

GAMBARAN PENGETAHUAN *STAKEHOLDER* TENTANG *STUNTING* DALAM UPAYA PERCEPATAN DESA EMAS DI KABUPATEN MOJOKERTO

Stakeholder's Knowledge About Stunting as An Effort to Accelerate Desa Emas in Mojokerto Regency

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ABSTRACT

Stunting is a chronic nutritional problem caused by cumulative and continuous malnutrition resulting in children being too short for their age. The percentage of stunted under-five children in 2021 in East Java province was 23.5%. Meanwhile, in Mojokerto District, the stunting prevalence was 27.4%, above the stunting prevalence in East Java province. The local government agency at a regency/municipality level up to a village level plays a role as a policy creator and an implementor; they need to know well about various matters related to stunting to achieve the goal, which is decreasing the stunting rate. This activity aimed to improve the stakeholders' knowledge as the policymakers on stunting and its preventive efforts. The method used in this study was a cross-sectional method using a quantitative survey. The activity consisted of three stages: first, distributing pre-test questionnaires related to materials that would be given; second, conducting education to the stakeholders by three speakers and was followed by a discussion; third, distributing post-test questionnaires to measure the respondents' understandings of the education that had been given. The findings of this study indicated that there was a significant difference in the average knowledge of stunting and the preventive efforts before and after conducting education to the stakeholders ($P=0.00$). This result showed that there was a positive effect on giving education to improve the stakeholders' knowledge of stunting as an acceleration effort to the Desa EMAS (Eliminasi Stunting) in Mojokerto District.

Keywords: Education, Stunting Knowledge, Stakeholder

INTRODUCTION

Stunting was associated by chronic malnutrition due to intake of nutrients that are lacking in a long time in children. This condition affected children may gain impaired growth and development compared to their age. Stunting is a consequence of some factors including inadequate intake of nutrients that occur since the first 1000 days of life (Golden Period) and poor parenting (Losong & Adriani, 2017). Stunting has affected children globally. It has severe long-term health consequences, including threatening children's cognitive development. It is also recognized as indicator of growth failure in children less than 5 years of age. Furthermore, stunted children will experience an increased risk of nutrition-related chronic diseases in adult life. Children are defined as stunted toddler based on length or height according to age when compared to the

World Health Organization (WHO) Child Growth Standard, the z-score value is less than -2SD (WHO, 2009).

The prevalence of stunting in children in Indonesia in 2019 in the very short category was 18% and in 2018, it decreased by 11.5%. According to the report of SSGBI 2019, the prevalence of stunting in children in Indonesia was 27.7% and it was declined to 24.4% in 2021 (Izwardy, 2020; Kemenkes RI, 2021). Further, SSGI reported the prevalence of stunting in East Java in 2021 was 23.5%. Meanwhile, in Mojokerto Regency the prevalence of stunting in children less than five ages is higher than the prevalence of child stunting in East Java, approximately 27.4% (Kemenkes RI, 2021). Even though there has been a decrease in prevalence at the national level, stunting is still a nutritional problem in Indonesia that has not been resolved since the prevalence is still above

20%. The prevalence of stunted toddlers becomes a public health problem if the prevalence is 20 percent or more (Balitbangkes, 2019).

So far, the local government's attention to overcome the problem of stunting has been quite good, which is proven by the existence of various policies to deal with the problem of stunting. These policies include supporting policies related to accelerating the reduction of stunting, namely Mojokerto Regent Regulation number 66 Year 2021 concerning integrated acceleration of stunting reduction (Diskominfo Mojokerto, 2022). Mojokerto Regency is a part of East Java which is chosen as the location of stunting management intervention. Mojokerto Regency is chosen due to the stunting rate in Mojokerto Regency is quite high, exceeding the national and provincial prevalence based on the results of the 2021 SSGI mentioned above (Kemenkes RI, 2021).

The short-term consequences of child stunting is that it can increase the risk of mortality and morbidity and causing poverty due to the increase in health costs. It is also closely linked with child development in several domains including cognitive, sensory-motor, and language capacities (Apriluana, 2018; Kusudaryati, 2014). Whereas in the long term the bad consequences suffered are impaired physical growth, decreased cognitive abilities and learning achievement, decreased productive capacity, decreased reproductive health and an increased risk of degenerative diseases such as diabetes, obesity, etc (Kemenkes RI, 2018a).

According to Article 10 of President Rules 72/2021, regional apparatuses as stakeholder has important duty regarding accelerating the reduction of stunting, which is to enhance the implementation quality and enhance the monitoring quality, evaluation quality, and reporting quality (Kemensekneg, 2021). Health workers along with regional apparatuses to village level who have roles as policy creators and implementers also need to aware and understand all things regarding stunting in order to achieve the goal (Lailia et al., 2021)

Making prevention of stunting a priority, however, will require that certain actions be taken by policy makers and those responsible for the design and implementation of programmed, one of which is providing continuing education.

