



THE RELATIONSHIP BETWEEN MOTHERS FEEDING SELF-EFFICACY AND STUNTING PREVENTION BEHAVIOR

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Abstract

Background: Background: Stunting occurs in children aged 0-59 months, caused by nutritional problems during pregnancy or infancy. Therefore, nutrition in the first year of life, namely breast milk and complementary foods, must be considered early and from the first time it is given. Self-Efficacy is one of the factors that shape maternal behavior in supporting nutrition given to toddlers. Good self-efficacy can support the formation of stunting prevention behavior and can improve health. Self-efficacy is the mother's trust and confidence in carrying out complementary feeding activities, by providing food at the right time and in sufficient quantities, frequency, composition, and variety, providing safe food, creating a comfortable environment when eating, and providing appropriate responses to eating behavior in children.

Purpose: To determine the relationship between maternal feeding self-efficacy (MP-ASI) and stunting prevention behavior in the Kedung Waringin Community Health Center (Puskesmas) working area, Bekasi Regency.

Methods: This study used a quantitative cross-sectional approach, using primary data. The study population was 119 mothers with toddlers in the Kedung Waringin Community Health Center working area. The sampling technique used was purposive sampling. Data collection used the CFSE and Stunting Prevention Behavior questionnaires. Data were analyzed using chi-square.

Results: The relationship between feeding self-efficacy and stunting prevention behavior obtained a p-value of $0.154 > \alpha = 0.05$.

Conclusion: There was no relationship between maternal feeding self-efficacy and stunting prevention behavior in the Kedung Waringin Community Health Center working area, Bekasi Regency.

Background

Stunting is one of the challenges and global nutritional problems faced by communities worldwide. The World Health Assembly's ambition is to reduce stunting worldwide by around 40% by 2025. The 2018 Global Nutritional Report found around 150.8 million (22.2%) toddlers stunted, which is one of the factors inhibiting human development worldwide. The World Health Organization has determined five sub-regions of stunting prevalence, including Indonesia which is located in the Southeast Asia region (36.4%) (UNICEF, Levels and Trends in child malnutrition - UNICEF WHO The World Bank Join Child Malnutrition Estimates, 2019).

The prevalence of stunting in toddlers, as conducted by the Indonesian Nutritional Status Survey by the Ministry of Health of the Republic of Indonesia, has decreased from 24.4% in 2021 to 21.6% in 2022. The specific target for accelerating stunting reduction, as stipulated in Presidential Regulation (Perpres) Number 72 of 2021, is 14% (M. F. I. M. I. S. Hasiolan, 2024;

Rauf & Jasmin, 2024). The percentage of toddlers in West Java province who experience stunting is 20.2%. Bekasi Regency is one of the areas in West Java that is not free from problems related to stunting. Data obtained from the results of a survey conducted by the Ministry of Health, the number of toddlers experiencing stunting in the Bekasi Regency area is 17.8% (SSGI, 2022).

The three areas in Bekasi Regency with the highest prevalence of stunting are Cibarusah District (193 toddlers), Kedung Waringin District (169 toddlers), and Setu District (157 toddlers) (Bekasi Regency Health Office, 2023).

Stunting occurs in children aged 0-59 months. It is caused by nutritional problems and anemia during pregnancy, as well as nutritional problems during infancy, limited health services such as antenatal care, limited availability of nutritious food, and limited access to clean water and sanitation (F. H. W. M. I. S. Hasiolan, 2025; Lisnawati & Yusnayanti, 2024; Pangestu et al., 2025). Malnutrition during pregnancy can be minimized by improving nutrition after birth. There are five pillars in stunting management, one of which is related to nutrition and food security, which involves specific nutritional interventions, including nutrition in the first year of life. The first 1000 day occurs during very rapid brain growth, which supports the entire child's growth process. Malnutrition during the first 1000 day cannot be corrected later in life. (Ministry of Health of the Republic of Indonesia, 2018). Therefore, nutrition in the first year of life, namely breast milk and complementary foods, must be considered early on, starting with the first feeding. Important factors contributing to stunting include the initial age at which complementary foods are introduced, less than 4 months or more than 6 months, unfortified complementary foods, and non-exclusive breastfeeding (Faldzah, 2020). The aim of this study was to determine the relationship between maternal feeding self-efficacy and stunting prevention behavior (Ashar & Iriani, 2024; Rikmal et al., 2025; WAHYUDI et al., 2024).

