

Social Determinants of Stunting Prevention Behavior in Purwakarta Village, Banten Province, Indonesia

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Abstract

Background: Social factors were one of the determinants of stunting prevention behavior which has an impact on the incidence of stunting. This study aimed to determine the association between social factors and stunting prevention behavior in Purwakarta Village, Banten Province, Indonesia.

Method: This study was a quantitative approach with cross-sectional design in 2023. The population in this study were mothers who had children under five years old in Purwakarta Village, Banten Province, Indonesia. A total of 68 mothers were selected by consecutive sampling. The dependent variable was stunting prevention behavior and the independent variables were age, level of education, working status, level of income, exposure to health information, family support, and health cadres support. Data was collected by questionnaire and it was analyzed using χ^2 statistical test.

Results: Majority of mothers who had children under five years old had good stunting prevention behavior (55,9%). Based on the study, it was found that level of education, working status, level of income, exposure to health information, family support, and health cadres support were related to stunting prevention behavior ($p < 0,05$).

Conclusion: Social determinants of stunting prevention behavior in this study were level of education, working status, level of income, exposure to health information, family support, and health cadres support. One of the efforts to prevent stunting is to implement stunting prevention behavior with a multi-sector approach.

Keywords: social factors, determinants, stunting prevention, behavior, children under five years old

Introduction

Child stunting is one of the important factors that can affect human development, which globally affects 162 million children under the age of 5 years (World Health Organization, 2018a). The World Health Organization (WHO) defines stunting, or too short for a person's age, as height that is more than two standard deviations below the median growth of a child based on WHO standards (Wirth et al., 2017). Stunting is a form of growth failure (growth faltering) due to chronic nutrient deficiency that lasts from the time of still in the womb to the age of 24 months (Oxy Handika, 2020).

Stunting has serious short- and long-term impacts. The short-term impact is an increase in child morbidity and mortality, non-optimal cognitive, motor, and verbal development of children, and an increase in health financing. Long-term impacts are shorter posture, metabolic disorders, decreased immune function, increased risk of obesity, degenerative diseases, decreased reproductive health, work capacity, and productivity (Mutiarra et al., 2019).

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Based on Basic Health Research (Riskesdas) in 2018, the prevalence of stunting in Indonesia reached 30.8% and decreased to 21,6% in 2022 (Kementerian Kesehatan RI, 2018). This figure still does not meet the WHO target of stunting prevalence below 20% (World Health Organization, 2018a). Based on the 2022 Indonesian Toddler Nutrition Status Survey (SSGBI), the prevalence of stunting in Banten province is at 20% (Kementrian Kesehatan RI, 2023). The Banten provincial government has set a target of reducing stunting to 14% by 2024 (Dinas Kesehatan Provinsi Banten, 2017).

Stunting Reduction are one of the goals in the 2nd Sustainable Development Goals (SDGs), namely eliminating hunger and all forms of malnutrition and achieving food security (Johnston, 2016). Stunting is a strategic issue that is a priority in health development in Indonesia. Various efforts have been made by the government to accelerate the reduction in stunting incidence in Indonesia (Peraturan Presiden RI, 2021), one of them is contained in the health development targets to be achieved in 2025, namely the decreasing prevalence of undernutrition in toddlers (Kementerian Kesehatan RI, 2020).

The national strategy for stunting prevention focuses on addressing the causes of nutritional problems, namely factors related to food security, especially access to nutritious food (food), social environment related to infant and child feeding practices (care), access to health services for prevention and treatment (health), and environmental health which includes the availability of clean water and sanitation facilities (environment). These four factors indirectly affect nutritional intake and health status of mothers and children. Intervention on these four factors is expected to prevent malnutrition, both undernourishment and overnutrition (Bappenas, 2016)

