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DESCRIPTION OF STUNTING INCIDENT FACTORS IN CHILDREN BASED ON TRANCULTURAL NURSING IN THE WORK AREA OF HEALTH CENTER

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ABSTRACT
Stunting is a condition in which failure to grow in children under five years old is caused by chronic malnutrition so that the child is too short for his age. The purpose of this study is the known description of stunting incident factors in children aged 24-59 months based on trancultural nurisng in the working area of Kahu Health Center of Kahu District of Bone Regency. This type of research is with a descriptive approach. The results of this study were obtained using questionnaires, with the technique of taking a total sampling sample so that a sample of 49 people was obtained. The results of the study found description of low educational factors (75.5%), high family support factors (57.1%), and low economic factors (98.0%) about the incidence of stunting in children. The age 24-59 months based on trancultural nurisng. The conclusion is the known picture of stunting incident factors in children aged 24-59 months based on trancultural nurisng in the working area of Kahu District Kahu District of Bone.

Keywords: education; economics; family support; stuting

INTRODUCTION
Stunting is a condition in which failure to grow in children under five years old is caused by chronic malnutrition so that the child is too short for his age. Malnutrition occurs since the baby is in the womb and at the earliest after the baby is born. However, the condition of stunting will only appear after the child is 2 years old. According to the Ministry of Health (Kemenkes) stunting is a child under five with a z-score value of less than -2SD / standard deviation (stunted) and less dari -3SD (severely stunted) (National Acceleration Team) Poverty Reduction, 2017).

The age of 24-59 months is the age that is declared a critical period in order to get quality human resources, especially in the first 2 years period of the golden period. For optimal brain growth and development, therefore at this time it needs serious attention. According to the latest publication from the World Health Organization (WHO) in 2018, globally in 2016 as many as 22.9% or about 154.8 million children under five in the world suffered from stunting. In Asia, there are as many as 87 million toddlers who experience stunting, in Africa as many as 59 million, in Latin America and the Caribbean as many as 6 million, in West Africa as much as 31.4%, in Central Africa as much as 32.5%, East Africa as much as 32.5%, East Africa as much as 32.5%., East Africa as much as 32.5%. 36.7% and South Asia 34.1% (WHO, 2018).

The proportion of nutritional status is very short and short from riskesdas results in 2013 decreased, namely in 2013 by 37.2% and in 2018 by 30.8%. And the government also targets that in RPJMN 2019 the figure is reduced to 28%. The prevalence of very short and short toddlers at the age of 0-59 months in Indonesia in 2017 was 9.8% and 19.8%. This situation increased when compared to the previous year, where the prevalence of toddlers was very short

by 8.5% and short toddlers by 19% (Data and Information Center of the Ministry of Health, 2018).

Some factors that are suspected to be the cause of stunting are the mother's pregnancy history which includes the mother's posture (short), the distance of pregnancy that is too close, the number of births. too much, the age of the mother when pregnant is too old, the age of the mother when pregnant is too young (under 20 years) at risk of giving birth to a baby with BBLR, as well as intake Lack of nutrients during pregnancy. Other factors are the non-implementation of Early Breastfeeding Initiation (IMD), the failure of exclusive breastfeeding and the process of early weaning. In addition to some of these factors, socio-economic and sanitary conditions are also related to stunting (Data and Information Center of the Ministry of Health, 2018). The impact of stunting is cognitive, motor, and verbal development in children is not optimal, increased incidence of pain and death, poor posture. Not optimal as an adult (shorter than in general) and less than optimal learning capacity and performance during school (WHO, 2018).

The results of research conducted by Puji (2018), social factors and family support are support that is emotional or psychological, cognitive or informational, material or facilities. Given to the mother in caring for toddlers to achieve optimal growth and development. Research by Bishwakarma (2011), families with good economic status will be able to get better public services such as education, health services, road access, and others. So that it can affect the nutritional status of the child.In addition, the purchasing power of the family will increase so that access to food will be better. Research by Vima Utya Cahyani, et al (2019), the results of the analysis in showing that most respondents have cultural and lifestyle value factors that are not supportive in giving specific nutritional interventions. Respondents who have cultural and lifestyle value factors that are not supportive for health tend to be negative in providing specific nutritional interventions as stunting prevention efforts for son.

