

The 4th International Conference on Nursing and Public Health (ICONPH)

Prevention and Intervention of Stunting Through Mother's Empowerment

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ABSTRACT

Introduction: It is important to reduce stunting as early as possible to avoid long-term detrimental impacts, namely stunting children's growth and development. This research aims to provide training and mentoring methods to mothers of toddlers, both in classical form and direct practice. **Method:** Stage I developed a model of maternal empowerment in preventing and dealing with stunting in toddlers using a survey with a cross sectional design. The second stage of model implementation uses Quasi Experimental with pretest and posttest in the control group. The third stage uses experimental research with The Posttest–Only Control Group Design to determine the effect. **Results:** maternal empowerment and maternal characteristics greatly influence stunting. The empowerment t-statistic value is 3.231 and mother's characteristics are 7.523, which is greater than the t-table value of 1.96. Empowerment has an indirect impact through exclusive breastfeeding, but maternal characteristics indirectly influence knowledge, children's physical health, nutritional status, while family support indirectly influences stunting through exclusive breastfeeding and motivation. **Conclusion:** socio-economic as part of the mother's characteristics determines the mother's ability to make efforts to prevent and treat stunting. Family support increases mothers' motivation to provide exclusive breastfeeding which has a special impact on the incidence of stunting in children.

Keywords: Intervention, Prevention, Stunting, Empowerment

INTRODUCTION

It is growing scientific consensus that decreasing global illness burden and stimulating economic development needs a high focus on combating childhood stunting. Stunting is most common in Africa (40%) and Asia (112 million stunted children), primarily in South-Central Asia (Dewey & Begum, 2011). Stunting has both a direct cause of short adult height and impaired function later in life. It indicates the underlying mechanisms that lead to poor growth and other adverse outcomes in early life (Perkins et al., 2017). Stunting has been linked to decreased chances of surviving, good health in childhood and adulthood, as well as impaired capacity for learning and production (Vilcins, Sly, & Jagals, 2018). Stunting prevention must be a top priority. Preconception through two years of life should focus on intervention

techniques, which include therapies that have been shown to have a favorable influence on linear growth (Perkins et al., 2017). Research needs to be done to corroborate observations for different regions comprehend the routes by which stunting can have sustained impacts. It is imperative to identify pathways through which the non-genetic transfer of nutrition impacts is induced in succeeding generations (Dewey & Begum, 2011).

Specifically, the Indonesian province of Magetan Regency has a reported stunting rate of 10.45 percent. Malnutrition in toddlers has lately been recorded in this region for various reasons. Therefore, low birth weight, infectious disease history, early breastfeeding, the number of families, and maternal education are recommended (Werdani, Isnaini, & Kusumawati, 2019). Then this study fills a

significant gap in the few studies on maternal education and stunting undertaken in scholarly attention (Darwis, Abdullah, Amaliah, Bohari, & Rahman, 2021). The Mothers Empowerment Model in the Preventing and Intervention of Stunting was studied using The Stunting Preventing and Intervention Model in the particular stunting locations. Scholars and academics will benefit from the findings of this investigation. The study includes a literature review, a conceptual model, data techniques and methods, results, conclusions, and further discussions.

RESEARCH METHOD

This research implemented 3 phases. Phase I develops a Mothers Empowerment Model in the Prevention and Intervention of Stunting in Toddlers using a theory of Health promotion model, community empowerment theory, motivation theory, stunting theory, and independence theory, using a survey with a Cross-Sectional design. Phase II is the model implementation using Quasi-Experimental, the Nonrandomized Control Group Pretest Posttest Design. Furthermore, Phase III is the Experimental research through Posttest - Only Control Group Design (Nursalam, 2016).

The research location is in the Posyandu area of 9 Public Health Centers in 15 villages, the Stunting Locus area in Magetan Regency in 2021. The research population is all mothers of children under five years old in the Posyandu of 15 Locus Stunting Villages. The sampling technique is Multistage random sampling, starting with grouping the sample based on the region or population location (Nursalam, 2013). Stratification and selection are conducted through Systematic Simple random sampling. The research sampling process selected 9 Public Health Centers, the Stunting Locus in Magetan Regency, in 2021 in 15 villages in the Public Health Centers area taken proportionally. The samples were further grouped based on the inclusion criteria.

