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MOTHER'S HEALTH LITERACY WITH STUNTING INCIDENCE OF TODDLERS IN JEMBER

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ABSTRACT

Introduction: Mothers have a role in caring for and fulfilling toddler nutrition which is very important to prevent stunting in toddlers. Mothers' skills in carrying out their roles are influenced by mothers' knowledge through health literacy, namely the capability to access, assess, and process health information. Prevalence of stunting in East Java was 26.8% in 2019, exceeding the limit set by WHO. Jember is the second area contributing to the largest prevalence of stunting in East Java. **Aims**: This study aimed to analyze the relationship of mothers' health literacy with stunting incidence of toddlers. **Methods**: This study used a case control design. The respondents were mothers with stunting toddlers (n=51) and mothers with non-stunted toddlers (n=51). The secondary data sources were the stunting data of the Kalisat Primary Healthcare in February 2022 and the primary data sources were the results of interviews used the HLS-EU-16 Indonesia Questionnaire. Data analysis used chi-square test. **Results**: There was a relationship between mothers' health literacy and stunting incidence of toddlers with a p-value of 0.001 (p-value < 0.05 so that the two variables have a significant relationship. **Conclusion**: Mothers' health literacy has a strong association with stunting incidence of toddlers.

Keywords: stunting, health literacy, toddler mother

INTRODUCTION

Infant period requires adequate nutritional intake for growth and development. Growth failure in toddlers over a long period of time is called stunting (Abate et al., 2020). Stunting is a very important health problem because it can have an impact on death and long-term effects, one of which is school capacity and performance that is less than optimal (Ministry of Health of the Republic of Indonesia, 2018). Toddlers aged 24-59 months are one of the important target categories for stunting prevention in Indonesia (Ministry of Coordinator for Human Development and Culture, 2018).

Indonesia is the country with the second highest of stunting cases in Asia (Ministry of Health of the Republic of Indonesia, 2018). Based on a report from the Asian Development Bank, in 2020 Indonesia ranked second in Southeast Asia with the highest contributor to stunting cases of 31.8% (Asian Development Bank, 2021). Indonesian Nutrition Status Study (SSGI) shows that the prevalence of stunting cases in East Java in 2019 reached 26.8%, still exceeding the limit set by WHO, which is 20% (Ministry of Health of the Republic of Indonesia, 2019).

Jember Regency is ranked second with the highest prevalence of stunting cases in East Java with the number of cases reaching 20,506 cases in February 2021 (Jember District Communication and Information Departement, 2021; Jember District Health Departement, 2021). The sub-district in Jember Regency with the highest contributor to stunting cases is Kalisat with a total of 638 stunted children under five as of September 2021(Jember District Communication and Information, 2021; Kalisat Primary Healthcare, 2021).

The role of the mother in determining the quality and quantity of food intake in the family is very important in overcoming nutritional problems (Apriluana and Fikawati, 2017). Mother's parenting style can also directly cause poor growth in

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toddlers (UNICEF, 2013). This is the mother's parenting style related to the mother's behavior in caring for her child such as providing breast milk and complementary food, providing nutritious food intake starting from determining good food ingredients to controlling the right portion of food for toddlers (Noorhasanah and Tauhidah, 2021). This is the reason why it is important for mothers to have health information to increase their knowledge regarding nutrition and health care to prevent stunting.

Health information obtained by mothers is not only to be read, but needs to be understood and assessed to make decisions. An individual's capability to access, understand, and apply health information in everyday life to improve the quality of life is defined as health literacy (Rokhmah et al., 2021). Maternal health literacy is associated with the mother's capability to assess information about fulfilling family nutrition, seeking healthcare, and motivation to care for health in the family.

Maternal health literacy assessment is very necessary to find out the mother's capability to access, understand, assess, and use the health information that has been obtained and how it relates to the incidence of stunting. This is the reason for researchers to examine the relationship of maternal health literacy with stunting incidence of toddlers in the working area of the Kalisat Primary Healthcare, Jember district.

METHODS

The design of this research was case control. Working area of the Kalisat Primary Healthcare, Jember Regency was the area of this research. The variables in this study were maternal health literacy as the independent variable and stunting incidence of toddlers as the dependent variable. The sampling technique used was simple random sampling. The sample using Lemeshow's formula obtained 51 mothers who had stunted toddlers aged 24-59 months and 51 mothers of toddlers who did not have stunted toddlers aged 24-59 months.

