# RELATIONSHIP BETWEEN KNOWLEDGE AND FAMILY SUPPORT WITH PREGNANT WOMEN'S STUNTING PREVENTION BEHAVIOR

**Asmia[1)], Desi Novitasari[2)]**
[1)]Institut Kesehatan dan Bisnis Kurnia Jaya Persada, Indonesiam
[2)]Universitas Bina Mandiri, Indonesia
E-mail: desi.novitasari@ubmg.ac.id

**ABSTRACT**

Stunting is a chronic malnutrition problem in toddlers due to inadequate nutritional intake. Stunting can begin during pregnancy if the mother experiences poor nutrition, improper diet, or low food quality, leading to growth disorders. This study aims to analyze the relationship between knowledge and family support with stunting prevention behavior among pregnant women in the work area of Puskesmas Pendolo, Poso Regency, in 2024. The research design used a cross-sectional study. The sample consisted of 35 pregnant women selected through purposive sampling. Data were collected using questionnaires and analyzed using the Chi-Square test. The results showed a significant relationship between knowledge and stunting prevention behavior ($p = 0.001$) and between family support and stunting prevention behavior ($p = 0.000$). It is recommended that Puskesmas Pendolo enhance educational programs for pregnant women, emphasizing stunting prevention through diverse methods, including prenatal classes, printed materials, and digital media.

**Keywords:** Knowledge, Family Support, Stunting Prevention, Pregnant Women

## INTRODUCTION

Stunting is a chronic nutritional problem that affects the growth and development of children. Toddlers who experience stunting have a height that is not in accordance with their age due to lack of nutritional intake in the long term. This condition can affect cognitive development, academic achievement, and productivity in the future. Children with stunting in the first two years of life are at 4.57 times greater risk of experiencing intellectual disabilities than children who grow normally [1], [2].

Stunting can occur since pregnancy due to insufficient nutritional intake, inappropriate diet, and low food quality. Factors such as education, level of knowledge, and attitudes of pregnant women in meeting nutritional needs during pregnancy play an important role in preventing stunting. Unfortunately, many pregnant women do not have a good understanding of the importance of nutrition from the beginning of pregnancy [3], [4].

Prevention of stunting needs to be done since pregnancy, especially in the First 1000 Days of Life (HPK). Efforts that can be made are to increase the knowledge of pregnant women about the importance of nutrition and health, and provide interventions in the form of additional food, vitamin A, and iron tablets. In

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addition, mothers also need to be given education about proper parenting to prevent stunting in children [5], [6].

Not only maternal knowledge, family support is also an important factor in preventing stunting. Families who have a good understanding of nutrition and health of pregnant women can provide better parenting patterns for children. Lack of support from the family can cause pregnant women to have difficulty in maintaining their diet and accessing the health services they need [7], [8].

Prevalence data for stunting toddlers according to the World Health Organization (WHO) in 2020 Indonesia is the second highest in Southeast Asia reaching 31.8%, the first highest prevalence of stunting is Timor Leste at 48.8%, Laos is third with 30.2% then Cambodia is in fourth position with 29.9% and the lowest number of children with stunting comes from Singapore with 2.8%.

There are 37.2%, PSG (Determination of Nutritional Status) data in 2016 was 27.5%, while the limit set by WHO is <20%. Where Stunting is experienced by 8.9 million Indonesian children. As many as 1/3 of Indonesian toddlers are less than the normal average height. Around 30.8% of toddlers in Indonesia experience stunting. Children aged> 12 months are more likely to experience stunting than children aged <12 months. This is because the older the child, the greater the need for nutrients needed to burn energy in the body. Based on the results of the 2021 SSGI, the national stunting rate decreased by 1.6% per year from 27.7% in 2019 to 24.4%. In 2021, almost all of the 34 provinces showed a decrease compared to 2019 [9].

