

**Original Research Article**  
**Knowledge Disease Infection and Sanitation  
Environment in Mother Against Stunting Control in  
Makassar City**

**ABSTRACT**

The focus of this research is the problem of stunting in children under five, which has an impact on human productivity and the quality of health in Indonesia. One of the factors that influence stunting is environmental problems that have not been fully resolved. Knowledge about infectious diseases and environmental sanitation that contribute to stunting. This study aims to observe and analyze how knowledge about infectious diseases and environmental sanitation relates to stunting control. This study uses a cross-sectional study in which the population is mothers who have children under five. A total of 152 stunted toddlers surveyed were purposive samples. The results showed that there was a significant correlation with  $p = (0.012) < (\alpha = 0.05)$  between knowledge about infectious diseases and stunting control behavior. Conversely, knowledge of environmental sanitation has a significant correlation with stunting control behavior.

**Keywords:** *Knowledge of infectious diseases, environmental sanitation, stunting*

**Comment [N1]:** Do not use words that appear in the title

**INTRODUCTION**

One of the nutritional problems faced by toddlers today is stunting, or the incidence of short toddlers. WHO (1) states that 22.2%, or around 150.8 million children under five worldwide, were stunted in 2018. However, this was a decrease from the 32.6% stunting rate in 2000. In other words, 32.6% of children under five were stunted in the world comes from Asia, meanwhile more from a third (39%) live in Africa. From 83.6 million stunting under five in Asia, South Asia is the most (58.7%) and Central Asia is the least (0.9%). Nutrition Status Monitoring 2016, (2).

Indonesia faces problem nutrition with toddler short. Because it will affect human resources in the future, stunting is very important. Stunted toddlers are easily infected with diseases and can suffer from degenerative diseases as adults. In preventing and reducing the incidence of stunting, it is not only carried out by the health sector but must involve cross-sectors (3).

According to the PSG survey conducted in the context of monitoring, evaluating work and the results of a program, it shows that the prevalence of very short toddlers increased from 8.5% to 9.8% (2017) and 19% to 19.8% short toddlers (2017). (2). Likewise, the Riskesdas data (2018) which shows that the prevalence of short toddlers has increased from 19.2% in 2013 to 19.3% in 2018, while very short toddlers have decreased from 18% in 2013 to 11.5% in 2018. Based on Riskesdas data (2018) that the prevalence of short toddlers has increased from 19.2% in 2013 to 19.3% in 2018 for very short toddlers has decreased from 18% in 2013 to 11.5% in 2018.

Failure to grow and develop optimally early in life also increases the risk of child death and affects cognitive and motor development. As a result, the quality of the population decreases and decreases productivity in adulthood (4).

Infectious Diseases and environmental sanitation have an important role in the problem of malnutrition including stunting, where children experience infectious diseases such as diarrhea and ARI, besides that the habit of washing hands properly with soap is still low so that it can affect the occurrence of diarrhea. Stunting that occurs in children is a chronic nutritional disorder from consuming low-quality diets for a long time and often experiencing infectious diseases, so indirectly this will result in a decrease in the child's weight due to inadequate nutritional intake, resulting in stunting and environmental sanitation problems. (5).

One of the causes of stunting can be influenced by the mother's knowledge of stunting which is caused by infectious diseases and unhealthy environmental sanitation so that it affects the health of children under five and can ultimately affect the nutritional status of these children. (6).

The purpose of this study was to analyze the relationship between knowledge of infectious diseases and knowledge of environmental sanitation in mothers on stunting control in Makassar City.

## METHOD

This research is survey research with a cross sectional approach. This research was carried out in the working area of the Kassi-Kassi Health Center and the Mangasa Health Center. Data collection in this study was carried out in March - April 2022. The sampling technique for this study was purposive sampling based on inclusion criteria and exclusion criteria. The sample in this study were mothers who had stunted toddlers. In this study, the SPSS program was used to process univariate and bivariate analysis.

**Comment [N2]:** Rewrite this topic following a logical and chronological sequence of the procedures and methods that were followed to achieve the results obtained.

