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Identification of Families with Stunting in the Working Area of the Astambul Martapura Community Health Center, Banjar Regency

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Abstract *(Times New Roman 10 pt, bold, italics)*

Stunting has an impact on children's cognitive growth and development, health, and long-term productivity. The main causes of stunting are lack of nutritional intake, poor feeding practices, inadequate environmental sanitation, and limited access to health services. Astambul Community Health Center reports data on stunting in Astambul District in Pasar Jati Village from 118 families; the category of families at risk of stunting is 81. Identify families of toddlers at risk of stunting in the Astambul Community Health Center Working Area. This research uses mixed methods, quantitative results are carried out in deep interviews. Amount 33 respondents met the inclusion criteria (age 12 months–36 months). The results of the Fisher exact test analysis are because the data does not meet the chi-square test because there is an expected count value of less than 5, exceeding 20%. The results show that maternal occupation, water source, gender, frequency of going to posyandu, and exclusive breastfeeding do not have a significant relationship with the risk of stunting because the p value is > 0.05. However, after conducting in-depth interviews, it was found that mothers' low knowledge about stunting, nutritional intake, types of food, feeding schedules, motivation, modifications, MP-ASI complementary foods, water sources, and income influenced the incidence or risk of stunting for toddlers.Mothers' knowledge about proper nutritional intake has an impact on the nutritional quality and health of toddlers. Serving food in attractive and creative forms so that children like it. To increase maternal knowledge, more structured educational interventions are needed through public health programs, training and integrated nutrition campaigns that emphasize aspects of balanced nutrition, cleanliness and child stimulation.

Background

The emergence of the problem of stunting can have a fatal impact on children if it is not addressed. One of the main causes of stunting is a lack of nutritional intake in the first 1000 days of life or a lack of nutritional intake for a long time. This causes children to experience growth disorders, namely height that is not appropriate for their age, decreased productivity, health problems, and ultimately can cause generation loss in Indonesia. The impact of stunting is metabolic disorders in the body. The results of the Indonesian Nutrition Status Survey (SSGI) of the Ministry of Health in 2021 were 24.4%, and in 2022 it was 21.6%; the figure decreased by around 2.8%. The achievement figures do not meet the WHO target (20%) and the 2019-2024 RPJMN target (14%). SSGI data from the Ministry of Health shows that the prevalence of stunted toddlers in South Kalimantan Province is still high, namely 24.6%. The prevalence of stunting data in South Kalimantan is highest in Balangan Regency 26.2, followed by Hulu Sungai Utara Regency 21.3 and Banjar Regency 20.2. Results of the Recapitulation Report of Astambul Community Health Center, Banjar Regency, families of toddlers. The most stunting data is in Astambul District in Pasar Jati Village from 118 families; the category of families at

risk of stunting is 81 families under five. This shows that public knowledge about stunting is still very low, especially about the factors that cause stunting. The aim of this research is to identify families of toddlers who are at risk of experiencing stunting.

Methods

This research uses a mixed-method (cross-sectional) research design. The quantitative approach in this research was carried out using a cross-sectional design, data collection through questionnaires, and quantitative data analysis using Fisher's exact test. The qualitative approach uses a phenomenological method with Colaizzi's in-depth thematic analysis and considers the respondents' original viewpoints and experiences. There are 81 toddlers living in Pasar Jati village; after validation, there were 33 respondents who met the inclusion criteria for toddler age (12 months to 36 months). The research implementation consisted of 3 stages, namely Stage I, starting with the implementation of permits and determining participants as well as making research instruments and consent forms. The determination of participants was carried out together with staff at the Astambul Community Health Center. The second stage was the implementation of data collection assisted by the Astambul Community Health Center, Pasar Jati Village Health Post Officers, Community Health Center Officers, and cadres in Pasar Jati Village Astambul Community Health Center Working Area, Banjar Regency. The third stage is the stage of data analysis and data processing. Furthermore, the quantitative data results were carried out using in-depth interviews (in-depth interviews) with mothers or child caregivers using recorder and notepad instruments to gather information on identifying families with stunting. The research has received a certificate from research No. 200.1.3/327-II/KESBANGPOL/2024 from Kesbangpol, a recommendation from the Health Service, and a certificate from the Head of UPTD Astambul Health Center. The research has passed the research ethics commission of the South Kalimantan Banjarmasin Health Polytechnic with number No. 451/KEPK-PKB/2024.

