

THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND STUNTING PREVENTION IN MOTHERS UNDER FIVE AT HEALTH CENTER MOROSI

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ABSTRACT

One of the causes of stunting is the lack of social support for stunting prevention. The aim of this research is to identify whether there is a relationship between social support and stunting prevention. Methods: This research uses a correlational research design with a cross-sectional approach. The independent variable is social support and the dependent variable is stunting prevention. The sampling technique used was proportionate random sampling. The research instrument for the independent variable used a social support questionnaire and the dependent variable used a stunting prevention questionnaire. Hypothesis testing in this research is carried out using the Rank Spearman statistical test. Results: Most of the respondents were in the early adulthood group, namely aged 26-35 years (40%), working as housewives (46.7%), highest education was junior high school (40%). Most respondents also live with a nuclear family (60%) and most of the children are 2-3 years old, classified as toddlers (40%). The measurement results for social support for mothers under five are in the high category (83.3%) and prevention of stunting among mothers under five is good (80%). The results of data analysis show that social support has a relationship with preventing stunting in mothers of toddlers ($p=0.000$). Conclusion: Social support has a significant relationship with stunting prevention.

INTRODUCTION

Stunting or shortness is a problem that occurs all over the world, including in Indonesia, where the prevalence continues to increase. *Stunting* causes children to experience health problems in the future, if not overcome immediately, it will continue to have an impact on the increasing number of non-communicable diseases in adulthood.

Stunting occurs when children under five years old/toddlers are due to chronic malnutrition and recurrent infections, especially in the period of the first 1.00 days of birth (HPK), namely from fetus to 23-month-old children (2,4,5). *Stunting* in children is the result of nutritional inadequacies or chronic nutritional problems, low-quality diets, infectious diseases, and environmental problems (12). In addition to nutritional problems, nutritional status and maternal health are important determining factors in stunting prevention, because maternal health conditions and nutritional status affect the baby's early growth and development from the womb (4). Social

support can be used as a support and strength in meeting the nutritional needs of toddlers (3). Parents, especially mothers, are the most dominant in caring for and nurturing toddlers, the fulfillment of toddler nutrition is highly determined by the full participation and support of the family (10). This is because of the support from social agents that will affect the growth and development of toddlers, so that the nutritional status of toddlers will not be separated from the environment that cares for and nurtures them.

According to the survey Status Nutritional Status Indonesia (SSGI) in 2022 stated that the prevalence of *stunting* in Indonesia is currently 21,6%. The prevalence of *stunting* in East Sulawesi in 2022 was 22.7%. East Sulawesi is included in the areas with *stunting problems* because it is still above the limit of 20% (Ministry of Health, 2022). This means that the prevalence of *stunting* in East Sulawesi in 2018 is still high, at 26.7%. The Morosi Village Paysandú in the Morosi Health Center work area is the highest prevalence of *stunting*. The results of the initial survey conducted by researchers at the Morosi Health Center, Morosi Village is the Village that has the highest prevalence of *stunting*. The Morosi Village Paysandú in the working area of the Morosi Health Center has 577 mothers under five who have toddlers aged 24-59 months.

According to Murray & McKinny (2017), one of the factors that affect the quality and quantity of nutrition is social support, where social support can affect the growth and development of *stunted* children. stated that social support has a relationship in breastfeeding and also feeding children, the better social support, the better the mother's motivation in caring for children such as breastfeeding and diet (1).

The impact of *stunting* in the short term is disruption of brain development, intelligence, physical growth disorders and body metabolism disorders, the long-term impact that can be caused is a decrease in cognitive ability and learning achievement, a decrease in immunity so that it is easy to get sick, and a high risk for the emergence of diabetes, obesity, heart disease, and blood vessel disease, cancer, stroke, and disability in old age (Ministry of Health of the Republic of Indonesia, 2017). In addition, *stunting* in childhood can cause impaired *Intelligence Quotient (IQ)*, psychomotor development, motor ability, and neurosensory integration (8). *Stunting* is also related to mental capacity and performance at school, both in moderate to severe cases causing a decrease in work capacity in adulthood (8).

Efforts to overcome *the stunting* problem with social support. Social support can indirectly affect nutritional status, the better the support provided, the better the provision (Patrice, 1997). Social support is assistance between family and community in providing time, attention both in physical, mental, and social forms (1).

Based on the background explanation and data that has been presented, the problem in this study is that the achievement of *stunting indicators* has not reached the target because it is still above the 20% limit. The purpose of this study is to analyze the relationship between social support and *stunting* prevention in mothers under five.

