

Community Medicine & Education Journal



Journal Homepage: https://hmpublisher.com/index.php/CMEJ

The Role of Social Support for Mother's Interest in Preventing Stunting Ni Wayan Puspa Pandani^{1*}

¹ Medical Education Study Program, Faculty of Medicine, Universitas Sriwijaya, Palembang, Indonesia

ARTICLE INFO

Keywords:

Social support Stunting Behaviour theory Mother interest Educational level

Corresponding author:

Ni Wayan Puspa Pandani

E-mail address:

Wayanpuspa99@gmail.com

The author has reviewed and approved the final version of the manuscript.

https://doi.org/10.37275/CMEJ.v1i1.103

ABSTRACT

Stunting is a condition where the child's height is too low. Indonesia is ranked fifth in the world of stunting. Stunting is the result of a complex interaction of family, environment, socioeconomic, and culture including behavior related to interest in preventing stunting. Social Support is an interpersonal transaction that is shown by providing assistance to others. This study was conducted to determine the effect of social support role for mother interest in preventing stunting using primary data through focus group discussion and Depth Interview on pregnant mothers and mothers who have children ≤2 years Used the concept of The Pland Behavior Theory as the basic theory of this study. The study was conducted in June 2017-July 2017 in several urban villages in Palembang. From seven informants conducted by Depth Interview, various proportion of social support received by informants. Overall social support plays a role in determining the interest of mothers to preventing stunting, All mothers are very interested in preventing stunting. The greatest influence in determining the mother's interest to prevent stunting is Behavioral Control aspect in terms of Perceived Power that is the sense and the emotional bond that the child is the most important part of a mother and the sense of not wanting the child to have a stunting growth disorder.

1. Introduction

Stunting in children under five years old is one of the public health problems in the world, including Indonesia. Indonesia has the fifth highest number of stunted children, the height of more than one-third of children aged under five-years is under average. Some risk factors that can lead to the occurrence of stunting in children include, body length of birth, family economic status, educational level and body height of the parents.

Saroson states in the Meding research that Social Support is an interpersonal transaction that is shown by providing assistance to others in the form of assistance of behavior, information, or material.

While interest is a process that remains in the attention and focus on something that is interested with feelings of pleasure and satisfaction.

Stunting is the result of a complex interaction of family, environment, socio-economic, and culture including community behavior. In Indonesia, health development in the period 2015-2019 will be focused on four priority programs, one of which is reducing the prevalence of stunting, so stunting must be overcome at the age as early as possible so further research is needed on regarding the implementation of the role of social support for mother's interest to prevent stunting.



2. Methods

This is a descriptive observational study with qualitative research approach. This study was conducted to determine the influence of social support role for mother's interest in preventing stunting using primary data through focus group discussion (FGD), and depth interview. To know the form of one's perception, the The Theory of Plane Behavior is used. The study was conducted in June 2017-July 2017 in several urban villages in Palembang.

The population of this study were all pregnant women and mothers of children ≤2 years. Sampling was done by incidental sampling technique. They were divided into two groups ramdomly for FGD and added 7 new infromant for depth interview. Informants in FGD and depth interviews were different informants.

The data obtained in the study is then reduced by exclusion of unnecessary statements. The final transcript results have been analyzed by domain analysis method. The data are then presented and described in descriptive form include tables and charts.

3. Results

Focus group discussion

In FGD 1, followed by six informants, it was concluded that the average informant received social support with unequal types and numbers from each of the emotional support, award support, instrumental support and information support. The interest of mothers in preventing stunting in children from the Behavioral Belief aspect, all informants have the same limited knowledge and opinion that assume that stunting is an innate abnormality affected by heredity and the occurrence of children with stunting cannot be changed or prevented. Outcome evaluation obtained all informants have a worried attitude if his child will grow stunting especially all mothers never

saw a child who grew stunting.