Result and Discussion

Table 1. Characteristics of Family Respondents with Stunted Toddlers
Univariate data presentation table (n = 33)

variable	n	%
Mother's job		
Doesn't work	26	78,8%
Work	7	21,2%
Mother's education		
No school	3	9,1%
Elementary school/equivalent	5	15,2%
Middle school/equivalent	14	42,4%
High school/equivalent	11	33,3%
Family income		
<1 million	4	12,1%
1-2 million	7	21,2%
2-3 million	18	54,5%
3-4 million	4	12,1%
Water sources		
river	12	36,4%
Well	15	45,5%
PDAM	6	18,2%
Medical health services		
Midwife/orderlies	17	51,5%
Health Center	16	48,5%

Child's gender		
Man	17	51,5%
Woman	16	48,5%
Nutritional status		
Severely underweight	5	15,2%
Underweight	20	60,6%
Normal	8	24,2%
Risk of stunting		
At risk of stunting	25	75,8%
No risk of stunting	8	24,2%
Frequency of examinations at posyandu		
Uncertain	3	9,1%
Every month	30	90,9%
exclusive breastfeeding		
Not exclusive breast milk	15	45,5%
exclusive breastfeeding	18	54,5%

Based on the table above, it shows that the family respondents have the characteristics that the majority of mothers do not work or are housewives, namely 26 people (78.8%), the majority of mothers' education is at junior high school level/equivalent, namely 14 people (42.4%). The majority of family income is 2-3 million, namely 18 (54.5%). The majority of drinking water sources used are well water, namely 15 (45.5%). For health services, the majority of respondents came to the midwife/mantri for treatment, namely 17 (51.5%).

The majority of child respondents were male, namely 17 (51.5%), the nutritional status of the majority *underweight* namely 20 (60.6%), the majority of children's examination frequency at posyandu is carried out every month, namely 20 (90.9%). Most children are breastfed *exclusive* namely 18 (54.5%), the majority of children are at risk *stunting* namely 25 (75.8%).

Tabel 2. Hasil Analisa bivariat

Variabel	*Risk stunting*				Total	OR (95%CI)	Value p
	Risk		No Risk				
	n	%	n	%			
Mother's Job						1,33	0,556
Does work	20	76,9%	6	23,1%	26	(0,204-8,708)	
work	5	71,4%	2	28,6%	7		
Water source						1,75	0,456
River-well	21	77,8%	6	22,2%	27	(0,255-11,992)	
PDAM	4	66,7%	2	33,3%	6		
Gender						1,083	0,619
Man	13	76,5%	4	23,5%	17	(0,22-5,326)	
Women	12	75%	4	25%	16		
Frequency of going to						0,609	0,578
posyandu	2	66,7%	1	33,3%	3	(0,048-7,758)	
Uncertain	23	76,7%	7	23,3%	30		
Every month							
exclusive breastfeeding						0,188	0,064
Not exclusive breast milk	9	60%	6	40%	15	(0,031-1,130)	
exclusive breastfeeding	16	88,9%	2	11,1%	18		

The table above is the result of Fisher exact test analysis because the data does not meet the test *chi-square* because there is value *expected count* less than 5 exceeds 20%. The results

showed that maternal occupation, water source, gender, frequency of going to posyandu, and exclusive breastfeeding had no relationship *significant* with risk *stunting* because the p value > 0.05.

DISCUSSION

The research results showed that the majority of toddlers in the Astambul Martapura Health Center working area were based on test analysis *chi square* It was found that the majority of mothers did not work or were housewives, namely 26 people (78.8%), the majority of mothers' education was at junior high school level/equivalent, namely 14 people (42.4%). The majority of family income is 2-3 million, namely 18 people (54.5%). The majority of drinking water sources use well water, namely 15 people (45.5%). For health services, the majority of respondents came to midwives/orderlies, namely 17 people (51.5%).

The majority of child respondents were male, namely 17 toddlers (51.5%); the nutritional status of the majority was *underweight*, namely 20 toddlers (60.6%); and the majority of children's examination frequency at Posyandu is carried out every month, namely 20 toddlers (90.9%). Most children are breastfed *exclusively*, namely 18 toddlers (54.5%); the majority of children were at risk of *stunting*, namely 25 toddlers (75.8%). However, this research found that the results showed mother's occupation, water source, gender, frequency of going to posyandu, and breast milk *exclusive* don't have that relationship *significant* with risk *stunting* because the p value > 0.05.