The data sources used were secondary data on stunting toddlers at the Kalisat Primary Healthcare in February 2022 and primary data on maternal health literacy obtained through interviews. Maternal health literacy was assessed using HLS-EU-16 Indonesia Questionnaire developed by Health Literacy Study Asia. The questionnaire has been tested for validity and reliability, the results obtained were that the *r question* had a value of 0.361 and *Cronbach's alpha* 0.844. Univariate analysis results were obtained from testing the data using chi-square test. Assessing the relationship between the two variables using bivariate analysis also with the chi-square test was carried out to assess the relationship of the two variables with significance level of 0.05. This study has ethical test results with No. 231/KEPK/FKM-UNEJ/VIII/2022.

RESULT

Table 1 shows that mothers who have stunted toddlers and mothers who have not stunted toddlers are mostly in the age range of 25-35 years. More than half of the total mothers of toddlers in each group can speak Bahasa Indonesia as the daily language. Madurese ethnicity is the majority ethnicity in this study. Most of the respondents completed elementary school. Almost all mothers of toddlers are housewives. The family income per month for mothers with toddlers is almost entirely less than the UMR (Rp. 2,355,662.91).

Table 2 shows that 51% of mothers who have stunted toddlers have low access to toddler health information. Meanwhile, mothers who have toddlers who are not stunted have the most access to toddler health information, which is 54.9%. The high and low access to information obtained is based on the number of sources of toddler health information obtained, the

frequency of obtaining toddler health information, and the acceptability of respondents to toddler health information. Almost all mothers having stunted and not stunted toddlers receive information on their toddler health from health workers at the posyandu (Table 3 and Table 4).

Based on Table 4, it can be seen that mothers who have inadequate health literacy mostly have stunting toddlers of 15.7%. Mothers with moderate health literacy mostly have stunted toddlers of 66.7%. While for mothers who have adequate health literacy, the majority of toddlers who are not stunted are 80.4%. The results of the bivariate test showed that the p-value was 0.001, which indicates that there is a relationship between maternal health literacy and stunting incidence of toddlers in the working area of the Kalisat Primary Healthcare, Jember Regency. The existence of a relationship means that the mother's literacy level is inadequate, so the possibility of a mother having a stunted toddler is very high. It implies that there is a significant and noticeable association between these two variables.

Table 1. Distribution of Respondents' Characteristics (n=102)

Characteristics	Stunting		Normal		Total	
	n	%	n	%	n	%
Age (years old)						
17-25	13	25.5	18	35.3	31	30.4
25-35	29	56.9	23	45.1	52	51.0
36-40	4	7.8	6	11.8	10	9.8
41-45	4	7.8	3	5.9	7	6.9
≥ 46	1	2.0	1	2.0	2	2.0
Daily Language						
Bahasa Indonesia	31	60.8	40	78.4	71	69.6
Local language (Madura)	20	39.2	11	21.6	31	30.4
Ethnicity						
Madurese	43	84.3	41	80.4	84	82.4
Javanese	8	15.7	9	17.6	17	16.7
Banjarese	0	0.0	1	2.0	1	1.0
Academic Background						
No Formal education	1	2.0	0	0.0	1	1.0
Not completed in primary school	2	3.9	1	2.0	3	2.9
Elementary School	17	33.3	20	39.2	37	36.3
Junior High School	16	31.4	12	23.5	28	27.5
Senior High School	11	21.6	12	23.5	23	22.5
Diploma/University	4	7.8	6	11.8	10	9.8
Job						
Trader	5	9.8	5	9.8	10	9.8
Farmer	3	5.9	1	2.0	4	3.9
Civil Servant	3	5.9	2	3.9	5	4.9
Entrepreneur	1	2.0	1	2.0	2	2.0
Housewife	35	68.6	37	72.5	72	70.6
Employee	4	7.8	3	5.9	7	6.9
Nurse	0	0.0	1	2.0	1	1.0
Teacher	0	0.0	1	2.0	1	1.0
Income						

Characteristics	Stunting		Normal		Total	
	n	%	n	%	n	%
< Regency Minimum Wage	41	80.4	38	74.5	79	77.5
≥ Regency Minimum Wage	10	19.6	13	25.5	23	22.5