Several studies reported that various factors contribute to the incidence of stunting in children, such as parenting, exclusive breastfeeding practices, psychosocial stimulation, poor hygiene and environmental sanitation, especially in densely populated areas, as well as remote and demographic factors (Mediani, 2020; Umeta et al., 2003). The WHO Stunting Framework is structured in three levels: the short- and long-term health, developmental and economic 'consequences' of stunting; proximate 'causes' (household and family factors, inadequate complementary feeding, breastfeeding, infection) and 'context' (community and societal factors). The causes and context described by the framework represent the major contributors to child stunting and adverse health, developmental and economic consequences (World Health Organization, 2018b)

In reducing the prevalence of stunting, preventive behavior is needed. One specific nutritional intervention in overcoming nutritional problems, including stunting is to implement Nutrition Conscious Family (Kadarzi) behavior. Kadarzi behavior is a movement related to the Family Health and Nutrition Program which is part of the Family Nutrition Improvement Effort to prevent diseases that can be caused if nutrients are not fulfilled properly, such as stunting (Kemenkes RI, 2007). Stunting prevention behavior consist of applying family members weighing toddlers regularly, providing exclusive breastfeeding, eating a variety of foods, using iodized salt, and taking vitamin A capsules as recommended.

Stunting prevention requires integrated nutrition interventions, including nutrition-specific and nutrition-sensitive interventions. Global experience shows that the implementation of integrated interventions involving cross-sectors and targeting priority groups in priority locations is the key to the success of improving child nutrition and development, which ultimately helps to prevent stunting. To support government programs in accelerating stunting reduction in toddlers, research with an effective approach to overcome stunting in toddlers is needed. The purpose of this study was to determine the association between social factors and stunting prevention behavior in Purwakarta Village, Banten Province, Indonesia.

Methods

Study Design

This study was a quantitative approach with cross-sectional design in 2023.

Population and Sample

The population in this study were mothers who had children under five years old in Purwakarta Village, Banten Province, Indonesia. A total of 68 mothers were selected by consecutive sampling.

Study Variables

The dependent variable was stunting prevention behavior and the independent variable were age, level of education, working status, level of income, exposure to health information, family support, and health cadres support.

Study Instruments and Analysis

Data was collected by questionnaire and it was analyzed using χ^2 statistical test.

Results

Socio-Demographic Characteristics

Majority of mothers who had children under five years old in Purwakarta Village, Banten Province, Indonesia had a non-risk age (75%), higher education (61,8%), not working (85,3%), low income (73,5%), high exposure to health information (52,9%), good family support (57,4%), and good health cadres support (57,4%). Data on the socio-demographic characteristics of respondents can be seen in Table 1.

Table 1. Socio-Demographic Characteristics

Variable	Frequency	Percentage
Age		
- Risk	17	25,0%
- Non-Risk	51	75,0%
Level of Education		
- Lower	26	38,2%
- Higher	42	61,8%
Working Status		
- Not Working	58	85,3%
- Working	10	14,7%
Level of Income		
- Low Income	50	73,5%
- High Income	18	26,5%
Exposure to health information		
- Low exposure to health information	32	47,1%
- High exposure to health information	36	52,9%
Family Support		
- Poor Family Support	29	42,6 %
- Good Family Support	39	57,4 %
Health Cadres Support		
- Poor Health Cadres Support	29	42,6 %
- Good Health Cadres Support	39	57,4 %
Total	68	100 %

Stunting Prevention Behavior

Stunting prevention behavior in this study was in the form of applying family members weighing children under five years regularly, providing exclusive breastfeeding, eating a variety of foods, using iodized salt, and taking vitamin A capsules as recommended. Majority of mothers who had children under five years old in Purwakarta Village, Banten Province, Indonesia had good stunting prevention behavior (55,9%). This can be seen in the table below.

Table 2. Stunting Prevention Behavior

Stunting Prevention Behavior	Frequency	Percentage
Poor Behavior	30	44,1%
Good Behavior	38	55,9%
Total	68	100%

Social Determinants of Stunting Prevention Behavior

Relationship between Age and Stunting Prevention Behavior

Based on the study, there were 19 people (57,6%) at risk age who had good stunting prevention behavior and 16 people (45,7%) at non-risk age had poor stunting prevention behavior. Based on the χ^2 statistical test, it was found that age was not related to stunting prevention. This can be seen in the table below.