There are two that affect the nutritional status of children, the factoror is a direct and indirect factor. Culture is one of the indirect factors that can cause stunting. Existing cultures, traditions, or habits such as abstinence from eating, and the wrong diet can result in nutritional problems, especially for toddlers. Analysis of problems with cultural approaches is needed in an effort to identify the relationship of health problems according to the cultural background to the prevalence of stunting (Adriani, 2012). The concept of Transcultural Nursing is a Sunrise Model or Transcultural Nursing from Leininger (2002), describing cultural diversity and explaining that cultural studies must be comprehensively carried out. The model believes that the value of cultural services, beliefs and practices is irreversible in the culture and social structural dimensions of society, including: context, language and ethnic history (Perry & Potter, 2009).

Kahu District is located in the southern part of Bone Regency and there are 1 village and 19 villages. Geographically kahu subdistrict has a high and low land area. The tribe and culture embraced by the community in Kahu Subdistrict is Bugis. The majority of people have jobs and livelihoods as farmers. In decision-making some people still adhere to the beliefs of their ancestors (grandmothers / grandfathers). Human life is strongly influenced by the natural, social and cultural environment. This is a natural, social and cultural environment that can support human life itself, especially in maintaining and improving its health. It is necessary to study and identify sources derived from the natural, social and cultural environment that have become part of human life with appropriate approaches in solving problems, especially health problems (Sri, 2012).

Based on the problems and data found that the number of children suffering from stunting is anak aged 24-59 months who experienced stunting in the Puseksmas Kahu region in 2018 as many as 2 people, in 2018. In 2019 there were 32 people and in 2020 there were 53. The number of stunting in the Kahu Health Center area each year increases significantly, so researchers intend to conduct research on the picture of factors related to the event. Stunting in children in the working area of Kahu Health Center, Kahu District of Bone Regency.

METHOD

This sting is carried out in the working area of Kahu Health Center of Kahu District of Bone Regency. The research design used is descriptive. The population in this study was all children aged 24-59 months who were in the working area of Puskesmas Kahu Bone Regency in 2020 as many as 53 people. The sample in the study was children aged 24-59 who experienced stunting. Sampling uses total sampling techniques, with a sample number of 49 people who have met the criteria. Primary data is collected by conducting the deepest interviews and respondents using a list of available questions (questionnaires), while secondary data is data obtained from Puseksmas Kahu Kahu District bone district. The analysis used in this study used SPSS by looking at the frequency distribution of each study variable consisting of: maternal education, family support and economics.

RESULTS

Table 1.
Distribution of Respondents Based on Family Support Factors About Stunting Events (n=49)

Mother's Education	f	%
Low	37	75,5
Tall	12	24,5

Table 1, more respondents had a low education of 37 people (75.5%), while respondents who had higher education as many as 12 people (24.5%).

Table 2.
Distribution of Respondents Based on Family Support Factors about Stunting Events (n=49)

Family support	f	%
Low	21	42,9
Tall	28	57,1

Table 2 most respondents have family support in the high category of 28 people (57.1%), while respondents who have family support in the low category as many as 21 people (42.9%).

Table 3.
Distribution of Respondents Based on Econometric Factors About Stunting Events (n=49)

Economics	f	%
Low	48	98,0
Tall	1	2,0

Table 3 majority of respondents have an economic level in the low category of 48 people (98.0%), while respondents who have an economic level in the high category as much as 1 person (2.0%).