Table 2. Distribution of Access to Toddler Health Information (n=102)

Health Information Access	Stunting		Normal		Total	
	n	%	n	%	n	%
Low	26	51.0	23	45.1	49	48
High	25	49.0	28	54.9	53	52

Table 3. Distribution of Respondents who have Stunted Toddlers based on Toddler Health Information Sources (n = 51)

Toddler Health Information Sources	Get toddler health information				Total	
	Yes		No			
	n	%	n	%	n	%
Printed Mass Media						
Newspaper	8	15.7	43	84.3	51	100
Magazine	9	17.6	42	82.4	51	100
KIA book	45	88.2	6	11.8	51	100
Health Brochure in Primary healthcare/Village health post	18	35.3	33	64.7	51	100
Health Brochure in other healthcare*)	1	2.0	50	98.0	51	100
Health Poster in Primary healthcare/Village health post	27	52.9	24	47.1	51	100
Health poster in other healthcare*)	3	5.9	48	94.1	51	100
Electronic Mass Media						
Radio	6	11.8	45	88.2	51	100
Television	20	39.2	31	60.8	51	100
Internet (website. blog)	22	43.1	29	56.9	51	100
Interpersonal channel						
Social organization	11	21.6	40	80.4	51	100
Health Cadre	50	98.0	1	2.0	51	100
Health worker	48	94.1	3	5.9	51	100
Family	32	62.7	19	37.3	51	100
Friend or neighbor	34	66.7	17	33.3	51	100

*) Other health facilities such as hospitals, clinics, or health service facilities other than village health posts/auxiliary health centers/Kalisat primary healthcare

Table 4. Distribution of Respondents who have Normal Toddlers based on Toddler Health Information Sources (n = 51)

Toddler Health Information Sources	Get toddler health information				Total	
	Yes		No			
	n	%	n	%	n	%
Printed Mass Media						
Newspaper	6	11.8	45	88.2	51	100

Toddler Health Information Sources	Get toddler health information				Total	
	Yes		No			
	n	%	n	%	n	%
Magazine	7	13.7	44	86.3	51	100
KIA book	47	92.2	4	7.8	51	100
Health Brochure in Primary healthcare/Village health post	23	45.1	28	54.9	51	100
Health Brochure in other healthcare*)	7	13.7	44	86.3	51	100
Health Poster in Primary healthcare/Village health post	31	60.8	20	39.2	51	100
Health poster in other healthcare*)	6	11.8	45	88.2	51	100
Electronic Mass Media						
Radio	4	7.8	47	92.2	51	100
Television	22	43.1	29	56.9	51	100
Internet (website. blog)	30	58.8	21	41.2	51	100
Interpersonal channel						
Social organization	9	17.6	42	82.4	51	100
Health Cadre	51	100	0	0.0	51	100
Health worker	50	98.0	1	2.0	51	100
Family	40	78.4	11	21.6	51	100
Friend or neighbor	33	64.7	18	35.3	51	100

*) Other health facilities such as hospitals, clinics, or health service facilities other than village health posts/auxiliary health centers/Kalisat primary healthcare

Table 5. The Relationship between Maternal Health Literacy and Stunting Incidents of Toddlers

Maternal Health Literacy	Stunting	Normal	P-value
	n (%)	n (%)	
Inadequate	8 (15.7)	0	0.001
Moderate	34 (66.7)	10 (19.6)	
Adequate	9 (17.6)	41 (80.4)	

DISCUSSION

The phase of being a parent is one of the developments from early adulthood (Putri, 2018; Ajhuri, 2019). The results of research by Wahyuningsih (2019) reveal that age affects health literacy. The capability to use the national language influences the mother's capability to understand toddler health information (Rokhmah et al., 2021). Language barriers were also experienced when listening to and talking to health workers (Singleton and Krause, 2009). Almost all mothers who have stunted toddlers and mothers who do not have stunted toddlers can communicate in Bahasa Indonesia. Mother's highest level of education will determine the ease with which the mother absorbs the information obtained (Husnaniyah, Yulyanti and Rudiansyah, 2020; Sutarto et al., 2020). Someone who does not work has a 1.82 times greater risk of having low health literacy than someone who works (Svendsen et al., 2021). Family income is associated with a person's capability to pay for accessing health information. Sahroni et al. (2019) stated that the patient's family income and the level of health literacy are related because patients who have a family income above the minimum wage are

known to have a sufficient level of health literacy (Sahroni et al., 2019).

