



## Original Article

### Stunting Knowledge among Mothers with Stunting Children in Tasikmalaya

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Article Information	ABSTRACT
<p>Received: 11 Oktober 2023 Revised: 20 Oktober 2023 Accepted: 01 December 2023 Available online: 31 January 2024</p> <p><b>Keywords</b> Stunting ; Knowledge; Children</p> <p><b>Correspondence</b> Phone: (+62) 87833430640 E-mail: <a href="mailto:miftahul@umtas.ac.id">miftahul@umtas.ac.id</a></p> <p><b>Website</b> <a href="https://journal.umtas.ac.id/index.php/healthcare/index">https://journal.umtas.ac.id/index.php/healthcare/index</a></p> <p><b>Doi</b> <a href="https://doi.org/10.35568/healthcare.v6i1.3942">https://doi.org/10.35568/healthcare.v6i1.3942</a></p>	<p>Good and healthy nutritional conditions during infancy are an important foundation for future health. Malnutrition that occurs during this period can disrupt growth and development. Good knowledge will create good attitudes, which in turn, if these attitudes are deemed appropriate, good behavior will also emerge. The aim of this study was to explore of mother's knowledge with stunting children at the Leuwisari Public Health Center in Tasikmalaya Regency. Cross-sectional was used in the study design. The results obtained a p-value of 0.000, indicating that there was a relationship between maternal knowledge about nutrition and the incidence of stunting in toddlers aged 6-23 months. It can be concluded that mothers' knowledge of stunting was poor. It is recommended that health workers need increase education to the public about the nutritious food that is specifically for toddlers.</p>

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#### INTRODUCTION

Good and healthy nutritional conditions during infancy are an important foundation for future health. Malnutrition that occurs during this period can disrupt growth and development. The rapid growth and development process especially occurs at the age of 1-3 years (Ambarwati et al., 2020;

Fesmia et al., 2023). Under normal circumstances, height increases with age. Linear growth that is not appropriate for age can reflect a condition of malnutrition over a long period of time, resulting in stunting in children (Nurul Abidah & Novianti, 2020). Stunting describes chronic malnutrition status during growth and development since

early life. This situation is presented with a z-score value for height for age (TB/U) of less than -2 standard deviation (SD) based on growth standards according to the World Health Organization (WHO) in 2018 which stated that the incidence of stunted toddlers in the world reached 22.9% or 154.8 million children under five. The number of stunting incidents in Indonesia is among the top five countries in the world. Indonesia is the country with the third highest prevalence of stunting in the South-East Asian Region after Timor Leste (50.5%), India (38.4%) and Indonesia at 36.4%. In 2014 Indonesia was also the highest compared to Myanmar (35%), Vietnam (23%), Malaysia (17%), Thailand (16%) and Singapore (4%). This has increased compared to data from the Global Nutrition Report reported in 2014, showing that Indonesia is included in the top 17 countries out of 117 countries that have three nutritional problems, namely stunting, wasting and overweight in children under five. In 2019, the incidence of stunting in Indonesia was 27.67%. Meanwhile, in 2020 the national incidence rate will be 24.1% (Kemenkes RI., 2021).

Based on the results of Basic Health Research (Riskesmas) in 2021, the percentage of nutritional status of stunted toddlers in Indonesia based on toddlers measured by weight index according to height (BB/TB) is 0.9% and malnutrition is 4.0%. West Papua is the province with the highest percentage of malnutrition and malnutrition among children under five, while Bengkulu is the province with the lowest percentage. West Java has a status of under-five children with 0.7% malnutrition and 3.6% malnutrition. Tasikmalaya Regency is one of the districts in West Java where the total stunting rate is currently 24.4%. This figure is still high, so the Tasikmalaya district government is targeting a reduction in stunting rates of up to 14% by 2024. Leuwisari Community Health Center is one of the community health centers that has a high stunting rate in Tasikmalaya district with 278 cases out of a total of 15,000 (Kemenkes RI., 2021)

## METHODS

This research uses quantitative methods with cross sectional. The sampling technique in the research was carried out by total sampling from 54 respondents. Education is carried out by researchers by providing health education in the form of lectures and videos and giving leaflets. The instrument used to assess cadre knowledge is a valid questionnaire.