The 2023 Indonesian Health Survey (SKI) showed a decrease in stunting in Central Sulawesi Province by 1 percent from 2022, from 28.2 percent to 27.2 percent. This result makes Central Sulawesi one of 18 provinces that experienced a decrease in stunting prevalence throughout Indonesia.

Although the stunting rate in Central Sulawesi province has decreased, it has not reached the target set by the government as in Presidential Regulation (Perpres) number 72 of 2021 concerning the Acceleration of Stunting Reduction signed by President Joko Widodo on August 5, 2021. This Perpres is a legal umbrella for all parties, both at the central and regional levels, to strive for the target of 14 percent stunting prevalence in 2024 [9].

The decline in the number of stunting cases in Poso Regency is quite significant, namely in 2022 it was 26.7 percent of the stunting rate to 24.6 percent in 2023, so the decline was 2.1 percent. The Poso Regency government is currently very intensively making efforts to reduce the stunting rate in Poso Regency by involving OPDs to become stunting foster fathers in several sub-districts where there are stunting cases and various other stunting prevention activities.

From the results of a pre-survey conducted at the Pendolo Health Center in June 2024, the number of stunting in 2021 was 5 people, in 2022 it was 25 people, in 2023 it was 11 people, and in January to May 2024 it was 16 people. From the results of interviews conducted with 5 pregnant women, there were 4 mothers

who had less knowledge about stunting and 3 people did not get enough family support, such as not taking pregnant women to check their pregnancies and not preparing healthy food for pregnant women such as fruits and vegetables because it is considered taboo in their cultur

According to research conducted by (Munanadia 2022), the results of the research and statistical tests obtained, the researcher suggested to officers, namely midwives, to carry out activities in the form of counseling for pregnant women about stunting prevention behavior since 1000 HPK during ANC visits, so that pregnant women at the Panarung Health Center can implement good behavior to prevent stunting from pregnancy [10].

Based on the description above, the researcher is interested in conducting a study entitled "The relationship between knowledge and family support on stunting prevention behavior in pregnant women in the Pendolo Health Center work area, Poso Regency in 2024".

## RESEARCH METHODOLOGY

This research method uses a quantitative descriptive research design with a cross-sectional design, where the independent variables (family knowledge and support) and the dependent variable (stunting prevention behavior in pregnant women) are measured simultaneously. This research approach aims to analyze the relationship between family knowledge and support with stunting prevention behavior in pregnant women in the Pendolo Health Center work area, Poso Regency in 2024.

The scope of the study includes pregnant women in the Pendolo Health Center working area, with a population of 35 people. The research sample was taken using the total sampling technique, which means that all pregnant women who meet the inclusion criteria will be used as respondents.

The conceptual definition in this study includes several main aspects. Knowledge is defined as everything that mothers know and understand about stunting and its prevention. Family support refers to the form of moral and material encouragement given to pregnant women by their families. Meanwhile, stunting prevention behavior is an action taken by pregnant women to prevent stunting in their children.

The data collection technique was carried out using a questionnaire consisting of three parts, namely questions related to maternal knowledge, family support, and stunting prevention behavior. After the data was collected, the data analysis technique used in this study consisted of univariate analysis and bivariate analysis. Univariate analysis was used to describe the frequency distribution of the variables studied, while bivariate analysis used the chi-square test to see the relationship between the independent variables and the dependent variables, with a confidence level of 95% ($\alpha = 0.05$).

## RESEARCH FINDINGS

### Knowledge of pregnant women

From the results of the study on the knowledge of pregnant women in the Pendolo Health Center work area, it can be seen in the table below:

**Table 1.** Knowledge of pregnantwomen

| Knowledge | Frequency | Percentage |
|---|---|---|
| Good | 4 | 11.4 |
| Enough | 9 | 25.7 |
| Poor | 22 | 62.9 |
| Total | 35 | 100 |

Based on Table 1, out of 35 pregnant women, there were 4 pregnant women (11.4%) who had good knowledge. As many as 9 pregnant women (25.7%) had sufficient knowledge, while the majority, namely 22 pregnant women (62.9%), had knowledge that was classified as lacking. Thus, it can be concluded that most pregnant women in this study had a low level of knowledge.