Mother's Job

This research found that the majority of mothers did not work or were housewives, namely 26 people (78.8%) of the total respondents. The average age of the mother is 29.19 years with a variation of 5.51 years; the minimum age of the mother is 20 years; and the maximum age is 40 years. Housewives have a very important role in the family, including child care and education, being the main figures in children's education from an early age, instilling moral, ethical and basic educational values that shape children's character. Mothers are responsible for the daily management of the household, from managing family finances, preparing food, to keeping the house clean. Mothers are often a source of emotional support for all family members, maintaining the psychological and emotional balance of the household. Mothers who don't work have more time to focus on family needs. This can improve the quality of caregiving and emotional presence in the home. One impact that can arise is financial limitations, especially if you only depend on the income of one person in the household. This can affect a child's standard of living and educational opportunities. Mothers who do not work outside the home can be more involved in community or social activities in their environment, making an important contribution to village social development.

From a family sociology perspective, the role of the housewife is often considered crucial for the continuity of holistic family functioning. Research from (Frosch et al., 2021) in the American Journal of Lifestyle Medicine states that housewives play a significant role in children's social-emotional development. Meanwhile, (Mussida & Patimo, 2021) stated that even though housewives do not work formally, their contribution to the household economy remains large through saving on costs for child care, home management and other domestic roles. The findings of this research are supported by (S. Aisyah & Rahfiludin, 2019) that there is no correlation between maternal employment and the stunting level of first grade children at SDI Taqwiyatul Wathon in the Coastal Region of Semarang City (p = 0.154). The results of the

same research were also carried out by (P. Aisyah, 2024). *Disparity* or differences, can be caused by various factors, one of which is a person's socio-economic status. In this study, nutritional status was not influenced by parents' work and income. Parents' occupation and income are often reflected by the family's socio-economic situation.

Water Source

Residents in South Kalimantan, especially in rural areas or riverbanks, often use water from rivers for daily needs, such as cooking, washing and bathing. River water used as the main source is often not treated properly, so there is a risk of contamination by pathogens and chemicals that can affect people's health, especially children. The majority of water sources used in Pasar Jati Village use well water, namely 15 families (45.5%) and 12 families (36.4% use river water sources on a daily basis. The research results found that the p value obtained from statistical analysis was $p > 0.05$, that there is no significant difference between the use of water sources and the incidence of stunting. These findings show that, although water sources are important for cleanliness and health, the type of water source is not the main factor causing stunting in this village. The results of this study are not in line with (Fathurrahman et al., 2021) that the factors that influence *underweight* for children under five who live in the Martapura River basin are nutritional intake, food availability, clean water sources, purchasing power and nutritional knowledge. Access to clean water and air quality have a significant impact on the risk of stunting. A study conducted by WaterAid (2017) shows that having better access to clean water and sanitation facilities can reduce the risk of diarrhea, which is one of the main causes of stunting and malnutrition among children in developing countries (Pipit Muliyah, Dyah Aminatun, Sukma Septian Nasution, Tommy Hastomo, Setiana Sri Wahyuni Sitepu, 2024)

Gender

The results of this study were that the majority were male, namely 17 (51.5%) but had no relationship *significant* with risk *stunting* because the p value > 0.05, experience *stunting*, in line with research by Teshome (2008) and Malla, et al. (2004) found that boys were more likely to experience *stunting* compared to girls (Yuningsih & Perbawati, 2022). Boys are more vulnerable to malnutrition than girls, according to previous research. Differences in growth patterns and growth rates at certain ages, including gender differences, cause stunting.

Baby boys aged 6 and 12 months in Ethiopia have twice the risk of becoming stunted compared to baby girls. Several studies in Sub-Saharan Africa found that preschool boys are at greater risk of stunting than girls (Wahdaniyah et al., 2022). Girls have a lower chance than boys of experiencing stunting or severe stunting (Bahagia Febriani et al., 2020). Researchers believe that the prevalence of stunting is not influenced by the gender of the toddler. Intake is one of the factors that can cause stunting; toddlers, both boys and girls, will experience growth disorders if energy and protein intake is reduced, which are requirements for the growth phase.

