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Relationship between Maternal Information Access, Knowledge, and Stunting Incidence among Toddlers at Manisa Health Center, Sidenreng Rappang

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ABSTRACT

Introduction: Stunting is a growth disorder in toddlers caused by chronic malnutrition and remains a global health problem. In the working area of the Manisa Health Center, Sidenreng Rappang Regency, 96 stunting cases were recorded from January to September 2024. This study aims to determine the relationship between maternal access to information and knowledge with the incidence of stunting in toddlers. **Method**: This research employed a quantitative approach with a cross-sectional design. The sample consisted of 95 respondents selected using purposive sampling. Data collection techniques included observation, questionnaires, documentation, and literature review. Data were analyzed using the chi-square test with SPSS version 21. **Results**: There is no association between mothers' access to information and the incidence of stunting (p=0.359), while mothers' knowledge also does not show a significant association (p=0.438). **Conclusion**: There is no significant association between mothers' access to information and knowledge with the incidence of stunting, indicating that these two factors alone are not sufficient to prevent stunting without support from other aspects such as behavior and environmental conditions.

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INTRODUCTION

Stunting, or short stature in young children due to chronic malnutrition, remains a significant health issue worldwide. According to information from the WHO (2020), approximately 22% of children under five worldwide are stunted. Stunting not only affects children's physical growth, but also has an impact on cognitive development, which can ultimately reduce their quality of life and hinder their future productivity potential (Mutingah and Rokhaidah, 2021).

The issue of stunting in Indonesia remains a very important issue. Based on the 2021 Indonesian Toddler Nutrition Status Survey (SSGBI), the stunting rate among children in Indonesia reached 24.4%. The government aims to reduce this figure to below 14% by 2024.

This step is being taken as a form of intervention, which includes improving health education for mothers and the community, as well as nutrition programs for the first thousand days of a child's life (Indonesian Ministry of Health, 2022).

The prevalence of stunting in Sidenreng Rappang District showed a significant increase from 2021 to 2022. In 2021, there were 25.4% cases of stunting among children in this region. However, this number increased to 27.3% cases in 2022. Then it decreased in 2023 based on the Health Status Survey (SKI). This condition also highlights the importance of mothers' access to information and knowledge about child nutrition as a major factor in preventing stunting. Increasing mothers' understanding of balanced nutrition and proper parenting for children under five years of age is a strategic step that needs to be strengthened to reduce stunting rates in the coming years (South Sulawesi, 2023).

Based on e-PPGBM stunting case data, the stunting rate in August 2022 was recorded at 6.31%, while the stunting rate in August 2023 was recorded at 6.6%, showing a decrease of 0.25%. At the same time, the SSGI results for 2022 showed a decrease from 27.3% to 26.4% according to the 2023 Health Status Survey (SKI). Furthermore, the decline in stunting cases in Sidrap District, as reported by the Indonesian Health Survey (SKI), was measured at 0.9% in 2023, showing a downward trend in both Eppbgm and SKI data (South Sulawesi, 2024).

Previous studies have shown that mothers' knowledge and understanding of nutrition and access to health information play a crucial role in preventing stunting in toddlers. Ningtyas et al., (2020) also found that mothers' knowledge of exclusive breastfeeding, choosing nutritious foods, and the importance of immunization is closely related to children's nutritional status. A similar finding was also reported by Rahayuningsih and Fajri (2021), which showed that mothers with a good understanding of nutrition were more active in implementing stunting prevention practices, including regular health check-ups and providing healthy food. Elfa (2021) even emphasized that the mother's level of education is a significant determinant, where the higher the mother's education, the greater their knowledge of stunting prevention.

Research by Marita et al., (2023) reinforces these findings by emphasizing that adequate access to information can improve mothers' understanding of nutrition, which directly impacts the prevention of stunting. Mardhatillah et al., (2024) also mentions that higher maternal education is closely related to the implementation of a healthy lifestyle, including a nutritious diet. On the other hand, Fikriya and Mirwanti (2024) state that better access to information enables mothers to absorb nutritional education optimally. (Asmaryadi. 2023) adds that access to information supports appropriate health decision-making, encourages healthy living behaviors, and ultimately reduces the risk of chronic malnutrition. Similarly, West et al., (2018) emphasizes the importance of educating mothers in recognizing the signs of stunting and implementing healthy feeding practices, especially in rural areas. Research conducted by Devianto et al., (2022) also shows that individuals with higher levels of education tend to have a better understanding of health and nutrition, and are better able to identify accurate and relevant information to apply in their daily lives. In addition, access to information media, such as the internet and social media, makes it easier for individuals to acquire new knowledge. Through mass media and digital media, individuals can broaden their knowledge on various relevant issues, including health and healthy lifestyles (Putri et al., 2022).

