

## Culture Of Self-Efficacy And Mental Health Against Stop Stunting

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### Abstract

Stunting is enough problems quaint for developing countries including Indonesia. The reason is that stunting is a problem of chronic malnutrition. This caused intake deficiency nutrition in children, especially toddlers, for quite a long time. Practically, the Can result in disturbances in growth nutrition in children, starting with more height short from standard as well as no weight growth. efficacy and also mental health improvement from a moderate mother's breast-feeding role alone. Study This is its own objective. To use knowledge about influence from efficacy self and mental health coaching against behavior from the mother inside prevention stunting problem. The method of research used is quasi-experimental, with a pre-test, post-test, and control group design. The result of the study showed a difference in behavior as well as efficacy before as well as after treatment in the second group with a p value of 0.05. Study This gives the conclusion that there is influence from mental health coaching and also modules on behavior and efficacy from self to mother.

Keywords: Culture, Mental Health Coaching, Self-Efficacy, Stunting.

### INTRODUCTION

The World Health Organization, or WHO, stated that in 2020, there will be about 149.2 million children below 5 years old experiencing what is called stunting. Meanwhile in Indonesia,

precisely in South Sulawesi, according to the Ministry of Health's SSGI results, or The Indonesian Nutrition Status Survey, South Sulawesi recorded a prevalence of stunting of up to 27.2% in 2022. South Sumatra Province is in 10th place on the rate of prevalence of stunting in toddlers in Indonesia.

Notes: This is down by 0.2 points from last year (2021). In that year, South Sulawesi recorded a prevalence of toddlers who are stunted of 27.4%. In this year 2022, There are around 14 regencies in South Sulawesi that have a prevalence rate above the average rate in the province. While 10 districts or cities register below average prevalence, Jeneponto has become a district that has noted the prevalence of toddlers who have sufficient stunting. Recorded prevalence among toddlers reached 39.8%. Nai 1.9 points from notes on the prevalence of stunting in toddlers from 2021 with notes by 37.9%. Tana Toraja will come in second with a 35.4% note. While the lowest is Regency Barru and Makassar City. Barru records a prevalence of about 14.1%. While Makassar has a prevalence of 18.4%.

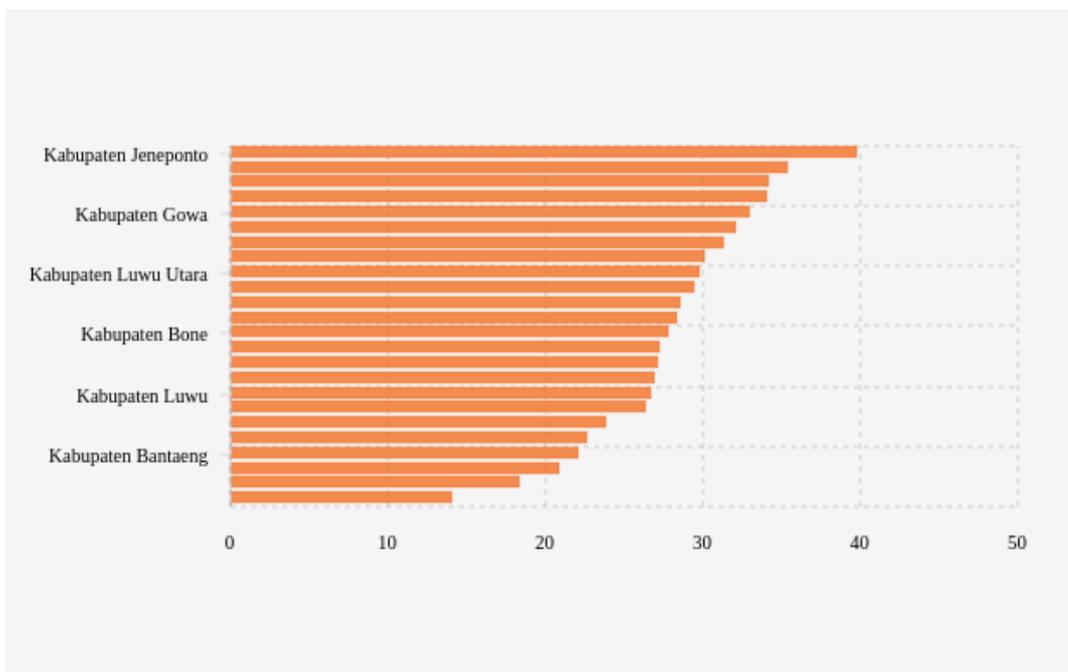


Figure 1. Stunting data in Makassar Province

Stunting occurs in toddlers on average due to a lack of nutrition since pregnancy. At a minimum, information regarding IMD, or early initiation of breastfeeding, as well as giving exclusive breastfeeding, not yet existing fulfillment nutrition, and

