

The Relationship between Nutrition Aware Family Behavior and the Incidence of Stunting in Toddlers in the Ikur Koto Health Center Working Area in 2023

Fitri Rahmah¹, Nurul Prihastita Rizyana², Yulia³
^{1,2,3}Public Health, Alifah Health Science College
fitrirahmah98@gmail.com¹, prihastitan@gmail.com², yuliaskm88@gmail.com³

Abstract

The prevalence of stunting in Indonesia was high at 26.92% in 2020. The highest stunting rate at the Puskesmas in Padang City is the Ikur Koto Puskesmas (16.0%). Nutrition-conscious family behavior is one of the efforts to overcome stunting. The purpose of this study was to determine the relationship between nutrition-conscious family behavior and the incidence of stunting in the working area of Puskesmas Ikur Koto in 2023. The research method used is quantitative research with a cross sectional design. The study was conducted in March-August 2023. This research approached 91 respondents used the simple random sampling method. Data was collected by interview using questioner and measurement with microtoise. Data analysis with chi-square statistical test. The results showed that (57.1%) toddlers were stunted. (51.6%) families do not behave nutritionally consciously. Based on statistical tests, it was found that there is a significant relationship between nutrition conscious family behavior and the incidence of stunting in toddlers in the Ikur Koto Health Center Working Area in 2023 (p -value = 0.001). This study suggest that the Ikur Koto Health care center would be providing nutrition consultations to mothers of toddlers, Health Center Ikur Koto need provide a nutrition conscious family surveys every year, increase counseling, conduct home visits for toddlers who have not received Vitamin A supplements, provide additional food and conduct balanced food cooking demonstrations.

Keywords: *Toddlers, Nutrition Aware Family Behavior, Stunting.*

***Corresponding author:**

Address : Alifah Health Science College
E-mail : fitrirahmah98@gmail.com

INTRODUCTION

Indonesia still faces nutrition problems that impact the quality of human resources. The nutritional problems in question are early life growth failures such as low birth weight, shortness, thinness, fatness, and stunting which will have an impact on subsequent growth. Children who are malnourished can later experience obstacles in growth and educational failure, resulting in low productivity in adulthood (Kemenkes RI, 2018).

Stunting is a condition of failure to thrive in children under five years old due to chronic malnutrition so that children become too short for their age. Malnutrition can occur from the time

the baby is in the womb and in the early period after the child is born, but is only apparent after the child is 2 years old, where the nutritional state of the mother and child is an important factor of child growth.

In 2020, the prevalence of stunting in Indonesia is 26.92%. The highest stunting in Padang City in 2021 was at the Ikur Koto Health Center at 16.0%. Nutrition-aware family behavior is one of the efforts to overcome stunting. Nutrition-conscious families are families who are able to apply balanced nutritional behavior in their daily lives, are able to understand, recognize and overcome nutritional problems that occur in each family member.

A nutrition-aware family is a family that has implemented good nutritional behavior by applying the five indicators of nutrition-aware family behavior by eating a variety of foods, weighing regularly, providing exclusive breastfeeding without complementary foods until the age of 6 months, consuming salt containing iodine and consuming nutritional supplements (Vitamin A capsules). One of the impacts that occurs when nutrition awareness behavior is not achieved is stunting in toddlers. (Sriyanti, 2019).

The purpose of this study was to determine the relationship between nutrition-conscious family behavior and the incidence of stunting in the Ikur Koto Health Center Working Area in 2023.

METHOD

This research is a quantitative study. The research design used is the cross sectional method. The research was conducted in the work area of the Ikur Koto Health Center, Koto Panjang and Koto Pulai Villages, District. Koto Tangah, Padang City. This research was conducted in March-August 2023. The population in this study were all mothers who had children aged 24-59 months totaling 1,014 toddlers. The sample used in this study were mothers who had toddlers aged 24-59 months as many as 91 respondents. Data collection using a questionnaire by interviewing and measuring the height of toddlers using microtoise. Data analysis was univariate and bivariate with chi-square statistical test.

