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Relationship Between Mothers' Knowledge and the Incidence of Stunting in Children Aged 2-5 Years

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ABSTRACT

Stunting is a chronic disorder caused by malnutrition that inhibits growth and development in toddlers. One factor influencing the success of exclusive breastfeeding is knowledge about how to optimize a child's growth and development, particularly during the toddler years, which requires preparation on the part of both mothers and health workers. This study aims to determine the relationship between mothers' knowledge and the incidence of stunting in children aged 2-5 years at the District Health Center. This study uses a descriptive analytical design with a cross-sectional approach. Data collection tools use a questionnaire on mothers' knowledge about stunting. The sample in this study consisted of 52 respondents. The sample was determined using the Slovin formula. The statistical test used was the chi-square test, which showed that 52 mothers had a basic education level, namely 9 (17.3%); 24 (46.2%) had a secondary education level; and 19 (36.5%) had a higher education level. The frequency distribution of knowledge among the 52 mothers showed that most had satisfactory knowledge about stunting, totaling 36 (69.2%), sufficient knowledge in 16 (30.8%), and insufficient knowledge in 0%. This shows that of the 52 toddlers with stunting, most were in the short category (21 or 40.4%) and normal category (31 or 59.6%). The data collection results show that out of 52 respondents, most children were in the normal category (31 or 59.6%), short category (21 or 40.4%), and very short category (0%). The results of the data analysis test on the relationship between mothers' knowledge and stunting in toddlers aged 2-5 years old at the district health center showed that mothers with good knowledge had 11 (14.1%) short toddlers and 25 (20.9%) normal toddlers, while mothers with adequate knowledge had 10 (6.9%) short toddlers and 6 (10.1%) normal toddlers. This study obtained a significant value of (P-value=0.030), with a sig value of (0.030)< 0.05, meaning that there is a significant correlation or relationship between the level of maternal knowledge and the incidence of stunting in toddlers aged 2-5 years at the District Health Center.

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INTRODUCTION

Stunting is a chronic disorder caused by malnutrition that hinders growth and development in toddlers (Muriyati & Nadia Alfira, 2021). Stunting is caused by prolonged inadequate nutritional intake due to feeding practices that do not meet nutritional needs. Stunting can occur while the fetus is still in the womb and only becomes apparent when the child is two years old (Fadilah et al., 2020). Stunting occurs when children do not receive adequate nutrition, especially during pregnancy and the first two years of life. Children who experience stunting suffer from permanent and irreversible physical growth and brain development disorders (Nugroho et al., 2021).

In today's world, one of the health problems affecting toddlers is stunting. Approximately 150.8 million toddlers worldwide suffer from stunting. According to UN statistics in 2020, more than 149 million (22%) children under 5 years of age worldwide experience stunting, 6.3 million of whom are Indonesian children. According to UNICEF, stunting is caused by malnutrition in children under 2 years of age and malnutrition in mothers during pregnancy (Darmin et al., 2023).

Although the prevalence of stunting has decreased from the previous year, the stunting prevalence target set in the 2020-2024 National Medium-Term Development Plan (RPJMN) is 14% (Presidential Regulation of the Republic of Indonesia, 20). Therefore, to ensure adequate nutrition for toddlers, a supplementary feeding program (PMT) has been established, specifically for underweight toddlers, in the form of local PMT and manufactured PMT, namely toddler biscuits. If the weight is in accordance with the weight calculation based on height, then MT (supplementary food) for underweight toddlers can be stopped and replaced with nutritionally balanced family meals (Arnita et al., 2020).

Stunting causes problems in the short and long term. Short-term problems include impaired brain development, physical development disorders, intellectual disabilities, and metabolic disorders, while long-term problems include the development of degenerative diseases such as stroke, cancer, diabetes, and decreased labor productivity (Ismawati, 2021). Government efforts that have been made include a commitment to reduce stunting rates, such as the National Strategy for Accelerating Stunting Reduction, the Implementation of Accelerated Stunting Reduction, the Coordination of Accelerated Stunting Reduction Implementation, Monitoring, Evaluation, and Reporting, and funding aimed at raising awareness and changing community behavior to prevent stunting in the first 1000 days of life (Latifa, 2018).

