

ANALYZE ROLE OF THE ASCRIPTION OF RESPONSIBILITY ON THE CAUSATIVE FACTORS AND EFFORTS TO PREVENT STUNTING IN TODDLERS IN BALONGPANGGANG DISTRICT GRESIK

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Abstract. The results of the Indonesian Basic Health Research noted that the prevalence of stunting in 2018 was 30.8%, 2019 as many as 27.67%. Because the percentage of stunting events in Indonesia is still very high and the health problems of children and toddlers should be addressed. The aims of this research to analyze the Role of the Ascription of Responsibility on the causative factors and efforts to prevent stunting in toddlers, because it is based on the high cases of short and very short children in the working area of the Dapet Public Health Center, Balongpanggung District, Gresik. There are 238 sample, consist of : 4 Posyandu Cadres, 2 health workers. 2 Lectures and 230 toddler mother with stunting 115 sample and non stunting 115 sample. The statistical test used in this study was an exact fisher test with a significant rate of 5%. Role of parents variable is a significant variable, with sig 0,041 so it can be concluded that there is a significant and meaningful relationship or comparison between parent role variables and stunting, especially toddler mothers. On parent role variables, researchers analyzed the factors of the most comparison on parent role variables. Based on calculations using Kendall Tau test statistics, the following results were obtained. There are comparison between exclusive Breastfeeding and Breastfeeding Companion Food with stunting incidents in children aged 12-59 months Balongpanggung district Gresik. Provide education to pregnant women when visiting the Public Health Centre Balong Panggang and Polindes in order to consume PMT that has been given. Provide education to women, about nutrition in order to prepare nutrition during pregnancy well so as not to occur deficiency carbo during pregnancy.

Keywords: role ascription of responsibility; stunting toddler; causative factors; efforts to prevent

I. INTRODUCTION

United Nation member states have targets Sustainable Development Goals (SDGs), set to materialize by 2030 that is end hunger, maintain adequate nutrition, and ensure access to food for all, these goals are planned together to overcome malnutrition or over nutrition and neglect of children under five years, handle the nutritional needs of teenage girls, pregnant and lactating women, and elderly. until 2020 Global Hunger Index (GHI) there are 690 million people in the world suffer from malnutrition, there are 144 million children suffering from stunting and 47 million children suffer from wasting [1].

GHI measures and tracks hunger at global, regional and national levels through four indicators: (1) Insufficient calorie intake (malnutrition); (2) Acute malnutrition (characterized by children with less than normal body weight); (3) Stunting (children with less than normal height); (4) mortality rate of children under 5 years of age. In 2020 there are around 162 million children under the age of five experiencing stunting [2]. According to UNICEF, 80% of stunted children are found in 24 developing countries in Asia and Africa. Indonesia is the fifth country that has a prevalence of stunting children highest after India, China, Nigeria and Pakistan [3].

Stunting or chronic malnutrition is another form of growth failure, which is one of the problems that hinders human development globally. Stunting is a cumulative process and is caused by inadequate intake of nutrients and / or recurrent infectious diseases, can occur before birth and is caused by very poor nutritional intake during pregnancy, very poor food parenting, low quality of food in line with the frequency of infection so that it can inhibit growth [4]. A child is categorized as stunting if the Z-score of body length or height according to age (PB/U or TB/U) is <-2 SD [5]. Stunting events that occur in children can cause low cognitive function and psychological functioning at school. In addition, stunting can also cause long-term health losses, and in adulthood can affect work productivity, WHO, 2014 in Sari E.M. [6].

According to WHO, the prevalence of short infants become a matter of public health if the PR significance is 20% or more. The results of the Indonesian Basic Health Research noted that the prevalence of stunting in 2018 was 30.8%, 2019 as many as 27.67%. In several Southeast Asian Countries, is also highest compared to Myanmar (35%), Vietnam (23%), Malaysia (17%), Thailand (16%) and Singapore (4%) [3].