appropriate and nutritious MPASI during infancy 6 (months old), will be the main problem, according to the Ministry of Health.

That's enough to give influence to stunting, which is a factor from the mother. According to the narrative from Aulia (2021), there is a correlation between stunting and education, knowledge until efficacy, and self-efficacy from moms who breastfeed, as well as influence from mental health from mothers who breastfeed. Education from new mothers gives birth to This own influence on behavior as well as attitude toward nutrition and nutrition for children.

Mother's level of education gives influence to understanding, analysis, and accessibility from moms who breastfeed, which influences effort in fulfilling proper and good nutrition for babies. Efficacy, self-owned by mothers who breastfeed, is one factor important in the formation of behavior and nutrition in children. efficacy self that's very good in supporting formation behavior and can increase health for the mother as well as the baby. Health coaching methods that can help this mental health factor Can give a number of effective responses from presentation education to moms breastfeeding.

#### **LITERATURE REVIEW**

Stunting is A condition in toddlers who have a height or body length below the WHO standard or no standard in accordance with age. Toddlers who experience stunting can have trouble reaching the appropriate cognitive and physical development standard from the WHO, according to the Ministry of Health. Based on the Decree of the Minister of Health No. 1995/MENKES/SK/XII/2010 regarding Standard Anthropometry for the Assessment of Children's Nutritional Status Temporary understanding of a long body or a child's height Alone is nutritional status for toddlers based on body length index by age, or PB/U, or Height according to age, or TB/U.

Toddlers who experience stunting and a short body shape This is a toddler whose nutrition is below the average of WHO standards. The value of the Z score is not enough: -2. And will be called very short if the Z Score is not enough to be -3. This was disclosed by the Ministry of Health regarding stunting.