Table 3. Relationship between Age and Stunting Prevention Behavior

Age	Poor Behavior		Good Behavior		Frequency		p value
	N	%	N	%	N	%	
Risk	14	42,4%	19	57,6%	33	100%	0,812
Non-risk	16	45,7%	19	54,3%	35	100%	

Relationship between Level of Education and Stunting Prevention Behavior

Based on the study, there were 28 people (66,7%) with higher education who had good stunting prevention behavior and 16 people (61,5%) with lower education had poor stunting prevention behavior. Based on the χ^2 statistical test, it was found that level of education was related to stunting prevention behavior (p value<0.05). This can be seen in the table below.

Table 4. Relationship between Level of Education and Stunting Prevention Behavior

Level of Education	Poor Behavior		Good Behavior		Frequency		p value
	N	%	N	%	N	%	
Lower education	16	61,5%	10	58,5%	26	100%	0,027
Higher education	14	33,3%	28	66,7%	42	100%	

Relationship between Working Status and Stunting Prevention Behavior

Based on the study, there were 8 people (80%) who worked had poor stunting prevention behavior and 36 people (62,1%) who did not work had good stunting prevention behavior. Based on the χ^2 statistical test, it was found that working status was related to stunting prevention behavior (p <0.05 value). This can be seen in the table below.

Table 5. Relationship between Working Status and Stunting Prevention Behavior

Working Status	Poor Behavior		Good Behavior		Frequency		p value
	N	%	N	%	N	%	
Working	8	80,0	2	20,0	10	100	0,018
Not working	22	37,9	36	62,1	58	100	

Relationship between Level of Income and Stunting Prevention Behavior

Based on the study, there were 15 people (83.3%) with high incomes who had good stunting prevention behaviors and 27 people (54%) with low incomes had poor stunting prevention behaviors. Based on the χ^2 statistical test, it was found that level of income was related to stunting prevention behavior ($p < 0.05$ value). This can be seen in the table below.

Table 6. Relationship between Level of Income and Stunting Prevention Behavior

Level of Income	Poor Behavior		Good Behavior		Frequency		p value
	N	%	N	%	N	%	
Low income	27	54,0	23	46,0	50	100	0,014
High income	3	16,7	15	83,3	18	100	

Relationship between Health Information Exposure and Stunting Prevention Behavior

Based on the study, there were 25 people (69,4%) with good exposure to health information had good stunting prevention behavior and 19 people (59,4%) with poor exposure to health information had poor stunting prevention behavior. Based on the χ^2 statistical test, it was found that exposure to health information was related to stunting prevention behavior ($p < 0.05$ value). This can be seen in the table below.

Table 7. Relationship between Health Information Exposure and Stunting Prevention Behavior

Health Information Exposure	Poor Behavior		Good Behavior		Frequency		p value
	N	%	N	%	N	%	
Poor exposure to health information	19	59,4	13	40,6	50	100	0,032
High exposure to health information	11	30,6	25	69,4	18	100	

Relationship between Family Support and Stunting Prevention Behavior

Family support in this study were in the form of support to provide exclusive breastfeeding and accompany mothers to weigh their children regularly at the integrated healthcare centers (Posyandu). Based on the study, there were 28 people (71,8%) with good family support had good stunting prevention behavior and 19 people (65,5%) with poor family support had poor stunting prevention behavior. Based on the χ^2 statistical test, it was found that family support was related to stunting prevention behavior ($p < 0.05$). This can be seen in the table below.

Table 8. Relationship between Family Support and Stunting Prevention Behavior

Family Support	Poor Behavior		Good Behavior		Frequency		p value
	N	%	N	%	N	%	
Poor family support	19	65,5%	10	34,5%	29	100%	0,003
Good family support	11	28,2%	28	71,8%	39	100%	

Relationship between Health Cadres Support and Stunting Prevention Behavior

Health cadres support in this study were in the form of reminding mothers to weigh their children at the Posyandu and provide vitamin A supplements. And on the day of the Posyandu, health cadres invite the mothers in the community to weigh the children under five years old and monitor the child's development at the Posyandu. Based on the study, there were 29 people (74,4%) with good health cadres support had good stunting prevention behavior and 20 people (69%) with poor health cadres support had poor stunting prevention behavior. Based on the χ^2 statistical test, it was found that health cadres support was related to stunting prevention behavior ($p < 0.05$ value). This can be seen in the table below.