In order to achieve optimal child growth and development, especially during early childhood, preparations are needed from parents, especially mothers, and health workers, starting from when the child is in the womb, namely by conducting regular pregnancy check-ups and detecting high risks during pregnancy, then assisting with childbirth and caring for the baby and mother after childbirth (Arnita et al., 2020).

The role of health workers in disease prevention is one of primary prevention/health promotion, namely improving the health status of the community through activities, including health education, public health counseling such as counseling on nutrition, improving the

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nutritional status of the community, and monitoring child growth and development through early detection (Arnita et al., 2020).

The role of increasing mothers' knowledge about stunting in efforts to provide breastfeeding during the first 6 months of life and fulfill toddler nutrition is a preventive measure against stunting, one of the factors of success being influenced by knowledge (Putri et al., 2022). Based on the results of Septamarini's research in the Journal of Nutrition College in 2021 mothers with low knowledge have a 10.2 times greater risk of their children experiencing stunting compared to mothers with sufficient knowledge (Herlina et al., 2021). Stunting has an impact on health problems, namely growth failure (low birth weight, small size, thinness, and short stature), cognitive and motor impairments, and in adulthood, it increases the risk of non-communicable diseases such as diabetes, obesity, stroke, and heart disease. Stunting also has an impact on population growth, namely a decline in human resource productivity. Nutrition problems are caused by direct and indirect factors. Direct factors that can cause nutrition problems include food consumption and infection status in toddlers, while indirect factors include food availability and consumption patterns, parenting patterns, and health services and environmental health (Ali, 2018).

One factor that can influence the incidence of stunting is maternal knowledge. Knowledge about stunting is essential for mothers because inadequate knowledge about stunting can put children at risk of stunting (Rahmandiani et al., 2019). This is in line with research conducted by Luh Masrini Murti in Singakerta Village, Gianyar Regency, in 2018, which stated that the incidence of stunting showed that most mothers had insufficient knowledge about stunting, one of which is a lack of information, which greatly affects the level of knowledge. Mothers of toddlers who have insufficient knowledge are 4.8% more likely to have toddlers who experience stunting compared to mothers of toddlers who have good knowledge.(Murti et al., 2020) Hefri Brenli's 2021 study entitled The Relationship Between Education and Economic Status with Stunting in Toddlers in the Working Area of the District Health Center in Central Jakarta found that 58.7% of stunting cases in toddlers were in the short category (Brenly, 2021). Based on the above description, the author is interested in conducting research entitled “The Relationship Between Mothers' Knowledge and Stunting Incidence in Toddlers Aged 2-5 Years at the District Health Center.”

METHODS

The population in this study consisted of all mothers who visited the District Health Center with toddlers aged 2-5 years. The sample in this study consisted of mothers with toddlers aged 2-5 years who visited the District Health Center for checkups. Sampling in this study used purposive sampling, which is sampling based on the researcher's considerations. The sample in this study was determined using the Slovin formula. This study began with the preparation of a proposal, which was implemented in October 2023. The study was conducted by collecting data at the District Health Center from March to April 2024. After collecting the data, the researchers compiled a research report from April to June 2024.

The research instrument used in this study was a questionnaire. This tool was used to obtain data from respondents by providing them with 26 closed-ended statements from

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which they could choose from the provided answers. The statistical test used is chi-square. If there is a relationship between the two variables in this study, then the statistical test result with a calculation of a=0.005 will yield a p-value <0.05. If the result is >0.05, then there is no relationship between the two variables in proving the existence of a relationship between the two variables.