Reviewed from the subjective aspects of the norm, all informants get social support from families, especially close family members such as husband, siblings and mother in-law. From the aspect of Perceived Behavioral Control, the average mother does not have significant difficulties. Husband and family close to mother willing to take and accompany mother to posyandu or puskesmas. Several informants expressed difficulties encountered in the form of limited information about stunting and how to prevent stunting. Motivation of all high informants to prevent stunting after getting enough information about stunting. All informants expressed the magnitude of influence and support of husbands and close relatives in determining maternal motivation to prevent stunting.

In FGD 2 followed by six informants with results that are not much different from FGD 1. All mothers get different social support proportions. Viewed from the aspect of Behavioral belief, there are mothers who consider stunting is a health problem associated with growth and nutritional disorders and do not consider stunting is an absolute congenital disorder influenced by hereditary factors. Outcome evaluation was found that all informants have a worried attitude if their child will grow stunting. Reviewed from the subjective aspects of the norm, all informants get social support from families, especially close family such as husband, siblings and mother in-law. From the aspect of Perceived Behavioral Control, the average mother does not have significant difficulties in examining themselves and the child in preventing stunting. Motivation of all high informants to prevent stunting after getting enough information about stunting. All mothers are afraid their children will grow stunting. All informants stated the extent of influence and support of husbands and close relatives and the immediate environment in determining the motivation and mother's motivation



to prevent stunting.

Depth interview

Social support

There were no different results between the FGD method and the Depth Interview. There are some informants who get all four types of social support while some of them get few types of support only.

Behavioral beliefs

The average of 7 informants only considered stunting as congenital or offspring, there was one informant who stated that stunting is also a nutritional problem. One informant claimed not to have even no idea about the stunting.

Subjective of Norms

The social support gained by all average informants is the same, all gaining support mainly

from husbands, close relatives, friends and people around.

Perceived Behavioral Control

When asked about the obstacles or difficulties faced by informants in examining health as an effort to prevent stunting, both informants 1 to informant 4 have a meaningless constraint because although the husband of the informant cannot accompany the informant to prevent stunting, but the informant found no obstacles to leave alone due to the close distance to *posyandu*.

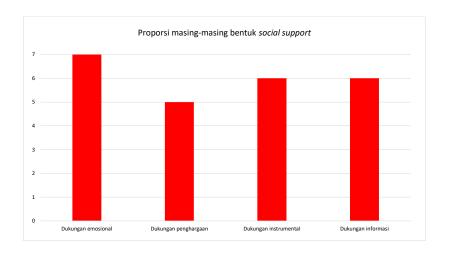
4. Discussion

Social Support

Diagram 1. Proposition of each form of social support

No	Informan	SOCIAL SUPPORT			
		Emotional support	Award support	Instrumental support	information support
1.	Ny. D	√	✓	✓	✓
2.	Ny. N	✓	✓	✓	✓
3.	Ny. Ma	✓		✓	✓
4.	Ny. Me	✓			✓
5.	Ny. Se	✓	✓	✓	
6.	Ny. Sar	✓	✓	✓	✓
7.	Ny. Pus	✓	✓	✓	✓





Usually social support is more often obtained from the closest relation of family or friend, according to the theory, all informants get support from family and husband, some get social support from neighbours, one from the other is not. The relationship in social support gained in this study is almost entirely a non-professional relationship, example like social support mainly in the form of information support obtained from the nearest people like family (husband, in-laws and relatives) as well as from neighbours. Only one informant claimed to receive information from medical personnel and paramedics.

The researcher concludes that although informants have social support, but the proportion and quality of social support of each informant varies, this is thought by the researcher may be influenced by the factors that influence a person in obtaining social support. According to Sarafino, there are several factors that determine a person gets social support, namely the composition factor and social network structure.

Recipient

It is assumed that the coverage of socialization and informal association is less extensive so that the correct social support in terms of proportion and quality of support has not been obtained. This is more clearly discussed in the third factor affecting social

support, the composition and structure of social networks.

