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Analysis of caregiver behavior in preventing stunting in children

Eka Santi*, Rieh Firdausi , Fitri Ayatul Azlina , Nana Astriana Hasibuan,Tina Handayani

Department of Nursing, Lambung Mangkurat University
Jalan A.Yani Km 36, Banjarbaru, South Kalimantan

**Corresponding author* : e.santi15@ulm.ac.id

ABSTRACT

Background*: Stunting is one of the chronic malnutrition conditions that is a problem in various countries. The impact of stunting will create a generation with a low quality of life in the future. Stunting prevention is important because it will reduce the effects that will occur in terms of cognitive development, intelligence, and health. Caregivers, especially mothers, have a big role in making efforts to prevent stunting in children. Mothers or caregivers play a role in monitoring children's growth and development. Several related factors include knowledge, family support, attitude, and providing complementary foods to support this effort.*
Objectives*: The purpose of this study is to analyze the relationship between knowledge, family support, attitudes, and the provision of complementary foods to prevent stunting in children.*
Methods: *A quantitative research method with a cross-sectional design in caregivers with 75 family members under five years old in the work area in Health Center. The samples were selected using the purposive sampling technique. Data was collected by questionnaires of knowledge, family support, attitudes, supplementation and stunting risk prevention. Data analysis uses chi square bivariate with a significance level of $p < 0.05$.*
Results: *The results showed that there was a relationship between knowledge (p=0.008), family support (p=0.014), attitude (p=0.005), complementary feeding (0.002) and stunting prevention.*
Conclusions: *Stunting prevention behavior is an effort made by parents by considering factors from themselves and others, one of which is family support. Caregivers who understand stunting will show attitudes in fulfilling nutrition and monitoring children's growth and development.*

KEYWORD: *caregiver; prevention; stunting*

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INTRODUCTION

Stunting is one of the important predictors of growth and development of children under the age of 5, and is still a problem in low- and middle-income countries (1). According to *the World Health Organization* (2), stunting occurs when children experience stunted physical growth as a result of chronic malnutrition during their growth period. Stunting is characterized by a height that is shorter than the standard at a certain age. Stunting not only affects a child's height, but can also have an impact on cognitive development, intelligence, and overall health (3).

Based on data from the 2022 National Nutrition Status Survey (SSGI), the prevalence of stunting in Indonesia is 21.6% (4). This number decreased compared to SSGI in 2021, which was 24.4%. Although it is declining, this figure is still high, considering the national stunting prevalence target in 2024 of 14% and the WHO standard is below 20% (5). In South Kalimantan, the prevalence of stunting among children under five according to SSGI in 2022 is 24.6%, exceeding the national prevalence. One of the regencies/cities in South Kalimantan that has experienced an increase in stunting rates is Banjarbaru City. Based on SSGI 2022 data for the prevalence of stunting in districts/cities in South Kalimantan, Banjarbaru has increased from 2021 from 19% to 22.1% in 2022 (4). The factors contributing to stunting are complex and involve various aspects, including inadequate feeding. Proper and sufficient feeding is one of the key factors in preventing stunting in children. This feeding starts from exclusive breastfeeding, Complementary Foods and food for children after breastfeeding (6). *Caregivers*, such as mothers, fathers, or other caregivers, have a very important role in ensuring that children get the nutrients they need for optimal growth and development. However, success in feeding depends on a number of factors, including the caregiver's knowledge, motivation, and attitude (7). A study in Aceh stated that a small percentage of mothers have good knowledge (20.2%), good attitude (8.7%), and good motivation (33.9%) in the practice of giving MP-ASI (8).

One of the factors that influence the provision of nutrition to children is knowledge. Caregivers or mothers with good knowledge will be 2.5 times better at creating diverse menus than mothers with low knowledge (9). Lack of knowledge about nutrition, especially the knowledge of mothers or primary caregivers, and lack of ability to apply information about the importance of nutrition to children in daily life lead to malnutrition in children. Lack of insight into how feeding children is detrimental to health. This can be the main key to malnutrition in children (7). A cross-sectional study in Ghana (2020) of 200 respondents in which 68% of respondents knew recommendations on feeding practices found that although 94% of mothers were positive towards recommended feeding practices, only 56.5% knew how to ensure food diversity and only 8.5% of children

received adequate food (10). Another study in Indonesia stated that knowledge 4.8 times affects the behavior in fulfilling nutritional needs of children under 5 years old who are stunted (11).