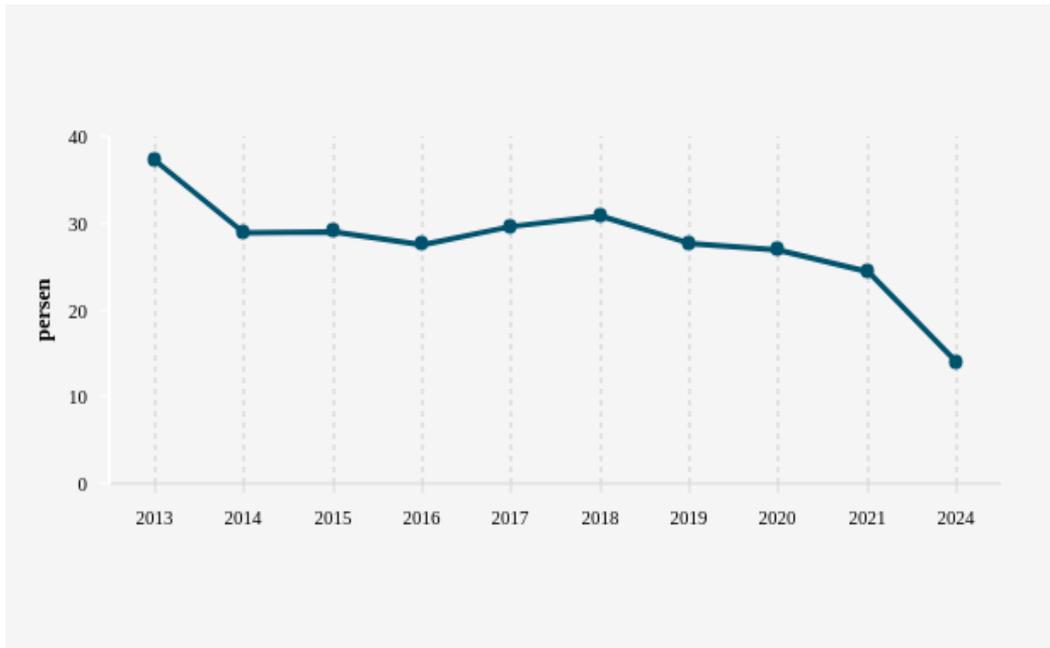


Figure 2. Estimated Stunting in Indonesia until 2024

Diagnosis and classification of stunting itself as A condition experienced by toddlers with below-height standard deviation, or SD, i.e., -2, as appropriate with the median standard from WHO, experience slowdown in development since birth. The average number of babies born have normal body length if the body length is in the area of 48 to 52 cm long.

Neck length of the baby short Of course, just get enough influence from nutrition, including nutrition provided when still inside the body and when entering breastfeeding. Determination intake is, Of course, just Enough important inside to meet targets for chase body length to be in the ideal line. intake of a good diet and nutrition. Of course, just giving the possibility that a baby Can get ideal growth and development.

Birth weight, body length, and age of pregnancy, as well as pattern foster, become factors important inside and give influence to stunting if factors are fulfilled with ok. Birth length is A risk that occurs in infants and an opportunity to get stunted. Experienced developmental obstacle that can be seen when a child Already starts entering 2 years old.

Evaluation regarding nutritional status in toddlers is often done with the use of anthropometry. Evaluation of the own correlation with various types of measurements of body and composition as well as dimensions made from various levels of

nutrition and age Anthropometry: normal worn To use, see if there is a balance or No from intake of protein and also energy inside the body.

Index anthropometry is often used with heavy worship according to age, or BB/UU and also according to height age, or TB/U. Besides that reference from according to weight, height, or weight / height with put forward standard deviation of Z units or Z-Score to be served results from measurement anthropometry where the Z Score is not enough of -2 Standard Deviation up to -3.

Stunting can be detected when a toddler is weighed for weight and also measured for length as well as height. Then the results will be juxtaposed with references from WHO. If it is at the lower bound, then the toddler's potency is stunted. Kindly note that the physique of toddlers who have stunting symptoms is below normal and overly short compared to toddlers in general. Calculation with the Z Score issued by the WHO becomes a reference for new mothers giving birth as well as public health centers until they become sick.

Classification of nutritional status according to PB/U and also TB/U of the child according to WHO itself based on standard Anthropometry as follows:

**Table 1. Nutritional Status according to WHO**

Index	Nutritional Status	Minimum Limit
Correct body length Age (PB/U) or Height accordingly Age (TB/A)	Very Short	< -3 sd
	Short	-3 SD to < -2 SD
	Normal	-2 SD to 2 SD
	Tall	>2 SD

A baby's low birth weight is one of the factors that contribute to stunting. Where born, babies usually have less weight than 2.5 kg. Babies who have a birth weight of less than 2.5 kilos will face obstacles to the process of growth and development. And this, of course, can cause decline in function on the side of the intellectual. And also, babies will be more likely to catch hypothermia and infection.

Babies weighing less than 2.5 kg are at risk of experiencing growth disruption, stunting, and even death. Aside from that, the risk of becoming short can only occur if the situation is not handled properly. Research conducted by Tiwari (2014) states

that heavy kid body less , have remote risk more tall compared to with heavy baby body Already in accordance with WHO standards.

Birth weight has a sufficient correlation with development as well as the growth period of children and toddlers too. A number of studies have already carried out the research process and come to the conclusion that there is a correlation between baby weight at birth and stunting.

exclusive breastfeeding Alone, they have a very vital function to prevent stunting. Breastfeeding should be continued until the baby is 6 months old. And so for 6 months, the baby does not get food or drink anything other than breast milk. Good, that's water, formula milk, and also vitamins or drugs, and exclusive breastfeeding Can prevent stunting. Mother's milk has a sufficient role in providing important inside nutrition for babies. Consumption of breast milk can increase immunity in a baby, which can increase the risk of disease and infection.