Method

The research design used by the researcher is quantitative research with a cross-sectional approach. The research location was conducted in the Kedung Waringin Community Health Center area, Bekasi Regency. The research population totaled 169 respondents. The sample calculation used the Slovin formula, so that the minimum sample size was 119 respondents. The sampling technique was purposive sampling with inclusion criteria: Respondents were willing to be research samples by filling out an informed consent form, mothers who have toddlers (children aged 1-5 years), and domiciled in the working area of the Kedung Waringin Community Health Center, Bekasi Regency. This research has received ethical approval from Bani Saleh Health College with No: EC.259/KEPK/STKBS/VIII/2024.

The instrument used is a questionnaire of complementary feeding self-efficacy and preventive behavior against stunting. Nasrullah, (2023). Complementary Feeding Self-Efficacy Instrument for Mothers of Toddlers Aged 6-24 Months with Validity test results obtained a value of ≥ 0.80 . There are three question items that are considered irrelevant, namely no. 8, 20, 21. The reliability test of the complementary feeding self-efficacy questionnaire shows a Cronbach alpha value of 0.894 (> 0.6). The questionnaire consists of 26 questions covering 4 elements, namely, adequate feeding (time, portion, frequency, and type), safe feeding, providing a comfortable eating environment, and appropriate responses to infant eating behavior. Iffatul Mutiah (2022). The Relationship between Mother's Knowledge and Stunting Prevention Behavior in Children Aged 3-5 Years. The stunting prevention behavior questionnaire analyzes the concept of maternal behavior towards toddlers in handling stunting. The questionnaire contained 15 questions covering elements of understanding stunting,

adequate nutritional knowledge, providing vitamins to toddlers, visiting integrated health posts (posyandu) according to a predetermined schedule, providing exclusive breastfeeding, and the principles of providing complementary feeding. The validity and reliability test of the questionnaire showed a validity value of 0.930 and a Crobach's alpha value of 0.962 (> 0.6), which means the question items are considered reliable and suitable for use because they have acceptable validity and reliability tests. For data analysis, the chi-square test was used to see the relationship between variables.

Results

A. Respondent Characteristics

Table 1 Frequency Distribution of Respondent Mothers Based on Age, Religion, Ethnicity, Occupation, Last Education, Number of Living Children, and Number of Residents at the Kedung Waringin Community Health Center, Bekasi Regency, (n=107).

Respondent Characteristics	Total n (107)	Percentage %
Respondent Age		
Youth (<19 Years)	1	0.9
Adults (19 Years – 36 Years)	84	78.5
Pre-Elderly (>36 Years)	22	20.6
Total (n)	107	100
Religion		
Islam	106	99.1
Cristian	0	0
Catholic	0	0
Hindu	0	0
Buddhist	1	0.9
konghuchu	0	0
Total (n)	107	100
Ethnicity		
Ethnicity in Sumatra	5	4.7
Ethnicity in Java	102	95.3
Ethnicity in Kalimantan	0	0
Ethnicity in Sulawesi	0	0
Ethnicity in Papua and Maluku	0	0
Ethnicity in Bali and NTT	0	0
Total (n)	107	100
Occupation		
Employed	2	1.9
Not Employed	105	98.1
Total (n)	107	100
Last Education		
Primary Education	70	65.4
Secondary Education	35	32.7
Higher Education	2	1.9
Total (n)	107	100
Number of Living Children		
≤ 1	21	19.6
2	48	44.9
3	32	29.9
4	4	3.7
≤ 5	2	1.9
Total (n)	107	100

Living in the Same Household

Nuclear Family	70	65.4
Extended Family	37	34.6
Total (n)	107	100

Source : Primary Data, 2024

B. Feeding Self Efficacy

Table 2. Frequency Distribution of Respondents Based on Feeding Self-Efficacy at Kedung Waringin Community Health Center, Bekasi Regency.

