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## *The Influence of Mother's Knowledge of Toddler Nutrition on Their Knowledge and Attitudes Towards Stunting*

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**Abstract:** Stunting under five in children is caused by multifactors, namely maternal knowledge of nutrition, nutritional consumption during pregnancy, limited access to services, inadequate access to sanitation and clean water. The impacts of stunting include a decrease in intelligence, vulnerability to diseases, hampering economic growth and work productivity and exacerbating inequality. The aim of this research is to determine the relationship between maternal knowledge of toddler nutrition, maternal knowledge and attitudes towards stunting. This is quantitative research with a cross-sectional approach. Data collection was carried out by giving out a 39-items questionnaire. The research population was mothers of toddlers who were treated at the Bandar Lampung Adventist Hospital. Research sampling was carried out using simple random sampling. Bivariate analysis was performed using a correlation formula, namely Pearson *r*. Data were analyzed using the chi-square test which was processed using SPSS. The results showed that maternal knowledge of toddler nutrition was related to maternal knowledge about stunting with a significant value of 0.007 ( $p < 0.05$ ). Maternal knowledge of toddler nutrition is related to maternal attitudes of stunting with a significant value of 0.009 ( $p < 0.05$ ).

**Keywords:** educational level, mother's knowledge of stunting, mother's behavioral, nutritional knowledge, stunting, toddler nutrition

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### INTRODUCTION

Stunting is a condition of impaired growth and development that children may experience due to various factors. One of the physical conditions stunted children have is their height-for-age, that may go more than two standard deviations below the median ([World Health Organization, 2023](#)). According to [United Nations Children's Fund \(2020\)](#), chronic undernutrition, which is reflected in stunting, can have serious long-term effects such as stunted growth, reduced mental and cognitive function, increased risk of illness, low earnings, and unfavourable reproductive outcomes. Some factors that can cause the occurrence of stunting are, mother's low knowledge on nutrition during pregnancy as well as after childbirth, which affects their behavior in providing a balanced nutrition to children ([Fildzah et al., 2020](#)). Malnutrition is a global problem including in Indonesia. Failing to fulfill nutritional requirements to babies before and after childbirth may cause multiple health issues that will affect both mother and child. One of the complications these children will suffer from is stunting itself ([Kemenkes RI, 2018](#)).

Some of the factors speculated to be the cause of stunting are the history of the mother's pregnancy which includes the mother's short posture (height), short inter-pregnancy interval, high number of births, mother's old age during pregnancy, mother's younger than 20 years old at risk of giving birth to a baby with LBW, as well as inadequate nutritional intake during pregnancy. Failing to implement

exclusive breastfeeding, early weaning, and Early Breastfeeding Initiation (IMD) are other factors that contribute. Stunting is also associated with socioeconomic status and hygienic practices in addition to these other factors ([Badan Penelitian dan Pengembangan Kesehatan, 2018](#)). Other complications caused by stunting include a slower cognitive, motoric, and verbal development, increase in disease occurrence and mortality, less optimal physical posture during adulthood, and poor academic performance ([WHO, 2018](#)).

According to [UNICEF-WHO-The World Bank. \(2017\)](#), Indonesia is the third highest prevalence in South East Asian Regional (SEAR). Average prevalence of toddler stunting in Indonesia from year 2005-2017 is 36.4% ([UNICEF-WHO-The World Bank, 2017](#)). Based on WHO report cited from [Riskesmas \(2018\)](#), Indonesia's target for stunting is 20%. Despite the target created, on 2013 the number of stunting was 37.2%, although it decreased to 30.8% on 2018. Nevertheless, these results are still very high and far off of the WHO's standards for stunting among children. When compared to other nutritional issues like undernutrition, underweight, and obesity, stunting has the highest prevalence, according to Nutrition Status Monitoring (PSG) data collected over the previous three years. Data 2016 to 2017, the percentage of short toddlers rose from 27.5% to 29.6%. Indonesia likewise has a higher percentage of short toddlers than Vietnam (23%), Malaysia (17%), Thailand (16%), and Singapore (4%). With a frequency of 30.8%, Indonesia comes up at number 17 out of 117 nations ([Riskesmas, 2018](#)).