RESULT AND DISCUSSION

The table below describes the characteristics of the research respondents.

Table 1. Description of the Demographic Characteristics of Research Respondents

Variable	Indicator	Frequency	%
Mothers' age	20 - 35 Years Old	219	94.4%
Mother's Education	Senior High School	97	41.8%
Socio-Economic	Moderate	111	46.30%
Mother's Occupation	Housewife	138	57.5%
Prevention of stunting	Any	148	62%
Intervention of stunting	None	155	64.5%
Healthy	Once	131	54.5%
Sick	Once	131	54.5%

Based on the table above, it is known that the 240 mothers involved mainly were aged 20-35 years old by 219 (94.4%) mothers. Based on the education, it shows that most of the mothers have high school education (41.8%), moderate socioeconomic (46.30%), and are housewives (57.5%). Furthermore, 62% of the mothers did stunting prevention, while 64.5% did not intervene the stunting. Most children had experienced illness by 54.5%, and 89.5% received exclusive breastfeeding. Most mothers received 96.25% family support, 98.3% intrinsic motivation, and 96.25% extrinsic motivation. Most mothers do not have awareness and do not empower to prevent stunting.

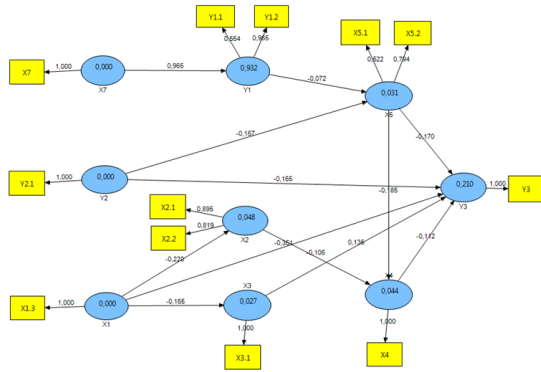


Figure 1. Best Model (fit model) Empowering Mothers in Prevention and Intervention Stunting

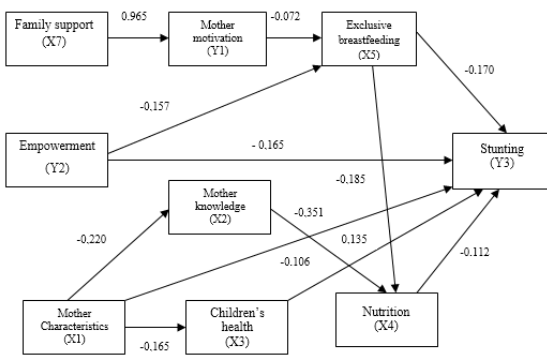


Figure 2. New Finding "Mother empowerment model in Stunting Prevention and handling in stunting special locations"

Path Analysis

Based on the best model formed, there are 12 hypotheses assessed, as shown in the following table:

Table 2. Hypothesis Significance Test Results

Path	Hypothesis	Coefficient	T-Statistics	Significance (>1.96)
Exclusive Breastfeeding → nutrition	H1	-0.185	2,727	Received
Exclusive Breastfeeding → Stunting Support	H2	-0.170	5.017	Received
Stunting Support → nutrition	H3	0.965	56.549	Received

Motivation → Nutrition	H4	-0.112	2,270	Received
Stunting Characteristics → Health	H5	-0.165	3,531	Received
Characteristics → Knowledge	H6	-0.219	4,850	Received
Characteristics → Stunting Health	H7	-0.351	8,629	Received
Stunting Motivation → Exclusive Breastfeeding	H8	0.135	3,334	Received
Stunting Motivation → Exclusive Breastfeeding Empowerment	H9	-0.072	4.025	Received
Empowerment → Exclusive Breastfeeding	H10	-0.157	2,610	Received
Empowerment → Stunting Knowledge	H11	-0.165	3,351	Received
Stunting Knowledge → nutrition	H12	-0.106	2,298	Received

The effect of maternal characteristics (age and mother's education) on the prevention and intervention of stunting

The current study obtained that most mothers were aged 20-35 years old (early adulthood), so there was a significant effect of maternal age during pregnancy on the incidence of stunting. The age of 19-35 years old is the productive age group when a person reaches maturity in terms of productivity. In addition, they have maturity in rational and motor terms so that they have sufficient maturity (Thesa 2020).

