

Culture of Diet and Utilization of Health Services on Stunting Cases in Children Aged 2-5 Years in Bangkalan East Java

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ABSTRACT

Stunting is the most common problem in developing countries, including Indonesia. The problem of stunting is a new issue that harms nutritional problems in Indonesia because it affects the physical and functional aspects of the child's body and increases the child's morbidity, even the stunting incident has become the focus of WHO to be resolved immediately. The incidence of stunting is 53.2%. (East Java Provincial Health Office, 2015). Method: This study used a cross-sectional analytic design. With a sample of 109 respondents. The research site is at the Bangkalan Regional Health Center. The Variable Culture of Diet and Utilization of Health Services has a p-value (Sig) < 0.05, meaning that each variable has a significant partial effect on the incidence of stunting in the model. Dietary culture has a value of sig = 0.000, meaning that eating culture has a partial influence on the incidence of stunting. The utilization of health services has a sig = 0.003, meaning that the respondent's behavior in utilizing health services has a partial influence on the incidence of stunting. The culture of the right diet and the utilization of available health services can reduce the incidence of stunting.

Keywords: *stunting, diet culture, health services*

1. INTRODUCTION

The problem of stunting is an issue that harms nutritional problems in Indonesia because it affects the physical and functional nature of the child's body and increases child morbidity, even the incidence of stunting has become the focus of the World Health Organization to be resolved immediately. The growth process experienced by toddlers is a cumulative result since the toddler was born. The state of good and healthy nutrition in the toddler years is an important foundation for his health in the future. Conditions that have the potential to interfere with the fulfillment of nutrients, especially energy and protein in children, will cause growth problems [1].

Basic Health Research data in 2013 shows that the national prevalence of stunting among children under five in Indonesia is 37.2%, consisting of 18.0% very short and 19.2% short. This shows an increase in the prevalence of stunting compared to 2010, namely 35.6% consisting of 18.5% very short and 17.1% short, and in 2007 36.8% consisting of 18.8% very short. and 18.0% short. Indonesia consists of 34 provinces and 20 of them

have a stunting prevalence above the national average prevalence. According to WHO standards, an area is considered chronic if the prevalence of stunting reaches 20%. The prevalence of toddler stunting in Bangkalan is still high when compared to the prevalence of East Java. Monitoring data on the nutritional status of East Java Province in 2015 shows that the prevalence of stunting under five in Bangkalan is the highest in East Java, which is 53.2%, with details of the prevalence of very short under five is 27.4% and stunting is 25.8% [2].

Many factors affect the nutritional status of children, both direct and indirect factors. Culture is one of the indirect factors that affect the nutritional status of children. Diet culture is one of the factors that influence the mother's attitude in undergoing pregnancy, childbirth, and in the care of toddlers. The culture that is owned by Indonesia is very rich and diverse. Madura is one of the tribes that is rich in culture. The results of preliminary studies and data from the Ministry of Health show that there are several cultures in the Madurese ethnic that are related to maternal and child health. This culture includes the socio-nutritional culture of mothers during pregnancy and childbirth, during breastfeeding,

and under five years of age. Besides, factors of food diversity and availability of access to health services are also indirect factors in the incidence of stunting.

Toddlers who are stunted increase the risk of decreased intellectual ability, inhibit motor skills, productivity, and increase the risk of degenerative diseases in the future. This is because stunted children tend to be more susceptible to obesity. After all, people with short bodies, ideally, are also low in weight. Gaining just a few pounds can cause a person's Body Mass Index (BMI) to rise above normal limits [2].

Based on this background, the researchers are interested in examining the analysis of the influence of cultural factors on diet and utilization of health services on stunting of children aged 2-5 years at the health center.

2. MATERIAL AND METHOD

The design used in this research is quantitative with an analytic observational design. The approach used is cross-sectional. The population in this study were all children aged 2-5 years in Socah, Kwanyar, and Bangkalan City Health Centers with a total of 153 children under five. The sample size in this study was 109 respondents, where the sample was taken by cluster random sampling based on the number of children under five with stunting at the Bangkalan District Health Center. The analysis used to determine the relationship between the independent variable and the dependent variable was carried out by statistical tests using the Logistic Regression test.

3. RESULT

Based on the results of the study, it was found that most children did not have the opportunity to eat a variety of foods (44%). Most children are also free to eat what they want, nutritious or not (72%). Children are not able to choose what type of food is nutritious or not, they will choose the type of food that is attractive in color and tastes good. It is the role of parents to choose nutritious food for their children by not letting them choose their own food. The number of children who did not receive exclusive breastfeeding was 39.4%. this is one of the causes of many stunting cases in this region.

Table 1. Distribution of cultural dietary

Diet Culture	n	%
Feeding Frequency Monitoring		
Never	0	0
Rare	9	8,2
Most time	10	9,1
almost time	20	18,3
Always	70	64,2
Food Diversity Monitoring		
None	49	44

Diet Culture	n	%
Diverse	40	36,7
Very diverse	10	9,3
Food Prohibition		
None	79	72,4
Yes	30	27,5
Fast food		
Instant noodle	10	9,1
Chips	30	27,8
Others	59	54,1
Exclusive breastfeeding		
No	43	39,4
Yes	66	60,6
Total	109	100

Table 2. Distribution of health service utilization (n=109)

Utilization of Health Services	n	%
Availability of Posyandu		
Available	60	55
Non Available	49	45
Utilization of Posyandu		
Utilize	74	67,8
Non Utilize	35	32,2

Based on table 2, children aged 2-5 years use health services by utilizing posyandu services (67.8%). However, most of the respondents said that in their area there is no posyandu service.