Provider support

If a person does not get social support from others, it could be because the person who is supposed to provide support is in poor condition. This aspect is difficult to assess by the researcher because the focus of the study is limited to informants and does not dig deeper into the providers that play a role in provide social support for informants.

Composition and structure of social networks

Related to the first factor that has been discussed in the beginning of the factor of recipient of the support, informant socialization is expected to be good but the coverage of socialization is less extensive. It appears on the results of research, social support such as form of information support mostly only obtained from people around like neighbours and close relatives so that the quality of information cannot be justified truth. Relationships in social support in research, almost all show non-professional relationships. This leads the researcher that informants have a less extensive composition and structure in the society.



Mother's interest in prevents stunting by attitude

Aspects of individual knowledge about the object (stunting) varies. The diverse forms of knowledge should provide a variety of levels of maternal interest to prevent stunting. But the desire to prevent stunting is very interested in all informants in addition to the limited knowledge possessed.

The informant considers that the impact of stunting is limited to the mental disorder to be disturbed. But in the end the limitations of knowledge along with beliefs about the consequences of impact if it does not prevent limited stunting, keeps the mother to foster the stunting shown from the child's concerns from the informant will experience stunting.

Mother's interest in prevents stunting by Subjective Norm

Informants get social support from important social figures around the informant such as husband, siblings, parents, friends and neighbours. In accordance with the theory, that after gaining the support of the surrounding figure, the interest formed from the subjective aspects of the norm must come from normative beliefs and motivation to prevent stunting.

The normative belief of the informant comes from the husband's view of the importance of maintaining health during pregnancy so that fetal growth can grow and develop well. The views of the social figures are conveyed in a way that must be done in the view itself. The researcher concludes that there are other side views which are considered important by informants, encouraging informants to be interested and consistent in conducting behavior to prevent stunting. While the motivation stated by informants in the form of willingness to take preventive action stunting, it is visible on statement of informant who always check themselves and their children to posyandu or puskesmas to hospital regularly.

Mother's interest in prevents stunting based on Behavior Control

Judging from the aspects of control beliefs, with the distance factor that is not too far from the residence of informants and *posyandu* or *puskesmas*, the informant has a strong confidence to feel able to leave treatment alone. The lack of information access constraints is not a significant barrier so that all mothers have their own check-ups and their children at *posyandu* and *puskesmas*.

Overall, the researchers concluded that the dominance of the perceived power aspect became the main reason for consistent informant treatment. The growing insecurity of his growing child stunting suggests that the barriers are so insignificant that the informants cope independently and consistently repeat the behavior.

The role of Social Support to the interests of mothers in prevents stunting

The existence of different proportions of social support obtained by each informant does not affect the interest of the mother in checking her and her child's health to prevent stunting, limitations and barriers in preventing stunting being overcome independently by the informant. Of the seven informants, overall the whole team is very interested in preventing stunting.

Researchers estimate the strong dominance aspect of perceived power in the form of emotional factors that the child is the most important part of a mother and the sense of not wanting her child's growth disturbed make their mothers very interested in preventing stunting regardless of the obstacles experienced or may be experienced by the mother.

5. Conclusion

From the social norms factor based on the environment, where that influence is social support that can come from husband, family, friends and



neighbours. Social support can be emotional support, instruments, information, and rewards provided by people closest to the mother to be able to increase the interest of mothers to prevent stunting, because stunting is the result of interaction from family and environment.

The third behavior is behavior control occurs because there are factors that encourage or inhibit. Mothers who prevent stunting have encouraging factors such as resources possessed knowledge and opinions, especially the bad effects of stunting. Then there is the social support that has a link to increase the interest of mothers to prevent stunting. Mother's prevention is still limited to stunting.

The greatest influence in determining the interest of mothers to prevent stunting is the aspect of the Behavioral Control in terms of Perceived Power is the sense and the emotional bond that the child is the most important part of a mother and the sense of not wanting the child to have a growth disorder in the form of stunting.

