

Relationship of Knowledge and Attitude with Mother's Actions on Stunting Incidents in Wali Ate Village

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ABSTRACT

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Stunting is a child's growth and development disorder caused by lack of nutrition, infection, or inadequate stimulation. This study aims to examine the relationship between mother's knowledge and attitudes and mother's actions with the incidence of stunting in Wali Ate Village. research was carried out on 20 June to 3 July 2022. Objective: To determine the relationship between knowledge and attitudes with mother's actions on the incidence of stunting in Wali Ate Village. Methods: Analytical research with a cross sectional approach. The population in this study amounted to 887 mothers. The number of samples was 96 mothers. The sampling technique used Accidental Sampling. Data collection by using a questionnaire. Results: Most of the respondents have sufficient knowledge about stunting 42 people (43.8%). A number of respondents have a supportive attitude towards prevention stunting 70 people (72.2%). Mother's actions on prevention stunting were in moderate action as many as 48 people (50.0%). The test results obtained a probability value for the relationship of knowledge with the mother's actions in the event stunting of 0.617 ($p > 0.05$), while the relationship between attitudes and maternal actions in preventing DHF was 0.66 ($p > 0.05$).

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1. Introduction

Early childhood is vulnerable to malnutrition and health problems if the fulfillment of nutritious and healthy food intake is not optimal. Fulfillment of inadequate nutrition can affect children's health such as stunting problems. Nutritional problems are currently in the spotlight in several countries¹. One of them is Indonesia. Based on Riskesdas data, the prevalence of stunting nationally in 2018 reached 30.8%. Meanwhile, based on SSGBI data in 2019 it decreased to 27.67% and data on the prediction of the national stunting rate in 2020 to 26.92%. Although the predicted stunting rate in 2020 will decline to 26.92%, several provinces have the highest stunting prevalence.

East Nusa Tenggara Province in 2013 the percentage of stunting reached 51.7%, in 2018 it decreased to 42.6%, in 2019 it decreased to 27.67%, in 2020 to 24.2%, and in 2021 to 23.30%² Even though the prevalence rate has decreased, it is still high. This is evidenced by the number of stunting rates in one district in NTT, namely SBD District, the stunting rate is higher than the national which reached 30.1%³. One of the sub-districts in SBD District, namely Kodi District is a sub-district with poor nutritional intake for mothers and children⁴. One of the government's efforts to deal with stunting in SBD Regency is by building a Toilet Wash (MCK) facility. MCK is one of the public facilities that are shared by several families for bathing, washing and defecating for a population that is quite dense and has a low level of economic capacity Government efforts will be optimal if the role of the family, especially parents are directly involved in dealing with children with a history of stunting because the family has a major role in maintaining the health of all family members. The role of parents can make children develop not only in one aspect, but in various aspects⁵. One of the important roles of mothers is to meet the basic needs of children's growth and development, including physical and biological, namely providing nutritious and healthy and balanced food intake, immunization, personal and environmental hygiene, opportunities to play and rest, and appropriate health services for children. The role of parents in health is very necessary especially when the child is still in the womb until adulthood. The father as the head of

the family is obliged to meet the needs, while the wife as a housewife as well as acting as a mother is expected to play an active role in carrying out the function of providing nutritious food to children, even though child care is not natural which is passed down to women, but the role of the mother is needed to prepare the next generation through invitations. the health of their children in the family.

The description of the data and some of the opinions above are supported by the results of previous studies which explain that the factors that influence stunting are energy intake, birth weight, level of education and maternal awareness, level of family income, parenting and food diversity, bowel habits in Indonesia. Open places such as rivers or gardens or inadequate latrines, untreated drinking water, and high exposure to pesticides also contribute to stunting. Relationship between Knowledge and Attitude with Mother's Actions on Events Stunting Wali Ate Village

2. Method

This type of research is analytic, namely research that aims to determine whether there is a relationship between variables. This study aims to find a relationship, namely independent and dependent variables. The sample size was taken using the formula (Lemeshow, 1991) in Susanto (2010):

$$n = \frac{Z^2_{1-\alpha/2} p(1-p)}{d^2}$$

Information:

n = Sample size

$$Z^2_{1-\alpha/2} = 95\% \text{ Confidence Level}$$

p = Proportion of incidence prevalence

d = Precision set (0.1)

$$n = \frac{Z^2_{1-\alpha/2} p(1-p)}{d^2}$$

$$n = \frac{1,96^2 \cdot 0,52(1 - 0,52)}{0.1^2}$$

$$n = \frac{1,96^2 \cdot 0,52(1 - 0,52)}{0.1^2}$$

$$n = \frac{13,841^2 \cdot 0,52(1 - 0,52)}{0.1^2}$$

$$n = \frac{0,9587}{0.01}$$

95,87

96 respondent

Research methods Wali Ate Village. The time of the study was carried out on June 20 to July 3, 2022. The approach used is cross sectional