Table 3. Distribution of stunting incident (n=109)

Stunting Incident	n	%
Stunting	40	36,7
Normal	69	63,3

Based on table 3, almost half of the children aged 2-5 years experienced stunting (36.7%). This figure should not be underestimated because stunting is an event that should not happen.

The Variables in the equation table 4 shows that all independent variables have a P value (Sig) < 0.05, meaning that each variable has a significant partial effect on Y in the model.

X1 or dietary culture (inappropriate) sig = 0.000, meaning inappropriate dietary culture has a partial effect on the incidence of stunting. Meanwhile, X2 or the utilization of health services (which do not utilize) = 0.003, meaning that the behavior of respondents who do not utilize health services has a partial effect on the incidence of stunting. constant = 0.000 so that the equation for the regression model is:

$$\text{Ln}(p/p-1) = -3.944 - 4.424X1 + 3.341X2$$

Table 4. Partial test of Logistic Regression

		B	Sig.	Exp(B)
Step 1 ^a	dietary_culture(1)	4.424	.000	83.443
	Utilization_health_serv(1)	3.341	.003	28.235
	Constant	-3.944	.000	.019

4. DISCUSSION

Food for children is needed in the process of growth and development (golden age periods). This study proves that the culture of eating patterns has a partial effect on the incidence of stunting value <0.05 . The picture of the culture of eating patterns in this study shows that most parents do not have food abstinence in providing food for their toddlers. However, parents also give fast food in their toddler's diet (54.1%). The data in this study also shows that most parents do not monitor the diversity of food on their toddler's diet (44%). The characteristics of the respondents in this study were mostly women. According to Biwas (2010), birth order discrimination in boys and girls can affect the fulfillment of nutrition in toddlerhood. Arifin (2015), explains that the nutritional needs of adults are different from the nutritional needs of toddlers because during infancy there is very rapid growth and development, with increasing age, a person's nutritional needs are relatively lower for each kilogram of body weight. . Inappropriate dietary culture obtained in this study can affect the incidence of stunting in children under five. This is in line with the research of Sebayang, which explains that the incidence of stunting is influenced by the inadequate proportion of minimum dietary diversity (MMD) [3].

A similar study was also put forward by Roesler, et al (2018) which explained that stunting mostly occurs at the age of under 5 years and the presence of stunting reflects the diversity of poor diets, especially at the age of 6-11 months. According to Utami (2017), food consumption is a vital component that has an important role in determining the nutritional status of children. One of the indicators of the quality of children's consumption is determined based on the diversity of food [4].

The characteristics of the last education of the respondents' parents in this study were mostly high school education. This is in line with the research of Shinta, et al. which explains that parental knowledge is needed in fulfilling optimal nutrition for toddlers. In this study, parents gave fast food to their toddler's diet [5]. The practice of giving fast food reflects the lack of understanding of parents in giving healthy food to their children. Based on the results of the research and theory above, it can be concluded that the understanding of parents in fulfilling the diversity of food in toddlers is needed in fulfilling the quality of food in their toddlers. Giving fast food to a minimum is avoided in a toddler's eating pattern culture which is still in the golden period [1].

The ability of a family in the ability of a household to access health services is related to the availability of health service facilities and the economic ability to pay the cost of services. In this study, most of the respondents' domicile areas have health service facilities. Most of the respondents' parents (67.8%) used the health services around their homes. In this study, the

health services used by the respondent's parents were Health center and posyandu [3].

The income of the respondents' parents in this study ranged from 500,000 to 2,000,000 rupiah's (88.07%). According to Widyantari (2018), income is also related to the fulfillment of food quality. Low income causes low purchasing power as well, so they are unable to buy food in the required amount. This situation is very dangerous for the health of the family and ultimately can have a bad impact on the nutritional status, especially for infants and toddlers. According to Ratu (2010), health is very sensitive to changes in the economic situation. Disruption of the economic situation will interfere with the accessibility of the community and family to health services, for example, immunization services, care related to growth, morbidity, and mortality of children. Access to health services is seen from the distance and travel time as well as the costs incurred to achieve health services. The existence of community-based financing facilities and stunting can improve the nutritional status of children under five [3].

Posyandu is a facility that utilizes community resources and is managed by the community. The use of posyandu in the community is influenced by several factors, including people coming to the posyandu because the facilities and infrastructure are available, the quality of service is considered good, there is a role from community leaders, and the community is unable to take children to other service facilities.

The use of Posyandu in overcoming stunting problems is by the vision of the ministry of health, namely creating a healthy and independent society with a mission to improve public health status, through community empowerment, including the private sector and civil society. Posyandu is a form of Community Based Health Efforts carried out by, from, and with the community, to empower and provide convenience to the community to obtain health services for mothers, infants, and toddlers. The target community of the posyandu is following the target of specific nutrition interventions for stunting management. Posyandu is a place for pregnant women, breastfeeding, infants, and toddlers to get services in the form of monitoring growth and development, giving vitamin A capsules, immunization, prevention and control of diarrhea, nutritional counseling according to the problem and family planning [6].

5. CONCLUSION

Culture of diet and utilization of health services had relationship with stunting. The culture of the right diet and the utilization of available health services can reduce the incidence of stunting. the availability of health services in the form of health center, Posyandu, midwives can help the community in obtaining maternal and child health services, to prevent stunting from

occurring during pregnancy. The utilization of health services by the community needs to be maintained so that stunting can be prevented early.

AUTHORS' CONTRIBUTIONS

NEKW: concept and design, writing, data collection, data analysis, AMH: writing, data collection, data analysis, review, AMY: writing, data collection.

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