



Analysis of Parental Behavior About Stunting Prevention Seen From Fulfillment of Nutritional Needs in Toddler Age Children Based on Health Belief Model Theory

^KMiftakhur Rohmah¹, Riza Tsalatsatul Mufida²

^{1,2}Midwifery Study Program, IIK STRADA Indonesia

Correspondence author email (^K): mifta.krmh@gmail.com

ABSTRACT

Stunting in children is a problem because it can cause suboptimal brain development, resulting in stunted motor and cognitive development, and can even increase the risk of illness and death. appropriate and balanced, but in fact most mothers are not able to practice proper nutrition and often have difficulty eating at this age. The data on the incidence of stunting in Kediri district is quite high, namely 29.30% in 2019, and only 50% of parents are able to apply variations in feeding. Therefore, it is necessary to have a policy to prevent the increase in the problem that focuses on the main factors in meeting the nutritional needs of children. The purpose of this study was to analyze the relationship between parental behavior regarding stunting prevention in terms of fulfilling nutritional needs based on the theory of health belief model in Kediri in 2022. The research design used correlation analytic with a cross sectional approach. Involving 244 mothers who have toddler age children in the City of Kediri in 2022, which were taken using a cluster random sampling technique. The statistical test used was the spearman rho test and linear regression. The results showed that the perception of vulnerability in the high category was 210 (86%), the perception of seriousness in the high category was 195 (80%), the perceived benefit in the high category was 168 (69%), the perceived barrier was in the low category 139 (57%), Cues to action in the high category was 210 (86%).

Keywords: Stunting, Nutrition, Health Belief Theory

Article history :

Received: 1 July 2022

Received in revised form: 23 August 2022

Accepted: 10 September 2022

Available online: 1 December 2022



Licensed by [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/).

INTRODUCTION

Indonesia is one of the developing countries that still faces considerable nutritional problems, especially short stature (stunting). Data (World Health Organization, 2016) found that 1.5 million children aged 5 years, especially toddlers died due to nutritional problems due to improper feeding and 80% of them occurred in developing countries. Nutritional problems that are still a problem at the national level are stunting, malnutrition, and anemia.¹

According to the World Health Organization (WHO), stunting is a form of undernutrition characterized by a lack of height according to the age indicator (TB/U) according to age as measured by standard deviation by reference. Stunting causes suboptimal brain development, resulting in stunted motor and cognitive development, and can even increase the risk of illness and death.^{1,2}

Stunting in Indonesia is highest in children aged 24-59 months, when children enter toddler age there is a very rapid increase in physical and brain growth if it is supported by the fulfillment of proper and balanced nutrition, but the fact is that mothers are not able to practice properly providing proper nutrition. appropriate and frequent feeding difficulties at this age. Children are starting to find it difficult to eat because they have already chosen the food they want.³

The prevalence of stunting under five in Indonesia in 2017 according to the 0-5 month age group was 36.6%, in the 6-23 month age group 39.2% and increased in the 24-59 month age group by 41.7%. In 2019 in East Java there was an increase in the number of cases to 11,056 cases from 8410 cases in 2017. In the City of Kediri, Kediri was quite high at 29.30% in 2019, and only 50% of parents were able to apply variations in feeding.

The dietary condition of young children is highly affected by the dietary consumption obtained from everyday food. The role of moms and dads, particularly moms, is extremely important to maintain young children from being malnourished. Inning accordance with the Health and wellness Idea concept, the health and wellness habits model is affected by perceived vulnerability (perceived/known vulnerabilities), perceived seriousness (perceived harm/pain), perceived benefits (perceived take advantage of the activities taken), perceived obstacles (perceived obstacles to activities taken), taken), hints to activity (hint to act) and self effectiveness or idea to perform health and wellness habits.^{4,5}

Purpose this research to analyze the relationship between Perceived Suspecibility and stunting prevention behavior, to analyze the relationship between Perceived Severity and stunting prevention behavior, to analyze the relationship between Perceived Benefit and stunting prevention behavior, to analyze the relationship between Perceived Barriers and stunting prevention behavio, to analyze the relationship between Cues to action and stunting prevention behavior, to analyze the relationship of Self Efficacy with stunting prevention behavior.

METHOD

This study uses a correlational analytical research design with a cross-sectional approach. The sample of this research is some mothers who have children aged 24-59 months who are in the working area of Kowilut and Mojoroto health centers in the city of Kediri as many as 244 respondents who were taken randomly using cluster sampling technique. The research was conducted in June-July 2022. The instrument used was a questionnaire, the variable for fulfilling nutritional needs consisted of 6 indicators.