Previous research conducted by Fall et al. (2015) showed that children of mothers aged less than 19 years old have a

high risk of experiencing growth and development disorders. Their age is relatively short, namely two years by 30-40%. Zukhra (2017) stated that a person's age could affect knowledge. The older a person is, the more knowledge and experience he has.

The age of 20-35 is a mature age for a mother who has received sufficient knowledge of caring for and caring for children, so that child development goes well. Furthermore, a mother's education level is very influential on child development. Compared to women with greater levels of education, mothers with lower levels of education have a more challenging time stimulating their child's growth (Kumalasari, Tjekyan, & Zulkarnain, 2018).

Effect of Exclusive Breastfeeding on Nutritional Status

The effect of Exclusive Breastfeeding on Nutrition shows the t-values of 2.727, i.e., > 1.96, indicating a significant impact of exclusive breastfeeding on nutrition. The nutritional status of children has a significant indirect effect on the stunting factor. Failure to grow and develop after birth reflects inappropriate exclusive breastfeeding and causes stunting (Rahmadi, 2016). Efforts to reduce the incidence of stunting are by optimizing exclusive breastfeeding for six months (Kramer and Kakuma, 2012). Exclusive breastfeeding is proven to affect the nutritional status of children. Many factors influence mothers' awareness in giving exclusive breastfeeding to their children. Increasing women's empowerment, the quality of health services, and the diversity of food certainly impact maternal and child nutrition. Understanding the benefits of exclusive breastfeeding for children starts with young women before marriage. Continuous motivation to realize the importance of exclusive breastfeeding affects children's nutritional status.

Influence Exclusive Breastfeeding to Stunt

The effect of exclusive breastfeeding

on stunting shows the t statistic value of 50.017, i.e., > 1.96, indicating a significant impact on stunting. Previous research conducted by Dewi (2015) obtained that children who are not exclusively breastfed tend to have a 5.54 times risk of stunting compared to exclusively breastfed children. Children who are not exclusively breastfed have a more significant percentage of suffering from stunting. Conversely, breastfed children have a more substantial portion of normal nutritional status (Handayani et al., (2019).

The benefit of exclusive breastfeeding is that it supports children's growth, especially height because breast milk calcium is more efficiently absorbed than formula milk. Breast milk nutrition suitable for children's development can ensure that children's needs are met. Stunting can be prevented in children by exclusively nursing because of their nutritional status. Especially first breastmilk must be done because it contains various nutrients that are incredibly beneficial for child development.

The Effect of Family Support on Mother's Motivation

The effect of family support on motivation shows the t-values of 56.549, i.e., > 1.96, showing a significant impact between family support and inspiration.

Saadah (2020) stated that strong family support for mothers in conducting the prevention and intervention of stunting in children has a significant effect on stunting. Family/husband support is substantial for mothers teaching stunting prevention and intervention. Such family support can be in the form of moral and material support. Furthermore, a large family affects the low incidence of stunting because families take care of children besides parents. Those are grandmothers and grandfathers who help fulfill daily needs, including food intake (Rahmawati et al., (2019).

Family support is significant and contributes to stunting children, especially husbands and other families such as uncles,

aunts, grandmothers, and grandfathers. With family support, mothers have a strong commitment to dealing with growth problems in their children. To help children under five have healthy nutrition, families must play an active role. Decrease the number of children who are stunted. Increasing the family's position can be done by giving them information and understanding how the family does its job, especially when it comes to toddlers. It includes giving them various foods, like vegetables and fruits, and regularly eating small amounts of these food sources.

Effect of Nutritional Status on Stunting

The effect of nutritional status on stunting shows the t-value of 2.270, i.e., > 1.96, proving a significant effect of nutrition on stunting. Ruaida (2018) said that children's poor diet in the first year of life, poor women's food before and during pregnancy, and poor sanitation practices prevailing in households and communities encourage stunting. The research that Picauly and Toy have conducted (2013) further claimed that for every 1 SD increase in the nutritional status of TB/U children, the child's learning achievement increases by 0.444. Likewise, if the TB/U decreases by 1 SD, the child's learning achievement decreases by 0.444. Empowering mothers in preparing nutritious food for children is needed because the nutritional status of children is closely related to parenting patterns in feeding children. The mother's level of education, knowledge, willingness, motivation, socioeconomic factors, and family support influence it.