METHODOLOGY

This study uses a descriptive and observational analytical approach. The design in this study is *cross sectional*, because at the time of data collection it is only done once at a certain time and simultaneously on the variables studied. This research was conducted in April 2023. The population in this study is mothers who have toddlers aged 24-59 months at the Morosi Village Paysandú, Morosi Village in the Morosi, Morosi Health Center Working Area. The researcher established the sample criteria as follows:

Inclusion criteria:

- 1) Mothers who have children aged 24 – 59 months
- 2) The mother who delivered her child to the Posyandu herself
- 3) Mothers who live in the research area
- 4) Mothers who are active in bringing their children to Posyandu at least 8 times in the last 1 year

Exclusion Criteria

- 1) Mothers who do not live settle in the research area
- 2) If there is a mother of a toddler who is selected but her child has been escorted by someone else to the Paysandú

The sampling technique in this study uses *purposive sampling*. The number of respondents in this study was 35 respondents.

The instrument used in this study is a questionnaire. The social support and stunting prevention questionnaire *have* been tested for validity and reliability. The validity test in the study used a total item correlation test from *Pearson's Product Moment* statistics.

The results of the validity test of the social support questionnaire stated that 35 questions were valid, with the lowest validity interpretation of 0.408 and the highest validity interpretation of 0.815. The results of the validity test of *the stunting* prevention questionnaire stated that 22 questions were valid, with the lowest validity interpretation of 0.282 and the highest validity interpretation of 0.741. The reliability test in this study uses *Cronbach' alpha statistics*. The results of the reliability test of the social support questionnaire stated that all were reliable, with a reliability interpretation of 0.923. The results of the reliability test of *the stunting* prevention questionnaire stated that all were reliable, with a reliability interpretation of 0.879. Data that obtained and then tested statistically using *the Rank Spearman method*.

RESULTS AND DISCUSSION

Research Results

Table 1 Distribution of Frequency Characteristics of Respondents at Health Center Morosi in 2023

Characteristic	Frequency (n)	Percentage (%)
Age		
Late teens (17-25 years)	10	33,3
Early adulthood (26-35 years)	12	40
Late adulthood (36-45 years)	8	26,7

Work		
Housewives	14	46,7
Civil servants	5	16,7
Self employed	11	36,6
Last Junior High School Education		
S1 High School	12	40
	9	30
	9	30
Living Together		
Alone	18	60
Parents	12	40
Toddler Age		
Infant (0-1 years)	8	26,7
Toddlers (2-3 years)	12	40
Preschool (> 3-5 year)	10	33,3

Based on Table 1. Most of the respondents were in the early adult group, namely at the age of 26-35 years (40%), working as a housewife (46.7%), and the last education was junior high school (40%). Most of the respondents also lived with a nuclear family (60%) and the age of the child was mostly 2-3 years old who was classified as a toddler (40%).

Social Support

Social support is support expressed in the form of attention, appreciation, help received by an individual from another individual or group so that they can feel loved, appreciated, and cared for. There are four aspects that are important to assess social support, namely emotional support, award support, instrumental support, information support, and social network support. Based on the existing aspects, it is categorized into four categories shown in Table 2.

Table 2. Distribution of Social Support Assessment for Toddler Mothers at Morosi Health Center in 2023

No.	Supporting Aspects Social	Always		Often		Sometimes		Total	
		n	%	n	%	n	%	n	%
1.	Emotional	18	60	10	33,3	2	6,7	30	100
2.	Appreciation	17	56,7	12	40	1	3,3	30	100
3.	Instrumental	20	66,6	8	26,7	2	6,7	30	100
4.	Information	16	53,3	12	40	2	6,7	30	100

5.	Network social	17	56,7	10	33,3	3	10	30	100
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Based on Table 2. It was obtained that the assessment of social support based on the four aspects showed that most respondents always received social support.

Based on the results of the social support assessment in each existing dimension, it can be known the level of social support in mothers under five as a whole. The level of social support for mothers under five as a whole will be seen in Table 3.

Table 3. Respondents' Assessment of Social Support for Toddler Mothers at the Morosi Health Center in 2023

No.	Backing Social	Frequency (n)	Percentage (%)
1.	Tall	25	83,3
2.	Keep	5	16,7
	Total	30	100

Based on Table 3. It is known that the results of the measurement of social support for mothers under five are in the high category. This means that mothers under five have high social support. Therefore, mothers under five continue to maintain and increase the social support they get.

Stunting Prevention

Stunting is a condition where the height is shorter than the height of other people of the same age, where it can be known if the toddler when measured in length or height and compared to the WHO standard standard obtained a z-score *value* of ≤ 2 standard deviations. The results of the measurement of *stunting prevention* in mothers under five will be seen in Table 3.

Table 3. Stunting Prevention Measurement to mothers of toddlers at the Morosi Health Center in 2023

It	Prevention <i>Stunting</i>	n	%
1.	Good	24	80
2.	Pretty good	6	20
	Total	30	100

Based on Table 3. information was obtained that stunting prevention *in* mothers under five was good. This shows that mothers under five are able to implement stunting prevention in accordance with the knowledge that has been received.