RESULTS

1. Characteristics of Respondent

Table 1. The Characteristics of Mother Respondent with Children Age 3-5 year

Category	Intervention	
	Frequency	Percentage
Age		
<25 years	87	36
25-35 years	108	44
36-> 40 years	49	20
Parity		
1	113	46
2	82	34
3	32	13
>3	17	7
Education		
Basic School		
Middle School	188	77
College	56	23
Profession		
Employee	32	13
Bussineswomen	91	37
Farmer		
Housewife	121	50
Sallary		
Basic Sallary (Rp.2.000.000)	143	59
< Basic Sallary	101	41

Based on the table above regarding the characteristics of respondents based on mother, it was found that almost half of mothers aged 25-35 years as many as 108 respondents (44%), almost half of mothers had 1 child as many as 11 respondents (46%), most of the respondents had senior high school education (SMA) as many as 188 (77%) respondents, Half of the respondents worked as housewife as many as 121 (50%) respondents, most of them had a basic sallary of 143 (59%).

Table 2. The Characteristics of children Responden

Category	Intervention	
	Frequency	Percentage
Age		
1-2 years	201	82
>2 years	143	18
Gender		
Boys	186	76
Girls	58	24
Sequence Child		
First Child	113	46
Second Child	82	34
Third Child	32	13
After Third Child	17	7

Based on the table above regarding the characteristics of respondents based on children, it was found that almost all children aged 1-2 years were 201 (82%), most of the child respondents were male, 186 (76%), almost half of the first child were 113 (46%).

2. Characteristic Variable

Table 3. Food pattern Based on Health belief Model

Food Pattern	High		Middle		Low	
	Σ	%	Σ	%	Σ	%
Perceived susceptibility	210	86	32	13	2	1
Perceived severity	195	80	47	19	2	1
Perceived benefitsm	168	69	47	28	29	12
Perceived barriers	10	5	95	39	139	57
Cues to action	183	75	24	10	37	15
Self Efficacy	190	78	42	17	12	5

Food Patterns of respondents, most of the respondents' perceptions of vulnerability in the high category were 210 (86%), most of the respondents' perceptions of seriousness in the high category were 195 (80%), most of the respondents' perceptions of benefit in the high category were 168 (69%), Most respondents' perceptions of Barriers in the Low Category were 139 (57%), most of the Cues to Action respondents in the High Category were 183 (75%), most of the respondents' Self Efficacy in the High Category were 190 (78%) out of a total of 244 respondents.

3. Statistic Test

Table 4. Test Results Correlation Data Analysis Of The Feeding Patterns Based On The Theory Of The Helath Belief Model With Parental Behavior About Stunting Prevention In The City Of Kediri

Test Statistics ^b	P-Value Behaviour
Perceived susceptibility	$\rho = 0,003$
Perceived severity	$\rho = 0,022$
Perceived benefitsm	$\rho = 0,002$
Perceived barriers	$\rho = 0,033$
Cues to action	$\rho = 0,002$
Self Efficacy	$\rho = 0,001$

The results of the statistical test using Spearman Rho got p-value <0.05 on all indicators which means H1 is accepted, thus that there is a relationship between Perceived susceptibility and parental behavior, there is a relationship between Perceived severity with parental behavior, there is a relationship between perceived benefits with parental behavior, there is a relationship between Perceived barriers with parental behavior, there is a relationship Cues to action with parental behavior, there is a relationship of Self Efficacy with parental behavior.

DISCUSSION

Analysis of Parental Behavior About Stunting Prevention From Fulfillment of Nutritional Needs in Toddler Age Children Based on Health Belief Model Theory In Kediri city.

The results of the statistical test using Spearman Rho got p-value <0.05 on all indicators which means H1 is accepted, thus that there is a relationship between Perceived susceptibility and parental behavior, there is a relationship between Perceived severity with parental behavior, there is a relationship between perceived benefits with parental behavior, there is a relationship between Perceived barriers with parental behavior, there is a relationship Cues to action with parental behavior, there is a relationship of Self Efficacy with parental behavior.

