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# PRIMIGRAVIDA PREGNANT WOMEN KNOWLEDGE LEVEL ABOUT STUNTING

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**ABSTRACT**
Stunting is a global problem that occurs in children due to chronic malnutrition and chronic infections which cause children to fail to grow. Chronic malnutrition mainly occurs in the first thousand days of a child's life, which is a critical period at the start of stunting which then has long-term impacts that can recur throughout the life cycle. The incidence of stunting is still high, especially in poor and developing countries. Low education and lack of knowledge and understanding about stunting are one of the factors that contribute to the incidence of stunting, especially in adolescent girls, women of childbearing age and pregnant women. This study aims to determine the level of knowledge of pregnant women about stunting in Kendal Regency. The research design is descriptive with a cross-sectional approach. The sample used was 56 respondents taken using purposive sampling technique. This research instrument uses a knowledge questionnaire about stunting which has been tested for validity and reliability. Statistical analysis uses descriptive statistics. The research results showed that some respondents with poor knowledge were 31 respondents (55.4%), 19 respondents had moderate knowledge (33.6%) and 6 respondents had good knowledge (10.7). It is hoped that the government, especially health workers, will provide intensive health education so as to increase pregnant women's understanding, especially about stunting, both prevention and management. For future researchers, they can conduct research on the factors that influence stunting and the influence of health education on knowledge about stunting.

Keywords: knowledge; pregnant women; stunting

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## INTRODUCTION

Stunting is a global problem that occurs in children due to chronic malnutrition and chronic infections which cause children to fail to grow. Chronic malnutrition mainly occurs in the first thousand days of a child's life, which is a critical period at the start of stunting which then has long-term impacts that can recur throughout the life cycle. Children with Stunting have a shorter body compared to similar children, or can be said to be children with a height below the average (<-2 SD) for gender, chronological age, and ideally from the same racial-ethnic group (Richmond and Rogol, 2021).

Stunting in children is caused by chronic malnutrition and infection which mainly occurs in the First Thousand Days of Life (1,000 HPK) which starts when the mother is pregnant and the first 2 years of the child's life (Ministry of Health, 2020). The incidence of stunting is still high, especially in poor and developing countries. Global Nutrition Target 2025, in its report, states that it is estimated that 171 million to 314 million children aged ≤ 5 years will

experience stunting in the world, with 90% coming from countries on the African and Asian continents. Global Nutrition reports that toddlers in Indonesia experience 3 nutritional problems (stunting, wasting and overweight) so they are included in 117 countries that experience these nutritional problems (WHO, 2014). The 2018 World Health Organization (WHO) report found data on the highest prevalence of stunted toddlers in the world, namely Southeast Asia/South-East Asia Regional (SEAR). Indonesia is in 3rd place in Southeast Asia for stunting toddlers. Meanwhile, in 2005-2017 the average prevalence of stunted toddlers 36.4% in Indonesia (Ministry of Health, 2018).

The results of Basic Health Research (Riskesdas) in 2018, Indonesia was in 5th place for the highest prevalence of stunting in toddlers in the world, namely 30.8%. In 1st place, India is followed by China, Nigeria and Pakistan. The results of the Indonesian Nutritional Status Study (SSGI) in 2021 found that nationally the prevalence of stunted toddlers reached 24.4% in 2021. This figure is down compared to the 2019 position which was still 27.69%. Central Java Province with a stunting prevalence of 20.90%. Meanwhile, Kendal Regency has a stunting prevalence of 21.2%. The incidence of stunting in Kendal Regency is still high and is the 9th district with the highest stunting cases in Central Java. Data from the Kendal Regency Health Service until June 2022 states that the second highest editing rate was in the South Kaliwungu Health Center area at 18.9% and the lowest was in the Singorojo II Health Center area at 5.2%.

Various government efforts to overcome stunting in children include implementing the Healthy Indonesia Family Approach Program (PIS-PK), Providing Supplementary Food (PMT), and the First Thousand Days of Life (1,000 HPK) (Sani, M., Solehati, T., & Hendarwati, 2019). Nutritional intervention at 1,000 HPK will have a major impact on the incidence of stunting. This is because during this period there is very rapid growth and development (Zogara, A. U., & Pantaleon, 2020). Specific Nutrition Interventions are aimed at pregnant women and children in the First 1000 Days of Life (HPK) with a 30% contribution to reducing stunting which is generally carried out by the health sector. Meanwhile, Sensitive Nutrition Interventions are aimed at various development activities outside the health sector with a contribution of 70% to reducing stunting rates targeting the general public and not specifically pregnant women and toddlers in 1000 HPK including information and education communication (KIE) about stunting (Ministry of Villages, Development of Disadvantaged Regions and Transmigration, 2017).