ASI has sufficient mineral content. However, within 6 months, the need for minerals is increasing. Mineral levels in breast milk have the ability to be absorbed by the body, especially babies. The main minerals in Mother 's Milk are calcium and Calcium Alone plays an important role inside the growth and development frame and network muscle as well as the transmission network nerves. Besides that, freezing blood Can be one function of calcium inside the body.

Calcium becomes a major factor in the growth of babies, especially on the aspect of height possessed by ASI, so have an appropriate height with the standard from WHO. And especially can be spared from stunting risk. Continuous breastfeeding for 2 years Of course, just have a very high contribution to intake from nutrition and nutrition for babies. From several studies obtained, it appears that there is a correlation between exclusive breastfeeding and stunting incidents in toddlers 2 to 3 years. Breast milk becomes appropriate nutrition with the needs of the baby.

Stunting incidents occur as a consequence of weight at birth, intake of nutrition, and nutrition from toddlerhood until breastfeeding. Besides that, history of disease infection until

knowledge about nutrition and nutrition for the mother and toddler also has a very big influence. Besides that, the distance between one child and the other children also gave influence. However, breastfeeding has a very big influence.

Conditions and characteristics of physique from the mother, it turns out, are very influential factors. If a mother has a sufficient height short, she has a greater chance of passing on characteristic characteristics short to her child. This caused a pathological occurrence because deficiency hormone growth was carried by chromosomes of that gene. And if No one gets support from a strong intake to support growth, then stunting can occur.

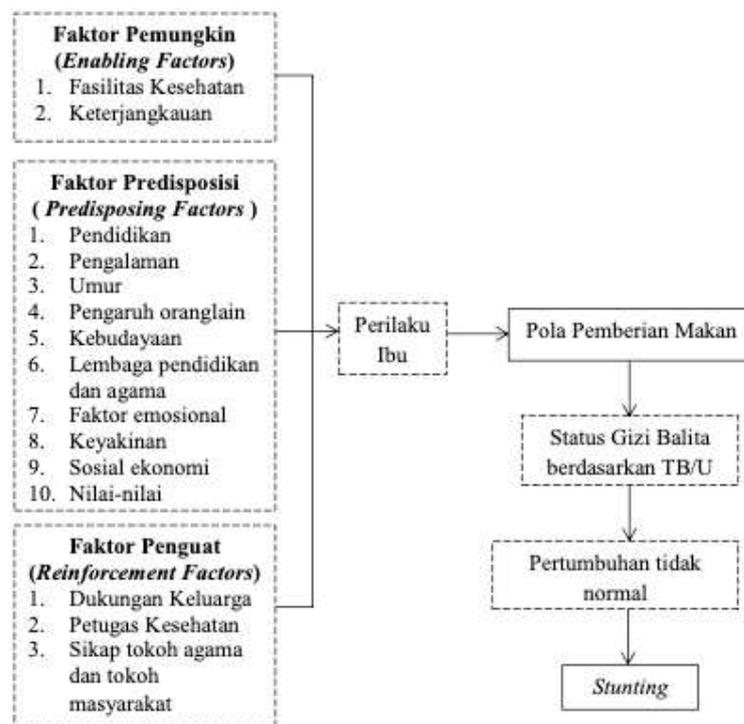


Figure 3. Factors cause of stunting

Temporary The Ministry of Health (2010) stated that a born child from a mother with a height of less than 150 cm has a trend of being short by about 42.2%. Temporary If a baby originates from a mother with normal height, the chance of having normal height is about 36%. If one of the parents has a pathological condition that causes short stature and has a gene inside chromosomes that causes short stature, the child will inherit those genes and may experience stunting.

Education from a mother, it turns out, has a very big influence. Non-technical factors that make a moderate mother breastfeed must include education and knowledge about How to nurse babies and also avoid stunting. There are many myths in Indonesia as well. Temporary matter: no. There is a relationship with development as well as growth in babies. Experienced mothers, get a minimum education of 9 years, or be on the level of sufficient education height, the average has information as well as education regarding stunting. And this can help prevent stunting since early.

Besides education, the economy also plays a very big role. For mothers who are in a low economic strata, of course, their ability to influence their babies will be stunted. Because quality sanitation to low drinking water as well as Power buy those that don't adequate, make intake nutrition and nutrition for kids too low. Of course, moms' economic levels range from medium to high. What we can be certain of is our own quality sanitation and good drinking water. Likewise with intake nutrition and nutrition for babies.