Further, reducing stunting prevalence can be done by optimizing the first 1000 days of life (HPK) (Kemenkes RI, 2018b). Regional apparatuses as policy creators also need interventions regarding stunting prevention by providing education and socialization about stunting and how to prevent it. This study aims to describe stakeholder knowledge regarding stunting prevention.

METHOD

In order to answer the research question, this study used cross sectional method with quantitative survey approach. The population of this study was all employees in the Regional Apparatus Organization (OPD) and all village heads in Mojokerto Regency. Eight Department Heads, ten village heads of locus stunting, four heads of public health center locus stunting, and ten members of the Health Service who are directly related to the stunting reduction program. This study using purposive sampling. The regional apparatus organizations selected as samples are several offices that have programs to support stunting reduction, both with specific and sensitive nutrition interventions.

The researcher asked the participants to fill out 20 multiple choice questions regarding stunting knowledge including general understanding of stunting, causes of stunting, signs and symptoms of stunting in children, prevention of stunting in pre-conception, pregnancy, and toddlerhood as pre-test. Furthermore, participants were given education about stunting by 3 speakers. They provided different material distributed to the participants, then followed by discussion and question and answer session. At the end of the activity, the researcher gave a post-test with a total of 20 questions to measure the participants' understanding after receiving information.

The researchers categorized stakeholders' knowledge levels into three levels, such as insufficient, sufficient, and good. Stakeholders who obtained correct answers less than 60% was considered have insufficient knowledge level. Further, they who received correct answers between 60%-80%, were considered have sufficient knowledge level. Last, good level is achieved by they who got above 80% correct answers.

For the pre-test questionnaire, the data will be analyzed using Microsoft Excel and SPSS to see the frequency of the data within the questionnaire, and using the paired T-test to determine differences in participants' knowledge before and after being given education.

RESULT AND DISCUSSION

Respondent Characteristics

All data in this study is primary data from the pre-test and post-test questionnaires. The participants' characteristics based on age can be seen in Table 1.

Table 1. Respondents' Characteristics based on Age

Age (Year)	Quantity (n)	%
21-30	2	6,3
31-40	11	34,4
41-50	15	46,8
>50	4	12,5
Total	32	100

Based on the results of the study, most of the participants were in the age range of 41-50 years (46.8%) and the opposite age group was in the range of 21-30 years (6.3%). The rest of participants were 34.4% (aged 31-40 years) and 12.5% (>50 years). Age is considered as an important characteristic to know since it is related to a person's ability to receive the information provided.

Based on gender, the majority of participants were male. This can be seen in Table 2 below

Table 2. Respondents' Characteristics based on Gender

Gender	Quantity (n)	%
Male	21	65,6
Female	11	34,4
Total	32	100

The majority of participants in this present study is male, approximately 65.6%. Mostly men served Head Department in Mojokerto Regency. Men have important roles in making decisions for family and society so that this characteristic is also important to be considered.

Respondents' education level is also important to discover because it is related to their ability to receive information. The following table shows

the participants' characteristics based on their last education

Table 3. Respondents' Characteristics based on Education

Education	Quantity (n)	%
Junior High School and Senior High School	8	25
D3/S1	19	59,4
S2	5	15,6
Total	32	100

As shown in Table 3, the participants mainly got their Diploma and Undergraduate Education (59.4%). The second group was graduated from Junior and Senior High School (25%). Last, only 5 participants (15.6%) got their Master Degree. Education level is closely related to knowledge level and someone's behavior. The higher the level of education pursued, the better a person is in receiving information. Education level and someone's knowledge determines their decision making in the form of behavior. Someone with low and middle education tends to have less knowledge about health.

Description of Respondents' Knowledge

As a follow up to the results of the questionnaire, interviews with the participants were conducted by using questionnaire. There are 20 questions regarding basic nutritional knowledge. Nutritional knowledge is categorized into three groups, namely poor knowledge (correct answers <60%), moderate knowledge (60-80% correct answers), good knowledge (correct answers > 80%). To make it easier for the readers to read, the findings are presented in a simplified form as displayed below:

Table 4. The Result of Respondents' Pre-test and post-test

Education Level	Pre-test		Post-test	
	n	%	n	%
Good	4	12,5	22	68,7
Moderate	15	46,9	7	21,9
Poor	13	40,6	3	9,4
Total	32	100	32	100

Based on the research, participants' knowledge was increase after being given education. As we

can see in the Table 4 in Pre-Test column, the majority of participants had sufficient knowledge about stunting (46.9%) before being given education and insufficient (40.6%). Meanwhile, most of the respondents who had been given education had good knowledge (68.7%). The average value of the pre-test on respondents is 60.6 and the post-test is 83.3.

