ORIGINAL ARTICLE

Implementation of Peer Group Support towards Knowledge Level of Mother with Toddlers about Stunting

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ABSTRACT

Background: Stunting is one of the nutritional problems that need more attention. The incidence of stunting in Indonesia reached 30.8% in 2018 and East Java is in the seventh position for the highest number of stunting children under five. Stunting can be caused by a lack of nutrient intake and chronic disease.
Aim: To determine the implementation of peer group support to the level of knowledge of mothers withchildren under five about stunting.
Method: The method used in this research was pre-experimental with one group pre-post test design approach. The number of respondents was 24, respondents were selected through a purposive random sampling method. The analysis used was through the Wilcoxon sign t-test.
Result: The results showed that there was no significant difference in the level of knowledge of mothers under five before and after implementing peer group support (p=0.957). Several componentswere increasing, equal, and even decreasing. The increasing components were related to items regarding types of food and nutritious food groups (n=8), the same components related to the content of nutritional mineral sources (n = 8), and for those that decreased related to the definition, type of food and stunting etiology (n=).
Conclusion: The application of the peer group support method requires a proper assessment of the respondent group with the appropriate characteristics. The experience of health education obtained by respondents may increase knowledge not maximally using the peer group support approach.
Keywords: Stunting, *peer group support*, knowledge

INTRODUCTION

Stunting is a physical abnormality caused by malnutrition, characterized by a short body size that exceeds the deficit -2SD under WHO standards (WHO, 2010). The incidence of stunting can be detected since toddler. The nutritional status of children under five can be an indicator of achieving a perfect health degree (National Team for the Acceleration of Poverty Reduction, 2017). Internationally in 2011, the incidence of stunting in the world reached 25% of the global number of children. In early 2010, Indonesia was ranked fifth in Asia for the incidence of stunting. The results of theRiskesdas in 2018, the prevalence of stunting in Indonesia reached 30.8% (Ministry of Communication and Information, 2019). According to WHO (2010), if the prevalence of stunting has shown a figure above 20%, an area is considered chronic. Judging from the WHO maximum limit, it can be assessed that the problem of stunting in Indonesia is classified as chronic. The incidence of stunting in 2013 was influenced by place of residence, with the highest incidence in rural areas (42.1%) and urban areas (32.5%) (Riskesdas, 2013).

To prevent the incidence of stunting, all components of society have to work together, one of which is the child's parents, especially the mother. Stunting is a nutritional problem that is not fulfilled optimally and effected on economic factors and social life in society. If left unchecked, it will affect the process of growth and development of children and their productivity in the future. Parents are the most important factor in improving the health and nutritional status of children. Therefore, parents, especially mothers, need to be given special education related to the prevention of stunting (Yuneta et al, 2019).

Health education methods that can be used to increase the knowledge of under-five mothers are peer group support. This method is a way to increase knowledge with peer support which has meaning, namely between toddlers' mothers supporting each other and informing each other (Afandi et al, 2012). The mechanism in peer-group support has several stages that must be followed, these stages starting from introducing the topic of the problem to discussion for solving the problem taken. Health education using a peer group support approach can increase knowledge of chronic disease sufferers who have been diagnosed by a doctor. Besides, this method can be used for the wider community with a minimum age requirement of 10 years who are able and can be in groups with a maximum number of groups of 8-12 people.

The purpose of this study is to determine the peer group support application to the level of knowledge of mothers under five about stunting. So that, it can be widely applied by mothers of toddlers or mothers of health cadres in the community. Through this research, it is hoped that it can reduce the prevalence of stunting and encourage people to improve the health status of the people in Jember Regency.

METHODS

This study used a pre-experimental design with a one-group pre-post test approach. In this study, there are two variables, namely the independent variable and the dependent variable. The independent variable in this study is the peer group support application as a health education mechanism. The dependent variable in this study is the level of knowledge of mothers under five about stunting.