#### **RESEARCH METHODS**

On research This will put forward a quasi-experimental approach with a pre-test, post-test, and control group design. The population used in the study This is about 510 thousand mothers who have babies under five years, with an incoming sample for group intervention of around 32 respondents. A temporary sample on the group control included around 32 respondents. For data collection using the technique of purposive sampling with instruments used inside the study This is questionnaire behavior stunting prevention for respondents.

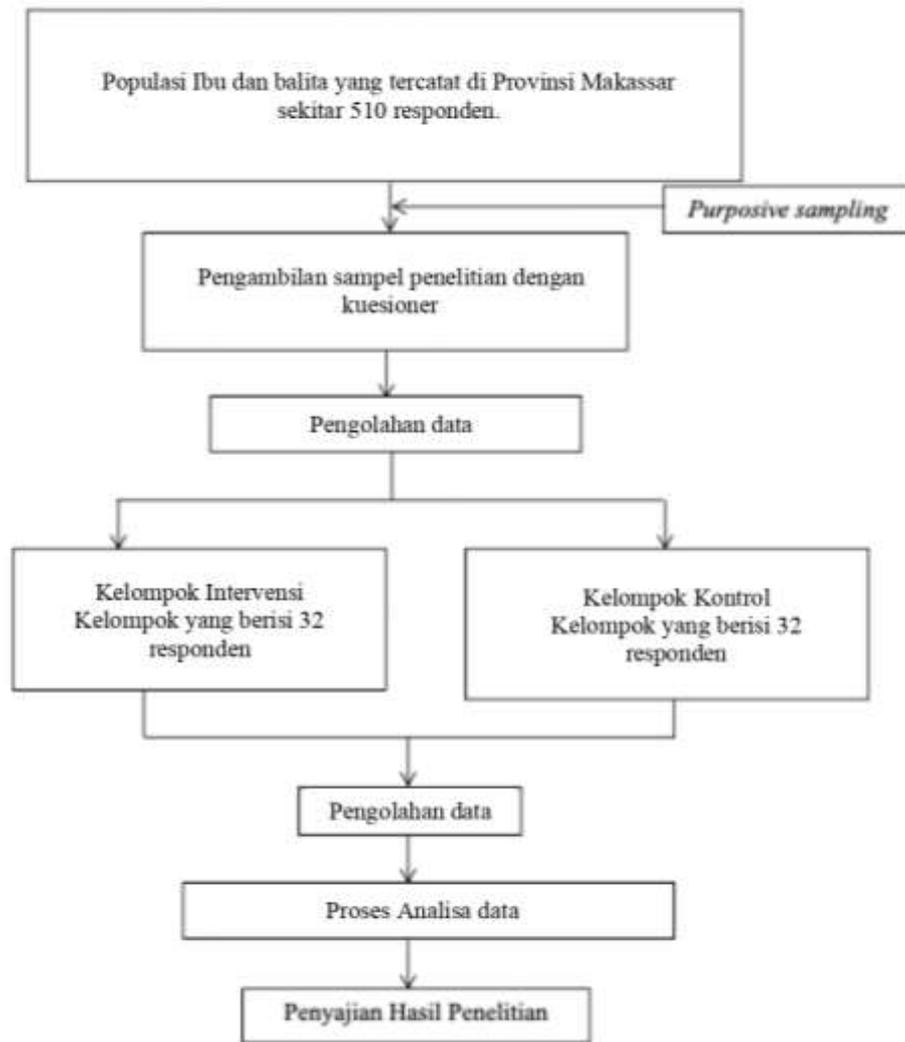


Figure 4. Methodology Study

In this study, it also uses questionnaire questions with scaled validity and reliability already tested with the results of valid statement items with  $r$  counts  $> 0.361$  and also reliable, namely an Alpha Cronbach of  $\geq 0.6$ . Measured behavior will use observation with deployment to the respondents. Whereas data analysis was performed with the use of univariate and bivariate analysis as well as the  $t$  test, Wilcoxon, and Mann-Whitney, Interrater test results from Kappa coefficient  $0.706 > 0.6$ , which makes perception the same.