High access to health information can help individuals gain new knowledge (Indriyani and Suharno, 2018). Santosa (2012) has divided access to health information into three indicators including sources of health information, frequency, and acceptability of the health information obtained. The most widely used and frequently accessed source of information by mothers who have stunted toddlers and mothers who have non-stunted toddlers are cadres. Most of the mothers of children under five stated that the information conveyed by cadres was easy to understand and all mothers of children under five chose cadres as a reliable source of information. Cadres have a role in disseminating toddler health information. They usually convey toddler health information at the posyandu or during counseling (Sujana, 2019). So the incidence of cadres in conveying toddler health information can be said to be quite frequent because posyandu is a program that is carried out routinely. Mothers who have stunted toddlers and mothers who have toddlers who are not stunted trust the cadres more because they have received training related to toddler health. Previous research explains that mothers who have problems accessing health information affects their knowledge about nutrition (Ernawati, 2020). This can have an effect on poor maternal parenting due to the lack of information on toddler health that is obtained (Seftiani and Muhammad, 2020).

Most of the mothers' abilities in accessing, assessing, and using health information in everyday life are included in the adequate category. Health literacy is the human capability to access, assess and use health information to determine health decisions (Rokhmah et al., 2021). In this study, the assessment of maternal health literacy was carried out by looking at the mother's capability to find toddler health information, whether obtained directly from cadres, health workers, or the media. Furthermore, in addition to how do mothers understand the toddler health information that has been obtained, it is also seen regarding the mother's capability to assess toddler health information whether it can be trusted or not, and the last indicator is the mother's capability to apply the toddler health information that has been obtained in everyday life.

Someone who does not look for health information will have a low literacy level, someone who cannot understand health information will have a low literacy level; after someone has searched for and understood health information, it is necessary to evaluate health information so that they can decide whether to change healthy behavior or not (Alfan and Wahjuni, 2020). Most of the mothers in this study had adequate health literacy, although most of the mothers who had moderate health literacy had stunted toddlers. Maternal health literacy is being studied in this study because it is easy for mothers of toddlers to find information related to how to improve and maintain the nutritional status of toddlers, prevent stunting, exclusive breastfeeding and provision of breastmilk complementary food. Most mothers also easily believe the information they get. However, only some mothers understand the information obtained from the media, but the majority of mothers understand the instructions given by health workers or cadres.

From the bivariate test results, information was obtained that there was a relationship maternal health literacy with stunting incidence of toddlers. The p-value results show that there is a significant relationship between the maternal health literacy variable and the incidence of stunting in toddlers. A significant relationship means that the mother's health literacy level is inadequate, so the possibility of a mother having a stunted toddler is very high. Maternal health literacy can be related to the mother's capability to understand the symptoms of the disease views on the importance of using services, the desire to maintain her

child's health, and the capability to choose a health system. (Johri et al., 2015). This is what underlies how important the mother's role is in the growth and development of toddlers.

Results of research by Masita et al. (2018) revealed that poor parenting practices are two times more likely for toddlers to experience stunting than mothers who have good parenting practices (Masita, Biswan and Puspita, 2018). Mother's skills in toddler care practices are associated with mothers' capability to obtain, assess, and apply health information related to parenting practices. So that increasing maternal health literacy is urgently needed to improve mothers' skills in caring for toddlers Health literacy has an important connection in human resources that must be introduced from an early age (Emilia and Wahjuni, 2020). Research conducted by Fitroh dan Oktavianingsih (2020) regarding health literacy programs through parenting education found they can improve mothers' skills and knowledge regarding nutrition and health.

CONCLUSIONS

Mothers with inadequate and moderate health literacy mostly have stunted children, while mothers with adequate health literacy mostly have toddlers who are not stunted. Maternal health literacy has a significant relationship with stunting incidence of toddlers.

Suggestions from this research for future researchers are that it is necessary to conduct a prospective cohort study regarding the relationship health literacy with stunting incidence of toddlers. It is necessary to carry out further research using the Newest Vital Sign measuring instrument to assess the capability to read and analyze the information obtained from mothers with children under five. For the primary healthcare, we recommend evaluating periodically the mother's literacy regarding health information that given by the health worker or cadre, since cadre and health worker are the most trusted information.

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