The problem that is often encountered during pregnancy is chronic energy deficiency (CED). Based on Basic Health Research (Riskesdas) in 2018, it shows that the prevalence of CED risk in pregnant women (15-49 years) is still quite high, namely 17.3%. The percentage of pregnant women with KEK is expected to decrease by 1.5% every year (Ministry of Health, 2018). With sufficient knowledge and understanding regarding stunting prevention, especially balanced nutrition in pregnancy, pregnant women are able to maintain nutritional intake according to the needs of pregnant women during pregnancy so that nutritional needs during pregnancy are met. Many factors can influence stunting in toddlers, one of which is the nutritional status of the mother during pregnancy. Pregnant women have good nutrition and are rich in protein, fat, calcium and high in calories which come from various kinds or types of food such as tempeh, tofu, fish, eggs, vegetables, fruit and nuts. However, if the mother does not have sufficient knowledge regarding nutrition in pregnant women so that the pregnant woman does not consume nutrition according to her needs, the pregnant mother will experience malnutrition (KEK). This results in growth and development of the fetus that is not optimal and is susceptible to infectious diseases in the future and risks stunting (Lestari et

al., 2019). Apart from that, internal factors such as mothers' low knowledge about nutrition during pregnancy, lactation management, mothers who do not understand its importance of Colostrum and exclusive breastfeeding contribute to the incidence of stunting in children.

Based on the results of a preliminary study through interviews with 10 primigravida pregnant women, it was found that 5 people did not know about lactation management, exclusive breastfeeding and how to pump breast milk, 3 people did not know how to breastfeed, 2 people did not know the nutrition needed during pregnancy. The aim of this research is to determine the level of knowledge of Primigravida mothers about stunting in Kendal Regency

## METHOD

The type of research is quantitative research with a descriptive research design and a cross-sectional approach. The population in this study was primigravida pregnant women. The sample was 56 respondents taken using purposive sampling technique. The research was carried out in the South Kaliwungu Community Health Center area. Collecting respondent data by measuring the respondent's level of knowledge using a questionnaire whose validity and reliability have been tested

## RESULTS

### Characteristics of Respondents based on Age

Respondents in this study had a varied age range, with the average age of respondents being 29.68 years which can be seen in table 1

### Respondent characteristics based on education and employment

Characteristics of respondents based on education showed that the majority of respondents had a high school education, namely 32 (57.1%). Meanwhile, based on occupation, the majority of respondents were working, namely 40 (71.4%) as seen in table 2.

Tabel 1.
Frequency Distribution of Respondents Based on Age (n = 56)

| Variabel | Mean | Median | Minimun | Maksimum |
|---|---|---|---|---|
| Usia | 29,68 | 30 | 24 | 35 |

Tabel 2.
Frequency Distribution Of Respondents Based On Last Education And Occupation In The South Kaliwungu Health Center Area, Kendal Regency, March 2023 (n = 56)

| Respondent Characteristic | f | % |
|---|---|---|
| Education | | |
| Basic Education (Elementary School – Junior Hight School) | 0 | 0 |
| Secondary Education (Senior Hight School) | 32 | 57,1 |
| Higher education | 24 | 42,9 |
| Work | | |
| Doesn’t Work | 16 | 28,6 |
| Work | 40 | 71,4 |

Tabel 3.
Level of Knowledge of Primigravid Pregnant Women (n = 56)

| Level Of Knowledge | f | % |
|---|---|---|
| Good | 6 | 10,7 |
| Enought | 19 | 33,9 |
| Less | 31 | 55,4 |

**Primigravida mothers' level of knowledge about stunting**

Knowledge about preventing stunting during pregnancy influences mothers' behavior in meeting their nutritional needs to prevent stunting. Mother's behavior is influenced by attitudes and knowledge. Good knowledge will create a good attitude. Furthermore, if this attitude is deemed appropriate, good behavior will also emerge. The research results showed that the distribution of knowledge levels of primigravida pregnant women regarding stunting, the majority of respondents had a low level of knowledge, namely 31 (55.4%) people, which can be seen in table 3 below.

## DISCUSSION

### Respondent Characteristic

### Age

Based on the research results, it shows that the average age of respondents is 29.68 years. This research is in line with research conducted by Syarif (2022) that the majority of mothers' age when pregnant was in the 20 to 35 year age range, namely 184 respondents. Age is a period of time since a person existed and can be measured using units of time from a chronological perspective in years Research results (Manggala et al., 2018) show that pregnant women who are too young (<20 years) and too old (>35 years) have a 4 times higher risk of having stunted offspring compared to mothers of reproductive age (20-35 years). According to (Stephenson, T. J., & Schiff, 2019) physical growth in teenage mothers is still ongoing, resulting in competition for nutrition between mother and fetus. As a result, the mother is at risk of carrying an Intrauterine Growth Restriction (IUGR) fetus and giving birth to a child who is LBW and short. Apart from that psychologically, Young mothers are not yet mature in terms of mindset, so parenting patterns, especially regarding child nutrition for teenage mothers, are not as good as those of older mothers. This means that teenage mothers do not have enough knowledge.