Correlation Test Results

The results of the correlation test of social support with *stunting prevention* in mothers under five can be seen in Table 4.

Correlations				
			DS	PS
Spearman's rho	D	Correlation Coefficient	1.000	.686**
	S	Sig. (2-tailed)	.	.000
		N	30	30
	P	Correlation Coefficient	.686**	1.000
	S			

		Sig. (2-tailed)	.000	.
		N	30	30
**. Correlation is significant at the 0.01 level (2-tailed).				

Based on Table 4, information can be obtained that there is a significant relationship between social support and stunting prevention *in* mothers under five. This can be proven by the p value of (p=0.000) which is less than the value of α (0.05). Based on the value of the correlation coefficient, it can be seen that the higher the social support obtained, the prevention of *stunting* in mothers under five will also increase.

Discussion

Social support is a form of support in the form of assistance, either directly or indirectly, that a person receives from other people or groups in the form of a sense of security, care, and appreciation. So that the individual who gets it feels cared for, loved, and felt for his existence (Sarafino, 2016). The results of the assessment of social support in mothers of toddlers showed that mothers of toddlers received high social support. However, it is necessary to pay attention to aspects of the existing dimensions to increase social support that Retrieved. Backing Social is the ability of the family and community to provide time, attention, and support in the form of physical, mental, and social. Social support includes family attention or support to the mother in feeding, psychosocial stimulation and practices in infant health. Social support for toddlers can be provided through mothers of toddlers, namely by providing counseling and early stimulation training for toddlers. Counseling and training activities can increase mothers' knowledge about *stunting prevention* (11).

Social support is information and feedback from others that shows that a person is loved and cared for, valued and respected, engaged in a network of communication and obligations and reciprocity. The highest rating in the high category is in instrumental support. The form of instrumental support involves direct assistance, which can be seen in the form of financial assistance or assistance in doing certain tasks. The provision of direct assistance is expected to help ease the burden faced by families and all needs of toddlers can be met (9).

The conclusion of the description of social support for mothers under five at the Morosi Health Center is relatively high. However, mothers of toddlers at the Morosi City Health Center in Morosi City really need to increase family social support. Family social support will be increasingly needed by parents of toddlers during the care of toddlers, because the role of family members is needed to go through difficult times quickly (7). Social support has an important role and has a direct impact on the growth and development of toddlers. This is in line with previous research, which stated that increasing social support can have a positive effect on the growth and development of social, language, and motor skills in toddlers (11). Therefore, mothers of toddlers need to pay attention to other aspects such as information support and social networks because they receive enough assessment from patients.

Stunting is described as a toddler who has a height lower than the standard height of a toddler his age. The causes of *stunting* directly include poor nutritional intake and the health status of mothers and children. Meanwhile, indirect causes include food security (availability, affordability, and access to nutritious food), social environment (norms, infant and child food, hygiene, education, workplace), health environment (access to preventive and curative services), residential environment (water, sanitation, building conditions). *Stunting* is a major nutritional problem that will have an impact on social and economic life in society. In addition, stunting can affect children under five in the long term, namely disrupting their health, education, and productivity in the future (Waliulu et al., 2019). The results of the stunting prevention assessment show that the majority of mothers under five are good at stunting prevention. This means that mothers under five have social and family support in preventing stunting. Family support has an important role,

this is given to mothers during pregnancy because mothers will experience physical and psychological changes, such as fulfilling nutritional needs since pregnancy. Social support is also obtained from the role of cadres and health workers. The role of health workers is as a motivator and facilitator. The role of a facilitator is a person or body that provides convenience in providing facilities for others in need. This role affects a person's knowledge and attitude. The knowledge that mothers have about nutritional fulfillment is very important which will have an impact on their attitude. A person who has a good attitude towards nutrition will have a tendency to behave well in meeting their nutritional needs (6). In addition, health workers can also provide emotional and instrumental support by providing assistance in providing exclusive breastfeeding and complementary foods and monitoring the growth and development of toddlers. The conclusion regarding stunting prevention is quite good. However, mothers of toddlers at the Morosi Morosi Health Center really need to improve things that can prevent stunting.

The results of the correlation test showed that social support had a significant relationship with stunting prevention in mothers under five. The relationship between social support and stunting prevention is a positive relationship where the higher the social support obtained by mothers under five, the higher the prevention of stunting in children under five. This is in line with previous research which stated that children who have low nutrition come from mothers who have low social support. Good nutritional status of children is obtained from good social support and other factors from the social environment.

CONCLUSION

Social support has a significant relationship with stunting prevention. Stunting prevention in mothers under five will be better if mothers under five have high social support.

Suggestion

Based on the results of the research and discussion on the relationship of social support to the prevention of stunting of mothers under five at the Morosi Morosi Health Center, the suggestion from this study is that it is necessary to carry out a strategic plan to improve stunting prevention both in terms of mothers under five and health workers.

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