RESULTS AND DISCUSSION

Frequency Distribution of Mothers' Education

Table 1. Frequency distribution of mothers' education levels

Maternal Education	N	%
Primary Education	9	17,3
Secondary Education	24	46,2
Higher Education	19	36,5
Total	52	100

Table 1 shows the frequency distribution of knowledge among 52 mothers with basic education, namely 9 (17.3%); secondary education, namely 24 (46.2%); and higher education, namely 19 (36.5%). The educational characteristics of mothers in this study show that most respondents had completed secondary education, totaling 24 (46.2%) respondents. Only a small number of respondents had completed college, totaling 19 (36.5%) respondents, and only 9 (17.3%) respondents had a basic education. Education can also influence a person, including their behavior in terms of health.

The education of parents, especially mothers, can influence a person's attitudes and behavior when choosing food types. Parental education is very important because it can influence the nutritional development of their children, so parental knowledge about nutrition is very important to help parents determine the type and composition of food for their children (Sari, 2020). This study is in line with the research by Maslakhah et al., 2022, which found a significant correlation between the mother's level of education and the incidence of stunting among toddlers. This is also supported by Husniya's 2020 study, which found a relationship between the mother's level of education and the incidence of stunting with a p-value of 0.005 (<0.05), concluding that the mother's knowledge plays a significant role in the incidence of stunting.

According to research conducted by Rahmawati in 2021, people with higher education will have a better acceptance of the knowledge they acquire. This is also supported by research by Zogara et al. in 2020, which found that a mother's education has a significant correlation with stunting in toddlers. Parental education, especially that of mothers, is very important because highly educated mothers are more aware of their children's health conditions, while uneducated mothers have less understanding of their children's health. It is difficult to obtain information due to a lack of education, with a value of P=0.000, concluding that maternal education plays a significant role in the incidence of stunting. According to the researchers, the level of education greatly influences the level of knowledge of parents, who will increasingly seek new information about their children's needs, especially in meeting the

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nutritional needs of toddlers, which will also affect the level of knowledge of parents about meeting the nutritional needs of toddlers with stunting.

Frequency Distribution of Mothers' Knowledge Related to Stunting

Table 2 Frequency distribution of mothers' knowledge

Maternal Knowledge	N	%
Good	36	69,2
Sufficient	16	30,8
Insufficient	0	0
Total	52	100

Table 2 shows the frequency of knowledge among 52 mothers, with most having good knowledge about stunting (36 or 69.2%), sufficient knowledge (16 or 30.8%), and no knowledge (0%). Knowledge is something that is known based on human experience, and knowledge will increase in accordance with the process of experience (Panggabean, 2020). Mothers also need to have knowledge in providing care, especially in meeting the balanced nutritional needs of toddlers (Widari et al., 2021). This study is in line with Erfiana's 2021 study, which found a relationship between mothers' knowledge and stunting in toddlers. Mothers who have good knowledge are able to update and add to their existing knowledge, making it easier for them to accept new information that will be provided (Erfiana et al., 2021).

In a study conducted by Rizki Kurnia in 2020 on the relationship between mothers' knowledge and stunting in children aged 24-59 months in Bangkalan, a descriptive analytical study with a cross-sectional approach and purposive sampling technique was used. The results of this study showed that most of the respondents had completed high school (35 respondents, or 54%), while 11 respondents (21%) had completed elementary school. The research data were analyzed using the chi-square test, and the results showed that there was a relationship between maternal knowledge and stunting with a p-value of 0.02 ($p < 0.05$). The conclusion is that there is a relationship between maternal knowledge and stunting in toddlers.

This study is in line with the research by Hartini et al. (0) on the relationship between parental knowledge and stunting in children aged 4-5 years. The results of this study used the chi-square test, and the value obtained was p=0.000. This means that the p-value is <0.05, so it can be said that there is a relationship between parental knowledge and stunting. The results of this study are in line with the research by Prameswari et al., 2023, to determine the relationship between mothers' knowledge and the incidence of stunting in toddlers in the working area of the Moyo Hilir Community Health Center. This study used a cross-sectional design. It showed that there was a relationship between maternal knowledge and stunting in toddlers (p=0.000). This is also supported by the research by Jumiarsih Purnama Al, 2021, on maternal knowledge and stunting in toddlers aged 2-5 years in the working area of the Lawawoi Community Health Center, which found a relationship between knowledge and stunting with a p-value of 0.02 (p<a=0.05). The conclusion is that there is a significant relationship between maternal knowledge and stunting