Previous studies have discussed the relationship between mothers' knowledge and stunting, while others have highlighted the importance of access to information in supporting stunting prevention practices. However, most of these studies were conducted separately, and few have examined the relationship between these two variables

simultaneously in a single analytical model, particularly in the working area of the Manisa Community Health Center in Sidenreng Rappang District, which has its own socio-cultural background. In addition, there has been no local research that specifically measures mothers' perceptions of the quality of access to information and how this interacts with their level of knowledge in the context of stunting. This indicates a research gap that needs to be addressed in order to develop more effective and evidence-based stunting prevention interventions at the local level.

This study presents a novel approach by combining two important variables, namely access to information and mothers' knowledge, in analyzing the relationship with stunting in toddlers in the working area of the Manisa Community Health Center. This approach has not been widely used in the local context, particularly with the use of indicators of mothers' perceptions of information sources and knowledge measurements that cover aspects of knowledge, understanding, and application. Thus, this study provides a new contribution to a more comprehensive understanding of the determinants of stunting, which can be used as a basis for promotive and preventive policy-making in the region.

According to information from the integrated nutritional status report of the Manisa Community Health Center in Sidenreng Rappang District for the period January to September 2024, the Manisa Community Health Center area, which covers three sub-districts, shows a fairly high rate of stunting. Manisa sub-district recorded 36 cases, while Panreng and Benteng sub-districts each had 30 cases of stunting. This situation indicates that stunting is a serious issue that needs to be addressed, and research is needed to understand the causes of the high number of stunting cases at the Manisa Community Health Center in Sidenreng Rappang District. This study aims to analyze the relationship between mothers' access to information and understanding and the incidence of stunting in the Manisa Community Health Center area of Sidenreng Rappang District, as a step toward reducing the incidence of stunting in Sidenreng Rappang District.

LITERATURE REVIEW

This study is based on a theoretical framework that links mothers' access to information and knowledge with stunting in toddlers. The two main theories used are Rogers' Diffusion of Innovation Theory (2003) and Notoatmodjo's cognitive domain theory in health education (2020).

According to Rogers (2003), innovation diffusion is the process by which an innovation is communicated through certain channels within a certain period of time among members of a social system. In this context, access to health information is key to encouraging behavioral change in the community, especially among mothers with toddlers. Good access to information is determined by four important dimensions: availability of information, ease of access, quality of information, and frequency of exposure to information. The easier and more often a mother is exposed to accurate and quality health information, the more likely she is to adopt behaviors that support stunting prevention.

On the other hand, mothers' knowledge is the result of a learning process that occurs in the cognitive domain, as explained by Notoatmodjo (2020). The cognitive domain consists of six levels, namely: knowledge, comprehension, application, analysis, synthesis, and evaluation. In this study, the main focus is on the first three levels, namely knowledge, comprehension, and application. These three levels form the basis for measuring the extent to which mothers understand and are able to apply the information they have in their daily practices to prevent stunting.

Another study revealed that mothers' knowledge about toddler nutrition correlates with positive attitudes toward stunting prevention, further emphasizing the role of education in reducing stunting (Siagian & Ramschie, 2024). Mothers' knowledge refers to a mother's understanding of various aspects related to health, nutrition, child care, and good parenting. This knowledge includes information obtained by mothers through personal experience, education, and information received from various sources such as health workers, the media, or the community (Fitriani, 2022).

The occurrence of stunting itself is explained through Bronfenbrenner's Ecological Systems Theory (1979), which states that child growth is influenced by various factors ranging from individual factors (maternal nutrition, infectious diseases), family factors (diet, parenting), to environmental factors (access to health services and sanitation). Thus, both access to information and maternal knowledge are important factors that can play a role in this system to prevent stunting.

Stunting is a problem of physical growth in children that causes them to be shorter than their age peers. This condition arises from a continuous lack of nutritional intake experienced from pregnancy until the child is two years old. During this period, the child's brain and body develop very rapidly, and if there is a nutritional deficiency during this period, ideal growth can be stunted, leading to stunting (Salsabila et al., 2021).