Caregiver motivation also plays an important role in effective feeding. *Caregivers* who are motivated to provide nutritious food to their children tend to be more committed to seeking information about nutrition and healthy feeding practices. This motivation can be influenced by a variety of factors, including awareness of the importance of nutrition, an understanding of the risks of stunting, and a drive to provide the best for their children (12) (13). According to Taufiqurrahman (2024) research, one of the respondents' personal factors in preventing stunting for families is motivation, where personal, interpersonal and cognitive behavioral factors have a significant influence (14).

In addition to knowledge and motivation, *the attitude of the care giver* also affects the practice of feeding children. A positive attitude towards nutritious food, children's nutritional needs, and the importance of healthy feeding can encourage *caregivers* to consistently provide adequate food to their children (15). However, negative attitudes or indifference to nutrition and healthy diets can hinder stunting prevention efforts (16). Research at one of the health centers in the Semarang area on mothers who have children aged 12-24 months found that the mother's attitude was less related to poor feeding behavior with a frequency of 77.7% and a significant level of 0.04 (17). The results of a preliminary study conducted at the Cempaka Health Center obtained data that based on community-based electronic nutrition recording and reporting, the number of visits to the Cempaka Health Center in January-March 2024 amounted to 297 children. Data on stunted children in the Cempaka Health Center work area in March 2024 was 13% and increased to 14% in April 2024. Based on interviews with the head of the health center and nutrition coordinator on April 6, 2024, it was found that 50% of mothers under five who came to the health center did not know about the importance of providing the right food for their children. Babies under 6 months have been given additional complementary foods for breast milk, and some are even no longer breastfed. The complementary foods for breast milk they provide are also more instant foods such as porridge or factory-processed biscuits. They have no desire to make their own food according to the nutrition needed by their children.

MATERIALS AND METHODS

This study is included in the category of correlational quantitative research using *a cross sectional* design. The population in this study is 297 *care givers* (mothers) with children under five based on visit data in January-March 2024 in the working area of the Cempaka Inpatient Health Center, which includes 4 villages. The sample used in the study was 75 *care givers* (mothers) in the

working area of the Cempaka Inpatient Health Center. Sampling uses *purposive sampling techniques* by meeting the inclusion and exclusion criteria. This study uses a measuring tool in the form of a research questionnaire that has been tested for validity and reliability. The validity test was carried out on 30 respondents using the Pearson test and was declared valid on all questionnaires used with an R score of more than 0.361. The reliability test used Cronbach alpha > 0.60, which was 0.62 on the knowledge questionnaire, 0.69 for the family support questionnaire, 0.78 for the attitude questionnaire, 0.60 on the supplemental questionnaire and 0.67 on the stunting prevention questionnaire. There are 2 parts of the questionnaire in this study, questionnaire A in the form of demographic data (age, education level, number of children, birth distance, family income) and questionnaire B is divided into 5 questionnaires for caregivers (mothers), namely Knowledge of breastfeeding, Motivation for breastfeeding, Attitude in breastfeeding, Complementary feeding and questionnaire C about Efforts to prevent stunting by caregivers. The implementation of activities is carried out at Integrated Service Post in the Cempaka Health Center work area in coordination with Integrated Service Post cadres and health center officers in the field. Data analysis was carried out bivariately to see the correlation between each variable using the chi square statistical test. This research has received a certificate of ethics passing in letter No. 065/EC/KEPK-DPDPPNI/VIII/2024 from the Health Research Ethics Commission of DPD PPNI Banjarbaru City.

RESULTS AND DISCUSSION

RESULTS

The results of the research conducted in the working area of the Cempaka Health Center from 75 respondents found that TB/U data in the stunted category amounted to 12 people (16%), BB/TB in the wasted category 13.33% and BB/U in the underweight category of 14 people (18.67) which means that nutritional status data in this region still needs significant intervention on the prevention of substandard nutritional status events, one of which is stunting.

Table 1. Characteristics of Respondents (n=75)

Characteristic	n	%
Child Gender		
Man	34	45.33
Woman	41	54.67
Low Birth Weight History		
Exist	10	13.33
None	65	86.67
Mother's education		
Elementary School	22	29.3
Junior High School	14	18.67
Senior High School	34	45.33
Higher Education	5	6.67
Mother's work		
Housewives	65	86.67
Work/Other	10	13.33

Table 1 shows the characteristics of mothers and children of the respondents who were researched, illustra-ting that the gender of the majority of children was 42 women

(54.67%), had a history of Low Birth Weight (LBW) as many as 10 people (13.33%), the majority of mothers had high school education as many as 34 people (45.33%), and the work of housewives was the majority of 65 people (86.67).