## RESEARCH RESULTS & DISCUSSION

**Table 2. Information Characteristics from Population Respondents**

Description	Group Intervention		Group Control	
	Frequency	%	Frequency	%
Stunting Risk				
No At risk	16	50	16	50
At risk	16	50	16	50
Mother's Age				
< 20 yrs	2	6.3%	3	9.4%
21 – 35 years	23	71.9%	25	78.1%
>35 yrs	7	21.9%	4	12.5%
Education				
SD	2	6.3%	2	6.3%
JUNIOR HIGH SCHOOL	3	9.4%	2	6.3%
SENIOR HIGH SCHOOL	20	62.5%	14	43.8%
College	7	21.9%	14	43.8%
Income				
≤ 5 million	15	46.9%	14	43.8%
>5 million	17	53.1%	18	56.3%

On the table to serve that toddler with the risk of stunting are around 32 babies, which is around 50%. Meanwhile, in group intervention, the mother is old enough. Lots occur between the ages of 21 and 35. There were about 23 respondents in the category. Whereas For education, the biggest data set is at the high school level, with 20 respondents with a percentage of about 62.5%. Then, on category income, recorded income was more than \$5 million. There are about 17 respondents, or 53.1%.

Then in group control, on category aged 21 to 35 years, there were 25 respondents aged mothers the About 78.1% of respondents Whereas for high school and college education, there were about 14 respondents, or 43.8%. From the category of income recorded, there are 18 respondents who have incomes greater than \$5 million. And the percentage is about 56.3%.

**Table 3. Categories Behavior Observational Post-Test Respondents**

Description	Group Intervention		Group Control	
	Frequency	%	Frequency	%
Positive	29	90.6%	27	84.4%
Negative	3	9.4%	5	15.6%

According to Table 3, positive behavior will be seen in the group intervention by 29 respondents, or 90.6%. Meanwhile, in groups with positive control behavior, approximately 27 respondents or approximately 84.4% of the total respondents in the group control.

**Table 4. Behavior Stunting Prevention is Over Education To Group Intervention**

Group Intervention	Means	St. D	St. E	P Value	N
Positive	63.33	12,991	2,296	0.000	32
Negative	83.55	12,894	2,279		

Table 4 mentions that the average of the behavior pretest was around 63.33. And standard deviation, or St., this D owns marks about 12,991. Temporary for average behavior posttest 83.55 with note st. D or Standard Deviation of 12,279. Whereas for statistical tests, the own mark the P-value is around 0.000. There is quite a difference in average behavior between mothers before and after getting training, education, and information from stunting to mental health coaching and also the 1000 Day Movement.

**Table 5. Behavior Stunting Prevention is Over Giving Modules to Groups Control**

Group control	Means	St. D	St. E	P Value	N
Pre-test	65.89	14,539	2,570	0.000	32
Post test	76.88	17,771	3.141		

In the calculation of table 4 data, the results obtained show that behavior on the pre-test has an average value of about 65.89 and an achievement St. D, or Standard deviation, of about 14,539. While the average of the behavior posttest is about 76.88, the achievement standard deviation is raised to 17,771. From the results of statistical tests, the p value is around 0.000.

And at 5% alpha There is a significant difference between the average behavior of mothers before the gift module and after the accept module in effort for stunting prevention.

**Table 5. Influence from efficacy Self to Group Intervention**

Variable	N	MeanRanking	P Value
Efficacy of pre test	32	0.00	0.000
Post test efficacy		15.50	

From the table on landed, the mean rank of process efficacy self to moms before getting training is 0.00. Temporary when getting education and training until module, there is a change on the mean rank side of about 15.5. From the results of the testing statistics, there is an approximate p-value of 0.000. Which means the 5% alpha Before training and after training until education, there is a significant and influential difference in efficacy.

**Table 6. Influence from Education to Mother Efficacy in Groups Control**

Variable	N	MeanRanking	P Value
Efficacy of pre test	32	7.67	0.002
Post test efficacy		11.00	

According to Table 6, the mean rank of efficacy for new mothers who have just given birth to their own child is around 7.67 before completing education. Then the mean rank experience change with the 11.00 mark is over. Get education from gift modules and other sources. From test data statistics, the P value of research and testing This is 0.002. This means that Alpha 5% exists a significant difference in efficacy between Mother before and after gift education.