The Influence of Maternal Characteristics on Children's Physical Health

The effect of maternal characteristics on health shows t-values of 3.231, i.e., > 1.96, which significantly influences maternal traits and health. This study also obtained that most children had never been sick. Children had mild illnesses. When they were ill, they were immediately treated so that it did not interfere with the growth and

development of children. Saadah (2020) stated that most mothers are aged 20-35 years old (early adulthood). Maternal characteristic factors have a significant direct effect on the stunting factor. In addition, maternal characteristics have a significant indirect impact on stunting through the mother's knowledge, child's physical health, child's nutritional status, and family support regarding early detection, prevention, and intervention of stunting. The mother's maturity causes the ability to take care of her child so that the growth and development are also good (Julia & Indra, 2019).

It is essential to pay attention to the child's physical health to remain healthy. His growth and development usually run. If the child is often sick, the child's activities and appetite are automatically low. If this happens repeatedly, the child's nutritional intake will decrease and cause weight reduction of a child. The child is lazy to move, and cognitive abilities also decline, which triggers and causes impaired growth (stunting) and child development.

The Influence of Mother's Characteristics on Mother's Knowledge

The effect of maternal characteristics on knowledge shows the t-value of 4.850, i.e., > 1.96, showing a significant influence between Mother's Characteristics on Mother's Knowledge. Mothers' learning is one of the essential factors that mothers of toddlers must have as people who play a role in preparing family meals. One of the reasons for mothers' low knowledge is their irregular visits to the Integrated Health Post (Posyandu). Knowledge of nutrition for mothers of children under five can be obtained through health counseling conducted by health workers/cadres at the Posyandu. In addition to food, children also need to achieve optimal growth, attention, and attitude (care) of parents in feeding. Mistakes in choosing food have a terrible impact on children both now and in the future (Milda, 2018).

The selection of food processing and how to provide healthy and nutritious food

for toddlers requires high maternal knowledge and education. Understanding the importance of nutrition and health can be more readily accepted by mothers with higher education.

Effect of Mother's Characteristics on Stunting

The effect of maternal characteristics on stunting shows the t-values of 8.629, i.e., > 1.96 , indicating a significant effect between the Mothers' Characteristics and Stunting. The level of parental education affects parents' knowledge regarding nutrition and childcare patterns, where inappropriate parenting increases the risk of stunting. The educational level involves how well receiving information is taking place. Mothers with higher education levels are more receptive to information than mothers with lower education levels. This information is used as a provision for mothers to take care of their toddlers in daily life (Ni'mah, 2016).

Nutritional knowledge can be easily absorbed and understood by a person's degree of education and their mother's educational level. The higher the mother's education level, the greater the mother's ability to absorb knowledge through formal and non-formal education, including TV, newspapers, radio, and social media. In this case, knowledge, education, socioeconomic are the basis for preventing stunting, especially by improving the nutrition of children under five years old.

The Effect of Children's Physical Health on Stunting

The effect of children's physical health on stunting shows the t-value of 3.334, i.e., > 1.96 , indicating a significant impact between children's physical fitness and stunting. The study conducted by Probosiwi et al. (2017) mentioned that childhood infectious diseases cause mal-absorption, malnutrition, wasting, stunting, and reduced cognitive function in the future. Contagious diseases have an attachment to a nutritional status that causes child development disorders. On average, children with infections also experience

decreased appetite, even though sick children need adequate dietary intake to speed up the recovery process. The analysis results show that the child is unhealthy for a maximum of 7 days. If he is sick two times in the last three months, it will impact the child's growth and development. Suppose the infection occurs over a long period and is repeated. In that case, the child's growth is stunted and eventually becomes short.

It is essential to pay attention to the child's physical health to remain healthy. Their growth and development usually run. If the child is often sick, the child's activity and appetite will automatically be below. If this happens repeatedly, the child's nutritional intake will decrease and cause their weight to reduce. They become lazy, and their cognitive abilities also decline. This will cause their growth (stunting) and development to be disrupted.

