mother who have babies aged 0-59 months. This research was conducted during posyandu activities by distributing questionnaires. Analysis of the data used is the frequency distribution and analysis of bivariate using the Chi-Square test [9]. This Research ethics was done in LP3M UNSIQ WONOSOBO with number of ethics 003/EC/LP3M-UNSIQ/I/2022.

RESULTS

Based on the characteristics of the respondent's age, most of the respondents were reproductive age, namely 93.8. While based on the age category of children, most of them are babies, namely 54.2%, while the characteristics of respondents are low in education, namely 72.9%, and 79.2% respondents are unemployed.

Based on the table 2 above, it can be concluded that the knowledge variable shows that most of the respondents are good, namely 37 (77.1%). Most of the participants show a positive response 40 (83.3%). And there are 62.5% of respondents who do not experience stunting.

Table 3 shows that the proportion of respondents with good knowledge who did not experience stunting was more (73%) compared to the stunting group (27%). Based on the results of the Chi-Square test with fisher's exact test, it was found that knowledge had a significant effect on the incidence of stunting with a OR and confidence interval of 7.2 (1.59 – 32.67).

Furthermore, it can be explained that the proportion of respondents who have a positive attitude and do not experience stunting (70%) compared to respondents who experience stunting (27%). The attitude of the respondents has a significant effect on the incidence of stunting with a OR and confidence interval of 7.0 (1.23 – 39.78).

Table 1
The frequency distribution on mother’s age, child’s age, education and occupation

| Variables       | Frequency (n) | Percentage (%) |
|-----------------|---------------|----------------|
| Mother age      |               |                |
| Reproductive age| 45            | 93.8           |
| High risk age   | 3             | 6.3            |
| Children age    |               |                |
| Baby            | 26            | 54.2           |
| Toddler         | 22            | 45.8           |
| Education       |               |                |
| Low             | 35            | 72.9           |
| High            | 13            | 27.1           |
| Employment      |               |                |
| Unemployed      | 38            | 79.2           |
| Employed        | 10            | 20.8           |
Table 2
The frequency distribution of knowledge, attitude, and stunting evidence

| Variables | Frequency (n) | Percentage (%) |
|-----------|--------------|----------------|
| Knowledge |              |                |
| Bad       | 11           | 22.9           |
| Good      | 37           | 77.1           |
| Attitude  |              |                |
| Negative  | 8            | 16.7           |
| Positive  | 40           | 83.3           |
| Stunting  |              |                |
| Yes       | 18           | 37.5           |
| No        | 30           | 62.5           |

Table 3
The relationship of respondents’ knowledge and attitudes towards stunting evidence

| Variables | Stunting | p       | OR (95% CI) |
|-----------|----------|---------|-------------|
|           | Yes      | No      |             |
| Knowledge |          |         |             |
| Bad       | 8 (72.7) | 3 (27.3)| 0.009       | 7.20 (1.59 – 32.67) |
| Good      | 10 (27)  | 27 (73) |             |                      |
| Attitudes |          |         |             |
| Negative  | 6 (75)   | 2 (25)  | 0.024       | 7.00 (1.23 – 39.78)  |
| Positive  | 12 (30)  | 3 (70)  |             |                      |

DISCUSSION

Knowledge and stunting evidence

Based on table 2, most of the respondents have good knowledge, namely (77.1%). Knowledge is the result of knowing what a person sees, hears and feels [10]. Based on the research results, the mother’s education was mostly low (72.9%). The study results of Dewi (2019) declares that the education level of the mother has a relationship with the incidence of stunting in children aged 24-59 months. A woman or a mother generally takes care of the children, therefore, education is very important. Education causes a woman aware of parenting related to the need for good nutrition for children. In addition, a woman can also provide the necessary nutrition for their child. If the mother's education is low, it will affect the incidence of stunting. Knowledge of mothers with low education will affect the incidence of stunting where mothers do not know how to take care of children and provide good food for them [12].

Based on the age data of the respondents, most of them are reproductive age, namely 93.8%. According to Rinata & Andayani (2018) the age between 20-35 years is a normal reproductive age. Normal reproduction, this means that a mother will become pregnant, ready to give birth and raise children. Then, an adult mother will take good care of her child.

Furthermore, table 3 shows that the proportion of respondents with good
knowledge who did not experience stunting was more (73%) compared to the group who experienced stunting (27%). From the results of the Chi-Square test with Fisher's exact test, it was found that the results showed mothers with good knowledge had a significant effect on the incidence of stunting in children. The data showed that mothers who have poor knowledge have a 7.2 times greater impact than mothers who have good knowledge.

Based on a study conducted by Rahayu & Khairiyati (2014) it is said that there is a significant relationship between maternal education and the incidence of stunting in toddlers. The pattern of care in terms of health in children is very necessary in 1000 days of life, where mothers who have higher education will seek information so that they have a good understanding of caring for their children. Several factors that can influence the pattern of child care include the mother's educational background, occupation, nutritional status and the number of children in the family. High educational status will affect the choice of nutritious food, where in 1000 days of life good nutrition is needed, so that stunting can be prevented [14].

From table 2, the distribution of the frequency of profession of the respondents (79.2%) shows that they do not have a job. Low socioeconomic conditions can also be related to the incidence of stunting or related to health. Low socioeconomic status can be measured by income in the family. This is also a need to provide nutritious food for children to become a prosperous family, so that for the prevention of stunting, sufficient family income is needed for their daily needs [11].

**Attitude and stunting evidence**

Based on table 2, it is stated that the mother's attitude towards the incidence of stunting has an influence, namely 40 (83.3%). This positive attitude is shown from the respondents' answers where they respond to strongly agree to the questionnaire. The questionnaire asked that every month the mother diligently weighs the child's weight and height at the posyandu. And the response is positive (70.8%). A positive mother's attitude is based on experiences that have been formed. Attitudes can also be influenced by local culture where the incidence of stunting is also from the process of toddlers nutrition supply and the surrounding environment that supports them in carrying out positive activities [2].