Stunting may be caused by both direct and indirect factors. The direct factors namely, mothers with undernutrition, preterm births, suboptimal feeding, failure to breastfeed exclusively, and the occurrence of infection. Meanwhile the indirect factors include healthcare facilitation, education, socio-cultural, and environmental sanitation ([UNICEF-WHO-The World Bank, 2017](#)). Among some of these associated factors, appropriate feeding is very crucial and has been proved to be a key to preventing the occurrence of stunting by improving the children's nutritional status. Given that proper nutrition during this time period promotes overall better growth, lowers morbidity and mortality, and reduces the occurrence of chronic diseases, including stunting itself, the first two years of a child's life are particularly important. In particular, mothers play a vital role in raising children in the home, as they support their children's growth and development. This relates to how crucial it is for mothers to have the proper knowledge and awareness of their children's nutritional status ([Sopiatun & Maryati, 2020](#)). Stunting has always been considered to be a negative impact on children and it is an unwanted syndrome ([World Health Organization, 2009](#)). The short-term negative impacts that stunting can cause are disruption of brain development, decreased intelligence, impaired physical growth and metabolism in the body. Meanwhile, in the long term, stunting will result in decreased cognitive abilities, decreased learning achievement, decreased immunity, risk of becoming overweight (obesity), very vulnerable to non-communicable diseases and degenerative diseases such as diabetes mellitus, heart and blood vessel disease, cancer, stroke, and disability, as well as decreased productivity in adulthood ([UNICEF, 2013](#)).

Looking at this background, the author wants to conduct research that studies the relationship between maternal knowledge about toddler nutrition and knowledge and attitudes about stunting. In terms of wasting and stunting rates, Indonesia placed in fifth and fourth place globally in 2018, according to statistics from Basic Health Research ([United Nations Children's Fund, 2020a](#)). Several factors that cause stunting are genetic factors and family socio-economic factors which include; last level of education of parents, parents' occupation, as well as parents' income, nutrition of parents and children, exclusive breastfeeding, MP-ASI, immunization, sanitation, and also environmental factors. A clean environment influences the level of health or welfare of the community or local population ([Anggraini et al., 2022; Beal et al., 2019](#)). Inadequate dietary intake among toddlers, furthermore aggravated by unhealthy environmental and socio-economic conditions, these toddlers will have an increased susceptibility to various diseases, which then leads to poor physical growth ([Akombi et al., 2017](#)). Based on the research, a mother's knowledge about toddler nutrition plays a crucial role in

reducing the risk of stunting in toddlers. Stunting in toddlers has significant impacts on children's current and future health.

## METHODS

In this research, the author used a cross sectional research model. Data collection was carried out using a simple random sampling method with the number of respondents being 86 people. The respondent population was mothers of toddlers who were treated at the Bandar Lampung Adventist Hospital. Respondents who took part in this study met the criteria for being willing to fill out informed consent for research and having children under five who were being treated at the hospital. Data collection was carried out by giving a questionnaire with 39 questions, consisting of 16 questions about maternal knowledge about toddler nutrition, 10 questions about maternal knowledge about stunting and 13 questions about attitudes about stunting.

This research received permission after receiving a grant from the Health Research Ethics Committee (Universitas Advent Indonesia Research Ethics Committee) with the following number, No. 73/EKS/SU/V/23. The research instrument used was a questionnaire regarding knowledge, maternal attitudes about stunting and nutritional knowledge in toddlers. The reliability test of the maternal nutritional knowledge questionnaire obtained a Cronbach's Alpha value of 0.857. Based on the valid test results, the calculated r value was  $>0.361$  (Sara Novia Kristica Zega). This questionnaire on mothers' knowledge and attitudes towards stunting was adopted from research conducted by Suryani (2018) with the title Description of Mothers' Knowledge about Stunting in the Working Area of the Baregbec Health Center, Ciamis Regency in 2018, with validity test results and reliability scores obtained (Cronbach's Alpha values of 0.789 & 0.769 ). Author carried out this research using the Univariate analysis to determine the frequency and percentage of each variable. Author used the bivariate analysis with the Pearson r correlation formula. Data were analyzed using the chi-square test which was processed using SPSS.

## RESULTS

Table 1. Distribution of Respondent Characteristics (n=86).