Through the integration of these theories, this study considers that improving mothers' access to information and knowledge is a strategic step to reduce the prevalence of stunting at the local level, particularly in the working area of the Manisa Community Health Center in Sidenreng Rappang District.

METHOD

The type of research applied in this study is quantitative research that adopts a cross-sectional study method, aiming to explore the relationship between mothers' access to information and knowledge and stunting in children under five. The data used in this study consists of primary and secondary data. This study was conducted in the service area of the Manisa Community Health Center located in Sidenreng Rappang District, from January to February 2025. The subjects of this study included all toddlers registered at the Manisa Community Health Center, Sidenreng Rappang District, which consists of three subdistricts and has a total of 1,920 toddlers. The samples for this study were obtained through purposive sampling, which is a method of deliberately selecting samples based on specific criteria. The inclusion criteria for this study included mothers who had children aged 12 to 59 months living in the working area of the Manisa Community Health Center in Sidenreng Rappang District, who were willing to participate and provide the necessary information. Conversely, the exclusion criteria in this study included mothers who could not be contacted or who were not in the working area of the Manisa Community Health Center in Sidenreng Rappang District during data collection, as well as mothers who chose not to participate in the study. The number of samples used in this study was determined using the Slovin formula, with a margin of error set at 10%, to determine 95 respondents.

The independent variables in this study were access to information, which included: availability of information sources, ease of access, quality of information, and frequency of exposure to information, measured based on mothers' perceptions using 12 questions on a 1-5 Likert scale. Mothers' knowledge included: knowledge, understanding, and application, measured using 9 questions on a Gutman scale (multiple choice). The dependent variable is stunting, which can be identified using the height-for-age (HFA) indicator.

Data collection was conducted directly in the field from January to February 2025. Before data collection began, meetings were held with the heads of community health centers and posyandu cadres to obtain permission and technical support. Data collection was conducted through direct interviews using questionnaires distributed to respondents who had undergone validity and reliability testing. Validity testing was performed using Pearson Product Moment correlation techniques, and the results showed that all questions on the variables of information access and maternal knowledge had calculated r values > table r at a significance level of 5%, thus declaring them valid. Next, reliability testing was conducted using Cronbach's Alpha formula, with alpha values of 0.821 for the information access variable and 0.594 for the maternal knowledge variable, both of which were above the threshold of 0.70. This indicates that the instruments used had good internal consistency and were reliable. To ensure data validity, the researchers were present in the field (health posts) to supervise and check the respondents' answers. The collected data was then checked for completeness every day before being entered into SPSS version 21 software for analysis. In this study, data analysis included univariate and bivariate analyses conducted using the chi-square test, where a significance value of p-value < 0.05 indicated a significant relationship, while a significance value of p-value > 0.05 indicated no significant relationship between the independent and dependent variables.

RESULT AND DISCUSSION

This study was conducted at the Manisa Community Health Center, located in Baranti Subdistrict, Sidenreng Rappang Regency, South Sulawesi Province. This community health center is one of the primary health facilities under the management of the Sidenreng Rappang Regency Health Office.

The Manisa Community Health Center covers a working area consisting of three sub-districts, namely Manisa, Panreng, and Benteng. This area has a diverse social and cultural background, with the majority of the population working in agriculture, livestock, and trade. In this study, quantitative data was collected through research tools in the form of questionnaires and interviews with participants. A total of 95 participants were sampled in this study.

Respondent characteristics describe the demographic profile of the 95 individuals who participated in this study. Based on age categories, most respondents were in the 26–30 age group, numbering 29 people (30.5%), followed by the 21–25 age group, numbering 26 people (27.4%), and the 31–35 age group, numbering 18 people (18.9%). This indicates that the majority of respondents are in their productive age phase (Table 1).

In terms of highest level of education, the majority of respondents were high school/vocational school graduates or equivalent, reaching 40 people (42.1%). In addition, there were also 21 people (22.1%) who were bachelor's degree graduates, and the same number, 21 people (22.1%), were junior high school graduates or equivalent. The rest consisted of elementary school/equivalent graduates, diploma holders, and those who did not attend formal education. This shows that most respondents had a medium to high level of education (Table 1).

In terms of employment, the majority of respondents were housewives or those without formal employment, totaling 76 people (80.0%). Meanwhile, a small number of other respondents worked as temporary teachers, traders or entrepreneurs, health workers, and civil servants (Table 1).