DISCUSSION

Educational factors

The results of this study obtained that the picture of educational factors about the incidence of stunting in children aged 24-59 months based on trancultural nurisng in Wilayah Work Puskesmas Kahu District Kahu Regency Bone can be seen from table 4 where maternal education is more in the lower category which is 75.5% compared to maternal education in the higher category of 24.5%. The results of this study are in line with the stinginess conducted by Eko Setiawan (2018), where mothers who have a low education and have children who experience child stunting events as much as 35.4% while mothers who have a higher education and have children stunting incidence as much as 5.3%. Research conducted by Dedeh Husnaniyah (2020), explained that of 134 educated respondents who were not in school 6 (375%) people, Elementary School (elementary) 67 (50%) people, junior high 30 (33.3%) and children experienced stunting events.

Stunting in children often occurs in mothers who have a low education. This is because in the community is still developingthe thought that education is not important and related to support from families to pursue higher education that is still not important. maximum. Indirectly the level of education of the mother will affect the ability and knowledge of the mother regarding health care, especially in understanding knowledge about nutrition. This also causes a lack of ability of mothers to choose foods at low prices with balanced nutritional value and quality, because of foods that have nutritional value. Good quality does not have to be obtained from expensive foods, many foods at low prices have a cauldron and good nutritional value needed by the body (Subarkah, Nursalam, Rachmawati, 2019).

Parenting is a child's basic need to grow and develop optimally. In the toddler years, the child is still completely dependent on the care and treatment by his mother. Health care and food in the first year of life are very important for a child's development. Parenting is not always the same in every family. This is influenced by factors that support it, including the back of maternal education, maternal work, maternal nutritional status, number of children in the family, and so on. Differences in maternal characteristics that result in different parenting patterns that will affect the nutritional status of the child. Some studies have found that a mother's educational status determines the quality of her parenting. Highly educated mothers will certainly be different from low-educated mothers (Supanto, 1990 in Anindita Putri, 2012). According to the theory of Transcultural Nursing by Leininger (2002), the higher the client's education, the client's confidence is usually supported by rational scientific evidence and the individual can learn to adapt to the client. Culture that suits their health condition. A good level of education will result in good knowledge and from good knowledge will influence good behavior.

‘In this study, maternal education related to the mother's ability to receive information about nutrition and health. Formal maternal education affects the level of maternal knowledge where the higher the level of maternal education, the higher the level of maternal knowledge to absorb knowledge in the environment. Formal and non-formal, especially through mass media, so that mothers in processing, presenting, and dividing information according to needs. In addition, there is also a lack of information obtained by mothers, where information is only obtained from health workers while other information such as mass media, mothers are less get it. Karen is the area where the mother lives which is still classified as rural. While the facilities and infrastructure contained in the countryside are relatively limited, causing a lack of information obtained by mothers about stunting prevention.

Family Environment Factor

The results of this study obtained that the picture of family support factors about stunting events in children aged 24-59 months based on trancultural nurisng in the Working Area of Kahu District Kahu District Bone can be seen from table 5 where family support in the high category is mostly 57.1% compared to family support in the low category of 42.9%. The results of this study are in line with research conducted by Tintin Sukartini (2020), out of 150 respondents, 59 respondents (40%) have less family and social support. in caring for and meeting the nutritional needs of children ranging from pregnant women to childbirth, good family support 35 respondents (23%) and sufficient family support as much as possible 56 (37%).

Research conducted by Nur Puji (2018) most respondents received good family and social support in caring for and meeting the nutritional needs of children by 64%, adequate family support (23%). and less family support 13%. The support that the mother receives is from the family and health workers in caring for and meeting the nutritional needs of the child. Family support is the ability of families and communities to provide time, energy, attention and support in meeting physical, mental and social needs. Family support includes family attention / support for the mother in feeding, psychosocial stimulation and health practices of her toddler (Cahyani, et al, 2019).

Family support is classified into 4 types, namely: a) emotional support: support in the form of expressions of empathy, care and concern for the person concerned.b) Appreciation support: Support in the form of expressions of respect or positive appreciation for that other person, forward encouragement or consent with the idea of individual feelings and comparison of the person to another person e.g. that person less able or worse or increase self-esteem.c) informative support: support in the form of health giving, advice, information and instructions. d) Instrumental support: Support in the form of direct assistance for example by providing money loans to people in need or helping by giving jobs to people who do not have a job (Nursalam et al. . , 2017). Family and social support is needed as a strategy to improve the resilience of patients' self-esteem in care (Jang et al. , 2017).