In East Java, the prevalence of stunting under five in 2018 was 32.81%, And based on the Electronic Community-Based Nutrition Recording and Reporting (EPPGBM), as of

July 20, 2019 the prevalence of stunting under five in East Java reached 36.81%, this prevalence rate is higher than the national prevalence [7]. (Marzuki, 2019) There are 12 regions in East Java that are included in the stunting management treatment, namely: Bangkalan, Sampang, Pamekasan, Sumenep, Jember, Bondowoso, Probolinggo, Nganjuk, Lamongan, Malang, Ternggalek, dan Kediri [8]. In Gresik Regency, the prevalence of stunting under five in Gresik Regency in 2018 was 12.4%, 11.1% 2019 or around seven thousand children. Compared to other areas in Gresik Regency, Balongpanggang District, precisely in the working area of the Dapet Health Center, there are stunting sufferers with the highest number, the number reaches 19.17%, namely 1342 children [9].

The adverse effects of stunting in the short term are: disruption of intellectual brain development, impaired physical growth, and metabolic disorders in the body. While in the long term is a decline in cognitive abilities and learning achievement, Decreased immunity, making it easier to get sick, and a high risk of developing diabetes, obesity, cardiac disease and blood vessel, cancer, stroke, and disability in old age, and uncompetitive work quality which results in low economic productivity [10].

Some of the literature that examines the factors that can influence the incidence of stunting has been carried out by G Apriluana, S Fikawati [11] (1) that the nutritional status factor with birth weight <2,500 grams has a significant effect on the incidence of stunting in children and have the risk of experiencing stunting is 3.82 times, (2) The mother's education factor has a direct influence on significant to the incidence of stunting in children and have a risk of experiencing stunting as much as 1.67 times., (3) The household income factor low was identified as a significant predictor for stunting in toddlers by 2.1 times. According to research conducted Putri [12] the result is: Stunting is directly affected by infectious diseases and nutritional deficiencies, The inability of the head of the family to meet the nutritional needs of the baby, both in quality and quantity, has a negative impact on the baby. Results of research conducted T Danefi & A N Nurfalih [13] show that toddlers who are exclusively breastfed grow more into normal toddlers rather than growing into stunting toddlers. This shows exclusive breastfeeding assist toddlers in achieving standards of growth and development. while the results of research conducted NC Ratu, Punuh & Malonda [14] (1) There is a significant relationship between maternal height and the incidence of stunting. (2) There is no significant relationship between father's height and the incidence of stunting.

Programs to prevent stunting in Gresik. The head of the Gresik Health Office, drg Saifudin Ghozali said the four programs were: (1) Umpan Segar (an effort to create PKPR Poli so that teenagers are healthy and fresh). (2) Senar Kuat (consultation on nutrition and reproductive health at any time), (3) Tangkap Bandeng (follow the growth and development of toddlers with SDIDTK). (4) Cafe (prevent anemia with FE tablets) [9]

With these facts, where the prevalence of stunting is still high, and have an impact on increasing the incidence of morbidity and mortality, then the writer wants to research more about the role of Ascription of Responsibility on the factors causing and efforts to prevent stunting in toddlers because it is based on the high cases of short and very short children in the working area of the Dapet Public Health Center, Balongpanggang District, Gresik

1. Ascription Of Responsibility

Ascription Of Responsibility is an opinion, perception or assumption about who should be responsible for something [15]. In psychology ascription of responsibility can be interpreted as a person's tendency to carry out his authority and responsibility in every dimension of life explicitly. The purpose of this concept is to measure a person's willingness to assume responsibility specifically and broadly.

Ascription Of Responsibility is a person's assumption of another person / other party who is more responsible for something that happens. AOR is a value that is in every person and often appears when that person is faced with something that requires an assumption of responsibility. So it can be concluded that the ascription of responsibility is an assumption about who is more authorized and responsible for a thing or an assumption about who is more authorized and responsible for doing something [16].

2. Stunting

According to WHO, Stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standard median [17]. Stunting is the most prevalent form of child malnutrition, affecting millions of children globally [18]. The likelihood of good child development increase with maternal education and decrease with stunting. The risk of stunting decrease with with birth length and maternal height, and increase with maternal age less than 20.y.o or more than 35 y.o. at a pregnancy [19].