## RESULTS

### Univariate analysis

#### Characteristics of the Research Sample

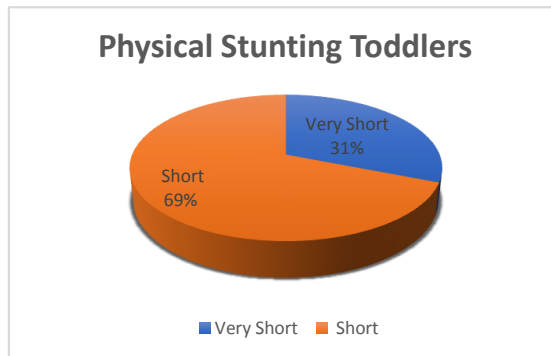


Figure 1. Physical Characteristics of Stunted Toddlers

Figure 1 the percentage of stunted children with short physical conditions was 105 children (69.5%), while the stunted children with very short physical conditions were 47 children (30.9%). By looking at the description of the condition of toddlers who are short and very short, it shows that the need for nutritional intake is not met. parenting from mothers who are not optimal, such as: IMD (early breastfeeding initiation), exclusive breastfeeding and complementary feeding during the growth period of toddlers.

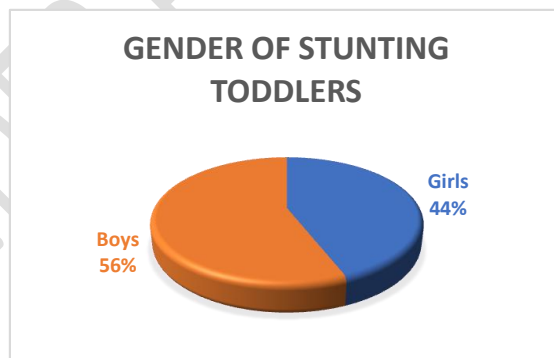


Figure 2. Gender of Toddlers

Figure 2 shows that the sex distribution of children under five who are stunted shows that there are 85 boys (55.9%), while for girls who are stunted there are 67 children (44.1%). Boys experience stunting more than girls. This is made possible by the amount of nutritional needs of each person. And of course, the need for energy and protein in men is greater than that of women. This is because men can do heavy work while women sometimes cannot do it. Likewise, women are less likely to experience stunting than boys in infancy or childhood.

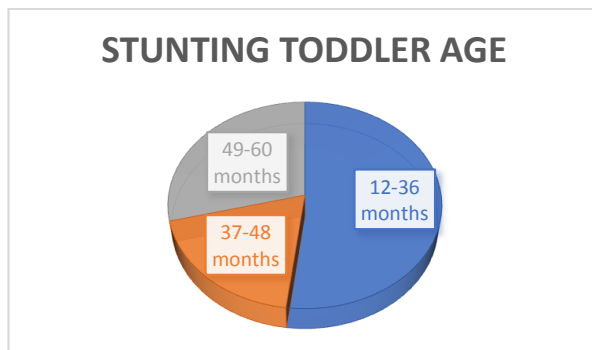


Figure 3. Characteristics of Toddler Age

Figure 3 relates to the age of the children, showing that most children who are stunted are children under three years old (12-36), namely 78 children (51.3%). Meanwhile, 45 children (29.0%) were stunted at the age of four (37-48). And children who experienced stunting at the age of 5 years (49 - 60) were 29 children (19.1%). Thus, most stunted toddlers are aged (12 -36) months. At this stage the child has the potential to be deficient in nutritional intake considering that the child is no longer consuming breast milk, of course the attention of housewives to their children as a result of decreased care provided to children, so that children can be vulnerable to infectious diseases, and children's activities that start playing so it is time to sleep began to decrease, besides that because of the child's activities so that the mother no longer pays attention to aspects of hygiene and sanitation when caring for children.

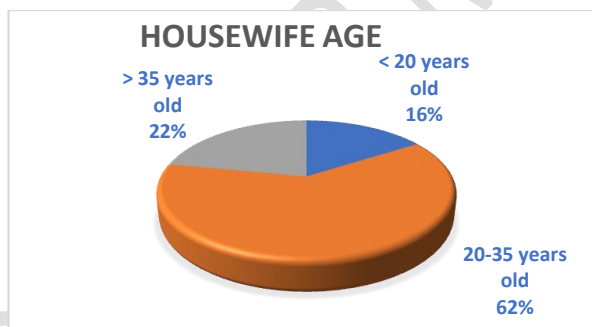


Figure 4. Age characteristics of housewives

Figure 4. From a total of 152 respondents, it shows that the ages of the respondents were divided into three categories, namely at the age of under 20 years by 20 people (16.4%), then at the ages of 20-35 by 94 people (61.8%) and for the age of 35 years and over obtained by 33 people (21.7%). Based on age data, it shows that the most or the largest age is in the 20-35 age range, which is quite productive at this age. Besides that, housewives are still in good and healthy physical condition, so that at this age it is sufficient to understand the pattern of food consumption needed and efforts to improve the nutrition needed.