Criteria	n	Percentage	
		%	%
Good (55 – 100%)	100	93.5	
Poor < 55%	7	6.5	
Total	107	100	

Source : Primary Data, 2024

In Table 2, the majority of respondents with good feeding self-efficacy, namely 100 people (93.5%), on the other hand, respondents with poor feeding self-efficacy, namely 7 people (6.5%).

Table 3. Frequency Distribution Based on Stunting Prevention Behavior at Kedung Waringin Community Health Center, Bekasi Regency in 2024.

Criteria	n	Percentage	
		%	%
Poor (≤ 56%)	10	9.3	
Sufficient (56 – 75 %)	42	39.3	
Good (76 – 100%)	55	51.4	
Total	107	100	

Source : Primary Data, 2024

Interpretation of the results in table 4.3 shows that the majority of mothers' behavior towards stunting is good, namely 55 people (51.4%), mothers' behavior towards stunting behavior is sufficient for 42 people (39.3%), while mothers' behavior towards stunting prevention behavior is 10 people (9.3%).

Table 4. Relationship between Feeding Self-Efficacy and Stunting Prevention Behavior at Kedung Waringin Community Health Center, Bekasi Regency, 2024

Complementary Feeding Self - Efficacy	Stunting Prevention Behavior						Total	P Value		
	Good (76 – 100%)		Sufficient (56 – 75%)		Poor (<56%)					
	n	%	n	%	n	%				
Good (55 – 100%)	53	53.0	39	39.0	8	8.0	100	93.4		
Poor (< 55%)	2	28.6	3	42.9	2	28.6	7	6.3		
Total	55	51.4	42	39.3	10	9.3	107	100		

Source :Primary Data, 2024

Interpretation of the results in Table 4.4 shows that maternal feeding self-efficacy is associated with stunting prevention behavior. Statistical tests using chi-square using SPSS 22 yielded a p-value of 0.154 with a significance level of $\alpha \leq 0.05$, which means H_0 is accepted. The analysis results indicate that there is no relationship between complementary feeding self-efficacy and stunting prevention behavior in the Kedung Waringin Community Health Center working area.

Discussion

Based on the results of the study in the table, the majority of mothers' self-efficacy towards providing complementary foods (feeding self-efficacy) is good with a total of 100 respondents (93.5%), while those who have less self-efficacy are 7 people (6.5%). Self-efficacy is a sense of trust and confidence that mothers have in carrying out activities of providing complementary foods (feeding self-efficacy) by providing food at the right time, amount, frequency, composition and sufficient variety, providing safe food, creating a comfortable environment when eating, and providing appropriate responses to eating behavior in children (Hendriyani et al, 2020). According to research conducted by Solikhah & Ardiani (2019), respondents who have less self-efficacy are at risk of having abnormal toddler nutritional status compared to respondents who have good self-efficacy. A mother's low self-efficacy in feeding will undoubtedly impact her child's feeding practices, including the principles of providing balanced nutrition to toddlers, the form, frequency, and quantity of food given. Mothers with low self-efficacy are more likely to have toddlers with abnormal nutritional status, such as stunting, stunted or obesity.

In line with research conducted by Sakinah et al. (2022), at the Dungkek Community Health Center, mothers had sufficient self-efficacy in meeting the nutritional needs of toddlers. Good self-efficacy was evident in mothers' confidence in providing sufficient portions of food. Meanwhile, mothers' self-efficacy was lacking in fulfilling the need for varied and nutritious foods, as well as their confidence in being able to allocate sufficient time to concentrate on fulfilling their children's nutritional needs, such as learning to cook meals for children and learning about local foods rich in nutrients. On the one hand, there are differences in the results of research conducted by Phyo WY, OK Khin & Aung MH (2021) which found no significant relationship between self-efficacy and feeding practices. However, researchers assume that self-efficacy is one of the determinants of a mother's behavior towards fulfilling the nutritional needs to be given to children to encourage good behavior and improve health. It is an important factor in determining mothers' behavior in providing nutritional support to children. Good self-efficacy will support the formation of good behavior as well. Good abilities that a person has will support a person's high self-efficacy, whereas for someone who considers that their abilities are low, the possibility of having self-efficacy will be lower.