Table 9. Relationship between Health Cadres Support and Stunting Prevention Behavior

Health Cadres Support	Poor Behavior		Good Behavior		Frequency		p value
	N	%	N	%	N	%	
Poor Health Cadres Support	20	69,0%	9	31,0%	29	100%	0,001
Good Health Cadres Support	10	25,6%	29	74,4%	39	100%	

Discussion**Stunting Prevention Behavior**

Stunting prevention behavior in this study is in the form of applying family members weighing toddlers regularly, providing exclusive breastfeeding, eating a variety of foods, using iodized salt, and taking vitamin A capsules as recommended. In this study, majority of mothers who had children under five years old in Purwakarta Village, Banten Province, apply stunting prevention behavior well, where they weigh children under five years old regularly at Posyandu. Health promotion or education on the importance of weighing children regularly at Posyandu has been carried out by health workers in Purwakarta Village to improve knowledge and behavior of stunting prevention.

Regular weighing of children under five years old is one of the behavioral indicators of Kadarzi behavior to prevent stunting, where all indicators include behavior of weighing children under five years old regularly, providing exclusive breastfeeding, eating variegated, using iodized salt, and taking vitamin A capsules as recommended (Kemenkes RI, 2007).

Social Determinants of Stunting Prevention Behavior

The causes of stunting can be grouped into direct and indirect causes. Direct causes consist of nutritional intake and health status, while indirect causes consist of food security (availability, affordability, and access to nutritious food), social environment (norms, infant and child food, hygiene, education, workplace), health environment (access, preventive and curative services), and residential environment (water, sanitation, building conditions). In carrying out stunting prevention efforts, it is necessary to control the direct and indirect causes, as well as supporting factors such as political commitment and policy implementation of action

needs and pressures for implementation, governance involvement between government and non-government institutions, capacity for implementation (World Health Organization, 2018b).

There are various factors contribute to the incidence of stunting in children, such as parenting, exclusive breastfeeding practices, psychosocial stimulation, poor hygiene and environmental sanitation, especially in densely populated areas, as well as remote and demographic factors (Mediani, 2020; Umeta et al., 2003). Social factors were one of the determinants of stunting prevention behavior which has an impact on the incidence of stunting

Relationship between Age and Stunting Prevention Behavior

Based on the study, there were 19 people (57,6%) at risk age who had good stunting prevention behavior and 16 people (45,7%) at non-risk age had poor stunting prevention. Based on the χ^2 statistical test, it was found that age was not related to stunting prevention behavior. There is no relationship between the two variables because maternal age cannot be a reference for good or bad behavior. Stunting prevention behavior can be caused by other factors such as knowledge, attitude, or motivation of the mother. Younger mothers may have better knowledge, attitudes, or motivations to apply stunting prevention behavior, and vice versa.

This is linier with other study in Depok, Indonesia that there was no relationship between maternal age and stunting prevention behavior (Mutingah & Rokhaidah, 2021). Another study in Bondowoso, Indonesia also found that there was no relationship between age and stunting prevention behavior.

Relationship between Level of Education and Stunting Prevention Behavior

This study showed that level of education was related to stunting prevention behavior. The incidence of stunting among children under five years old is positively correlated with the level of education of the mother. If the mother has a low level of education, then the incidence of stunting among children under five years old to be more common (Mugianti & Anam, 2018).

Low maternal education has been associated with higher levels of stunting in children 6–23 months of age in southern Ethiopia (Agedew, 2015) and among children 0–59 months in an analysis of Ethiopia's Demographic Health Surveys (DHS) data from 2000 and 2005 (Azeze et al., 2014). Another study in Ethiopia found that maternal education was significantly associated with child growth in children 24–59 months (Wirth et al., 2017).