**Family Support**

From the results of the study, family support in the Pendolo Health Center work area can be seen in the table below:

**Table 2.** Family support

| Family Support | Frequency | Percentage |
|---|---|---|
| Less | 18 | 51.4 |
| Enough | 12 | 34.3 |
| Good | 5 | 14.3 |
| Total | 35 | 100 |

Based on table 2, out of 35 pregnant women, there were 18 pregnant women (51.4%) who received insufficient family support. As many as 12 pregnant women (34.3%) received sufficient family support, and only 5 pregnant women (14.3%) received good family support.

**Stunting prevention behavior**

The results of the study on stunting prevention behavior in the Pendolo Health Center work area can be seen in the table below:

**Table 3.** Stunting prevention behavior

| Stunting prevention behavior | Frequency | Percentage |
|---|---|---|
| Less | 29 | 82.9 |
| Enough | 1 | 2.9 |
| Good | 5 | 14.3 |
| Total | 35 | 100 |

Based on Table 3, out of 35 pregnant women, there were 29 pregnant women (82.9%) who had stunting prevention behavior that was classified as lacking. Meanwhile, only 1 pregnant woman (2.9%) had sufficient stunting prevention behavior, and 5 pregnant women (14.3%) showed good stunting prevention behavior.

**The relationship between knowledge and stunting prevention behavior in pregnant women**

The results of knowledge regarding stunting prevention behavior in pregnant women in the Pendolo Health Center work area can be seen in the table below:

**Table 4.** Knowledge of stunting prevention behavior in pregnant women

| Knowledge | Stunting Prevention Behavior | | | | | | Total | | P |
|---|---|---|---|---|---|---|---|---|---|
| | Less | | Enough | | Good | | | | |
| | N | % | N | % | N | % | N | % | |
| Good | 1 | 25.0 | 0 | 0 | 3 | 75.0 | 4 | 100 | 0.001 |
| Enough | 6 | 66.7 | 1 | 11.1 | 2 | 22.2 | 9 | 100 | |
| Less | 22 | 100 | 0 | 0 | 0 | 0 | 22 | 100 | |
| Total | 29 | 82.9 | 1 | 2.9 | 5 | 14.3 | 35 | 100 | |

Based on Table 4, out of 35 pregnant women, there are several categories of knowledge related to stunting prevention behavior. In the group with good knowledge, 1 pregnant woman (25.0%) had poor stunting prevention behavior, while 3 pregnant women (75.0%) showed good behavior, and none had adequate behavior. In the group with sufficient knowledge, 6 pregnant women (66.7%) had poor stunting prevention behavior, 1 pregnant woman (11.1%) had adequate behavior, and 2 pregnant women (22.2%) had good behavior. Meanwhile, in the group with poor knowledge, all 22 pregnant women (100%) had poor stunting prevention behavior.

The chi-square test results showed a p value of 0.001, which means there is a significant relationship between the level of knowledge of pregnant women and stunting prevention behavior (p <0.05). This shows that the knowledge of pregnant women plays an important role in influencing stunting prevention behavior.

**The relationship between family support and stunting prevention behavior in pregnant women**

The results of family support for stunting prevention behavior in pregnant women in the Pendolo Health Center work area can be seen in the table below:

**Table 5.** Family support for stunting prevention behavior in pregnant women

| Family Support | Stunting Prevention Behavior | | | | | | Total | | P |
|---|---|---|---|---|---|---|---|---|---|
| | Less | | Enough | | Good | | | | |
| | N | % | N | % | N | % | N | % | |
| Less | 17 | 94.4 | 1 | 5.6 | 0 | 0 | 18 | 100 | 0.000 |
| Enough | 12 | 100 | 0 | 0 | 0 | 0 | 12 | 100 | |
| Good | 0 | 0 | 0 | 0 | 5 | 100 | 5 | 100 | |
| Total | 29 | 82.9 | 1 | 2.9 | 5 | 14.3 | 35 | 100 | |