6. REFERENCES

- Oktarina, zilda dan Trini Sudiarti. 2013.
 FAKTOR RISIKO STUNTING PADA BALITA (24—59 BULAN) DI SUMATERA. Jurnal Gizi dan Pangan, November 2013, 8(3): 175—180
- Millenium Chalange Account- Indonesia.
 2012. Stunting dan Masa Depan Indonesia.
 www.mca-indonesia.go.id
- Mercedes de Onis and Francesco Branca.. Riview Artikel: Childhood stunting: a global perspective. 2016.
- 4. UNICEF. 2013. Key Facts and Figures on Nutrition, (Online), (http://www.who.int/pmnch/media/news/2013/20130416 unicef factsheet.pdf)
- 5. Riskesdas. Laporan Hasil Riset Kesehatan Dasar Tahun 2013.

- Nasikhah R. Faktor Risiko Kejadian Stunting
 Pada Balita Usia 24-36 Bulan di Kecamatan
 Semarang Timur. Program Studi Ilmu Gizi
 Fakultas Kedokteran Universitas
 Diponegoro. Semarang; 2012.
- UNICEF Indonesia. 2012. Ringkasan Kajian Gizi Ibu dan Anak, (Online), (http://www.unicef.org/indonesia/id/A6_-_Ringkasan_Kajian_Gizi.pdf), diakses pada 5 Mei 2014.
- Kemenkes RI. 2013. Riset Kesehatan Dasar 2013, (Online), (http://www.litbang.depkes.go.id/sites/download/buku_laporan?lapnas_riskesdas2013 /laporan riskesdas 2013.pdf
- Gunarta, Meding Edie. Konsep Diri,
 Dukungan Sosial dan Penyesuaian Sosial
 Mahasiswa Pendatang Di Bali. Persona,
 Jurnal Psikologi Indonesia Mei 2015; 4(02):
 183 194
- 10. Nurmala, Sari dan Dona Eka Putri. Dukungan Sosial dan Harga Diri Pada Remaja Penderita Lupus. 2015.
- 11. Suhayat, yayat. 2009. Hubungan Sikap,

 <u>Minat dan Prilaku Manusia. September</u>

 2009; 1(3)
- 12. Marni, Ani dan Rudy Yuniawati. Hubungan antara Dukungan Sosial dengan Penerimaan Diri Pada Lansia Di Panti Wredha Budi Darma. Jurnal Fakultas Psikologi. Juli 2015; 3(1) ISSN: 2303-114X
- 13. Sarafino, E.P., Smith, T.W. Health psychology: biopsychosocial interactions seventh edition. New York: John Wiley & Sons. 2012.
- 14. Isnawati, Dian. Prof. Dr. H. Fendy Suhariadi, MT., Psi. Hubungan antara Dukungan Sosial dengan Penyesuaian Diri Masa Persiapan Pensiun Pada Karyawan PT Pupuk Kaltim.