Frequency of going to Posyandu

Frequency of going to posyandu does not have a significant relationship with the risk of stunting because the p value is > 0.05. This means that even if children are regularly taken to posyandu, there is not enough evidence to state that the frequency of these visits is directly related to stunting prevention. Posyandu has an important role in monitoring children's growth and health development. Previous research by (Yunola & Anggraini, 2024) found that regular visits to Posyandu were associated with early detection of growth problems, which should contribute to

reducing the prevalence of stunting. Researchers believe that the results showing there is no significant relationship between the frequency of visits to posyandu and the risk of stunting are not enough to prevent stunting. A more comprehensive approach and multifactorial intervention is needed to reduce the prevalence of stunting, including improving the quality of posyandu services, nutrition education, as well as support for economic status and adequate food access.

Exclusive breastfeeding

Exclusive breastfeeding does not have a significant relationship with the risk of stunting because the p value is > 0.05 based on a study (Yuwanti et al., 2021) which found that exclusive breastfeeding does not increase the risk of stunting in children under five. According to researchers' assumptions, although the results are not significant, exclusive breastfeeding prevents stunting in children aged 6 to 23 months in Indonesia. Mothers who give exclusive breast milk to toddlers will help maintain the child's nutritional balance so that normal growth is achieved, there is less chance of contracting infectious diseases, and less chance of dying than toddlers who do not receive exclusive breast milk.

Interviews between researchers (3 people) and 5 samples of respondents (mothers) with stunting were obtained as follows:

1. Low knowledge: mothers about stunting
   Maternal knowledge about stunting is very important to prevent this condition, but there is often limited understanding which affects the treatment and prevention of stunting. Statement by mothers of toddlers who are aware of the importance of maintaining children's diet and monitoring development through posyandu. However, the focus is still limited to routine activities such as controlling body weight and height without a deep understanding of the factors that support optimal growth, such as nutritional quality, cleanliness, psychosocial stimulation, stunting prevention and early detection. Mothers' understanding is still focused on basic things and does not include deeper knowledge about proper nutrition (such as protein, vitamins and minerals) which is very crucial in preventing stunting. Judging from the education of the mothers in Pasar Jati village, most of them are junior high school students. The results of previous research support this finding that the mother's level of knowledge has a significant role in the incidence of stunting. Prospective mothers are expected to increase their formal education, because education is a practical way to make it easier for mothers to absorb health information(Husnaniyah et al., 2020). Apart from that, other research argues that educational interventions for mothers who have stunted children can influence the quality of mothers' attitudes and behavior in caring for stunted children (Munir & Audyna, 2022).
2. Low knowledge: mothers about nutritional intake for toddlers
   Mothers' knowledge about toddlers' nutrition and food intake (energy, carbohydrates and protein) influences toddlers' nutritional status. Therefore, mothers must be trained about nutrition and increase toddlers' food intake. Stunting can have an impact on brain growth, intelligence, physique, morbidity, productivity, economy, poverty and social inequality (Wardita et al., 2021). The results of this research are supported by previous research that the incidence of stunting in Indonesia reached 30.8% in 2018 and East Java was in seventh position with the highest number of stunting in children under 5 years. Stunting can be caused by a lack of nutritional intake and chronic disease, with stunting occurring (Ardiana et al., 2021).
3. Low knowledge: mothers about types of food for toddlers

Mothers lack of knowledge about nutritious foods often results in unbalanced eating patterns for children. Mothers may know that toddlers should eat staple foods such as rice, but may not realize that they should also add vegetables, fruit, protein, and healthy fats into their daily menu. As a result, toddlers may lack important vitamins and minerals, which can impact their physical and cognitive growth. Previous research results found that the type of food indicator received a lower score because some mothers provided food that was not appropriate for the toddler's age and did not differentiate food between parents and toddlers (R & Darmawi, 2022). Lack of food intake is the cause of nutritional stunting in children, insufficient daily energy and protein consumption in children causes malnutrition. In addition, providing nutritious food does not always mean providing expensive and unaffordable food. Many healthy foods can be made easily and inexpensively (Lebuan et al., 2023).