According to Kodrat (2010), women of reproductive age are included in the young adult category, where women are able to make independent decisions and provide the best for themselves and their babies. Apart from that, mothers who are of reproductive age are able to produce more breast milk compared to mothers who are at reproductive risk age, namely those aged less than 20 years and more than 35 years. This is because the body's physiology is still good and optimal. Apart from that, a mother who is of mature age will have a more mature psychological and mental condition so that she is able to provide the best for her baby. This allows babies to grow and develop optimally so as to prevent stunting

### Education

Based on the research results, the educational level of the majority of respondents was high school, namely 32 (57.1%) people. This research is in line with Yoga & Rokhaidah (2020), the majority of respondents had secondary education (SMA/MA/SMK/MAK), namely 87 (64%) people Respondents who have a higher level of education tend to be able to receive and understand incoming information better, and are even more able to apply it when compared to those with lower levels of education. This is reinforced by Sunaryo's opinion, who explains that education influences a person's perspective on the new information they receive. So it can be said that the higher the education, the easier it is for someone to receive the information they get. A person's education can influence the knowledge they have. Notoadmodjo (2017) stated that the higher a person's education, the easier it is to receive information so that the knowledge they have increases, on the other hand, low or insufficient education will hinder the development of a person's attitude towards newly introduced values.

The learning process can be influenced by education, so that the higher the education, the easier it is to receive information. Someone with high education tends to find it easy to get and receive information from other people and from various mass media. The amount of knowledge gained depends on the amount of information obtained. With extensive education and knowledge, problems can be prevented from arising due to ignorance about something This is in accordance with research conducted by Aryastami (2019) that mothers who have their own abilities will increase their knowledge about efforts to prevent stunting. But knowledge is not only obtained through education, but can also be obtained through various information media such as counseling, seminars and even from social media. Parents who receive information through any media about stunting will certainly understand, interpret and remember the messages that have been conveyed so as to form good knowledge. The higher the mother's education level, the better the mother's knowledge about stunting. This is because education can influence a person's ability to absorb, comprehend and comprehend information. And the lower a person's education, the more limited their ability to absorb and understand information.

**Work**

Based on the research results, the majority of respondents' work is work, namely 40 respondents (71.4%). This research is in line with research conducted by Mentari (2019) which states that working mothers have children who are not stunted, while mothers who do not work predominantly have stunted children. This problem is related to economic problems where working mothers can increase family income, so they are able to meet all family needs, especially in fulfilling children's nutrition and education. This can support optimal growth and development of children and prevent stunting because parents can meet children's nutritional needs well. A similar thing was stated by Kurnia (2017) explaining that families with high incomes predominantly have children who are not stunted, while low income families predominantly have children who are stunted.

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**Level of knowledge of primigravida pregnant women about stunting.**

Based on the results of research on the level of knowledge of primigravida pregnant women in the South Kaliwungu Health Center area, Kendal Regency, the majority of respondents had a low level of knowledge, namely 31 respondents (55.4%). Based on these results, it shows that primigravida pregnant women still have very little knowledge about stunting. Knowledge is the result of human sensing or the result of a person's knowledge of an object through the senses they have (eyes, nose, ears and so on). What is meant by knowing here is that the more often an individual or person obtains information, the higher the knowledge they have (Notoatmodjo, 2017) One of the factors that can influence knowledge is education (Berhe et al., 2019). Someone with a high level of education will have higher knowledge (Anugrahaeni et al., 2022). This will affect a person's ability to receive and process information (Santoso et al., 2021). Apart from that, a high level of education will influence a person's ability to search for and understand information (Kristiyanti et al., 2021).

The same thing was stated by Yuneta et al, (2019) in their research results who said that knowledge is closely related to education. It can be assumed that someone who has a higher education will have more and more extensive knowledge. If a person's knowledge is good, they can know as early as possible the problem they are facing and can make good interventions in dealing with the problem. Likewise with a mother, if the mother has good knowledge and a good understanding of the problem of stunting, then the mother will take precautions so that her toddler does not experience stunting by implementing good household management, for example good parenting related to providing balanced nutrition for pregnant

women and toddlers as well as all members of their families. So it can be said that maternal knowledge about stunting is related to decision making regarding nutrition and health care (Yanti et al., 2020).

This is also in line with Afridah's research (2019), in her research stating that education is one of the factors that can influence a person's knowledge. The higher a person's education, the more extensive their experience will be, while the older a person is, the more experience they will have. Simanjuntak et. al (2019) added that knowledge is an important aspect in preventing stunting. Good knowledge from a mother will influence better feeding practices, so as to prevent stunting in toddlers. Respondents' knowledge is less influenced by education, this shows that their most recent education is high school and cannot be said to be a high education. The higher the level of education, the higher a person's level of knowledge and understanding. It is hoped that with good knowledge and understanding about stunting, primigravida mothers will be able to behave healthily and be able to have a positive attitude in terms of caring for themselves and their children's growth and development.

## CONCLUSION

Respondent characteristics: mean age of respondents was 29.68 with a minimum age of 24 years and a maximum of 35 years; the majority of respondents had secondary education (SMA), namely 32 respondents (57.1%); and the majority of respondents work, namely 40 respondents (71.4%). Most primigravida mothers' level of knowledge about stunting is poor, namely 31 respondents (55.4%).

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