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Stunting is a condition of growth failure in children under five years of age due to chronic malnutrition, especially during the first 1000 days of life (HPK), according to the Indonesian Ministry of Health. The results of this study are in line with Faradina's 2023 study on the relationship between mothers' knowledge and the incidence of stunting in the working area of the Sukahaji Community Health Center. (Aghadiati et al., 2023) The type of research used was analytical observational research with a cross-sectional approach. The research sample data showed that 20.9% of children were short with mothers who had good knowledge, and 11.2% of children were very short with mothers who had good knowledge. There were 14.5% of children who were short with mothers who had poor knowledge and 53.2% of children who were very short with mothers who had poor knowledge. The results of the chi-square test analysis showed that there was a relationship between maternal knowledge and stunting with a p-value of 0.001 (p<0.05). The conclusion is that there is a significant relationship between maternal knowledge and stunting.

Frequency Distribution of Stunting in Toddlers

Table 3 Frequency distribution of stunting in toddlers

Stunting	N	%
Short	21	40,4
Normal	31	59,6
Very Short	0	0
Total	52	100

Table 3 shows that of the 52 toddlers with stunting, most were in the short category (21 or 40.4%) and normal category (31 or 59.6%). The data collection results indicate that of the 52 respondents, most children were in the normal category, namely 31 (59.6%), in the short category 21 (40.4%), and in the very short category 0%. Stunting is a long-term nutritional problem in which children experience lower growth than their peers (Nurwahyuni et al., 2023). Stunting in children has several factors, including genetic factors, whereby children with short parents are more likely to be short, in line with research by Gibney (2021). Nutritional problems can cause several serious effects on toddlers, such as suboptimal development and intelligence, and demonstrate poorer cognitive function and school performance compared to children of normal height.

The results of this study are in line with Rewina's 2021 study, The Relationship between Nutritional Status and Stunting Incidence at the Kenjeran Community Health Center, which used an observational analytical study with a cross-sectional approach. The research sample obtained data on toddlers in the short category (30 or 51.6%), toddlers in the normal category (25 or 40.3%), and toddlers in the very short category (29 or 48.7%). The results of the chi-square test analysis showed that there was a relationship between nutritional status and stunting with a p-value of 0.001 (p < 0.05). Conclusion: There is a significant relationship between nutritional status and stunting.

The results of this study are in line with the 2020 study by Luluk Atmi Rahmawati, Factors associated with very short and short stunting in children aged 24-59 months in Sawah Besar District. This study used a cross-sectional design and purposive sampling

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technique. The sample in this study showed that there were more short toddlers (76.9%) than very short toddlers (23.1%). There was no relationship between the mother's age (p value = 0.503), the mother's education (p value = 0.924), employment status (p value = 0.737), family income (p value = 0.534), maternal knowledge (p value = 0.829), food variety (p value = 0.893), medical history (p value = 0.348), sleep patterns (p value = 0.714), and physical activity (p value = 0.171). With very short and short stunting, there is a relationship between exclusive breastfeeding (p value = 0.006) and parenting patterns (p value = 0.004). The results of the analysis show that there is a relationship between exclusive breastfeeding (p value=0.006) and parenting patterns (p value=0.004) with very short and short stunting. The conclusion is that there is a relationship between exclusive breastfeeding and parenting patterns with very short and short stunting.

The Relationship between Knowledge and Stunting Incidence

Table 4. The Relationship between Knowledge and Stunting Incidence in Children Aged 2-5 Years.

Maternal Knowledge	Stunting					*P- Value*
	Short		Normal		Very Short	
	n	%	N	%	%	
Good	11	14,1	25	20,9	0	0,030
Sufficient	10	6,9	6	10,1	0	
Insufficient	0	0	0	0	0	
Total	21		31	0		

Based on Table 4, the results of the data analysis test on the relationship between mothers' knowledge and stunting in toddlers aged 2-5 years show that mothers with good knowledge had 11 (14.1%) stunted toddlers and 25 (20.9%) normal toddlers, while mothers with adequate knowledge had 10 (6.9%) stunted toddlers and 6 (10.1%) normal children. In this study, statistical testing using chi-square analysis yielded a significant value (P-value=0.030) because the sig value (0.030) < 0.05, meaning that there is a significant correlation or relationship between the level of maternal knowledge and the incidence of stunting in children aged 2-5 years.