Finally, in terms of the age of the youngest child, the largest number of respondents had children aged 4 years, totaling 36 people (37.9%), followed by children aged 3 years, totaling 31 people (32.6%), children aged 2 years, totaling 26 people (27.4%), and children

aged 1 year, totaling 2 people (2.1%). This information illustrates that the majority of respondents have children who are in the early stages of growth, making them relevant to research related to early childhood development (Table 1).

Table 1. Respondent characteristics (N= 95)

Characteristics	Categories	Frequency (n)	Percentage (%)
Age	15-20	4	4.2
	21-25	26	27.4
	26-30	29	30.5
	31-35	18	18.9
	36-40	14	14.7
	41-45	4	4.2
Highest Level of Education	No schooling	2	2.1
	Elementary school graduate/equivalent	9	9.5
	Junior high school graduate/equivalent	21	22.1
	High school graduate/vocational school graduate/equivalent	40	42.1
	Diploma (D1/D2/D3)	2	2.1
	Bachelor's degree (S1)	21	22.1
Work Status	Merchant/Entrepreneur	6	6.3
	Teacher/Honorary	7	7.4
	Health Worker	3	3.2
	Civil Servant (PNS)	3	3.2
	Not Working/Housewife	76	80.0
Age of Youngest Child	1 Years	2	2.1
	2 Years	26	27.4
	3 Years	31	32.6
	4 Years	36	37.9

Table 2. Frequency Distribution of Variables on Access to Information, Mothers' Knowledge, and Incidence of Stunting (N= 95)

Variable	Categories	Frequency (n)	Percentage (%)
Access to Information	Poor	8	8.4
	Good	87	91.6
Maternal Knowledge	Poor	24	25.3
	Good	71	74.7
Incidence of Stunting	Stunting	11	11.6
	No Stunting	84	88.4

Based on the results of univariate analysis, it shows that most respondents have poor access to information, namely 8 people (8.4%), while 387 people (91.6%) have good access to information. In terms of knowledge, 24 mothers (25.3%) had insufficient knowledge, while 71 mothers (74.7%) had good knowledge. Regarding stunting, 11 toddlers (11.6%) were recorded as stunted, while 84 other toddlers (88.4%) were in a normal nutritional status. These findings indicate that mothers' access to information and knowledge remains a challenge in preventing stunting in the working area of the Manisa Community Health Center in Sidenreng Rappang District, as evidenced by the large

proportion of respondents in the insufficient category in terms of both information and knowledge.

Table 3. Relationship between Information Access, Maternal Knowledge, and Stunting Incidence (N= 95)

Variable	Incidence of Stunting				Total		*p-value*
	Stunting		Not stunted				
	n	%	n	%	N	%	
Access to Information							
Poor	0	0.0	8	100	8	100	***0.359***
Good	11	12.6	76	87.4	87	100	
Maternal Knowledge							
Poor	2	8.3	22	91.7	24	100	**0.438**
Good	9	12.7	62	87.3	71	100	

Based on the results of bivariate analysis, it was found that the variable of access to information had no relationship with the incidence of stunting in toddlers, with a p-value of 0.359. Although most mothers had good access to information, this was not sufficient to reduce the incidence of stunting because the information received was not fully understood and effectively applied. Meanwhile, the variable of maternal knowledge showed a p-value of 0.438, which means that there is no significant relationship between the level of maternal knowledge and the incidence of stunting. Mothers who have good knowledge are not necessarily able to apply optimal parenting practices because they are still influenced by other factors such as economic conditions, family habits, and parenting patterns. Therefore, good knowledge and information need to be supported by the ability to implement them in everyday life.

The Relationship Between Access to Information and Stunting in Toddlers

Based on the results of the research data analysis, there is no relationship between the level of information access available to mothers and the incidence of stunting in toddlers in the working area of the Manisa Community Health Center, Sidenreng Rappang District. The statistical test results show that the p-value obtained is 0.359. This means that there is no significant relationship.

This study is not in line with research conducted by (Rahmawati et al., 2023), which shows a significant relationship between access to information and the incidence of stunting. In this study, technology as a source of information refers to various types of media or tools used to convey information, which play a role in developing individuals' ability to access and understand that information. Information about child health can be accessed through various channels, including electronic and print media. Currently, both types of media are experiencing rapid development, enabling the dissemination of information to become more widespread and faster.