There are several factors that cause stunted in the world. According the results of research conducted K Berhe, Seid, Gebremariam, A Berhe and Etsay [20]. The factors associated with stunting among children aged 6 to 24 months are no formal education in mother, mother height less than 150cm, low BMI of the mother, low birth weight, low WHO DDS, number of under 5 children in the household and repeated diarrheal. Research result K Ni'mah and SR Nadhiroh [21]. There was a relationship between birth length, exclusive breastfeeding, family income, mother's education and mother's nutrition knowledge with stunting among children under five. Complete basic immunization, feeding practice parenting, low birth weight and iodized salt are risk factors for stunting and have a significant relationship with stunting [22].

3. The Ascription of Responsibility for Causative Factors and Prevention Stunting

Regulation of the Minister of Health regarding the prevention of nutritional problems for children due to

disease : (1) The central government and local governments are responsible for the management of nutrition problems for children due to disease, in an integrated and sustainable manner (2) prioritized for diseases that require special efforts to save life and have the greatest impact on the incidence of stunting [23]. Government's role in accelerating stunting reduction through improving public health and nutrition services included in the 2019 National Priority: Human development through poverty reduction and improvement of basic services [24]. The role of the Provincial Government is to coordinate the involvement of non-government institutions to support convergence actions to accelerate stunting prevention. What is meant by convergence is an approach to delivering interventions that are carried out in a coordinated, integrated and joint manner to prevent stunting to priority targets [24]. The role of the Regency/City Government is to improve service management for priority nutrition interventions, especially in locations with high prevalence, and ensure that priority targets obtain and utilize the intervention packages provided, including optimizing resources, funding sources and updating data [24]. While the Village Government conducts convergence in planning, budgeting, village development programs and activities to support stunting prevention, as well as ensuring that each priority target receives and utilizes priority nutrition intervention service packages, the implementation of activities is carried out in collaboration with the Human Development Cadre (KPM), assistant to the Family Hope Program (KPH Officer). Public Health Centers (Puskesmas) and Village Midwives and family Planning (KB) officers [24]. Khofifah (The Governor of East Java) said: Midwives are the spearhead of maternal and child health, not only regarding maternal and infant mortality, but also related to stunting prevention. Efforts to prevent stunting should be carried out from the time the baby is in the womb, midwives must accompany and control the growth and development of the fetus until birth and through the first 1000 days of life [7].

The convergence set by the government in handling stunting prevention has similarities with the Penta Helix concept where the involvement of five elements, namely elements of the government, society or community, academics, entrepreneurs, and the media in national development. Ditjen Dikti ready to mobilize the existing potential to support stunting reduction. One of them is the Kedaireka platform that can be used for collaboration with penta helix stakeholders, apart from the government as well as academics, both public and private to achieve the goal of reducing stunting [25]. Furthermore, the General Chair of the Indonesian Nutrition Institute explained the importance of the role of universities in efforts to reduce stunting. Universities play a role in maintaining the sustainability of stunting reduction programs, providing scientific evidence to program implementers, strengthening the capacity of district/city governments, and providing assistance in developing effective intervention models, as well as good practice learning materials [26].

There have been many research studies conducted by academics, the results of which have been implemented in

prevention of stunting. The role of academics in stunting prevention. As stated in the Tri Dharma Higher Education activities, namely Education, Research and Community Service, which are implemented in improving the quality of nutrition, improving the quality of the profession -> competence of prospective nutritionists, Being a reference material for solving problems based on research results Dewi A. D. [27].