The following **Table 2** shows the results of bivariate analysis using chi square with a significance level of p = 0.05. The analysis was carried out by linking knowledge variables with stunting prevention, attitude variables with stunting prevention, family support with stunting prevention and complementary food administration variables with stunting prevention.

Table 2. Bivariate caregiver behavior in stunting prevention

Caregiver Behavior	Stunting Prevention								p
	Good		Enough		Less		Total		
	n	%	n	%	n	%	n	%	
Knowledge									
Good	18	69.24	14	15.38	4	15.38	26	34.67	0.008
Enough	12	40	12	40	6	20	30	40	
Less	4	21.05	6	31.57	9	47.38	19	25.33	
Attitude									
Good	23	65.72	6	17.14	6	17.15	35	46.67	0.005
Enough	5	26.32	10	52.63	4	21.05	19	25.33	
Less	6	28.57	6	28.57	9	42.86	21	28	
Family Support									
Good	30	52.63	17	29.83	10	17.54	57	76	0.014
Less	4	22.22	5	27.28	9	50	18	24	
Complementary Feeding									
Appropriate	31	54.39	17	29.82	9	15.79	57	76	0.002
No Appropriate	3	16.66	5	27.78	10	55.56	18	24	
Total	34	45.34	22	29.33	19	25.33	75	100	

The results from **Table 2** show the correlation between behavioral supporting factors for caregivers or mothers in preventing stunting, where all variables have correlations in stunting prevention. Stunting prevention is one way to reduce the prevalence of stunting because chronic nutritional deficiencies occur since the child is still in the mother's womb, so that the role of the mother, including internal and external factors, will be interrelated. The household factor is the most important factor because it increases the incidence of stunting by 3.22 times compared to other factors listed in the WHO 2014 Conceptual Framework on Child Stunting, another factor that follows is the inadequacy of complementary feeding (15).

In this study, family support is part of the household factor which will certainly increase the adequacy of providing the right comple-

mentary foods to children.

DISCUSSION

Children with stunting really need proper care by the surrounding environment, including their caregivers. Parenting for children in Indonesia, especially for toddlers, is usually a biological mother, but in some places, it can also be done by the grandmother or family of the child. Children will depend on others, especially mothers, some studies state that the quality of proper mother-care skills in childhood will improve stunting prevention (18). The findings show in **Table 1** that the majority of mothers as caregivers of high school graduates as much as 45.33% which are included in the category of secondary education that supports a person's knowledge ability. Parental education is one of the important factors, good mother's education can receive all information from outside about how to raise a good child, how to maintain the health of her child, and so on. So that the more knowledge you have and the more behavior you are expected to have, good developmental actions will appear. The level of education is also a factor that affects a person's perception to be more receptive to new ideas and technologies, so that there will be more experience that affects insight and knowledge (19). Education is one of the indicators of a person's ability to build information in the form of knowledge and support a person to be able to take the right actions. Based on **Table 2** the result of the study showed 69.24% of a person's knowledge is good, then stunting prevention will also be good. Knowledge is very necessary for a mother because a mother's lack of knowledge about stunting can put the child at risk of stunting. This is in line with the general concept that with good or sufficient knowledge about something will implement what is known, such as this respondent has enough knowledge about stunting so that they can take preventive measures so that it does not happen to their children (14). In this study, maternal knowledge is one of the indicators of caregiver behavior related to the mother's ability to prevent stunting. Knowledge is an important thing that must be used by mothers or caregivers to take good care of their children, this is supported by research by Yunitasari, et al. (2021) stating that there is a significant relationship between knowledge and stunting prevention (16). Based on the results of the questionnaire given to respondents, quite a lot of caregivers have not been able to convey their understanding of stunting and its difference with malnutrition or lack thereof. The majority of mothers are housewives who spend most of their time with their children, so there is more time to interact with their children. This supports in observing the growth and development and nutrition that needs to be given to children. Several studies indicate that the maternal factor has a considerable role in preventing the incidence of stunting in children, one of which is in the study of Taufiqurrahman (2024) which states that the personal factor (mother) is a significant factor related to stunting pre-