Variable	Category	Frequency	Percentage
Hospitalization	Outpatient	53	61.6
	Inpatient	33	38.4
Child's Age	0-3 months	7	8.1
	3-12 months	6	7
	1-5 years	73	84.9
Child's Gender	Male	39	45.3
	Female	47	54.7
Maternal Age	19-25	6	7
	26-44	77	89.5
	45-60	3	3.5
Maternal Occupation	Housewife	55	64
	Civil Servants	16	18.6
	Freelancer	2	2.3
	Employee	13	15.1
Maternal Education	Middle School	9	10.5
	High School	29	33.7
	Diploma 3	15	17.4
	Diploma 4	1	1.2
	Bachelor	31	36
	Postgraduate	1	1.2

The distribution of respondent data based on hospitalization department, child's age and gender, maternal age, maternal occupation and education can be seen in [Table 1](#). More than a partial of the respondents' children came from the outpatient category (61.6%), female (54.7%), and were aged 1-5 years old (84.9%). A majority of the mothers belong to the 26-44 years old age group (89.5%), currently are housewives (55%), and 36% of them are bachelor degree level.

The distribution shown in [Table 2](#) presents the result of mother's knowledge as well as their attitude regarding stunting among children. According to the questionnaire results calculated, there were 63 (73.3%) mothers who achieved to score 71-100 on the attitude towards stunting section. However, only 39 (45.3%) of them were able to score the same in the stunting knowledge section. The author found that the majority of mothers were knowledgeable in terms of child nutrition, with 96.5% of them scoring from 71-100.

Table 2. Distribution of Mother's Knowledge and Attitude of Stunting (n=86)

Variable	Category	Frequency	Percentage
Stunting Attitude	0-30	1	1.2
	31-70	22	25.6
	71-100	63	73.3
Stunting Knowledge	0-30	3	3.5
	31-70	44	51.2
	71-100	39	45.3

In this section, we identify the correlation between nutrition knowledge and stunting knowledge of mothers. [Table 3](#) shows that there is a significant relationship between the two variables, with a significant value of 0.007 ( $p < 0.05$ ). The correlation coefficient value of 0.287 shows a positive sign, with moderate strength between the variables.

Table 3. Correlation between Nutrition Knowledge and Stunting Knowledge (n=86)

Variable	Mean	Std. Deviation	Sig	Correlation Coefficient
Nutrition Knowledge	91.93	13.62	0.007	0.287*
Stunting Knowledge	69.88	18.18		

Results from [Table 4](#) shows that there is a significant relationship between nutrition knowledge and attitude towards stunting among mothers with significance value of 0.009 ( $p < 0.05$ ). The correlation coefficient of 0.282, similar with the previous table, shows a positive sign, with moderate strength between the variables.

Table 4. Correlation between Nutrition Knowledge and Attitude towards Stunting (n=86)

Variable	Mean	Std. Deviation	Sig	Correlation Coefficient
Nutrition Knowledge	91.93	13.62	0.009	0.282*
Stunting Attitude	80.59	14.58		

[Table 5](#) shows a significant relationship between mother's knowledge and attitude towards stunting, with the significance value of 0.000 ( $p < 0.05$ ). Correlation coefficient showing 0.421, indicating a moderate strength in correlation between the two variables.

Table 5. Correlation between Mother's Knowledge and Attitude towards Stunting (n=86)

Variable	Mean	Std. Deviation	Sig	Correlation Coefficient
Stunting Knowledge	69.88	18.18	0.000	0.421*
Stunting Attitude	80.59	14.58		

## DISCUSSION

The characteristics of hospitalization category, child's age, child's gender, mother's age, occupation, and educational level are shown in Table 1. Majority of the children were admitted in the outpatient category, with 53 in total (61.6%). Most of the children come from the age group of 1-5 years old (84.9%), and female (54.7%). 77 out of 86 mothers (89.5%) were from the 26-44 age group. A majority part of the mothers are housewives (64%) and bachelor degree as their highest education level (36%), with high school coming in second (33.7%).

Table 2 shows the score of the mother's knowledge and attitude of stunting in children. The scoring of all questionnaires was divided into 3 categories, ranging from 0-100. Majority of the mothers achieved the score ranging from 71-100 in the attitude of stunting questionnaire (73.3%). However, 51.2% of them scored 31-70 in knowledge of stunting. As for the mother's knowledge of nutrition questionnaire, 96.5% of the mothers achieved the score of 71-100. Stunting can be caused by various cause, with some of them being associated with mother's inappropriate child feeding knowledge and awareness. For instance, a study by Yusridawati (2022) found that majority of mothers were not familiar with stunting among children, thinking that short stature was solely an inherited characteristic. However, it should be known to them that child growth and stunting are the key indicators of nutritional health status among children. In this study, mother's knowledge of stunting includes their familiarity with the concept of stunting, it's causes and characteristics, and possible impacts of stunting to children. On the other hand, mother's attitude towards stunting focuses on the mother's positive actions towards preventing the occurrence of stunting such as, exclusive breastfeeding, increasing the nutritious quality of the child's diet, practicing the proper fruits and vegetables intake, and other healthy feeding practices for children.

