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Relationship between the Behavior of Pregnant and Breastfeeding Mothers with Incidence of Stunting in the Public Health Service of Jayapura Regency, Papua Province In 2022

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ABSTRACT

The aim of this research is to determine the relationship between the behavior of pregnant and breastfeeding mothers and the incidence of stunting in the Jayapura Regency health service, Papua Province. The type of research used was quantitative by means of a survey and processed descriptively analytically using a cross sectional study approach and analyzed using chi-square. The population in this study was all 2,979 pregnant and breastfeeding mothers. The sample size uses the Slovin formula with a sample result of 99.75 or 100 respondents. Determination of the sample was based on purposive sampling using inclusion and exclusion criteria. The results of research regarding the knowledge of pregnant and breastfeeding mothers showed that out of 100 mothers, 74 (74%) had good knowledge. good attitude 90 (90%), good action 80 (80The results of the relationship test using Chi-Squre on the knowledge and action variables showed p=0.016, which means Ho was rejected. This illustrates that there is a relationship between knowledge and action to prevent stunting in pregnant mother. The results of the relationship between attitudes and actions were found to be p=0.110, which means Ho was accepted. This illustrates that there is no relationship between attitudes and actions to prevent stunting in pregnant mother.

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INTRODUCTION

Malnutrition in children can affect their growth and development. Even if inadequate nutritional intake persists in the long term, children are at risk of stunting and are susceptible to illness and their cognitive abilities or intelligence decline. In the short term, stunting can disrupt brain development, body metabolism and physical growth (Promkes Kemkes RI, 2018). Stunting has an impact on intelligence levels, vulnerability to disease, reduced productivity and then hampers economic growth, increasing poverty and inequality (Prakhasita, 2018). Quoting Firmansyah (2018) Stunting can cause economic losses for the country of 2-3 percent of Gross Domestic Product (GDP) per year. If our country's GDP is IDR 13,000 trillion in 2017, it is estimated that potential losses due to stunting could reach IDR 300 trillion per year.

Stunting is a condition of failure to grow and has an impact on failure of brain growth due to malnutrition. Not only problems with cognition, children with stunting can increase the risk of hypertension, fatty liver and obesity. In the long term stunting can reduce national productivity and widen social and economic inequality for Indonesian society (NTB Provincial Health Office, 2021). Stunting can cause growth disorders in children, namely the child's height is lower or shorter (stunted) than the age standard.

Factors causing nutritional problems in the Indonesian context (Bappenas 2018), the causes of nutritional problems in children, including stunting, are low nutritional intake and health status. Reducing stunting focuses on addressing the causes of nutritional problems, namely factors related to food security, especially access to nutritious food (food), the social environment related to the practice of feeding babies and children (caregiving), access to health services for prevention and treatment (health), as well as environmental health which includes the availability of clean water facilities and environmental sanitation (environment). These four factors influence nutritional intake and health status of mothers and children. It is hoped that the intervention of these four factors can prevent nutritional problems, both undernutrition and excess nutrition.

The government has made various efforts to prevent stunting. Currently the government is focused on handling it stunting including through intervention specific nutrition and sensitive nutrition. Specific nutritional interventions are carried out by health professionals and contribute approximately 30% to prevention stunting. While interventions through sensitive nutrition are carried out through various sectors, including families and the general community, the impact of this intervention is more long-term, and has a 70% contribution to prevention efforts. Stunting prevention is important during the golden period, namely the first 1000 days of life, including the period when the child is in the womb until the child is 2 years old. The role of the family is also very important in this phase (Ppkg Lppm Uns, 2021).

Refer *Cegahstunting.id*. (2020), To prevent stunting, there is an ideal standard (golden standard) recommended by WHO, namely: (1) exclusive breastfeeding from birth to 6 months of age; (2) giving MP-ASI starting at 6 months of age; and (3) continued breastfeeding until the baby is 2 years old or

more. Exclusive breastfeeding (babies are given breast milk alone without any additional supplements) for babies aged 0-6 months is very important not only to improve nutritional status but also for the baby's survival. For this reason, promotion and education is needed to provide exclusive breastfeeding through various methods, both direct meetings (breastfeeding counseling by trained health workers) and promotions in print and electronic mass media. Exclusive breastfeeding is regulated by Government Regulation No. 33 of 2012.