From the results of the study, it can be seen that there are still respondents who are not good at fulfilling nutrition to prevent stunting. This is likely to occur because it is related to demographic factors, namely the education of respondents at the middle level, and also due to family income factors. this is in accordance with the theory (Glanz et all, 2015) that vulnerability is a subjective assessment for each individual, this can also be influenced by several factors, namely age, income, ethnicity and one's knowledge.⁶

The greater the understanding of susceptability, benefits, hints to act and confidence of the mom, the greater the understanding of seriousness she has. the greater the understanding of seriousness, the participant will have a reduced perceived obstacles. On the other hand, if the perceived obstacles are

reduced, the greater the mother's etiquette in providing the nutritional needs of her child. Various other understandings also influence understandings of obstacles. Because they feel that there are more perceived benefits compared to drawbacks, The greater the perceived susceptibility, perceived seriousness, perceived benefits, hints to activity, confidence, the perceived obstacles will be lower.^{3,7,8}

The results of the analysis in this study indicate that the majority of mothers have the behavior of preparing their own food for their children, seeking information about the dangers of malnourished children, seeking information on how to prepare interesting food and fulfilling nutritional elements in children, as many as 183 people. The formation of behavior is influenced by age where in early adulthood (20-30 years) have increased critical thinking skills and the decision-making process is flexible. This is because early adulthood continues to develop and must be involved in household changes.

The majority of respondents who feel they have no barriers to action have positive stunting prevention behaviors. In this study, it was also found that respondents who felt there were obstacles to action but positive stunting prevention behavior. The perceived barriers can be influenced by many factors, one of which can be due to economic reasons. A person's awareness of health and health promotion behavior can be hampered by a person's low income so that it will also have an impact on a person's ability to maintain their health status.

Someone perceive susceptibility to a condition that is believed to lead to seriousness, which will encourage to produce a force that supports behavior change. This condition depends on one's belief in the effectiveness of various available efforts in reducing the threat of disease or perceived benefits in taking a health effort.^{2,9}

The HBM theory explains that everything that hinders this can be seen in terms of high costs, benefits, unsatisfactory and pleasant health services, and support from family and others. In line with research journals, the barriers that parents feel in providing healthy food are the high cost of food, the distance to the place of purchase, and the limitations of fresh food products.^{9,10}

CONCLUSION

The incidence of stunting in children is a problem that originates from the family's upbringing regarding feeding which will affect the pattern of fulfillment of food.

REFERENCES

1. World Health Organization. Double-duty actions for nutrition Policy Brief. Who/Nmh/Nhd/172. 2017;17.2(5):10. <https://apps.who.int/iris/bitstream/handle/10665/255414/WHO-NMH-NHD-17.2-eng.pdf?ua=1>
2. Trihono, Atmarita, T DH, et al. Pendek (Stunting) Di Indonesia, Masalah Dan Solusinya. Badan Penelitian dan Pengembangan Kesehatan; 2015. <https://www.ptonline.com/articles/how-to-get-better-mfi-results>
3. Hanifah L, Wulansari R, Meiandayati R, Achadi EL. Stunting trends and associated factors among

- Indonesian children aged 0-23 months: Evidence from Indonesian Family Life Surveys (IFLS) 2000, 2007 and 2014. *Malays J Nutr.* 2018;24(3):315-322.
4. Nenobais DI, Katmini K. Application of Health Belief Model Theory on Prevention of Stunting in Toddlers Through Nutritional Behavior. *J Qual Public Heal.* 2021;5(1):27-34. doi:10.30994/jqph.v5i1.244
 5. Hupnau RE. Analisis Faktor Yang Berhubungan Dengan Perilaku Ibu Dalam Pemenuhan Kebutuhan Nutrisi Pada Anak Usia Toddler Berdasarkan Teori Health Belief Model. Vol 5.; 2019.
 6. Karen Glanz, Barbara K. Rimer KV. *Health Behavior : Theory, Research, and Practice.* Jossey-Bass; 2015.
 7. Francis-Granderson I, McDonald A. Parents' perceptions of healthy eating practices in north-east trinidad. *Proc Singapore Healthc.* 2018;27(3):175-179. doi:10.1177/2010105817751952
 8. Maulina R, Qomaruddin MB, Kurniawan AW. Factors that Influence Mother's Behavior in Fulfilling Toddler Nutrition at the Age of 12-36 Months. *J Penelit dan Pengemb Pelayanan Kesehat.* 2021;5(1):31-38. doi:10.22435/jpppk.v5i1.5461
 9. Hartotok H, Absori A, Dimiyati K, Santoso H, Budiono A. Stunting prevention policy as a form of child health rights legal protection. *Open Access Maced J Med Sci.* 2021;9:1218-1223. doi:10.3889/oamjms.2021.7254
 10. Ribka Putri. Analisis Faktor Yang Berhubungan Dengan Pencegahan Stunting Pada Anak Usia 2-5 Tahun Berdasarkan Teori HPM.; 2018. <http://repository.unair.ac.id/82064/2/FKP.N.14-19Shoa.pdf>