The Effect of Mother's Motivation on Exclusive Breastfeeding

The effect of a mother's motivation on exclusive breastfeeding was evaluated. Results show the t-value of 4.025, i.e., > 1.96 , showing a significant impact of motivation on exclusive breastfeeding. According to Harseni (2019), many moms with excellent intrinsic motivation did not exclusively breastfeed their newborns due to a lack of support from their husbands or relatives. Therefore, the mothers have not optimally provided breast milk and combined it with other food/drinks. The family has a significant influence on forming a person's behavior. The results of this study are different from the research conducted by Armini (2015) regarding the differences in the mother's intrinsic and extrinsic motivation in giving exclusive breastfeeding. In this research, family/husband support influences the mother's push to provide exclusive breastfeeding.

In order to exclusively breastfeed their child, mothers must be motivated both within and outside. Husband and family support plays a vital role in the

psychological problems of breastfeeding mothers. It is imperative to give health education to mothers to motivate mothers to provide exclusive breastfeeding because mothers understand the benefits of exclusive breastfeeding for their children.

The Effect of Empowerment on Exclusive Breastfeeding

The effect of empowerment on exclusive breastfeeding shows the t-values of 2.610, i.e., > 1.96, proving a significant effect between empowerment and exclusive breastfeeding. The role of empowering mothers related to the household is essential because it can improve the nutritional status of children. Mothers are expected to be active in health efforts, especially nutrition, to reduce the incidence of stunting (Setiadi et al., 2020). Martini's research (2018) stated that the attitudes and behavior of health workers also affect the family and social environment, which will strengthen a person's behavior. Home visits teach women and their families how to live a clean and healthy life by watching them and providing information that helps them emotionally and practically.

Because the nutritional status of children is linked to how parents feed them, it is essential to teach mothers how to make healthy food for their children. This includes education level, knowledge, mother's willingness and motivation, socioeconomic factors, and family support.

The Effect of Empowerment on Stunting

The effect of empowerment on stunting shows the t statistic value of 3.351, i.e., > 1.96, indicating a significant impact between empowerment and stunting. Nurbeti, M (2019) mentioned the characteristics of empowered citizens. Nurbeti, namely being able to understand themselves and their potential, plan to anticipate future changing conditions, direct themselves, have negotiating power, have adequate bargaining power in conducting mutually beneficial cooperation, and take responsibility for their actions. An activity or program can be categorized into community empowerment

if the movement grows below. It is non-instructive and can strengthen, increase, or develop the potential of the local community to achieve the expected goals.

The mother's character in dealing with the problem must be clear about the results obtained. The mother makes efforts to get the best for her child about good child growth and development so that stunting does not occur. Young women should possess this awareness and understanding long before they get married to maintain excellent and quality physical conditions to produce quality generations.

The Effect of Mother's Knowledge on Children's Nutritional Status

The effect of knowledge on children's nutrition shows the t-values of 2.298, i.e., > 1.96, showing a significant influence between knowledge and child nutrition. Liswati (2016) said that there is no meaningful relationship between maternal age and the nutritional status of children under five years old. Maternal age is a factor that indirectly affects the nutritional quality of children under five. Sukmawati also stated that there was no relationship between the mother's level of knowledge and the child's nutritional status. Other factors include the mother's attitude during parenting, diet, and exclusive breastfeeding. In this study, the mother's age range includes mature age. It is supported by education and socioeconomic levels. Mothers are expected to commit consistently to preventing and dealing with stunting.

From the results of several studies above, it is explained that the nutritional status of children is closely related to the mother's parenting patterns in feeding children. This is influenced by many factors, including the level of education, knowledge, willingness, and motivation of the mother, and socioeconomic factors and family support. Mother's wisdom, poor feeding, economic problems, and infectious diseases contribute to the incidence of stunting. Increased knowledge occurs due to the willingness of the mother to know

and participate in health programs. It explains that mothers can apply this knowledge to improve child growth and development by providing nutritious food and stimulating good child growth and development.

CONCLUSION AND RECOMMENDATION

Mother's characteristics, especially socioeconomic conditions, greatly determine the mother's ability to prevent and treat stunting. Public awareness of the importance of stunting prevention determines the capacity of community empowerment in stunting prevention. Family support increases the mother's motivation in giving exclusive breastfeeding, which affects the incidence of stunting in children.

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