## RESULTS

Table 1

Frequency Distribution of Cadre Knowledge Levels Before Being Given Health Education

Knowledge	Frecuency (n)	Percentage (%)
Good	24	48
Poor	26	52
Total	50	100

The research results show that the majority of cadres' knowledge level before being given Health Education was less than 26 respondents (52%).

Table 2

Frequency Distribution of Cadre Knowledge Levels After Being Given Health Education

Knowledge	Frecuency (n)	Percentage (%)
Good	38	76
Poor	12	24
Total	50	100

Table 2 shows that after health education was carried out for cadres, their level of knowledge increased to good for 38 respondents (76%).

Table 3  
Differences in Cadre Knowledge Before and After being given Health Education

Category	Knowledge				p-value
	Pre Test N	%	Post test n	%	
Good	24	48	38	76	0,000
Poor	26	52	12	24	

The difference in knowledge before and after being given Health Education is based on table 3 above. If seen from the Wilcoxon - test, the p-value is  $0.000 < 0.05$ , then  $H_0$  is rejected and  $H_a$  is accepted, meaning that there is a difference in the level of knowledge of respondents before and after being given health education.

## DISCUSSION

Health education is an effort to persuade or teach the community so that people are willing to take action to maintain and improve their health level. Health education is a form of independent nursing action to help clients, both individuals, groups and communities, overcome their health problems through learning activities in which the nurse acts as an educator in accordance with the duties of a nurse. Health education is an activity to help individuals, groups and communities improve knowledge, attitudes and skills to achieve optimal healthy living (Damayanti & Rachmawati, 2019). The level of health services and health education can be carried out based on five levels of prevention, namely health promotion, special protection, early diagnosis and immediate treatment, disability limitation and rehabilitation (Notoatmodjo, 2012). Health education in this study used group education, namely the Mulyasari posyandu cadre group. Posyandu cadres have the task of carrying out early growth detection including anthropometric examinations (weight, height or body length and head circumference) as well as development (gross motoric, fine motoric, language and personal social), If growth and development

disorders are found, follow-up needs to be done. The first is done by stimulating development depending on which development is experiencing delays. And if you can't, you need to report it to the health officer at the health center. Based on the results of interviews with cadres, it was stated that not all posyandu cadres knew the technicalities of monitoring developmental disorders in children. due to lack of information and the presence of new cadres who have not been trained (Ludyanti et al., 2022)

This is proven to have an influence on the results of the knowledge assessment before and after being given Health Education (Cumayunaro et al., 2020; Lisnawati et al., 2022; Nurul Abidah & Novianti, 2020) The research results showed that more than half of the respondents had poor knowledge, 26 (52%), whereas after being given Health Education, 38 people (76%) experienced an increase in the good category. If we look at the Wilcoxon test, we get a p-value of  $0.000 < 0.05$ , then  $H_0$  is rejected and  $H_a$  is accepted, meaning that there is a difference in the level of knowledge of respondents before and after being given health education. The results of this study strengthen existing theories regarding changes in knowledge that are expected to be the effects of Health Education. This Health Education activity has a big influence on changing a person's level of knowledge. This is in line with research results which found that the majority of cadres already knew cadre duties related to monitoring growth and development (Ludyanti et al., 2022).

Knowledge is a human reaction to stimulation by the natural environment through contact with objects with the senses which is based on knowledge which is more lasting than behavior which is not based on knowledge. And to strengthen this knowledge, it can be seen from the cadre's experience. The longer you are a cadre, the more experienced you will be. Through the experience of an event that a person has

experienced in interacting with their environment. This makes it easier for cadres in the scope of their work as cadres (Notoatmodjo, 2012). In line with research which states that the majority of cadres have the same characteristics, namely related to education, work, the only difference is the experience of being a cadre. Experiences like this are worthy of becoming a cadre at Posyandu. Cadres can play an important role in implementing early detection of growth and development, one of which is by increasing knowledge or broad insight as capital in implementing screening Stimulation Detection Early Intervention Child Growth and Development (Darmiati et al., 2022).

### CONCLUSION AND RECOMENDATION

There is an influence on the level of knowledge of respondents before and after being given health education. Village midwives are advised to ensure that all posyandu receive the same visits and increase the capacity of cadres to strengthen knowledge related to early detection of toddler growth and development.

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