vention (14). The findings indicate on **Table 2**, it was found that the right complementary feeding will make mothers or caregivers do a good job of preventing stunting events as well, this is shown by data of 54.63%. Proper complementary feeding practices tend to have a good nutritional status. The improper timing of complementary feeding can result in various health problems. The mother is the main person in the decision to give complementary foods to her child; the educational background also affects the mother in implementing the appropriate food intake (20). Based on research in Ethiopian, it shows that one of the significant factors in the incidence of stunting is the inadequacy of dietary diversity when giving complementary foods to children (21). Knowledge about exclusive breastfeeding and proper and appropriate feeding of complementary foods to children is one of the preventive measures for stunting events. Research in Tanzania shows that there is a significant relationship between maternal education and knowledge about the components of complementary foods given to children. Inadequate knowledge of infant and child feeding practices requires nutrition education for mothers promoting correct feeding practices. Knowledge plays a crucial role in health promotion and increases mothers' understanding of dietary diversity (22). In this study based on **Table 1**, the education of the majority of high school mothers is a provision for mothers to be able to improve their knowledge well. The role of mothers as an internal factor in the golden phase of children is important in the prevention of stunting in children (22).

Based on **Table 2** the mother's attitude towards the prevention of stunting is classified as good at 62.27%. The attitude of the mothers who are lacking in good child feeding practices will have an impact on the child's growth in the long term. The mother's attitude toward childcare will affect the child's health status. A good mother's attitude will be followed by the incidence of stunting decreased (16). Given that based on table 2 good attitude but prevention is lacking, which is 17.15%, so it can be stated that even with a good attitude can cause a person's ability to prevent stunting to be low. This related research is in line with research by BImpong, et al. (2020) that when a person has an attitude of planning feeding practices in children, it cannot generally be considered that knowledge will be better in fulfilling children's nutrition (10).

Family support in feeding practices as an effort to prevent stunting is needed as a form of strength for caregivers as a support system. The results of the study based on **Table 2** showed that 52.63% good family support would be able to make caregivers behave to prevent stunting events. The mother as part of a family member has autonomy and a natural role in feeding the child (23). In the research of Hidayatullah (2022), there is a meaningful relationship between family knowledge and support and efforts to prevent stunting in toddlers. The family support that mothers get will increase

their chances of making efforts to prevent stunting (24). Based on research, Wulandari and Kusum Astuti (2020) said that the direct influence of family support is greater in value than the indirect and significant influence of the two variables.

The indirect influence of family support through maternal motivation in preventing stunting in toddlers (13). Motivation is an encouragement from outside and within a person, the role of other parties such as health workers, family and husband is an important support for mothers in caring for children at risk of stunting. Research with a qualitative design by Darwis, et al. (2021) stated that the husband's support for all study participants was very good in maintaining children's health, but it was less effective in preventing stunting children (25).

Stunting prevention is an effort to reduce the prevalence of stunting, there are so many factors that affect it that further research is needed so that the most efficient formulation compilation can be made in achieving this. This research certainly has incomplete limitations, from various new factors that can be analyzed. The involvement of health workers, families and local governments is important in perfecting this research.

This research has several limita-tions during the study. This research has limitations during the study, including the analysis conducted being bivariate analysis and not having performed multivariate analysis. There are many factors that influence the occurrence of stunting, which are the basis for preventing stunting, but have not been addressed. Data from institutions that do not fully represent children at risk of stunting due to discrepancies in data from various institutions and the community.

In this research, there were limitations in exploring more maternal data and the correlation shown was a bivariate correlation. In this study, it should also be explored with in-depth interviews with respondents, but the research at the posyandu was quite short with the difficulty of parents or caregivers in concentrating on participating and maintaining the safety of their children. Stunting prevention behavior is basically correlated with stunting incidence, so many factors have not been accommodated in this study.

CONCLUSIONS AND RECOMMENDATION

This research can be concluded that there is a relationship between knowledge, attitudes, family support and the provision of complementary foods to the prevention of stunting in children under five, where all factors have a significant role. These factors shape the behavior of caregivers or mothers, especially in feeding children in an effort to prevent stunting in toddlers.

Education and family support are very necessary because caregivers or mothers need motivation from various parties, reminding mothers as women when in the process of feeding, both breast milk and complementary foods really need support from the surrounding environment.

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