We can see the distribution of results of mother's knowledge of nutrition for children. 83 mothers (96.5%) achieved the score of 71-100 in the child nutritional knowledge questionnaire provided. This number is significantly higher compared to the results from mother's knowledge and attitude questionnaires. Mother's nutrition-related knowledge include various aspects such as their knowledge of breastfeeding, introducing semi-solid foods into child's diet, knowledge of macro and micro nutrients, and other related feeding practices. Zakaria at al. (2022) referred their result to the USDA's Economic Research, It discovered that when mothers were able to urge their kids to eat more nutritious meals, especially the younger ones, their awareness of food and nutrition rose significantly. This study also found that, despite their generally more positive attitudes and high knowledge of feeding practices, most mothers did not always feed their children nutritious food as needed.

As shown in Table 3, relationship between mother's knowledge of stunting and nutrition knowledge was significant with p-value of 0.007. The correlation coefficient value of 0.287 shows a positive relationship with moderate correlation between mother's knowledge of stunting and nutrition. Stunting knowledge and mother's educational background are linked. This is in line with the theory stating that inadequate parenting techniques, such as a mother's ignorance of health and nutrition prior to, throughout, and after pregnancy, are the main causes of stunting. Mothers are responsible for the fulfilment of their children's nutrition in order to prevent stunting, starting from preconception phase to postnatal. Women's nutritional status is influenced by their nutritional state before, during, and after pregnancy, and this has long-lasting effects on how well their children grow, develop, and are healthy during the first 1000 days and beyond. Children who are born on the smaller side due to inadequate maternal nutrition may have a very difficult time getting ahead in life. They have a higher chance of being wasted or stunted as children, performing poorly in school, having fewer earnings as adults, and developing chronic diseases like obesity, diabetes, and heart disease later in life (Unicef South Asia, 2018). Stunting can be prevented by raising mothers' awareness of the importance of nutrition while encouraging them to feed their children more skillfully, with a better practice of feeding behaviour. (Margawati & Astuti, 2018). According to [Tepriandy & Rochadi \(2021\)](#), they found a significant relationship with the mother's degree of knowledge and nutritional status of toddlers in Karang Anyar, Indonesia. The provision of education to increase knowledge about nutrition aims to improve eating

habits for toddlers and mothers. A mother's lack of knowledge in nutrition can result in nutritional disorders to their toddlers. Such as stunting per say, can be avoided from early age if mothers are able to manage their children's nutritional intake well, including complementary food, and successfully provide exclusive breastfeeding. One of the factors of mother's nutrition knowledge is their level of education. Maternal education regarding balanced nutrition for toddlers, especially in Indonesia, is still minimal. Mothers' lack of knowledge about stunting is caused by their low education level. Majority of mothers in their research have low education level ([Sutriyawan & Nadhira, 2020](#)).

Mother's knowledge of nutrition and attitude towards stunting has a significant moderate relationship with correlation coefficient of 0.282 ( $p= 0.009$ ). A proper and sufficient knowledge of nutrition is important to ensure young children's optimal growth and development throughout the years. A study of determinants of stunting in South and West Sulawesi indicated that mother's education is a predictor to the determinants of stunting in children ([Anastasia et al., 2023](#)). Low-education parents typically lack knowledge regarding the concept of supporting their children's growth and development, including meeting their dietary needs ([Wicaksono et al., 2021](#)). Mothers who possess adequate knowledge are able to apply excellent feeding practices, which will keep their children from any nutrition related diseases such as malnutrition, and reduce the likelihood of stunting. This will help the children to stay healthy and adopt healthier eating habits. Subsequently, this will help the mothers in changing their family's eating behaviour and practices. One study showed that nutrition knowledge influenced the eating behaviour of children as they encourage and/or discourage particular eating behaviours in children. Knowledge in nutrition and proper feeding skills for mothers are crucial in order to promote child's growth and development optimally. Mothers who are educated with nutritional knowledge will eventually result in children with preferable nutritional status, preventing malnutrition and stunting ([Sirasa et al., 2020](#)).