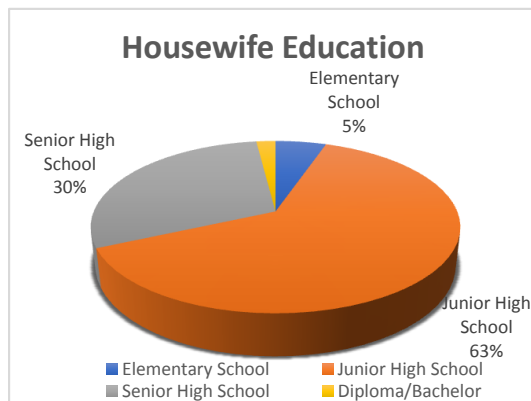


Figure 5. Educational Characteristics of Housewives

Figure 5 shows that at the education level there are four levels or categories owned by the respondents, namely Elementary School (Elementary School), Middle School (Junior High School), High School (Secondary School and DIII/S1). Based on the level of education, there were 8 respondents with elementary education (5.3%). For junior high school, there were 96 people (63.2%), for high school, there were 45 people (29.8%) and for DIII/S1 level, there were 3 people (2.0%). The results above show that the education of stunting toddler housewives is at the junior high school level. Education for housewives under five is expected to be able to develop themselves and abilities inside and outside of education that can be used optimally in survival. In addition, education can influence attitudes in making decisions and acting to change healthier lifestyles.

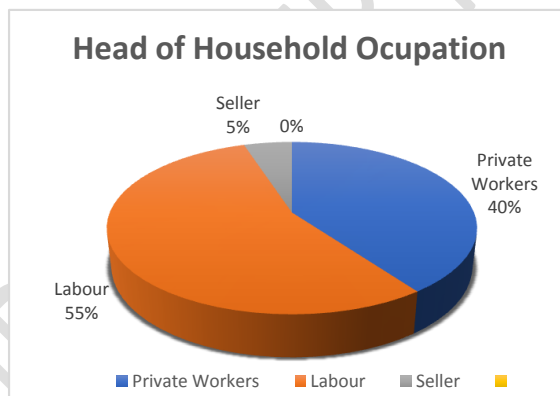


Figure 6. Occupational Characteristics of the Head of the Household

Figure 6 of the husband's occupation in this study shows several categories, namely, private workers, daily workers, fishermen/sellers. This category describes the type of husband's work from information on housewives who have stunted toddlers as many as 152 people. In the type of work as private workers, there were 61 people (40.1%) in the category of Labor Jobs, there were 84 people (55.3%). For the Seller category, 7 people (4.6%) were obtained. From these results it can be concluded that most of the jobs of the husbands of the respondents obtained in this study were daily labourers. The level of well-being in the family will of course be influenced by employment status and how much income the working husband earns. So that the amount of income generated is of course closely related to the employment status of a husband/head of household.

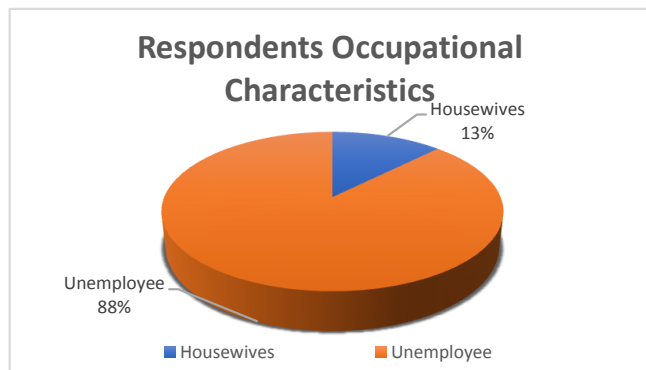


Figure 7. Respondent's Occupational Characteristics

Figure 7 Respondents' occupations in this study show that 19 (12.5%) housewives work. While those who did not work were 133 people (87.5%). From these results it can be concluded that respondents who work have great potential for their children to experience stunting compared to mothers who do not work or do not work. Thus, it shows that there are more housewives who do not work than those who work.