- Jurnal Psikologi Industri dan Organisasi Februari 2013; 02(1).
- 15. Kusrini, Woro dan Nanik Prihartanti. HUBUNGAN DUKUNGAN SOSIAL DAN KEPERCAYAAN DIRI DENGAN PRESTASI BAHASA INGGRIS SISWA KELAS VIII SMP NEGERI 6 BOYOLALI. Jurnal Penelitian Humaniora. Agustus 132 2014; 15(2): 131-140
- 16. Maslihah, Sri. 2011. Studi Tentang Hubungan Dukungan Sosial, Penyesuaian Sosial Di Lingkungan Sekolah dan Prestasi Siswa SMPIT Assyfa Boarding School Subang Jawa Barat. Jurnal Psikologi Undip. Oktober 2011; 10(2)
- 17. Apollo, & Cahyadi, A. (2012). Konflik Peran Ganda Perempuan Menikah yang Bekerja Ditinjau dari Dukungan Sosial Keluarga dan Penyesuaian Diri. Jurnal Widya Warta,. 2012; 02; 255-271.
- 18. Sopiyani, lia. HUBUNGAN ANTARA DUKUNGAN SOSIAL (SUAMI) DENGAN MOTIVASI MEMBERIKAN ASI EKSKLUSIF PADA IBU-IBU DI KABUPATEN KLATEN. 2014.
- 19. Guadalupe de la Iglesia , Juliana Beatriz Stovera, Mercedes Fernández Liporace. Europe's Journal of Psychology 2014; 10(4), 637–649 doi:10.5964/ejop.v10i4.777
- Simbolon, naeklan. Faktor-faktor yang <u>Mempengaruhi Minat Belajar Peserta Didik.</u> (http://download.portalgaruda.org, diunduh tanggal 26 april 2017)
- 21. Setyobudi, Wahyu T. Aplikasi Theory Of Planned Behavior (TPB) Terhadap Perilaku Berbagai Pengetahuan (Knowledge Sharing) Dalam Organisasi. National Conference on Management Research 2008 ISBN: 2008; 979-442-242-8

- 22. Mahyarni M. Theory Of Reasoned Action dan Theory Of Planned Behavior (Sebuah Kajian Historis Tentang Perilaku). El-Riyasah, 2013: 4(1): 13-22.
- 23. Fatria, A.W. Hubungan Dukungan Sosial Dengan Intensi Diet Pada Remaja. Skrip Publikasi. 2008.
- 24. Putri, Nadia Tiara. Analisis Pengetahuan, Sikp dan Pengaruh Terhadap Pembentukan Intensi dan Prilaku Konsumsi Beras Merah Menggunakan Pendekatan Theory Of Planned Behaviour. Skripsi Publikasi. 2012.
- 25. Fathimah, Fetty.. Gambaran Prilaku Orang Tua/ Pengasuh Dalam Memberikan Makanan Bergizi Kepada Anak Yang terinfeksi HIV di Kawasan Tegak Timur Wilayah Jakarta Timur. Skripsi 2014.
- 26. WHO (2012) Resolution WHA65.6. Maternal, infant and young child nutrition. In: Sixty-fifth World Health Assembly, Geneva, 21–26 May. Resolutions and decisions, annexes. World Health Organization: Geneva. (WHA65/2012/REC/1).
- 27. Diane Coffey, Angus Deaton, Jean Drèze, Dean Spears, Alessandro Tarozzi.2014. Stunting among Children Facts and Implications. 2014; xlviii(68); 34.
- 28. de OnisM., Dewey K.G., Borghi E., Onyango A.W., Blössner M., Daelmans B. et al. The World Health Organization's global target for reducing childhood *stunting* by 2025: rationale and proposed actions. Maternal & Child Nutrition. 2013; 9 (Suppl.2): 6–26.
- 29. Utami, Nur Handayani dan Dwi Sisca KP. RESIKO TERJADINYA KEGEMUKAN PADA ANAK USIA 3-5 TAHUN DENGAN STATUS GIZI PENDEK DI INDONESIA. Jurnal Ekologi Kesehatan. 2015; 14(3), September 2015: 273-283