RESULTS AND DISCUSSION

Univariate Analysis Result

a. Stunting

Table 1. Stunting

Stunting	f	%
Stunting	52	57,1
Not Stunting	39	42,9
Total	91	100,0

Based on table 1, it was found that 57.1% of toddlers were stunted and 42.9% of toddlers were not stunted. According to the assumption of researchers, stunting experienced by toddlers in the Ikur Koto Health Center work area is due to a history of non-exclusive breastfeeding, causing

weak immunity in children, so that children are susceptible to disease. If a toddler is attacked by a disease, there will be a transfer of energy. Energy that should be used for growth but is ultimately used to fight infection or disease in the body, so that the growth of toddlers is hampered compared to toddlers who have a history of exclusive breastfeeding who have natural immunity so that they are not susceptible to disease. We recommend that the community, especially pregnant women and breastfeeding mothers, carry out the advice given by health workers to provide only breast milk to their babies from 0-6 months of age, and provide MP-ASI in accordance with the recommendations of health workers so that toddlers are not susceptible to diseases that cause stunted growth, thereby reducing the risk of stunting.

b. Family Nutrition Consciousness Behavior

Table 2. Family Nutrition Consciousness Behavior

Family Nutrition consciousness behavior	f	%
Family nutrition consciousness behavior	44	48,4
Not Family nutrition consciousness behavior	47	51,6
Total	91	100,0

Based on table 2. it is known that 47 (51.6%) families do not behave as nutrition-conscious families and as many as 44 (48.4%) families behave as nutrition-conscious families in the Ikur Koto Health Center Region in 2023.

The implementation of nutrition-conscious family behavior in the Ikur Koto Health Center working area is not good because it has not implemented all of the indicators of a nutrition-conscious family because mothers rarely bring toddlers to the Posyandu because they do not know the posyandu schedule and the distance to the posyandu is far away, so the toddler cannot weigh regularly and does not get Vitamin A. Mothers do not give exclusive breastfeeding because breast milk does not come out, mothers give formula milk and give complementary foods such as bananas. Families who did not consume a variety of foods because meat was relatively expensive and some families did not like fruits and vegetables.

c. Nutrition Awareness Family Indicators

Table 3. Nutrition Awareness Family Indicators

Nutrition Aware Family Indicator	criteria			
	Yes		No	
	f	%	f	%
Weigh Your Weight Regularly	74	81,3	17	18,7
Giving Exclusive Breastfeeding	56	61,5	35	38,5
Consuming a Variety of Foods	89	97,8	2	2,2
Using Iodized Salt	88	96,7	3	3,3
Consuming Nutritional Supplements	74	81,3	17	18,7

Based on table 3, it is known that toddlers who have been weighed regularly are (81.3%), get exclusive breastfeeding as much as (61.5%), eat diverse foods as much as (97.8%), use iodized salt as much as (96.7%) and get nutritional supplements as much as (81.3%). The low implementation of nutrition-conscious families is due to the non-implementation of all nutrition-conscious family indicators. Of all the indicators of a Nutrition Awareness Family, the lowest indicator is exclusive breastfeeding (61.5%).

Based on the results of the study, it was found that the low exclusive breastfeeding was caused at the time of newborn because the breast milk had not been released so that it replaced it with formula milk. If the milk comes out a little, the mother chooses to give formula milk as an addition. In addition, some mothers work so they do not provide exclusive breastfeeding and prefer formula milk. Most mothers provide additional food and drinks to toddlers such as tea water, bananas, and rice.

Bivariate Analysis Result

The Relationship between Nutrition Aware Family Behavior and the Incidence of Stunting in Toddlers in the Ikur Koto Health Center Working Area in 2023.

Table 4. The Relationship Between Nutrition Aware Family Behavior And The Incidence Of Stunting In Toddlers In The Ikur Koto Health Center Working Area In 2023

Nutrition consciousness family behavior	Stunting				Totals		p value
	Stunting		Not Stunting		f	%	
	f	%	f	%			
Not Family nutrition consciousness behavior	45	95,7	2	4,3	47	100,0	0,001
Family nutrition consciousness behavior	7	15,9	37	84,1	44	100,0	
Totals	52		39		91	100,0	

Based on table 4. it is known that the incidence of stunting in the Ikur Koto Health Center Working Area in 2023 is more prevalent in families who do not have nutrition-conscious family behavior (95.7%) compared to families who have nutrition-conscious family behavior (15.9%). The statistical test results obtained a value of $p\text{-value} = 0.001$ ($p < 0.05$) which means that there is a significant relationship between nutrition-conscious family behavior and the incidence of stunting in toddlers in the Ikur Koto Health Center Working Area in 2023.

The results of this study are in line with Desma and Leya's (2021) research on the relationship between nutrition-conscious family behavior and the incidence of stunting with a p value of 0.003 in toddlers in the working area of the Wangunharja Health Center, Jamblang District, Cirebon Regency. The results showed that households with poor Nutrition Awareness Behavior had a chance to increase the risk of stunting in children under five 1.22 times greater than households with good Nutrition Awareness Behavior.