The government has implemented programs to overcome stunting in the form of specific and sensitive interventions, one of which is an intervention that divides two target groups, namely prenatal conditions and the 6-11 month age group. The reason for dividing these two groups was because the stunting rate was found to be quite high in both groups. The main intervention carried out in the group during pregnancy is pregnancy checks through promotive and preventive efforts as well as curative and rehabilitative measures for pregnant mother who experience problems. Meanwhile, the main interventions carried out in the 6-11 month and 12-23 month age groups are exclusive breastfeeding, supplementary feeding (PMT) to accompany breast milk and continued PMT until the baby is 23 months old. This is in accordance with the standardideal (golden standard) recommended by WHO.

Based on the intervention in these two groups in Jayapura Regency, it can be described that the intervention in the group of pregnant women has not been optimal because there are still problems, such as pregnant mother with chronic energy deficiency (KEK) 14.3% (in 2021), coverage of blood supplement tablets (F3) 76.7%), The fourth visit of pregnant mother has only reached 77.3% and TT2+ immunization has only reached 68.3%. Likewise, interventions in the infant group still found problems, such as early initiation of breastfeeding (IMD) only reaching 53.7%, and exclusive breastfeeding 21.4%. (Jayapura Regency Health Office, 2022).

One of the efforts of the National Population and Family Planning Agency (BKKBN) in preventing stunting is through the Toddler Family Development (BKB) program to fulfill the nutritional needs of pregnant mothers and babies as well as implementing good parenting patterns, especially in thousands (1,000) first day of life because everything that happens during the first 1,000 days of life stages is a determining factor in the quality of a child's life to avoid stunting (BKKBN Papua Province, 2021)

One of the factors causing stunting is low public awareness and poor parenting behavior. The main factor causing low public awareness and behavior is the lack of public understanding and attitudes regarding the importance of public health itself (Notoatmodjo, 2007).The involvement of various sectors is needed to solve health problems. One of the determining factors for success is community involvement in supporting the program and actively participating in running the program. Behavior is influenced by three factors, namely knowledge, attitudes and actions. Good knowledge will determine a positive attitude so that with a positive attitude and the availability of support, action will be realized. Changes in the behavior of the community or target group greatly determine the success of the program. In connection with

the problems that occur in the two target groups, it is necessary to conduct research on the extent of community behavior in the form of knowledge, attitudes and actions of the community regarding the implementation of the intervention program in the two groups, namely the target group of pregnant mother and the target group of babies (aged 0-11 months) with The aim is that we can find out specifically behavioral problems so that program implementation in the two target groups is still experiencing problems.

THEORETICAL REVIEW

Understanding Health Behavior

Green, L. and Kreuter, M. (2005) defines health promotion as a combination of educational, policy (political), regulatory and organizational efforts to support activities and living conditions that benefit the health of individuals, groups or communities. Health promotion is also understood as behavior motivated by the desire to improve well-being and realize human health potential. Health behavior is a personal attribute such as beliefs, expectations, motives, values, perceptions and other cognitive elements, personality characteristics, including affective and emotional states and traits, and patterns of behavior and action, and overt habits related to health maintenance, health restoration and health improvement (Glanz Lewis and Rimer, 2008 in Pakpahan, et al., 2021)

Understanding Stunting

Stunting is a condition of malnutrition that is related to past nutritional deficiencies, so it is a chronic nutritional problem. Stunting is measured as nutritional status by taking into account the height or length, age and gender of the toddler. The habit of not measuring the height or body length of toddlers in society makes stunting difficult to realize (Sutarto et al., 2018).

Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, especially in the first 1,000 days of life (HPK). Stunting affects brain growth and development. Stunted children also have a higher risk of suffering from chronic diseases in adulthood. In fact, stunting and malnutrition are estimated to contribute to a reduction of 2-3% of Gross Domestic Product (GDP) every year. The prevalence of stunting over the last 10 years shows no significant changes and this shows that the problem of stunting needs to be addressed immediately. The results of the 2018 Basic Health Research [*Riskesdas,* abbreviations in Indonesian] show that 30.8% or around 7 million children under five suffer from stunting. Other nutritional problems related to stunting which are still a public health problem are anemia in pregnant mother (48.9%), Low Birth Weight or LBW Babies (6.2%), thin or wasting toddlers (10.2%) and anemia in toddlers (Bappenas, 2018).