4. Low knowledge: mothers about feeding schedules for toddlers
   As parents, especially mothers, you must pay attention to uncontrolled eating patterns of toddlers, such as too many snacks. They must choose foods that are varied and nutritionally balanced. A regular and appropriate eating schedule is very important in supporting the growth and development of toddlers, especially for those at risk of stunting. However, one of the problems that is often encountered is indiscipline in toddlers' feeding schedules. Some mothers let their children sleep at mealtime, resulting in toddlers not getting enough nutritional intake at the time they should. The results of this research are supported by previous research that the pattern of types of food varies and in quantities according to needs, but the time/schedule of feeding is still irregular and inappropriate. It can be concluded that there is a relationship between the feeding schedule and the incidence of stunting in Arongan village. (R & Darmawi, 2022)
5. Mothers' low knowledge motivates toddlers to provide food intake.
   Mothers' low knowledge about strategies to motivate children has an impact on the lack of variety and quality of nutrition consumed. Better knowledge is expected to help mothers motivate children to eat healthily, supporting their optimal growth and development. According to (Wulandari & Kusumastuti, 2020) An important factor in achieving goals is motivation. Support from those closest to the mother will greatly influence the mother's motivation to undertake health behaviors. Supported by research results that a There is a relationship between mother's knowledge of events *stunting* in toddlers (Mutingah & Rokhaidah, 2021)
6. Low knowledge: mothers regarding complementary food intake for breast milk.
   Many mothers do not understand the importance of effective ways of serving MP-ASI, both in terms of texture, frequency and food variety. It is hoped that better maternal knowledge regarding MP-ASI can ensure healthy and optimal growth and development of babies. The results of previous research show that to meet children's nutritional needs, the education of parents, especially mothers, is very important. Based on the description above, mothers must know about MP-ASI because not knowing can cause nutritional problems in their babies (Aprillia et al., 2020).
7. Low knowledge: mother about food modification for toddlers
   Processing food to meet the nutritional, texture, and taste needs of toddlers is called food modification. These efforts are critical to supporting adequate nutrition during children's critical growth period from 1 to 5 years of age. This is influenced by low knowledge and limited access to information, especially in rural areas or with low economic backgrounds. Mothers who have a lower level of education do not understand the importance of food variety and how to prepare food properly. Local culture and customs make mothers lazy to prepare food in the form of attractive dishes.Previous research supports that providing

modified PMT based on local wisdom can be an alternative program to eradicate stunting and malnutrition in villages (Averina & Widagda, 2021).

8. Source of drinking water
   The statement above illustrates that people who use river water as a source of drinking water must go through a purification process first. The addition of alum is a traditional method used to bind dirt particles in water so that they settle and the water becomes clearer. And the use of well water is only for daily needs, limited to washing and bathing to drinking, buying gallons of water. The content of well water contains iron, which gives a metallic taste and changes the color of the water to yellowish, which indicates the presence of dissolved iron.Previous studies revealed that water and sanitation are factors associated with stunting in toddlers in Indonesia. Health promotion efforts and cross-sectoral cooperation in sensitive nutrition interventions need to be increased to prevent stunting in Indonesia (Hartati & Zulminiati, 2020).
9. Income
   Family income is one of the main components that influences stunting. Several statements above show how limited income affects meeting family needs, including children's nutrition, which is often influenced by low income. When families with low incomes have to reduce expenses, they tend to prioritize basic needs and sacrifice the nutritional quality of food. Previous research has proven that the nutritional status of toddlers, especially stunted toddlers, is greatly influenced by family income. Empowering housewives in small businesses, which will increase sources of income and improve the health status of families by meeting household food needs, will accelerate the reduction in stunting (Agustin & Rahmawati, 2021).

Conclusion

Hasil penelitian menemukan pekerjaan ibu, sumber air, jenis kelamin, frekuensi ke posyandu, dan ASI ekslusif tidak memiliki hubungan yang signifikan dengan resiko stunting karena nilai p > 0,05. Namun setelah di lakukan indepth interview ditemukan bahwa rendahnya pengetahuan ibu tentang stunting, asupan gizi, jenis makanan, jadwal pemberian makan, yang tepat utntuk usia batita. Rendahnya motivasi, modifikasi, makanan pendamping MP-ASI, ibu yang memilik batita untuk sebagai stimulasi pertumbuhan dan perkembangan batita. Pemanfaatan sumber air dan pendapatan juga mempengaruhi kejadian atau risiko stunting terhadap batita/balita. Pengetahuan ibu tentang asupan gizi dan kesehatan balita. menyajikan makanan dalam bentuk yang menarik dan kreatif agar disukai anak. Untuk meningkatkan pengetahuan ibu, diperlukan intervensi pendidikan yang lebih terstruktur melalui program kesehatan masyarakat, pelatihan dan kampanye gizi terpadu yang menekankan aspek gizi seimbang, kebersihan dan stimulasi anak.

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