The degree of a woman's education benefits her child's diet quality as more educated women typically know more about nutrition. Another study revealed that mothers with good nutritional knowledge were 5.5 times (AOR = 5.5 95% CI 1.6 to 18.1) more likely to breastfeed their children compare to those with poor nutritional knowledge. Relating it to the previous finding, a study by [Campos et al. \(2020\)](#) concluded their result that breastfeeding is a protective factor to prevent stunting, as it lowers the risk of developing one during early childhood. Another point to consider that might be the cause of multiple stunting incidence is that stunting and the household wealth index were found to be related at the household level. An elevated wealth index indicates a household's a greater ability to procure and obtain high-quality food and sufficient medical treatment, along with enhanced sanitation amenities and safe drinking water. It has been suggested that good hygiene habits may support children's growth and development by preventing a number of morbidities. Mothers or households that are able to provide food security to their children will enhance their growth and meeting their dietary requirements ([Roesler et al., 2019](#)).

Last but not least is [Table 5](#), showing a significant relationship between mother's knowledge and attitude towards stunting with a significant value of 0.000 ( $p<0.05$ ) as well as a moderate strength in correlation with its coefficient of 0.421. Referring from the research findings of [Siti Nasution et al. \(2019\)](#), they found around 60% of the children whose age ranged from 0-6 months there in Namo Rambe sub-district, Indonesia, do not get exclusive breastfeeding, despite the fact that breast milk provides all the necessary nutrients for infant's immune system and growth. Apparently, the mothers in this area stated that they were not aware of the possibility of stunting to develop among their children. A similar finding can be found in [Wulandini et al. \(2020\)](#), 95 (51.1%) of the mothers in Kabupaten Pangandaran, Indonesia, have a low score in attitude and knowledge of stunting. This was a result of the lack of proper education regarding stunting and toddler care in the region. Our findings are also in line with research by [Septamarini et al. \(2019\)](#) who claimed that there is a relationship between knowledge and attitude with stunting incidents. Mother owns low stunting knowledge risk 10.2 times greater than that of mothers have sufficient knowledge of stunting. [Bukit et al.,\(2023\)](#) suggested that mothers with a strong possession of stunting knowledge are more likely to adopt a safe practices and behaviours to prevenet their children from incidences such as stunting. When they are equipped with adequate

knowledge of stunting and healthy feeding practices, it is more likely for them to make clear and decisive actions in ensuring their children's growth and development.

During the early years of children's lives, the mother's responsibilities include starting breastfeeding early, breastfeeding exclusively, and giving appropriate complementary food. This is a crucial role for mothers since one of the main causes of stunting is inadequate nutrition and improper feeding practices of newborns and young children. About 25% of toddlers have developed stunting as a result of chronic malnutrition. Research indicates that maternal nutrition habits are correlated to the weight-for-age index (WAZ) (p-value = 0.012), and that nutritional knowledge influences the height-for-age index (HAZ) (p-value = 0.031). This result supports the data showing that the mother's role is a critical factor to a child's nutrition fulfillment. Evidence suggests the largest prevalence of wasting occurred in Indian children 0–5 months old, where wasting more than tripled, from 8% to 30% (Simanjuntak et al., 2019). Mothers who have completed more schooling than a primary school can greatly raise their children's WHZ (wasting reduction) and HAZ scores (stunting reduction). This concludes how crucial the mother's role in a child's early years of growth and development, seeing how our results show the significant relationship between their knowledge and attitude towards stunting and nutrition, furthermore protecting them from the risks of malnutrition and stunting. This research shows that in addition to considering of ways to incorporate education systems and understanding of nutrition and stunting, it is imperative to develop efforts targeted at lowering stunting among Indonesian children. In order to influence changes in health behaviour, particularly among mothers, this may help broaden the exposure range and integrate social network use.

## CONCLUSION

Every stage of a child's life are affected by stunting, which is caused by insufficient and inappropriate nutrition and can have significant long-term health and survival impacts on children. Stunting, which is brought on by inadequate and incorrect nutrition and can have major long-term health and survival repercussions for children, affects all stages of a child's development. Moreover, there is a significant relationship between nutrition knowledge and stunting knowledge. There is a significant relationship between nutrition knowledge and attitude towards stunting among mothers. All relationships have a positive and moderate strength in correlation. There are some recommendations we can take from this study, which is to suggest future researchers to conduct a more in-depth correlation and/or association analysis, in order to attain more comprehensive findings. The limitation of this research is that it was only carried out on mothers who had toddlers who were hospitalized without measuring the toddler's height and weight. It is hoped that nurses will increase their understanding and knowledge specifically on toddler nutrition and stunting, in order to be able to educate mothers of toddlers as well as the public.

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