Factors Causing Stunting

Several factors cause stunting; 1) direct causes such as consumption or intake of nutrients, physical condition, infection (early initiation of breastfeeding, history of exclusive breastfeeding, complementary breastfeeding,) 2) indirect causes such as food availability in the household,

socio-economics, level of education, culture (Neherta et al., 2023). Referring to Utomo (2018), stunting can occur as a result of malnutrition, especially during the first 1000 days of life (HPK). One way to prevent stunting is to provide nutritional and health services to pregnant mother. This effort is very necessary, considering that stunting will affect children's intelligence level and health status when they grow up. The consequences of malnutrition at 1000 HPK are permanent and difficult to repair (Utomo, 2018).

Stunting Problem Intervention

Reducing stunting requires integrated interventions, including specific nutrition and nutrition-sensitive interventions. In line with the initiative to Accelerate Stunting Reduction, the government launched the National Movement for the Acceleration of Nutrition Improvement (*Gernas PPG*, abbreviations in Indonesian) which was established through Presidential Regulation Number 42 of 2013 concerning Gernas PPG within the 1,000 HPK framework. In addition, stunting reduction indicators and targets have been included as national development targets and are contained in the 2015-2019 National Medium Term Development Plan (*RPJMN*, abbreviations in Indonesian) and the 2017-2019 National Action Plan for Sustainable Development Goals (*TPB*, abbreviations in Indonesian) (Bappenas, 2018).

Reducing stunting focuses on addressing the causes of nutritional problems, namely factors related to food security, especially access to nutritious food (food), the social environment related to the practice of feeding babies and children (parenting), access to health services for prevention and treatment (health), as well as environmental health which includes the availability of clean water and sanitation facilities (environment). These four factors influence the nutritional intake and health status of mothers and children. Interventions on these four factors are expected to prevent nutritional problems, both undernutrition and excess nutrition (Bappenas, 2018).

METHODOLOGY

When conducting research, it is important to use the method (Renyaan, 2023). This method is a reference for achieving research objectives (Patmasari and Ilham, 2022;Tokang et al., 2023). Therefore, the method used is a type of quantitative research using a survey and processed descriptively analytically using a cross sectional study approach. The research was carried out in 2 (two) community health centers focused on studying stunting at the Jayapura Regency health service, namely the Kemtuk Gresi health center and the Namblong health center. This research was carried out from July to August 2023. The population in this study was all 2,979 pregnant women and breastfeeding mothers. The sample size used the Slovin formula with sample results of 96.75 or 97 respondents. number and determination of samples based on purposive sampling using inclusion and exclusion criteria. The framework for this research is as follows:

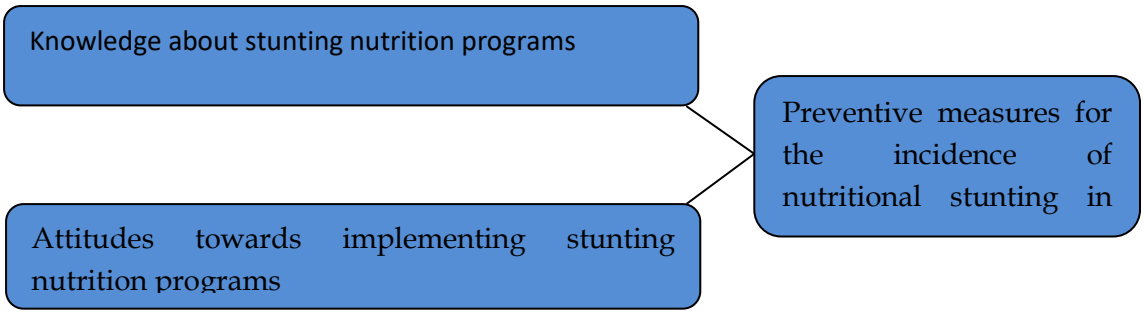

Figure 1. Framework for thinking: Family behavior at risk of stunting

Research variable :a) Actions to prevent the incidence of stunting nutrition in pregnant and breastfeeding mothers, b) Knowledge of pregnant and breastfeeding mothers about stunting nutrition programs, c) Attitudes of pregnant and breastfeeding mothers towards the implementation of stunting nutrition programs. **Instruments and data collection methods**: The instruments that will be used in this research include questionnaire sheets and writing tools. Data was collected by distributing questionnaires to respondents to answer each question related to knowledge, attitudes and actions. If the respondent does not read fluently, the enumerator will guide him by reading it and asking the respondent to answer without being directed by the enumerator. **Data analysis:** Questionnaires that have been answered and filled in completely will be processed in the form of a frequency table and presented in the form of a picture or diagram for each variable, then the relationship between an independent variable and the dependent variable will be analyzed using chi-squarer analysis. After that, prepare a research report.

RESULTS

Characteristics of Pregnant and Breastfeeding Mother

Table 1. Distribution Characteristics of Pregnant and Breastfeeding Mother Respondents Based on Age, Occupation, Education

No	Variable	Category	Amount	%
	Education	Elementary/Middle School	36	36
		High School/Vocational School	55	55
		College	9	9
	Age	<20	7	7
		20-35	79	79
		>35	14	14
	Work	Farmer	23	23
		Civil	2	2

	servants/TNI/Polri		
	Contract employees	3	3
	Housewife	72	72
Amount		100	100

Source: Primary data

Based on table 1, it can be seen that the highest level of education is high school/vocational school education at 55 (55%), the largest age group is in the 20-35 age group at 79 (79%), the highest type of work is housewife work at 72 (72%).

Behavior of Pregnant Mother in the Stunting Prevention Program

1. *Relationship between Knowledge and Actions of Pregnant and Breastfeeding Mothers in the Stunting Prevention Program*

Table 2. Relationship between knowledge and actions of pregnant and breastfeeding mothers in preventing stunting

	Knowledge	Preventive measure					
		Not enough	%	Good	%	Amount	%
1	Not enough	10	38.46	16	61.54	26	100
2	Good	10	13.51	64	86.49	74	100
	Amount	20	20	80	80	100	100

Source: Primary data

Based on table 2, it proves that out of 100 respondents pregnant mother and breastfeeding mothers who had the most good actions and also had the most good knowledge were 64 (86.49%) mothers. The results of statistical tests using Chi-Squre showed p=0.014, which means Ho was rejected. This illustrates that there is a relationship between knowledge and action to prevent stunting in pregnant and breastfeeding mother.

2. *The Relationship between Attitudes and Actions of Pregnant and Breastfeeding Mothers in the Stunting Prevention Program*

Table 3. Relationship between attitudes and actions of pregnant and breastfeeding mothers in preventing stunting

No	Attitude	Preventive measure					
		Not enough	%	Good	%	Amount	%
1	Not enough	4	40	6	60	10	100
2	Good	16	17.78	74	82.22	90	100
	Amount	20	20	80	80	100	100

Source: Primary data

Based on table 3, it proves that out of 100 respondents, pregnant mother and breastfeeding mothers who had the most good actions and also had the

most good attitudes were 74 (82.22%) mothers. The results of statistical tests using Chi-Squre showed that p=0.110, which means Ho is accepted. This illustrates that there is no relationship between attitudes and actions to prevent stunting in pregnant and breastfeeding mother.

DISCUSSION

Behavior of Pregnant and Breastfeeding Mother in the Stunting Prevention Program

1. Knowledge of Pregnant and Breastfeeding Mother

Knowledge is one of three factors that determine human behavior. Knowledge is very important in shaping one's activities due to study and experiencerevealed that knowledge-based behavior lasts longer than non-knowledge-based behavior (Bloom in Notoatmodjo, 2013). Knowledge about the problem of stunting that pregnant and breastfeeding mothers must have is knowledge about the factors that support the occurrence of stunting in children during pregnancy and breastfeeding. In general, the factors for pregnant women and the factors for breastfeeding mothers are generally the same because it is an ongoing program. These programs include; status of lack of energy and calories during pregnancy and breastfeeding, anemia during pregnancy and breastfeeding, TT immunization during pregnancy and baby immunization, 4 too, nutritional intake, examination during pregnancy, and clean and healthy living behavior. The health status of pregnant mother during pregnancy and the health status of breastfeeding mothers greatly determine the occurrence of stunting in the baby to be born. Mothers who are unhealthy during pregnancy will have an impact on the birth of unhealthy children such as low birth weight (< 2500 gr), after that babies born to healthy mothers must be followed by guarantees of maternal health during breastfeeding which will also have an impact on guarantees of decreased incidence of stunting in babies.