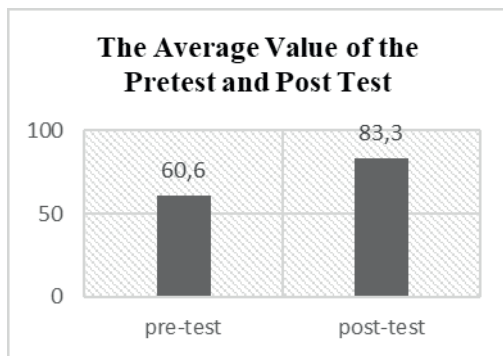


Figure 1. The Average Value of the Pretest and Post Test

Further, according to Figure 1, the average knowledge about stunting among stakeholders appeared to be moderate before the intervention was carried out. After the educational intervention was carried out, the average value was increase. This means stakeholders acquire more knowledge regarding stunting and how to prevent it. The researcher analyzed the data using a paired T-test. Based on the results of the pre-test and post-test, there was a significant difference in average knowledge about stunting and prevention efforts before and after being given education to stakeholders ($P = 0.00$). These results indicate that there is a positive influence in providing education to enhance stakeholders' understanding of stunting as an effort to accelerate Desa EMAS (Elimination of Stunting) in Mojokerto Regency.

DISCUSSION

a) Age

In accordance with the results of pretest, post-test and the interviews, the majority of stakeholders are in the age range of 41-50 years. Age is an important indicator that can influence a person's mindset. Someone with an adult age tends to get more experiences and information so that the knowledge level they have is also getting better

(Rahayu et al., 2021). In addition, adults tend to be able to receive better information so that the stunting education interventions provided can be better absorbed.

b) Gender

The research findings show the majority of respondents are male. Based on previous study, men have a higher level of intelligence than women, especially in the learning process. Males have larger brains than females, and brain size is positively correlated with intelligence (Ruigrok et al., 2014). Jaušovec and Pahor (2017) explained that there is a positive relationship between brain volume and intelligence level so that men tend to more easily understand the new information given.

c) Education Level

The majority of participants have high education level. Respondents with higher education level tend to more easily understand the educational interventions. This finding is in line with Anugrahaeni (2022) and Lailatul & Ni'mah (2015) researches which explained people with higher levels of education tend to be easier to accept new information.

Based on the paired t-test result, there was a significant difference between the pre-test average index and the post-test average index on the knowledge variable ($p=0.000$). These results indicate that there has been a significant increase in knowledge about stunting and the prevention efforts before and after being given education to stakeholders in Mojokerto Regency. The results of this study are in line with previous research which found that educational interventions given to respondents were able to significantly increase knowledge and behavior in efforts to prevent stunting (Ervin, Abbas, & Muchlis, 2020; Nurlinda & Sari, 2021).

The respondents' knowledge during the pre-test with the lowest answer index was related to knowledge about the first 1000 days of life and several risk factors that cause stunting. After being given several educational interventions, the answers on both points increased. This is in line with research by Alfridsyah, Ichsan, and Miko (2013) which states that health-related education can increase respondents' knowledge, one of which is stunting prevention.

Having good knowledge about stunting is important for regional apparatus organizations as policy creators. This is because reducing the prevalence of stunting is one of the national development priorities. Several previous studies stated that nutrition intervention policies were not only Health Office responsible but also several other regional apparatuses (Lailia et al., 2021). It is necessary to build stakeholders' commitment to realize healthy child growth and development by building the same perception and knowledge about stunting, so that the stunting prevalence can be reduced (Nurfauziah et al., 2021).

So far, it is known that stunting remains a major challenge for all of us. Stunting handling cannot only be done by the Government alone, in this case Public Health Office, but it should also be conducted through the entire stakeholder in Indonesia. They should make a strong commitment to address stunting so that they can give impact or influence related to stunting reduction policies. The efforts must be carried out simultaneously with improvements to stakeholders' education regarding stunting. This statement is in line with Pratiwi (2019) which explains that the approach and delivering stunting education is not only specific to certain department, but to all regional apparatus organizations that have links with the stunting reduction program, bearing in mind that the problem of stunting is a shared responsibility (Pratiwi, 2019).

It is critical to provide education to other stakeholders because they contribute to each other and work together to eliminate stunting problem, especially in Mojokerto Regency. Education about stunting is given to achieve a common perception among stakeholders to produce a joint commitment to overcome and succeed in the stunting elimination program. This was also explained in the research by Wahyudin (2016) which stated that the success of the government in tackling the problem of stunting was not only in the number of infrastructure and health facilities provided, but how far the government could jointly anticipate (Wahyudin, 2016).

CONCLUSION

In relation to the duties of stakeholders as policy makers, increasing stakeholders' knowledge

regarding stunting has a critical role to accomplish Desa EMAS program (Elimination of Stunting). It is necessary to build stakeholders' commitment to realize healthy child growth and development by building the same perception and knowledge about stunting so that the stunting prevalence can be reduced. It is hoped that by knowledge enhancement, stakeholders will be able to understand well and provide support for several Desa EMAS acceleration programs.

RECOMMENDATION

It is suggested that future researchers conduct a study with broader variables such as analyzing stakeholders' attitude and behavior in efforts to prevent stunting in Mojokerto Regency

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