The study by (Prameswari et al., 2023) shows a relationship between maternal knowledge and stunting in toddlers. The type of research used was descriptive analysis with a cross-sectional approach and purposive sampling technique. The research data were analyzed using the chi-square test. The results showed that there was a relationship between mothers' knowledge and stunting, with a P value of 0.02 (< 0.05), meaning that there was a significant relationship between mothers' knowledge levels and stunting in toddlers.

This study is also in line with the research by Indirwan et al., 2021, which found a relationship between maternal knowledge and stunting in toddlers. The conclusion of this study shows that stunting in toddlers, whether mild or severe, occurs more frequently in mothers with less knowledge. An important factor that influences stunting is knowledge, and knowledgeable mothers can understand the factors that cause stunting, such as good eating habits, which can also reduce the risk of stunting in toddlers by providing them with foods

rich in protein, vegetables and fruits rich in vitamins and minerals, foods that are sources of iron, foods that are sources of calcium, and foods rich in healthy fats (Kementerian Kesehatan Republik Indonesia, 2020).

The higher the mother's knowledge about stunting and health, the better the food assessment, while in families with low knowledge, children often do not eat enough to meet their nutritional needs. Knowledge can influence the incidence of stunting because the mother's lack of nutritional knowledge is a factor causing stunting, where the mother's lack of nutritional knowledge is found more in the stunted toddler group than in the normal toddler group (Anggraini, 2021).

This study reinforces the view that mothers' knowledge plays an important role in determining feeding practices and child health care. According to Notoatmodjo (2018), knowledge is a cognitive domain that forms the basis for attitudes and behaviors. Mothers with good knowledge tend to have higher awareness in providing nutrition that meets their children's growth and development needs. This is in line with Anggraini's (2021) findings that a lack of nutritional knowledge is more prevalent in stunted toddlers than in normal toddlers.

The results of this study are also consistent with the study by Utami et al. (2022), which found that low maternal nutritional knowledge has an impact on inadequate complementary feeding practices, such as delayed introduction of solid foods, poor food variety, and portions that do not meet children's energy and nutritional needs. This condition results in nutritional imbalance, which contributes to stunting.

However, some studies show different results. A study by Mugianti et al. (2020) found that maternal knowledge is not always significantly related to the incidence of stunting, as socioeconomic factors, food availability, and sanitation and environmental conditions also play an important role. This is reinforced by the results of a systematic review by Akombi et al. (2019), which confirms that the determinants of stunting are multifactorial, including maternal education, family income, access to health services, and hygiene practices. Thus, although knowledge is related to the incidence of stunting, external factors also need to be considered in interventions.

The implication of this study is the need to improve maternal nutrition literacy through continuous education programs, both at the family and community levels. Counseling activities at integrated health service posts, the use of digital educational media, and training for health cadres can increase mothers' knowledge about child nutrition and health. In addition, intervention programs need to pay attention to socioeconomic and cultural conditions that can influence feeding practices.

With evidence that mothers' knowledge is related to stunting, this study supports the government's policy in the 2021–2024 National Action Plan for the Acceleration of Stunting Reduction (RAN-PASTI), which emphasizes nutrition education, improving the quality of maternal and child health services, and empowering families to support optimal growth and development of toddlers.

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CONCLUSION

The conclusions from this study are as follows: The frequency distribution of mothers' knowledge was in the good category (69.2%) and adequate category (30.8%). The frequency distribution of stunting in toddlers with stunting occurs in the short category (40.4%) and normal category (59.6%). There is a relationship between mothers' knowledge and the incidence of stunting in toddlers aged 2-5 years with a P-value = 0.030 (p<0.05).

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