Based on the results of research related to maternal behavior, researchers assume that a mother's behavior can be an important role in preventing stunting such as monitoring toddler growth and development regularly at the nearest integrated health post (posyandu) according to schedule, finding out the latest information related to toddler nutrition because each child has a different nutritional status and development from one another, so sufficient information is needed for child growth and development and nutrition, then being careful in providing nutritious additional food to toddlers, implementing a clean and healthy lifestyle and always maintaining home cleanliness and good sanitation. This encourages a mother to behave healthily.

Stunting itself is a negative consequence of long-term malnutrition, resulting in a height or weight that is not optimal for one's age (Ministry of Health of the Republic of Indonesia, 2021). The results of a study conducted by Fildzah, Yamin & Hendrawati (2020) showed that 117 mothers (53.07%) had good stunting prevention behaviors and 101 mothers (46.3%) had bad behaviors. This was obtained from the cumulative total score of the eight pillars of stunting prevention. The eight pillars of stunting prevention are stopping open defecation, washing hands with soap, managing household drinking water and food, securing household waste,

securing household liquid waste, monitoring the nutrition of pregnant women, feeding infants and children, and monitoring growth (BKKBN, 2021). Although the results show good maternal behavior, the stunting rate still does not reach the target set by the Community Health Center. In line with the research of Fildzah, Yamin & Hendrawati (2020), the majority of respondents showed stunting prevention behavior in the good category, but the stunting rate in the Kedung Waringin Community Health Center area was still high. This indicates the need for further intervention from the Community Health Center to the community as an effort to improve maternal behavior in preventing stunting and setting maternal behavior targets in preventing stunting in stages.

Based on the results of the study, there is good maternal feeding self-efficacy and good stunting prevention behavior. The results of the Fisher exact test with a degree of error $\alpha = 0.05$ obtained a p -value = $0.154 > \alpha = 0.05$, it can be confirmed that H_0 is accepted and H_a is rejected, meaning there is no relationship between feeding self-efficacy and stunting prevention behavior at the Kedung Waringin Community Health Center, Bekasi Regency. The results of this study are in line with research conducted by Giri, Susanti, & Wapodo (2022) that there is no significant relationship between the provision of MP-ASI and the incidence of stunting in children aged 6-24 months at the Integrated Health Service Post (Posyandu) in the Cigalontong Community Health Center Working Area. This contradicts the results of research by Aulia et al. (2021) with a p -value = 0.013, which means there is a relationship between maternal self-efficacy and the incidence of stunting in children. Another study with conflicting results, namely the results of the study by Khalda & Ariwati (2023), showed that self-efficacy has a direct and positive relationship with stunting prevention behavior, mothers with high self-efficacy have outputs that have good stunting prevention behavior (p value = <0.001).

Self-efficacy itself is a factor from within the mother that can influence stunting prevention behavior in toddlers, because if the mother's self-efficacy is good, it will form good behavior as well. Researchers assume that there are other factors that can cause stunting in children, namely because the mother tends to be less sensitive to the child's decreased appetite so there is no initiative to try or introduce new and more varied foods to increase the child's appetite. In addition, the mother's tendency to give up easily when the child does not want to eat or has a decreased appetite. In addition, there are other influential factors such as parental income, environmental factors (cleanliness, sanitation, and poor access to clean water) and infectious diseases that cause drastic weight loss at the time of the examination. This can make the child's growth and development less than optimal, which can have an impact on the occurrence of stunting.

Conclusion

The majority of mothers with toddlers in the Kedung Waringin Community Health Center (Puskesmas), Bekasi Regency, in the stunting prevention category (55 mothers) were categorized as good (51.4%).

The majority of mothers' feeding self-efficacy in providing complementary foods (MP-ASI) in the Kedung Waringin Community Health Center (Puskesmas), Bekasi Regency, was categorized as good (100 mothers) were categorized as good (93.5%).

The results showed a p-value of $0.154 > \alpha = 0.05$, indicating no relationship between mothers' feeding self-efficacy and stunting prevention behavior in the Kedung Waringin Community Health Center, Bekasi Regency.

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