3. Result and Discussion

3.1 Characteristics of Respondents

Respondents in the study amounted to 96 people. Based on the answers to the questionnaires that were collected, the following data were obtained:

Table 1
Respondent

No	Characteristics of Respondents	Frequency (n)	Percentage (%)
1.	Age		
	a. 21-25	32	33.3
	b. 36-50	48	50.0
	c. 51-65	16	16.7
	Total	96	100
2.	Education		
	a. Not completed in primary school	3	3.1
		40	41.7
	b. Elementary School	24	24.1
	c. High school graduate	21	21.1
	d. finished high school	8	8.3
	e. PT		
	Total	96	100
3	Work		
	a. Laborer	5	5.2
	b. Teacher	1	1.0
	c. Housewife	45	41.7
	d. civil servant	2	2.1
	e. Private	7	
	f. Self-employed		7.3
	Total	25	
		96	26.0
			100

Table 1 shows that based on the age of the respondents, it can be seen that the highest percentage of respondents aged 36-50 years amounted to 48 (50.0%), and the lowest age of respondents aged 21-25 years amounted to 32 people (33.3%). Based on the last education level of the respondents, it is known that the most respondents' education in Jaranan Pendukuhan is SD as many as 40 people, 41.7%. Based on the level of work of the respondents, the most are housewives as many as 41 people (41.7%)

a. Univariate Analysis Results

Mother's Knowledge About Stunting

Table 2
Mother's Knowledge Frequency Distribution

Mother's Knowledge	Frequency (f)	Percentage (%)
Tall	25	26.0
Enough	42	43.8
Not enough	29	30.2
Total	96	100.0

Based on table 2, it can be seen that from the number of respondents as many as 96 mothers, the group of mothers who have high knowledge is 25 mothers (26.0%), the group of mothers who have sufficient knowledge is 42 mothers (43.8%) and the group of mothers who have sufficient knowledge less than 29 mothers (30.2%). Thus it can be seen that the mother's knowledge of Stunting most of it is sufficient.

Mother's Attitude about Prevention Stunting

Table 3
Frequency distribution Mother's attitude

Mother's Attitude	Frequency (f)	Percentage (%)
Support	70	72.9
Does not support	26	27.1
Total	96	100.0

Based on table 3, it can be seen that from the number of respondents as many as 96 mothers, the group of mothers who have a supportive attitude is 70 mothers (72.9%), and the group of mothers who do not support as many as 26 mothers (27.1%). Thus it can be seen that the mother's attitude about Stunting most of it is supportive.

Mother's precautions Stunting

Table 4
Frequency distribution Mother's actions

Mother's Action	Frequency (f)	Percentage (%)
Well	26	27.1
Currently	48	50.0
Not enough	22	22.9
Total	96	100.0

Based on Table 4, it can be seen that from the number of respondents as many as 96 mothers, the group of mothers who had good actions were 26 mothers (27.1%), and the group of mothers who had moderate actions were 48 mothers (50.0%) and the group of mothers who had less action was 22 mothers (22.9). Thus, it can be seen that the mother's actions regarding DHF are mostly moderate

b. Bivariate Analysis Results

- 1) Relationship Mother's knowledge about prevention Stunting at Guardian Village Ate

5 Tables

Relationship Mother's knowledge about prevention Stunting in Wali Ate Village

Mother's knowledge	Preventive measure Stunting						Total	P	
	Well		Currently		Not enough				
	N	%	n	%	n	%			
Tall	8	32.	11	44.	6	24.	2	100	0.61
Currentl y	1	26.	24	57.	7	16.	4		
Low	1	24.	1	44.	7	31.	2		
Total	7	27.	13	50.	9	22.	9	100	
	6	1	48	0	2	9	6	100	