The results of the research regarding the knowledge of pregnant and breastfeeding mothers showed that out of 100 respondents, there were 74 (74%) who had good knowledge, and there were still 26 (26%) who had poor knowledge. The types of knowledge that are still lacking include knowledge about IMD, Nutrition, Immunization and KEK because out of 100 respondents only less than 41 (41%) mothers answered correctly. Meanwhile, more than 50 (50%) of those with good knowledge, such as knowledge of 4 too, ANC, TTD, PHBS, could answer well. Knowledge about toddler nutrition is the basis of parents' ability to prepare the food their children need.

The results of statistical tests using Chi-Squre showed p=0.014, which means Ho was rejected. This illustrates that there is a relationship between knowledge and action to prevent stunting in pregnant and breastfeeding mother. The results of this study are the same as research by Ni'mah and Nadhiroh (2015) in Surabaya which found that the level of maternal knowledge about nutrition was related to stunting and mothers who had low knowledge about nutrition had a 3.877 times risk of experiencing stunting compared to mothers who had low knowledge about nutrition. good (95% CI: 1.410- 10.658). Apart from knowledge, maternal education is basic for achieving good toddler nutrition. The mother's education level is related to the mother's ease in

receiving information about nutrition and health from outside. Mothers with a higher level of education will more easily receive information from outside, compared to mothers who have a lower level of education (Ni'mah & Nadhiroh, 2015).

2. Attitudes of Pregnant and Breastfeeding Mothers.

According to Notoatmodjo (2018) attitude to Health is people's assessment of things related to health maintenance, such as: attitude against communicable and non-communicable diseases, attitudeon factors related to or influencing health (food nutrition or food diet). Attitude greatly influences a person's behavior to act or do something. If something he thinks will benefit him then he will accept it and then do it.

Attitudes can be seen from parenting patterns, both mother and family, where poor parenting will cause toddlers to experience malnutrition and can cause children to suffer from stunting. According to Panjaitan in Bella et al (2020), providing breast milk and complementary foods, psychological stimulation, clean living habits/hygiene and environmental health, as well as caring for sick children at home and in health services are manifestations of parenting patterns towards children.

Of the 100 pregnant and breastfeeding mothers, it was found that 90 (90%) had good attitudes towards stunting prevention behavior. There were still 10 (10%) who had a poor attitude, this lack of attitude was related to attitudes about the 4 too program and KEK and TTD were less than 41 (41%) mothers who had a good attitude. More than 50 (%0%) mothers behaved well in programs regarding IMD, Nutrition, Immunization, ANC and PHBS. The results of statistical tests using Chi-Squre showed that p=0.110, which means Ho is accepted. This illustrates that there is no relationship between attitudes and actions to prevent stunting in pregnant and breastfeeding mother. This result is the same as the research results of Elinel, et al., (2022). The chi square test was not feasible because it did not meet the requirements so the test used was the Fisher test, obtained a value of p = 0.628. This shows that statistically there is no significant relationship between attitudes and stunting management behavior in mothers who have *Baduta* (children under two years of age) in Cimpaeun Village. In contrast to the results of the analysis of the relationship between attitudes and behavior in handling stunting in Cimpaeun Village, Tapos District, Depok City, it shows that there is no significant relationship (p value = 0.628), this could be due to the small sample size. The findings in this study are not in line with research conducted by Mutingah and Rokhaidah (2021) which showed a significant relationship between maternal attitudes and maternal behavior regarding stunting prevention behavior (p value 0.001). Apart from that, Yunitasari et al (2021) in their research stated that the attitude of mothers who do not practice good child feeding will have a long-term impact on the child's growth and development. Children's health will be influenced by the mother's attitude towards child care and a positive attitude on the part of the mother will have an impact on reducing the incidence of stunting.