### Bivariate Analysis

**Table 1. Frequency distribution of respondents based on knowledge of infectious diseases**

No.	Knowledge Disease Infection	Frequency	Percentage (%)
1.	Very low	0	0
2.	Low	3	2
3.	Currently	88	58
4.	Tall	60	39,3
5.	Very high	1	0.7
<b>Total</b>		152	100

Source: Primary Data 2022

Table 1. Shows that the frequency distribution of knowledge of infectious diseases is in the medium category, namely 88 people or 58%.

**Table 2. Frequency distribution of respondents based on knowledge of Environmental Sanitation**

No.	Knowledge Environment sanitation	Frequency	Percentage (%)
1.	Very low	0	0
2.	Low	0	0
3.	Currently	92	60.5
4.	Tall	60	39.5
5.	Very high	0	0
<b>Total</b>		152	100

Source: Primary Data 2022

Table 2. Shows that the frequency distribution of knowledge about Environmental Sanitation is in the medium category. Then, respondents with knowledge in the medium category were 92 people or 60.5%.

**Table 3. Frequency distribution of respondents based on stunting control behavior**

No.	Control Behavior stunt	Frequency	Percentage (%)
1.	Very low	0	0
2.	Low	0	0
3.	Currently	129	84.9
4.	Tall	21	13,8
5.	Very high	2	1,3
<b>Total</b>		152	100

Source: Primary Data 2022

Table 3. shows that the frequency distribution of stunting control housewives' behavior is in the moderate category, namely 129 people or 84.9%.

**Table 4. Analysis of the Relationship between Infection Researcher Knowledge and Environmental Sanitation Knowledge on Stunting Control Behavior.**

Analysis	Stunting Control Behavior		
	Product moment (r)	p value	n
<b>Knowledge of Pen. Infection</b>	0.159	0.012	152
<b>Sanitary Knowledge Environment</b>	0.159	0.089	152

Source: Primary Data 2022

Table 4 shows that knowledge of infectious diseases and stunting control behavior with the results obtained P value (0.012)  $< (\alpha = 0.05)$  states that there is a strong relationship between infectious diseases and stunting control behavior in toddlers. Whereas knowledge of environmental sanitation with stunting control behavior resulted in a P value (0.089)  $> (\alpha = 0.05)$  which stated that there was no significant difference between knowledge of environmental sanitation and stunting control behavior.

## DISCUSSION

### Knowledge of Infectious Diseases

Knowledge of infectious diseases among housewives in controlling stunting is still moderate, namely 88 people or 58%. This condition indicates that the knowledge possessed by housewives still needs to be improved. Infectious diseases caused by poor hygiene and sanitation (eg diarrhea and ISPA) can interfere with the absorption of nutrients in the digestive process. Some infectious diseases that babies suffer from can cause babies to lose weight. If this condition occurs for a long time and is not accompanied by adequate intake for the healing process, it can result in stunting (7).

Infection is a direct causative factor because infection can cause nutrients to be used for the process of repairing damaged tissues or cells. Infections that often occur include 1) gastrointestinal infections (diarrhea) caused by viruses, bacteria, or parasites. 2) respiratory infections (ARI), and 3) infections caused by worms (worms). Between infectious diseases and nutritional status there is a back and forth interaction where infectious diseases cause decreased food intake, interfere with nutrient absorption, cause direct loss of nutrients and increase metabolite requirements, and malnutrition can increase the risk of infectious diseases. (8).

The level of knowledge with the prevention of infectious diseases in children under five if a person's knowledge is higher will have a better direction. So that mothers who are well-informed will be more objective and open-minded in making positive decisions or actions, especially in providing care for toddlers who suffer from infectious diseases (diarrhea and ARI) (9). Increased knowledge of infectious diseases in housewives can be obtained from various sources such as posyandu activities which are one of the means for mothers of toddlers to increase their knowledge.