Relationship between Working Status and Stunting Prevention Behavior

This study showed that working status was related to stunting prevention behavior. In this study, mothers who did not work had more time with their children, so they can better apply stunting prevention, while working mothers had more obstacles to implementing stunting prevention behaviors such as not being able to bring children regularly to Posyandu and providing exclusive breastfeeding.

Women's status in particular is seen as a cultural factor that can influence child health, and it is frequently assessed using data on household decision making relating to cooking, purchase of food and household items, ability to take short trips to market or relatives' homes (Wirth et al., 2017).

This is linier with other study that there was relationship between working status and stunting prevention behavior (Mutingah & Rokhaidah, 2021). Another study in Bondowoso, Indonesia also found that there was relationship between working status and stunting prevention behavior (Salamung et al., 2019).

Relationship between Level of Income and Stunting Prevention Behavior

This study showed that level of income was related to stunting prevention behavior. The amount of income earned or received by households can describe the welfare of a society. Children from families with low economic status consume less food than children from families with better economic status. Thus, they also consume less energy and nutrients. Low socioeconomic status, as indicated by low household income, could limit access to adequate diets, particularly for older children.

Parents and caregivers may need dietary guidance to ensure adequate quantity and quality of home food supply and foster healthy eating habits in children (Hidayati, 2023). With reduced Low Birth Weight (LBW), mother's education, household income, and lack of house cleanliness, the threat of stunting in children under five will increase (Apriluana & Fikawati, 2018).

Relationship between Health Information Exposure and Stunting Prevention Behavior

This study showed that health information exposure was related to stunting prevention behavior. Health information plays an important role for people to acquire health knowledge and regulate their health behavior. The more people were accessed with information about stunting prevention behavior, it will increase their knowledge and attitude, which has an impact on stunting prevention behavior.

A study found that the proportions of stunted, wasted, and underweight children were higher in households with illiterate parents (either mother or father) (Fentaw, et al., 2013). Study in China found that health information literacy had a significant positive impact on health behaviors (Tang & Wang, 2023). The higher level of health information literacy, the more health information seeking, thus promoting more active health behaviors.

Relationship between Family Support and Stunting Prevention Behavior

This study showed that family support was related to stunting prevention behavior. A study in Deli Serdang, Indonesia found that there was a significant correlation of the family support and mothers' behavior in preventing stunting (Bukit et al., 2021). Prevention of stunting could be optimal because the family were giving support to mothers in terms of giving permission to go to integrated healthcare center, giving attention to the growth and development of infants, facilitates the mother to bring the children to integrated healthcare center, and give the spirit to the mother in monitoring the progress of children every month.

Parenting is an important thing in stunting prevention behavior, where parents can apply the skills in feeding, caring for, cleaning, and getting health services (Fajar et al., 2020). Another study found that there is a significant relationship between mothers who receive good family support and exclusive breastfeeding for infants/toddlers (Budiastutik & Rahfiludin, 2019).

Relationship between Health Cadres Support and Stunting Prevention Behavior

This study showed that health cadres support was related to stunting prevention behavior. Health cadres support is very important to improve stunting prevention behavior where they can educate, motivate, remind mothers to apply stunting prevention behaviors, and invite mothers to go to Posyandu to weigh and monitor the progress of the children regularly.

Health cadres in Posyandu play an important role in bridging the gap between healthcare providers and the community by providing information related to health, such as child growth and development (Kementerian Kesehatan RI, 2020). Stunting prevention in the community is implemented by involving health cadres in the respective working areas. Posyandu cadres as community representatives have an important role in the implementation of interventions that are effective in reducing the stunting rate of children (Mediani et al., 2022).

Conclusion

Social determinants of stunting prevention behavior in this study were level of education, working status, level of income, exposure to health information, family support, and community health worker support. One of the efforts to prevent stunting is to implement stunting prevention behavior with a multi-sector approach.

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