Based on table 5, it can be obtained that the majority of mothers in Wali Ate Village have moderate knowledge of 48 (50.0%) people. Mothers who have good knowledge 26 (27.1) people. Mothers who have knowledge about prevention Stunting low as many as 22 (22.9) people. Based on the results of the Chi Square test, it is known that the p value is 0,617 p value > 0.05 (p = 0.617 > 0.05), so it can be concluded that there is no relationship between knowledge and preventive action Stunting in Wali Ate Village

- 2) The results of the analysis of the relationship between mother's attitude and preventive measures Stunting

Table 6
Relationship between attitude and preventive action Stunting in Wali Ate Village

Mother's Attitude	Mother's Precautions						Total		p
	Well		Enough		Not enough				
	N	%	N	%	N	%			
Support	19	27.1	39	55.7	12	17.1	70	100	0.66
Does not support	7	26.9	9	34.6	10	38.5	26	100	
Total	26	27.1	48	50.0	22	22.9	96	100	

Based on Table 6, it can be obtained data that the majority of mothers in Wali Ate Village have attitudes about preventive measures Stunting support as many as 19 (27.1%) people from all mothers who are supportive and mothers who have a less supportive attitude as many as 12 (17.1%) people from all mothers who do not support. Based on the results of the Chi Square test, it is known that the p value is 0.66, p value < 0.05 (p = 0.66 < 0.05) so it can be concluded that Ho is accepted which means that there is no relationship between mother's attitude and preventive measures. Stunting in the village of Wali Ate.

3.2 Discussion

a. Mother's knowledge of prevention Stunting

Knowledge is the result of knowing and this occurs after people have sensed a certain object. Most of human knowledge is obtained through eyes and ears⁷ Based on the results of the univariate analysis that has been carried out, it shows that the respondents in this study have a sufficient level of knowledge regarding the understanding of Stunting which includes understanding, causes, symptoms, prevention Stunting. This shows that the mother's knowledge about Stunting are in the high category 25 (26.0 %), enough 42 (42.3%), less 29 (30.2%). 36.4% and lack of knowledge 9.1% .

b. Precautionary Attitude Stunting

From the results of this study, it is known that most of the attitudes of housewives towards prevention Stunting is in the category of supporting 72.9% and the category not supporting is at 27.1%. The attitude structure contains three mutually supportive components, namely cognitive (representation of what is believed by the individual owner of the attitude), affective (feelings involving the emotional aspect), cognitive (the tendency to behave in a certain way according to the statement that attitude is one of the predispositions for a person to act).¹

c. Preventive respondent actions Stunting

From the results of this study it is known that the majority of respondents' actions. the group of mothers who have the action based on Table 6. it can be seen that from the number of respondents as many as 96 mothers, the group of mothers who have good actions as many as 26 mothers (27.1), and the group of mothers who are moderate as many as 48 mothers (50.0%) and less than 22 mothers (22.9). Based on the results of statistical tests, obtained a chi square value of 0.617. This result shows that the p value > 0.05, so that Ho is accepted, Ha is rejected, which means that there is no statistically significant relationship between knowledge and maternal actions regarding prevention. Stunting in Wali Ate Village.

d. Relationship of knowledge with mother's actions about prevention Stunting

Based on the results of statistical tests, obtained a chi square value of 0.617. This result shows that the p value > 0.05, so that Ho is accepted, Ha is rejected, which means that there is no statistically significant relationship between knowledge and maternal actions regarding prevention. Stunting in Wali Ate Village

e. Relationship of mother's attitude towards preventive measures Stunting

Based on the results of statistical tests, obtained a chi square value of 0.66. These results indicate that the p value > 0.05, so that Ho is accepted, Ha is rejected, which means that there is no statistically significant relationship between attitudes and preventive measures. Stunting in Wali Ate Village

4. Conclusion

From the research that has been carried out, it can be concluded that the characteristics of the respondents are most of the respondents in the age group of 36-50 years, the education of the most respondents is elementary school education, the occupation of most respondents is housewives.

Mother's knowledge about stunting prevention in Wali Ate Village, most of them have sufficient knowledge, mother's attitude about stunting prevention in Wali Ate Village mostly has a supportive attitude, mother's actions about stunting prevention in Wali Ate Village are mostly moderate, there is no relationship between knowledge with the mother's actions regarding the prevention of Stunting in the Wali Ate Village and there is no relationship between the attitude and the mother's actions regarding the prevention of Stunting in the Wali Ate Village

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