**Table 7. Differences Behavior Stunting Prevention is Over Get Group Intervention Control and Intervention**

Variable	N	Means	SD	SE	P-value
Group Post Test Intervention	32	83.55	12,894	2,279	0.091
Group post test Control	32	76.88	17,771	3.141	

According to the results of the testing from Table 1, the average behavior posttest of the mothers in the group intervention was 83.55. And the standard deviation in research is about 12,894. While the average behavior posttest from group control was 76.88 with a standard deviation of 17,771. Result of testing statistics This obtained a p value of 0.091, which is more than Alpha 5% or 0.05. So that we can conclude that there is not enough difference significant between the behavior of the mothers in the group intervention as well as the control group.

**Table 8. Differences Mother's Efficacy is over Intervention given to groups control and intervention**

Variable	N	MeanRanking	P Value
Group post-test efficacy intervention	32	41.13	0.000
Group post-test efficacy control		23.88	

From the table displayed, the mean rank on efficacy moms post-test in group intervention is around 41.13. While the mean rank of efficacy for yourself compared to the mother posttest group control reached 23.88. From the results of the testing statistics, we have a p value of 0.000 or more, or a small alpha of 5% (0.05). From the results, it Can be concluded that There is a very significant difference in the average efficacy of the mothers in the group control as well as the intervention.

According to research conducted by Utomo (2021), it is safe to do a wedding until pregnant as well as have a child with road labor. This is at a productive age. And age-productive in the age range of 21 to 35 years. Age that also entered the safe age for breastfeeding According to Sari's (2020) research, respondents between the ages of 21 and 35 are safe.

In other words, age productive is the right age and also good on the inside effort countermeasures as well as prevention stunting in children. Besides age, a role as important as education from moms is This can Can a very big influence on how to foster good inside-out nutrition and nutrition in children. Mothers with low education backgrounds will, by definition, have limited and minimal knowledge. Practical pattern: foster a baby who is too sober.

Temporary For moms with good education who have a pattern of very high parenting with owned information as a method For giving nutrition to their children. Education level is one factor that guarantee to effort prevention and control of stunting.

Inside research conducted by the group, which gave intervention education as well as training to the respondents, revealed enough significant results to warrant a response from informants. There is quite an average difference between before and after education or training. Method This Can increase mothers behavior in the stunting prevention process. From the results, the respondent Can draw influence from the knowledge and experience received. And this is in accordance with theory and behavior. Where a stimulus or stimulation from outside is shared, it becomes knowledge, practice, and attitude.

Education provided to the respondents has the function and purpose of increasing behavior health and preventing disease among the respondents. Besides That own function For returning health and also improving ability inside to overcome problem health, Education on stunting prevention is, of course, more focused on moms abilities in stunting prevention.

There are several leading research models for promotion of health and also commitments that arise from the behavior of moderate mothers breastfeeding. The research conducted by Armini (2020) state that commitment individual influenced cognitive-originating behavior from personal factors of moms like age, motivation, education, and also economic status until ethnicity.

Giving a module about education to effort stunting prevention serves very complete and systematic information in it as well as knowledge about the impact of stunting. Of course, it Can give influence to the respondent and also change behavior. This is a very important pran to increase behavior and live a healthy life in accordance with the education provided. The Ministry of Health promoted knowledge about the 1000-day movement. First, there is health and nutrition from mother pregnancy until breast-feeding, as well as pattern foster to baby.

To get appropriate behavior, of course, there are a number of possible factors that influence behavior. In the process of

upgrading efforts in stunting prevention, of course, just gift education with various types of methods, such as learning media. Yes, this is one method For making mothers pregnant and new mothers just give birth to get targets and goals from studies Specific to the treatment of stunting.

efficacy themselves in the educational process for moms pregnant This is influenced by some tertiary factors from experience in overcoming stunting, both for yourself and for other people. Then there is the pua factor of verbal persuasion in the form of support from other parties and the response physiology obtained by mothers who are breastfeeding.