Based on these researchers, researchers found on the ground that the higher the family support (cognitive and material support) provided will improve health status, so that the incidence of stunting can be lowered. Family support in the proper growth and development of children is needed, especially the culture of Indonesian society that is still collective, namely family and community. It also plays a role in the pattern of child management, especially in the management of infants and the massage community plays a role in the pattern of child management, especially in the care of toddlers.

In social support, the number of respondents had the highest answer that always received support from families to be questioned about the status of growth and development of children with health, namely 23 people (46.9%) and those who The lowest is the family memotifasi and encourages mothers to meet the nutritional needs of children under five every day with a balanced menu (side dishes, rice, vegetables, fruit, and milk). That's 6 people (12.2%). In the cognitive development, the number of respondents has the highest answer, namely sometimes knowing the development that should be achieved according to the age of the child (Gross motor, fine motor, language). Social, which is as many as 31 people (63.3%), and the lowest is that the family never knows about the growth that should be achieved according to the age of the child (height and weight) that is 3 people (6.1%).

In material support, the highest respondents' answers were that families always played an active role in every treatment for children under five, namely 27 people (55.15). While the lowest number of respondents, namely the family never provides the cost to come to health services and and the family never helped provide food. Bergizi, supplements and additional vitamins for children under five are only 1 person (2.0%).

Economic Factors

The results of this study obtained that the economic factor picture of stunting events in children aged 24-59 months based on trancultural nurisng in the Working Area of Kahu Health Center of Kahu District of Bone Regency It can be seen from table 6 where the majority of families have a low economy of 98%, while the economy is high as much as 2%. The results of this study are in line with those conducted by Nadia Nabila Larasati (2018), that from families who have low economic status and experience stunting events as many as 58 respondents (76.3%), while families Who have high economic status and experienced stunting events as many as 18 respondents (23.7%).

Research conducted by Eko Setiawan (2018), that families who have income below umr and experience stunting incidents as many as 6 people, while families who have income above UMR and did not experience stunting incidents as many as 45 people. Low economic status is considered to have a significant impact on the likelihood of children becoming underweight and malnourished and causing short children (UNICEF, 2013). According to Rahmad (2016), said that stunting events that occur in children under five are caused by low family income. Families with good economic status will be able to get better public services such as education, health care, road access, and others so that it can affect nutritional status of the child. In addition, the purchasing power of the family will increase so that the family's access to food will be better.

Based on the theory of Transcultural Nursing by Leininger as quoted by Giger (2013) said someone will use the sources of material owned to finance his illness to recover soon. Economic status includes income in the family, other sources of income, health insurance as well as other income (Yunitasari, Permanasari and Pradanie, 2010). Transcultural nursing theory states that health behaviors are formed from a variety of factors that work together (Leininger M. 2002). Income will affect the family lifestyle. Families that have good economic status will practice a mean and more consumptive lifestyle compared to families with low economic status (Jang M, et al, 2017). Based on the description above, researchers found on the ground that low socioeconomic status is a risk factor for stunting events in children under five Family income related to appearance. These households in meeting the needs of life both primary, secondary, and tertiary. High family income makes it easier to meet the needs of life, while low family income better understand the difficulties in meeting the needs of life. Low income will affect the quality and quantity of food consumed by the family.

CONCLUSION

The factors Stunting Incidence in Children aged 24-59 Months in the Work Area of Puskesmas Kahu Bone Regency is more low education as many as 35 people (75.0%), mostly high family support 28 people (57.1%), and the majority of low economies as many as 48 people (98.0%). Researchers concluded that the cause of stunting events was influenced by maternal education, family support, economy, knowledge, parenting and employment. It is recommended that the mother maintains the intake of nutrients ranging from the mother's pregnancy to the birth of the baby given nutritious food to prevent the occurrence of stunting events in the child.

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