Based on Table 5, out of 35 pregnant women, there was insufficient family support, 17 pregnant women (94.4%) had stunting prevention behavior that was classified as lacking, while 1 pregnant woman (5.6%) had sufficient behavior, and none had good behavior. In the group with sufficient family support, all 12 pregnant women (100%) showed insufficient prevention behavior, with no sufficient or good behavior. Conversely, in the group with good family support, all 5 pregnant women (100%) had good stunting prevention behavior.

The results of the chi-square test showed a p value of 0.000, which indicated that there was a significant relationship between family support and stunting prevention behavior in pregnant women (p <0.05).

## DISCUSSIONS

Based on the results of the study, the majority of pregnant women in this study had a low level of knowledge regarding stunting prevention. Of the 35 pregnant women who were respondents, 62.9% had poor knowledge, while only 11.4% had good knowledge. Agustina's (2021) study showed that the level of education of mothers was closely related to their level of knowledge regarding health and nutrition during pregnancy. Another factor that can influence this is limited access to health information [11].

Family support for pregnant women also varies, with 51.4% of pregnant women receiving inadequate support. Rahayu's (2022) study emphasized that family support, especially from husbands, plays a major role in reducing anxiety during pregnancy and increasing the confidence of pregnant women in making decisions related to their health. In addition, communication factors within the family and the availability of resources also influence the quality of support provided [12].

Stunting prevention behavior in pregnant women in this study was mostly still relatively low. As many as 82.9% of pregnant women showed poor stunting prevention behavior. The study by Harahap et al. (2022) stated that a person's health behavior is influenced by cultural factors, personal experiences, information from the media, education, and social environment. Rahayu's research (2022) also emphasized

that good family support plays a role in increasing pregnant women's awareness of the importance of preventing stunting [12], [13].

The results of the bivariate analysis showed a significant relationship between the level of knowledge of pregnant women and stunting prevention behavior. From the group with good knowledge, 75% had good stunting prevention behavior, while in the group with poor knowledge, all showed poor behavior. The results of the chi-square test showed a p value of 0.001 (p <0.05), which means there is a significant relationship between the level of knowledge and stunting prevention behavior. Deviyanti's research (2022) supports this finding, that mothers with low knowledge are more at risk of giving birth to children with stunting due to lack of awareness of nutrition during pregnancy [14].

In addition, the relationship between family support and stunting prevention behavior also showed a significant relationship. As many as 94.4% of pregnant women who received less family support had less stunting prevention behavior. Conversely, in the group with good family support, all pregnant women had good stunting prevention behavior. The results of the chi-square test showed a p value of 0.000 (p <0.05), which means that there is a significant relationship between family support and stunting prevention behavior. Rahayu's research (2022) also found that family support, especially from husbands, has a dominant role in ensuring that mothers live a healthy lifestyle during pregnancy [12].

## CONCLUSION

Based on the results of the study, it was found that there was a significant relationship between the level of knowledge of pregnant women and family support for stunting prevention behavior in the Pendolo Health Center work area of Poso Regency in 2024. The results of the chi-square test showed a p value of 0.001 for the relationship between knowledge and stunting prevention behavior, and p of 0.000 for the relationship between family support and stunting prevention behavior, both of which were smaller than 0.05. This shows that the better the knowledge of pregnant women and the stronger the family support, the better the stunting prevention behavior carried out. Conversely, pregnant women with low levels of knowledge and minimal family support tend to have low stunting prevention behavior. Therefore, interventions that focus on increasing education and family involvement are needed to increase awareness and behavior of pregnant women in preventing stunting.

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