The results of the analysis test shows that the proportion of respondents who has a positive attitude who did not experience stunting (70%) compared to those who experienced stunting (27%). The results showed that mothers with positive attitudes had a significant effect on the incidence of stunting. The claim is based on the finding that showed that mothers who have a negative attitude have an impact on the incidence of stunting by 7 times greater than mothers who have a positive attitude.

This study is, therefore, in line with research of Widiyastuti (2019) which explains that attitudes have a relationship with the incidence of stunting. This study is, therefore, also in accordance with another study from Anugraheni (2012) which explains that there is an important relationship
between maternal attitudes and the incidence of stunting.

Based on the results of the respondents' responses that there are still those who answered they do not agree to prevent stunting with exclusive breastfeeding for 6 months. This is a kind of negative attitude because such attitude may increase the number of stunting cases. However, Similar to the present study, the study of Briliannita et al., (2022) also shows that mothers do not know that exclusive breastfeeding prevents stunting.

If a mother does not understand the important aspects of stunting, it can affect the mother's efforts in preventing stunting. Health behavior can be influenced by the attitude of the mother who is not good in fulfilling nutrition in children. This kind of thing can cause stunting. Mother's ignorance in child nutrition can be caused by several factors. These factors, for example, a mother has limited information or she does not have sufficient experience so that the quality of nutrition that was given to children is under the child's need [11].

CONCLUSION

Based on the results of this study, it can be concluded that knowledge about stunting is good at 37 (77.1%), and maternal attitudes about stunting are positive at 40 (83.3%) and stunting incidence is 62.5%. In addition, the results of the analysis with the Chi-Square test showed a significant effect of knowledge, attitudes about stunting on stunting evidence. The study declares that mothers with good knowledge effect significantly toward incidence of stunting. Mothers with positive attitudes effect significantly toward stunting incidences.

REFERENCES

[1] Kementerian Kesehatan RI, infodatin Pusat Data dan Informasi kementerian kesehatan RI Situasi Balita Pendek (stunting) di Indonesia, no. Hari anak Balita 8 April. Jakarta, 2018.
[2] E. Maywita and N. W. Putri, “Determinan Pengaruh Tingkat Pendidikan Dan Pengetahuan Ibu Dengan Kejadian Stunting Bayi 6-24 Bulan,” Hum. Care J., vol. 4, no. 3, pp. 173–177, 2019.
[3] A. Rahayu and L. Khairiyati, “Risiko Pendidikan Ibu Terhadap Kejadian Stunting Pada Anak 6-23 Bulan,” Penelitian Gizi dan Makanan (The Journal of Nutrition and Food Research), vol. 37, no. 2 Dec. pp. 129–136, 2014. [Online]. Available: http://ejournal.litbang.depkes.go.id/index.php/pgm/article/view/4016
[4] D. D. Kusumawati, T. Budiarti, and Susilawati, “Hubungan tingkat Pendidikan dengan Kejadian Balita Stunting,” J. Ilm. Kesehat. Ar-rum Salatiga, 2021.
[5] Magarwati and Astuti, “Pengetahuan ibu pola makan dan status gizi pada anak stunting usia 1-5 tahun di Kelurahan Bangetayu Kecamatan Genuk Semarang,” Indones. J. Nutr., 2018.
[6] Dinkes Wonosobo, “Profil kesehatan Dinas kesehatan,” Dinas Kesehatan Wonosobo, 2021.
[7] Efrizal and Wiwin, “Dampak Pandemi Covid-19 terhadap Stunting Di bangka
[8] R. G. Septamarini, N. Widyastuti, and R. Purwanti, “Hubungan Pengetahuan dan Sikap Responsive Feeding dengan Kejadian Stunting Pada Baduta Usia 6,” J. Nutr. Coll., 2019.

[9] Nursalam, Metodologi Penelitian Ilmu Keperawatan. Jakarta, 2014.

[10] Y. Wardita, E. Suprayitno, and E. M. Kurniyati, “Determinan Kejadian Stunting pada Balita,” Journal Of Health Science (Jurnal Ilmu Kesehatan), vol. 6, no. 1. pp. 7–12, 2021. doi: 10.24929/jik.v6i1.1347.

[11] A. P. Dewi, “Faktor-Faktor yang Berhubungan dengan Kejadian Stunting pada Balita 24 – 36 Bulan di Wilayah Kerja UPT Puskesmas Gadingrejo Kabupaten Pringsewu,” 2019.

[12] S. Mulyati et al., “Faktor-faktor yang berhubungan dengan terjadinya stunting pada Balita usia 24-59 bulan dikelurahan Setiawargi Kota Tasikmalaya tahun 2020,” Ilm. Kesehat. Pencerah, 2021.

[13] E. Rinata and G. A. Andayani, “Karakteristik ibu (usia, paritas, pendidikan) dan dukungan keluarga dengan kecemasan ibu hamil trimester III,” Medisains, no. April, pp. 33–35, 2018.

[14] Anugraheni, “Faktor Risiko Kejadian Stunting Pada Anak Usia 12-36 Bulan Di Kecamatan Pati, Kabupaten Pati,” J. Nutr. Coll., 2012.

[15] A. Briliannita, Z. Ismail, and L. Lasupu, “Faktor Risiko Kejadian Stunting pada Anak Usia 6-7 Tahun,” Jurnal Ilmiah Kesehatan (JIKA), vol. 4, no. 1. pp. 90–97, 2022. doi: 10.36590/jika.v4i1.226.