### Environmental Sanitation Knowledge

Knowledge of environmental sanitation regarding the behavior of housewives towards stunting control is in the moderate category, namely 92 or 60.5%. This shows that the knowledge of sanitation among housewives is generally quite good and some mothers have sanitation facilities but their toddlers are in stunting nutritional status. It is possible that a person's behavior is not only judged by his knowledge, but there are still attitudes and actions that influence a person's behavior. Having good knowledge does not guarantee that someone will have good attitudes and actions too. This research is in line with that conducted by Novitry and Agustini (10) regarding sanitation facilities where housewives have a good level of sanitation knowledge but have sanitation facilities that do not meet health requirements.

The occurrence of stunting can be influenced by several factors such as: environmental sanitation, food processing, and also the mother's knowledge of stunting. Environmental sanitation conditions that do not meet healthy requirements will affect the health of children under five which of course can affect the nutritional status of these toddlers. This is because they do not have healthy sanitation facilities and have the potential to cause various infectious diseases that can interfere with the process of absorption of nutrients which in turn will interfere with the growth and development of toddlers. For this reason, it is necessary to increase the knowledge of mothers about environmental sanitation so that they can maintain cleanliness for every mother who has a toddler. In addition to preventing disease, it is important in maintaining health, cleanliness of the body, food and the environment. (11).

### **Behavior Stunting Control**

Because of behavior control of maternal stunting House ladder are in category moderate (129, or 84.9%), obviously that Mother toddler understand and behave with Good For maximizing decline stunting rate. because \_ it is necessary effort continuously from society, from mother who has toddler, for increase behavior Mother For stunting control and making they more ready.

Behavior Mother House ladder in study this produces \_ good results \_ or demonstrating behavior \_ that Mother House ladder need ongoing attention \_ from officer health, incl nurse, midwife, section sanitation and nutrition, for still give attention to society, in particular Mother House stairs that have toddler, in matter stunting control.

The national strategy for accelerating the reduction of stunting is to intervene holistically to control under-five stunting. Studies conducted (12). Sensitive interventions, special nutrition, and environmental opportunities are three effective ways to control stunting. It is well known that parents, in this case housewives, are the main indicators for children's growth and development.

Housewives who have good behavior in terms of knowledge, time and habits will be decisive in preventing malnutrition for children, one of which is stunting. Therefore, housewives with toddlers must continue to improve stunting control behavior for their children by seeking information and sharing their experiences with health workers, posyandu cadres, and other mothers with toddlers. Different health statuses affect children's development, and the inability to meet balanced nutritional needs hinders children's development.

### **Relationship between Knowledge of Infectious Diseases and Knowledge of Environmental Sanitation on Stunting Control Behavior.**

Based on the research results obtained, it was shown that mothers with knowledge of infectious diseases and stunting control behavior obtained a P value (0.012)  $< (\alpha = 0.05)$ . This shows that there is a significant relationship between knowledge of infectious diseases and stunting control behavior of housewives. This is in line with other studies which show the same results where there is a relationship between mother's knowledge and behavior in preventing stunting with  $p = (0.007) < (0.05)$  (13).

Infectious diseases experienced by toddlers, according to the research conducted, stated that toddlers who often experience diarrhea will be more at risk of experiencing stunting compared to toddlers who do not experience diarrhea. Widari 2019. The effect is in the form of decreased height growth as a result of the zinc mineral in the body which is lost in large quantities, so it is necessary to keep toddlers healthy so they can recover from diarrhea by giving zinc to reduce the severity of toddlers. Likewise in ARI infections that affect eating patterns where there is a decrease in appetite in toddlers if they often experience ARI. The thing that can influence mother's knowledge and behavior is education. Where the mother's education is sufficient and high so that it will be easier to receive and filter the right information, especially about preventing stunting in children.

Mother's knowledge of stunting control behavior from the research results obtained showed that mother's knowledge was in the moderate category and most stunting control behaviors were in the moderate category. So that the knowledge of mothers who are moderate can produce a fairly good nutritional status for toddlers with good stunting control behavior.