However, the results of this study are in line with research conducted by (Fatmah et al., 2023), which states that there is no significant relationship between mothers' access to information and the incidence of stunting in toddlers. Although many respondents have access to health information, this does not always lead to changes in behavior or feeding practices that are appropriate for children. These findings indicate that simply having access to information is not sufficient, as it requires a deep understanding, strong motivation, and supportive socioeconomic conditions to effectively prevent stunting.

Therefore, the results of this study indicate that there is no significant relationship between mothers' access to information and the incidence of stunting in children under five in the working area of the Manisa Community Health Center in Sidenreng Rappang District. Good access to information does not necessarily have a direct impact on changes in stunting prevention behavior, especially if it is not accompanied by a deep understanding, strong motivation, and adequate social and economic support. Preventing stunting requires a more comprehensive approach, not only focusing on improving access to information, but also on continuous education, family empowerment, improving health services, and a supportive environment.

The Relationship between Mothers' Knowledge and Stunting in Toddlers

Based on the analysis of research data, it was found that the relationship between mothers' knowledge and stunting in children under five years of age had a p-value of 0.438 (≥ 0.05). This indicates that there is no statistically significant relationship between mothers' knowledge and the incidence of stunting in the working area of the Manisa Community Health Center in Sidenreng Rappang District. In other words, even though a number of mothers had adequate knowledge, it did not directly affect the incidence of stunting in their children. These findings show that knowledge alone is not enough to influence the occurrence of stunting, and it is likely that other factors such as socioeconomic status, parenting patterns, access to health services, and the living environment also play a role.

This study differs from the study conducted by (Hasnawati, Latief Syamsa, Purnama Jumiarsih, 2021), which found a relationship between mothers' knowledge and the incidence of stunting. In contrast, this study is in line with the findings of (Rizki, 2023), which indicate that mothers' understanding of stunting has no significant impact on the incidence of stunting in children aged 4 to 13 years in the Gunung Community Health Center area, Padang Panjang City. Although some mothers may have adequate knowledge about stunting, this is not always directly related to their children's growth. This means that knowledge alone is not enough to prevent stunting, as there are various other contributing factors, such as parenting practices, socioeconomic status, access to health services, and the nutritional intake of the child concerned.

This study is in line with the idea that health behavior is not only influenced by knowledge, but also by various other factors such as attitudes, motivation, available resources, and the socio-cultural environment. Green's theory (1980) in the PRECEDE-PROCEED model explains that health behavior is influenced by predisposing factors (e.g., knowledge and attitudes), enabling factors (e.g., availability of facilities), and reinforcing factors (e.g., social support). Thus, to reduce stunting rates, the approach taken must not only emphasize increasing knowledge, but also take into account other supporting factors. Other studies show that the level of education and knowledge possessed by mothers is an important risk factor related to stunting, both in Indonesia, Southern China, and Abeokuta, southwestern Nigeria. Mothers with higher levels of education tend to have easier access to information through the media, have good literacy skills, and understand the importance of nutrition and health. In addition, educated mothers generally play a more dominant role in decision-making in the household, thereby increasing family productivity and improving the nutritional status of their children (Mazengia, 2020).

Thus, it can be concluded that in this study, although mothers' knowledge about nutrition and child health was relatively good, there was no significant relationship between this knowledge and the incidence of stunting in toddlers in the working area of the Manisa Community Health Center in Sidenreng Rappang District. This indicates that efforts to prevent stunting must be comprehensive, taking into account various factors that

influence mothers' behavior, including economic, social, cultural, and access to health services, rather than merely increasing knowledge alone.

The strength of this study lies in the use of structured measurement instruments covering various dimensions, both in terms of information access variables (availability, accessibility, quality, and frequency) and maternal knowledge (knowledge, understanding, and application). In addition, this study was conducted in an area with a high prevalence of stunting, making the results relevant as a basis for local intervention. The limitations of this study include its cross-sectional design, which cannot prove a direct causal relationship, and the lack of analysis of other mediating factors such as attitudes, motivation, and family support, which may also influence the incidence of stunting. Therefore, further research using a multivariate approach and longitudinal methods can be conducted to deepen the findings and strengthen the evidence of a causal relationship.

CONCLUSION

Thus, it can be concluded that this study found no significant relationship between mothers' access to information and knowledge about child nutrition and health and the incidence of stunting in toddlers in the working area of the Manisa Community Health Center in Sidenreng Rappang District. These findings indicate that stunting prevention efforts should not only focus on improving access to information and knowledge, but must be carried out comprehensively by considering various other factors that can influence maternal behavior, including economic, social, cultural, and health service quality factors.

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