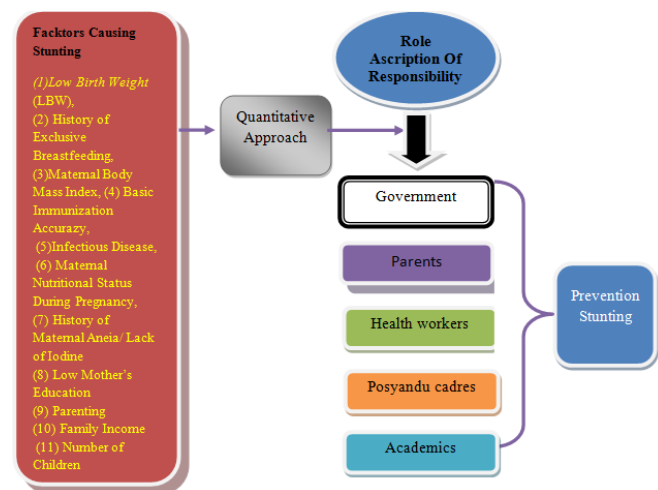
Government involving multi-sectoral, not only the Ministry of Health but with the National Population and Family Planning Agency in preventing stunting is the right step. Strengthening in the KKBPK program related to the campaign to regulate birth spacing of at least 24 months, intensified as a stunting prevention campaign. The campaign can be turned into a National Movement that involves cross-sectors [28]. While according to F S Hati, Pratiwi [29] There is an effect of providing education on child growth and development stimulation on the provision of stimulation for children with stunting aged 1-3 years. For children's motor development, there is a stimulation role provided, therefore Posyandu facilities can be empowered to participate in providing developmental stimuli by providing games and providing knowledge about nutrition to mothers or caregivers (if the mother works), so that if there is a delay in growth and development, it can be detected earlier. so that if there is a delay in growth and development, it can be detected earlier. The risk of stunting increases with maternal height <150 cm, birth length <48 cm, and large family size. Posyandu has a sizeable contextual effect on stunting [30].

From research results Rahmawati, et.,al. [31] The importance of improving the family role by involving the family to meet the daily nutritional intake of toddlers so as the stunting case can diminish. While research Nur Hidayah, et.,al. [32] concluded, Three factors dominant of parenting have influence to stunting in Lebong are utilization of health services, level of mother knowledge and psychosocial stimulation. The Model of controlled stunting risk factors in Lebong can be done through family empowerment aimed at the individual, community and health service levels.

II. RESEARCH METHODS

This researchers used a quantitative method, the aims of this research to analyze the Role of the Ascription of Responsibility on the causative factors and efforts to prevent stunting in toddlers. The research samples were Government (Public Health Office), the Parents of Toddlers with stunting, Health Workers in Public Health Center in Balongpanggang District (Nutritionists and Coordinating Midwives), Posyandu Cadres, and Academics. The variables in this study are Government (X1), Parents (X2), Health Workers (X3). Posyandu Cadre (X4), Academics (X5) as independent variable and factors that cause stunting as dependent variable. For Government variables, the indicators are policies and regulations of the central government to village governments, variable parents are parents who have stunting children, variable health worker indicators are Nutritionists and Coordinating Midwives, Posyandu Cadre variable

indicators are volunteers who move posyandu activities, Furthermore, the Academics variable is the lecturers as researchers and community servants. Data collection instruments, with primary and secondary sources namely quistioner, observation, in-depth interviews, the questionnaire was prepared using a Likert scale with five alternative answers. Document review, used to find information or collect secondary data related to the main problem regarding the role of the Ascription of Responsibility on the causes and prevention of stunting. There are 238 sample, consist of : 4 PosyanduCadres, 2Health Workers 2, Lectures and 230toddler mother with stunting115 sample and non stunting 115 sample. The statistical test used in this study was an exact fisher test with a significant rate of 5%.If the P value <0.05, then the calculation then there is a significant and meaningful relationship or comparison between the two variables namely free variables and bound variables.Whereas if P value >0.05 means no meaningful relationship and comparison between the two variables.



Picture 1 : Operational Framework

III. RESULTS AND DISCUSSION

The variables in this study are Government (X1), Parents (X2), Health Workers (X3). Posyandu Cadre (X4), Academics (X5) as independent variable and factors that cause stunting as dependent variable. The statistical test used in this study was an exact fisher test with a significant rate of 5%. Some questions on the questionnaire tested their validity and reliability, and the results of the questionnaire have been valid and reliable.