The results of this study are reinforced by Apriliani's research (2018), which states that there is a relationship between the implementation of nutrition-aware family behaviour and the incidence of stunting with a p value of 0.001. this is due to the implementation of a Nutrition Aware Family that is not good for most respondents. The results of this study are also supported by the research of Uliyanti et al (2019), which states that one of the factors that can cause stunting is the

behaviour of the Nutrition Aware Family. This is due to the low behaviour of the Nutrition Aware Family which can directly affect the incidence of stunting.

According to the researcher's assumption, family awareness of Kadarzi behavior is very influential on stunting, so the application of nutrition-conscious family behavior is related to the incidence of stunting in toddlers. It is expected that the health center provides nutrition consultation, routinely conducts Kadarzi surveys every year, increases counseling about kadarzi when visiting residents' homes so that people know more about the importance of implementing kadarzi behavior in the family, conducts home visits for toddlers who have not received Vitamin A supplements, provides additional food (PMT) and conducts a balanced food cooking demonstration.

CONCLUSION

Based on the results that have been obtained about the relationship between Nutrition Aware Family Behavior and the Incidence of Stunting in Toddlers in the Ikur Koto Health Center Working Area in 2023. the following conclusions can be drawn:

1. More than half (57.1%) of toddlers were stunted in the Ikur Koto Health Center Working Area in 2023.
2. More than half (51.6%) of families have not behaved as nutrition-conscious families in the Ikur Koto Health Center Working Area in 2023.
3. There is a relationship between nutrition conscious family behavior and the incidence of stunting in the Ikur Koto Health Center Working Area in 2023 with a p -value = 0.001 ($p < 0.05$).

ACKNOWLEDGMENT

The researchers would like to thank supervisors of Alifah Health Science College for the guidance and assistance during the completion of this research.

REFERENCES

Apriani, L. (2018). Hubungan Karakteristik Ibu, Pelaksanaan Keluarga Sadar Gizi

(Kadarzi) dan Perilaku Hidup Bersih Dan Sehat (PHBS) dengan Kejadian Stunting Studi kasus pada baduta 6 - 23 bulan di Wilayah Kerja Puskesmas Pucang Sawit Kota Surakarta). *Jurnal Kesehatan Masyarakat*, 6 (4), 2356-3346. 15 Juni 2023.

Dinkes Padang. (2022). Laporan Tahunan Tahun 2021 Edisi Tahun 2022. *Sep16,2022*, <https://dinkes.padang.go.id/lra-tahunan-tahun> <https://dinkes.padang.go.id/laporan-tahunan-tahun-2021-edisi-tahun-2022.3> Januari 2023.

Fitriah, A. D., Permatasari, L. i, & Wardin, I. (2021). Hubungan perilaku keluarga sadar gizi (Kadarzi) dengan kejadian stunting pada balita di wilayah kerja Puskesmas Wangunharja kecamatan Jambangkabupaten Cirebon. 4(2), 32–46. 614 Juni 2023.

Kemenkes RI. (2018). Hasil Riset Kesehatan Dasar Tahun 2018. *Kementrian Kesehatan RI*, 53(9), 1689–1699. 17 Januari 2023.

Kemenkes RI. (2020). Hasil Riset Kesehatan Dasar Tahun 2020. *Kementrian Kesehatan RI*, 53(9), 1689–1699. 17 Januari 2023.

Permenkes. Peraturan Menteri Kesehatan Republik Indonesia No 23 Tahun 2018 tentang Upaya Perbaikan Gizi. (2018). Jakarta, 28 Juni 2023.

Rahayu, A., Yulidasari, F., Putri, A. O., & Anggraini, L. (2018). Study Guide Stunting dan Upaya Pencegahannya. Buku stunting dan upayapencegahannya. 11 Juni 2023

Sriyanti, T., Sayekti, E. S., & Kholida, D. (2019). hubungan keluarga sadar gizi (kadarzi) dengan stunting pada balita usia 0-24 bulan di wilayah kerja puskesmas singotrunan kabupaten banyuwangi. 5(2). 28 Januari 2023.

Uliyanti, Tamtomo, D. G., & Antantanyu, S. (2019). Faktor yang Berhubungan dengan Kejadian Stunting pada Balita Usia 24-59 Bulan. *Jurnal Vokasi Kesehatan*, 3 (2), 67-77. 11 Juni 2023