For the results of research on environmental sanitation knowledge with stunting control behavior, it shows that a P value (0.098)  $>$  ( $\alpha = 0.05$ ) is obtained. This shows that environmental sanitation knowledge has no significant relationship. This shows that poor sanitation and environmental hygiene can trigger digestive tract disorders, which divert energy for growth to the body's resistance to infection. The research results found that the more often a child suffers from diarrhea, the greater the threat of stunting for him. In addition, when children are sick, their appetite usually decreases, resulting in lower nutritional intake. To break the chain of poor sanitation and hygiene and its link to stunting, pregnant women and children need to live in a clean environment. The two main ways are not defecating in the open, and washing hands with soap. Research in India states that poor environmental sanitation behavior in terms of open defecation habits (BABS) is a determining factor in the incidence of stunting. (14).

Thus the knowledge possessed by a mother is expected to be able to show a good attitude to carry out a positive action in accordance with the knowledge she has mastered, but because many factors influence where a person who has high knowledge does not have a bad attitude, this is due to the condition environment that influences a person's actions.

## CONCLUSIONS AND RECOMMENDATIONS

Knowledge of Infectious Diseases is in the moderate category, as well as knowledge of environmental sanitation is in the moderate category. There is a relationship between knowledge of infectious diseases and stunting control behavior. There is no relationship between environmental sanitation and stunting control.

Health workers and cadres should be more active in providing information to mothers related to health and environmental issues and related to stunting.

## REFERENCES

- WHO, UNICEF & WB Group. Levels and Trends in Child Malnutrition . 2018;1–16.
- Hardhana B, Budiono CS, Kurniasih N, Manullang EV, Susanti MI, Pangribowo S, et al. Pusdatin 2017.
- RI Ministry of Health Causes of Stunting in Children. Bureau of Communication and Community Services (Internet). 2018;1. Available at: <http://www.depkes.go.id/article/view/18052800006/this-causes-stunting-in-children.html>
- GT Keusch et al., " Implications dysfunction enteric acquired environment \_ For growth and stunting in infants and children living in income-producing countries low and medium ," Food Nutr Bull , vol. 34, no. 3, p. 357–364, 2013
- Indonesian Ministry of Health. Bulletin The Situation of Short Toddlers (Stunting) in Indonesia. Ministry of Information Data Center healthy Republic Indonesia. 2018;301(5):1163–78
- Zairinayati, Purnama R. Relationship between Hygiene and Environmental Sanitation with Stunting in Toddlers. Babul Ilmi J Ilm Multi Sci Health . 2019;10
- Republic of Indonesia Ministry of Health. The Situation of Short Toddlers (Stunting) in Indonesia. Vol 1. Jakarta, Indonesia; 2018.
- Pratama , B., Angraini , DI, &Nisa, K. (2019). *Reason Direct (Immediate Cause) Affecting Incidence of Stunting in Children* . Journal Health Sciences Sandi Husada , 8(2), 299–303
- Paramitha 2013 *Relations level education and knowledge Mother about ISPA with ability Mother nurse ARI among toddlers at the Bahu City Health Center in Manado* .
- Novitry , Agustin, 2017, *Determinants Ownership Healthy Latrines in Sukomulyo Village Martapura Palembang* . Aisyah: Journal Health Sciences 2 (2) 2017, 107 – 116 Available online at <http://ejournal.stikesaisyah.ac.id/index.php/jika/>
- Desyanti ,Chamilia; Nindya TS. 2017, *Disease History Relationship Diarrhea and Practice Hygiene with Incidence of Stunting in Toddlers Age 24-59 Months in the Work Area Public health center Simolawang, Surabaya* The Relations Between Diarrheal Disease History and Hygiene Practices with Stunting Incidences Among. Amerta Nutr.;243–51
- Rosha, B. (2016). *The role of specific and sensitive nutrition interventions in improving toddler nutrition problems in Bogor City* .Bulletin Health Research , 44, 127–138.
- Budiman, AR, Kapita Selecta Knowledge and Attitude Questionnaire in Health Research. New York: Salemba Medika, 2013.

Spears D, Ghosh A, Cumming O. 2013, Open defecation an childhood stunting in India: an ecological analysis of new data form 112 districts, Journal PLoS ONE  
Yunitasari, E., Pradanie, R., Arifin, H., Fajrianti, D., & Lee, B. (2021). Determinants of Stunting Prevention among Mothers with Children Aged 6 – 24 Months. Macedonian Journal of Medical Sciences, 9, 378–384. <https://doi.org/https://doi.org/10.3889/oamjms.2021.6106>.

UNDER PEER REVIEW