Table 1. the results of bivariate analysis

Variabel	Uji Sig	Conclusion
Government	0,235	Non Sig
Parents	0,041	Sig
Health Workers	0,345	Non Sig
Posyandu Cadre	0,082	Non Sig
Academics	0,654	Non Sig

Source : Spss Data

The result of Analysis Bivariat, show that role parent variable is a significant variable, with sig 0,041 so it can be concluded that there is a significant and meaningful relationship or comparison between parent role variables and stunting, especially toddler mothers. On parent role variables, researchers analyzed the factors of the most comparison on parent role variables. Based on calculations using Kendal Tau test statistics, the following results were obtained.

Table 2. Comparison Between Eksklusif Breastfeeding and Stunting

Eksklusif Breast feeding	Stunting and Non Stunting				Summary		P value
	Stunting		Non Stunting		N	%	
	N	%	N	%			
Non Eksklusif Breastfeeding	91	79,1%	84	73,0%	172	74,78%	0,048
Eksklusif Breastfeeding	24	20,9%	31	27%	58	25,22%	
Total	115	100%	115	100%	230	100	

Source: SpssData

Kendal Tau test statistics show p-value= 0.048 (p< 0.05). So H0 denied H1 was accepted, so it can be concluded that there is a relationship between exclusive breast milk and stunting incidents in children aged 12-59 months Balongpanggang district Gresik.

Table 3: Comparison Between Breastfeeding Companion Food and Stunting

Breastfeeding Companion Food	Stunting				Summary		P value
	Stunting		Non Stunting		N	%	
	N	%	N	%			
Less	27	23,5%	16	13,91	43	18,70%	0,018
Average	37	32,2%	78	67,82	115	50%	
Good	51	44,3%	21	18,26	72	31,3%	
Sum	115	100%	115	100%	230	100	

Source: SpssData

Kendal Tau test statistics show p-value= 0.018 (p><0.05). Therefore, H1 was rejected H0 accepted, so it can be concluded that there is a link between the provision of Breastfeeding Companion Food and stunting incidents in children aged 12-59 months in Balongpanggang subdistrict Gresik.

The results of this study are in line with Purbowati [33], stunting prevention efforts need to be improved to reduce stunting incidence and prevent the impact caused. The role of parents is very important by providing exclusive breast milk, proper MPASI, and maintaining sanitary hygiene so that from an early age toddlers get adequate nutritional intake and avoid infectious diseases.

The results of other studies Dewi N. W. [34] also mention that the role of parents, especially mothers, is very important in the fulfillment of children's nutrition because at the age of toddlers there is rapid growth and development, so parents should pay attention to the fulfillment of nutrition that suits the needs of the child.

The results are in line with the research conducted by Latifah, Purwanti, & Sukamto [35] which states that stunting

event factors one of which is exclusive breast milk, in his research conducted in posyandu Bangunsari Wagir Kidul working area of puskesmas Pulung Ponorogo district. The results showed that 42 children (87.5%) who are classified as getting exclusive breast milk and 6 children (12.5%) who are classified as not getting exclusive breast milk.

IV. CONCLUSION

Role of parents variable is a significant variable, with sig 0,041 so it can be concluded that there is a significant and meaningful relationship or comparison between parent role variables and stunting, especially toddler mothers. There are comparison between exclusive breast milk and stunting incidents in children aged 12-59 months Balongpanggung district Gresik. There are comparison between the provision of Breastfeeding Companion Food and stunting incidents in children aged 12-59 months in Balongpanggung subdistrict Gresik

Academics with the Government and Health Workers are campaigning for the importance of exclusive breastfeeding for infants 0-6 months. Health workers provide education to mothers about nutrition so that they can prepare nutrition during pregnancy properly so that constipation does not occur Chronic Energy Deficiency (KEK) during pregnancy. Health workers provide education to pregnant women when visiting the Balong Roast Health Center and Polindes to consume PMT that has been given in accordance with nutritional adequacy. The government's program in providing PMT to toddlers should be monitored for its implementation. Academics with the government and health workers provide training to posyandu cadres on the impact of stunting so that cadres are more skilled and can disseminate information about stunting.

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