- Badan Perencanaan Pembangunan Nasional. Rencana Aksi Nasional Pangan dan Gizi 2011-2015.
- 31. Paudel R, Pradhan B, Wagle RR, Pahari DP, Onta SR. Risk Factors for *Stunting* Among Children: A Community Based Case Control Study in Nepal. Kathmandu Univ Med J 2012; 39(3): 18-24.
- 32. Candra, A. Hubungan Underlying Factors dengan Kejadian Stunting pada Anak 1-2 Tahun. Journa of Nutrition and Health, 1(1), (Online), (http://ejournal.undip.ac.id/index.php/mmi/article/view/3254), diakses pada 10 Agustus 2014
- 33. Prendergast AJ, Rukobo S, Chasekwa B, Mutasa K, Ntozini R, Mbuya MNN et al. *Stunting* is characterized by chronic inflammation in Zimbabwean infants. PLoS One. 2014; 9(2): e86928. doi:10.1371/journal.pone.0086928.
- 34. María Clara Restrepo-Méndez, PhD1, Aluísio JD Barros, MD1, Robert E Black, MD2, and Cesar G Victora, MD. 2015. Time trends in socioeconomic inequalities in *stunting* prevalence: analyses of repeated national surveys. Public Health Nutr. 2015 August; 18(12): 2097–2104. doi:10.1017/S1368980014002924.
- 35. Jounghee Leea, Robert F. Housera, Aviva Musta,b, Patricia Palma de Fulladolsac, and OdiliaI. Bermudeza. 2012. Socioeconomic disparities and the familial coexistence of childm *stunting* and maternal overweight in guatemala. Econ Hum Biol. 2012 July; 10(3): 232–241. doi:10.1016/j.ehb.2011.08.002.

- 36. UNICEF Pakistan. PROGRESS REPORT 2013-2015 Results for children in Pakistan Stop Stunting. www.unicef.org/pakistan/
- 37. World Health Organization. Global targets 2025. To improve maternal, infant and young child nutrition. 2014. (www.who.int/nutrition/topics/nutrition globaltargets2025/en/, accessed 1 April 2017
- 38. Hoddinott J, Alderman H, Behrman JR, Haddad L, Horton S. The economic rationale for investing in *stunting* reduction. Matern Child Nutr.2013; 9(Suppl. 2): 69–82. doi:10.1111/mcn.12080.
- 39. Alderman H. Economic drivers and consequences of stunting. In: Recent advances in growth research: Nutritional, molecular and endocrine perspectives. (ed. M.W. Gillman, P.D. Gluckman, R.G. Rosenfeld) Nestle Nutrition Institute Workshops Series. 2013; 71:127–130. S. Karger: Basel, Switzerland
- 40. Wahdah, Siti. 2015. Faktor Risiko Kejadian Stunting Pada Anak umur 6-36 bulan di Wilayah Pedalaman Kecamatan Silat Hulu Kapuas Hulu Kalimantan Barat. Jurnal Gizi dan Dietetik Indonesia. 2015; 3(2), Mei: 119-130
- 41. World Health Assembly (WHA). Global targets 2025. To improve maternal, infant and young child nutrition .2014. (www.who.int/nutrition/topics/nutrition_globaltargets2025/en/, accessed 1 April 2017
- 42. heterogeneity and risk factors for *stunting* among children under age five in Ethiopia: A Bayesian geo-statistical model. PloS ONE 12(2): e0170785. doi:10.1371/journal.



- 43. Rina Tiwari, Lynne M Ausman and Kingsley Emwinyore Agho. Determinants of *stunting* and severe *stunting* among under-fives: evidence from the 2011 Nepal Demographic and Health Survey. BMC Pediatrics 2014, 14:239(
 http://www.biomedcentral.com/1471-
 - http://www.biomedcentral.com/1471-2431/14/239, diunduh tanggal 15 April 2017)
- 44. Kusuma, Kukuh Eka. Faktor Risiko Kejadian Stunting pada anak 2 sampai 3 tahun 2013. Journal of Nutrition College, Volume 2, Nomor 4, Tahun 2013
- 45. Adicondro, Nobelina. 2011. Efikasi Diri, Dukungan sosial keluarga Dan Self Regulated Learning Pada Siswa Kelas VIII. Humanitas, Vol. VIII No.1 Januari 2011
- 46. Sastroasmoro, sudigdo 2014. Penelitian Kualitatif. Dalam: Sastroasmoro, S. dan S. Ismael (Editor). Dasar-dasar Metodologi Penelitian Klinis Edisi 5. 2014; 291-5 Jakarta: Sagung Seto.