If experience Alone is no fun, then we can use experience from another party to overcome stunting and manage children. And this can become a method to overcome stunting. Temporary factor: deep verbal persuasion from information education from learning Can be one great influence in building self-efficacy. Information from education about this stunting Of course, just increase it inside stunting prevention.

Support from anyone else can become motivation to go it alone. Especially if you support their health and the people who care about them. Like research conducted by Fatimah (2020), where variable education and experience in getting education have a very close correlation to self-efficacy in stunting prevention.

That efficacy themselves to new mothers just own children can experience influence from education and information provided to them. Besides that, there exists persuasion from power and health until other people's experiences become a reference for mothers to take decisions about deep stunting prevention.

On research, it was found that inside enhancement efficacy can be done with road gift education towards mothers. And education can be done in a variety of ways. Start from the gift module until counseling from the public health center through Power Health when they visit mothers who are pregnant and breastfeeding or roll out activities at the Health Center . This is one method For piqueing a mother's interest to know What it's stunting.

Based on research and narrative from Lestari (2021), proper use of media Can be one internal effectiveness presentation for

education about stunting and its prevention. The medium must be able to reach a specific population target and must be customized with the environment population from society. This is, Of course, just to increase efficiency and effectiveness from learning the Through modules, pamphlets, and counseling, the public can gain a better understanding of what stunting is and how to prevent it.

A study from Adiesti (2022) stated that the efficacy score of the respondents before being given education with pamphlets or registered booklets was around 69.33. And the numbers rose to 89.67 after getting information and education regarding stunting. From the results, there is enough difference to be significant. efficacy themselves in the stunting prevention process. Of course, there is individual influence from various type factors. Like from support family, especially from husbands, officer health until motivation self-alone Experienced individuals and other people are also capable of having a significant impact on self-efficacy.

Education level has a great influence. This was poured into the study by Khotiman (2022) that if average ability is high enough, then the learning process independently can be done with good and far higher education compared to those with low education. Furthermore, learning with a module is more difficult than learning without one. t value count of 2,537 is more than double the t table of 2,048. According to these findings, mothers who study with the module will be taller than mothers who do not study with the module. Temporary education also has an important role.

From the research obtained, the average post-test behavior for group intervention will There is a difference from a group contract. However, thereby, results from testing statistics show that the p value will be Far more significant than the alpha value (0.05). meaning that education about health with gift modules and explanations to the public has very effective results and can influence the behavior of mothers in the stunting prevention process for babies under five years.

On research This questionnaire completes data collection with observation of behavior and stunting prevention. Of course, just because of module education, that can make mothers Can

read about information the health and stunting education plays an effective and efficient role in influencing mothers' behavior.

Giving education form module the Can make mothers go back and repeat information so that it is easier to understand efforts in stunting prevention. So that education and training have a very big influence on the knowledge of mothers.

According to a study from Safitri & Fitranti (2016), there is a change in knowledge as well as attitudes toward education using media for those that group only get education verbally. There is a significant difference in knowledge between mothers about stunting and toddlers, as well as nutrition, in order to be able to overcome stunting in children.

On research This indicates that education and training about health can influence self-efficacy. And this is seen in the group interventions for which data is obtained, which are more effective compared to group control. Sector training in health is practice education in health as well as education about methods to increase individual health and give facilities objective, effective health to serve motivation until they change structured behavior. Change happens because of the connection between the participant training it and also the teacher or power serving health information.

Efficacy self is consideration from somebody or an individual about their ability to organize as well as take fast action when needed to finish a problem. And efficacy: this is a very important thing inside to build motivation as well as influence over oneself alone. Meanwhile, on the side affective aspect, this can give inside role arrange condition affective the It can give influence to an emotional individual with a number of methods, like trusting oneself alone, to increase effort in stunting prevention against toddlers.

### **CONCLUSION**

Study This Can serve to show that stunting can be prevented from an early age with behavior from the mother's inside and her efforts to prevent the stunting. Including from the age of 1 year up to 6 years. because it is very important to use known factors as reasons for repair sector problems growth as well as development. Temporary efficacy: mother's self, of course, must support stunting prevention. Giving education and

modules Can be a very effective way of preventing stunting in toddlers.

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