3. Actions of Pregnant and Breastfeeding Mothers

Action is someone's behavior to do something. This action is realized because of rational human choices which are the basis of action (Wallace and Wolf, 2006: 303). One of the figures in this group of theories, namely George C. Homans, explains that a person's actions are the result of calculations between the value and possibility of success of that action (Turner, 1998: 265). Even though the value of an action is high, if the probability of success is low, perhaps someone will choose another action whose value is not too high, but the success rate is high.

Of the 100 pregnant and breastfeeding mothers, there are 80 (80%) who have good actions towards stunting prevention type behavior. This illustrates that there are still 20 (20%) whose actions are still lacking. The types of prevention that lacked the most action were 4 Too 30 (30%), KEK 41 (41%) and TTD 44 (44%), while the actions of breastfeeding mothers that were good, namely out of 100 mothers, there were already more than 50 (50%) mothers. take good action on IMD, nutrition, immunization, ANC and PHBS programs. The lowest type of action for each activity at a pregnancy distance of >2 years is only 26 (26%), Protein intake for mothers during pregnancy and breastfeeding is in the form of consumption of meat fish or similar and fruit which is still lacking in intake for the prevention of CED in pregnant and breastfeeding mothers This also includes infants' fruit intake being insufficient. Other things that are still lacking are TT immunization, giving colostrum breast milk, giving additional food to children > 6, giving breast milk to children more than 2 years old as well as birth spacing and children more than 3, all of which are still lacking or out of 100 respondents only less than 50 (50 %) who participated in the program well.

The results of the analysis of the relationship between knowledge and actions of pregnant and breastfeeding mothers in the stunting prevention program were found to be 0.014, which means H0 was rejected. These results indicate that there is a relationship between knowledge and actions to prevent stunting by pregnant and breastfeeding mothers. Another thing happened in the test results of the relationship between attitudes and the incidence of stunting in pregnant and breastfeeding mother, it was found that p=0.110, which means H0 was accepted. This illustrates that there is no relationship between attitudes and actions to prevent stunting in pregnant and breastfeeding mother.

Knowledge and attitudes are determining factors in behavior. If knowledge is good it will influence attitudes to take action decisions. However, sometimes good knowledge does not necessarily influence good attitudes and then take action. Even though knowledge is good, if the results of his internal considerations are not favorable then the person will be non-accepting. Likewise, if some one's attitude is good, it does not necessarily guarantee that they will carry out that good attitude because actions can be influenced by 3 factors. As is known, the role of a mother can influence the health behavior of a family. According to Lawrence Green's theory (1980) in Notoatmodjo, health

behavior is influenced by several factors including predisposing factors, both factors within the individual which include knowledge, attitudes, beliefs, and the values and norms held, as well as supporting factors such as affordable health facilities. health, health regulations and health-related skills and driving factors such as family, teachers, peers, health workers, community figures/influential people, and decision makers. Factors in mothers such as knowledge, education, work, attitudes, and so on will be very influence the prevention of child stunting. The mother's knowledge about preventing stunting during pregnancy will be the mother's motivation to carry out prevention.

CONCLUSIONS AND RECOMMENDATIONS

The results of research regarding the knowledge of pregnant and breastfeeding mothers showed that out of 100 mothers, 74 (74%) had good knowledge. good attitude 90 (90%), good action 80 (80%). The cross table shows that out of 100 pregnant mother who had good actions and good knowledge, there were 64 (86.49%) and 74 (82.22%) with good attitudes. The results of the relationship test using Chi-Squre on the knowledge and action variables obtained p=0.014, which means Ho is rejected. This illustrates that there is a relationship between knowledge and action to prevent stunting in pregnant and breastfeeding mother. The results of the relationship between attitudes and actions were found to be p=0.110, which means H0 was accepted. This illustrates that there is no relationship between attitudes and actions to prevent stunting in pregnant mother.

Recommendations for policy makers to intensify health efforts through promotional programs because it has been proven that knowledge is related to action in preventing stunting. The public, especially pregnant and breastfeeding mothers, should always be involved in activities that can increase knowledge related to the causes of stunting through non-electronic and non-electronic media.

FURTHER STUDY

The research was only carried out at the Jayapura Regency Health Service with a focus on 2 (two) health center areas (Kemtuk Gresi Health Center and Namblong Health Center). Therefore, it is hoped that further research can also be carried out at other Community Health Centers in the Jayapura Regency area.

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