The sampling technique used in this study is purposive sampling where the sample is taken according to the characteristics desired by the researcher, including mothers with children under five years old. The assessment of health education using the peer group support method was carried out by using SOP and measuring the level of knowledge with a questionnaire on nutritional knowledge of mothers under five related to stunting. Data analysis was performed by using the Wilcoxon sign t-test statistical test with a degree of confidence α = 0.05. The implementation of peer group support is carried out in 6 stages, namely;

1. Check-in, this stage is the stage of explanation regarding the mechanism and self-introduction of each respondent.
2. Presentation of the problem, at this stage the respondent conveyed his understanding of stunting, as well as the problems encountered regarding stunting
3. Clarifying the problem, at this stage, the participants discuss the problem together and find a way out
4. Sharing suggestions, continuing from the previous stage, where each group member will share their suggestions and experiences related to the issues raised
5. Action planning, after the suggestions are accommodated, at this stage, proceed to plan steps and strategies to solve the problem
6. Checking out, each member of the group (respondent) concludes the topics and issues discussed.

RESULTS

In table 1 shows the results of the age characteristics of the respondents in this study which was conducted on 24 respondents, it was found that the average age of the respondents at the early adult development stage was between 20-30 years.

In table 2 above, it is explained that the majority of respondents' education in elementary school and all respondents are housewives and the majority have never attended health education about stunting.

The Characteristic of Respondent

Table 1. Characteristics of the respondents age

Age	*Mean*	*Min-Max*
	26.71	19-35

Table 2: Characteristics of the respondents

Characteristics of the respondents	**f(%)**
Last Education:	
Elementary School	16 (66.7)
Junior High School	7 (29.2)
Senior High School	1 (4.2)
Occupation:	100 (100)
Housewife	
Experience of Following Health Education about Stunting:	
Following	3 (12.5)
Neverattended	21 (87.5)

Tabel 3: Implementation of Peer Group Support on the level of knowledge of mothers with childrenunder five about stunting

Variable	***Mean***	***Min***	***Max***	**p**
Knowledge before following*peer group support*	11.25	5	14	0.957
Knowledge after following *peer group support*	11.33	8	14	

Based on the results shown in table 3, it is explained that there is no significant and insignificant difference, with the result p = 0.957.

DISCUSSION

Peer group support is a method that uses the support provided to each other in a group experiencing the same problem by listening to complaints and sharing experiences that have been experienced (Keikkinen et al, 2012). In several studies, peer group support is also able to increase the level of group knowledge of the problems at hand (Khamida et al, 2019). However, the success of peer group support can also be influenced by other factors (Afandi, 2016).

The results of this study indicate that there is no difference in the level of knowledge of mothers under five before and after implementing peer group support. Several factors that can be related to peer group support are affective and cognitive. Affective factors, in this case, consist of several things related to: 1) Emotional support, feelings of empathy, and care from respondents. When this support emerges, the building of a trusting relationship can be applied and can provide comfort for sharing stories. 2) Positive appreciation support, the way respondents appreciate the opinions and feelings of other respondents can increase one's self-confidence. 3) Instrumental support, usually support by providing materials, gifts, or direct assistance to help each other solve common problems. 4) Informational support, in the form of informative things a person needs, such as suggestions, directions to solve problems, or experience studies. 5) Mutual support, involves a sense of togetherness with each other so that this can increase a sense of care in solving the same problem. By paying attention to all of these things, it can affect the results of the interventions conducted by researchers on respondents (Zahroh&Sumarliah, 2015). This is supported by research conducted by Morton et al (2010), which states that affective factors affect the interactive process carried out in groups where this will support a program. The similarity of conditions, feelings, and responses to the group will open the way of communication and build trusting relationships.

Meanwhile, cognitive factors are factors related to the ability to solve problems in everyday life (Osterlund, 2014). Cognitive factors are influenced by age, occupation, educational level, and history (Triasti&Pudjonarko, 2016; Samodra et al, 2016). Based on the results of the study, it is found that the age distribution of mothers under five is around the average age of young adults, namely 20-30 years, which is a period of transition from adolescence to adulthood where a person learns to control his ego and emotions. This period is a time full of emotional problems and tensions, a period of social isolation, where a person begins to adjust to a new lifestyle. At this time someone will learn to be objective, namely trying to reach decisions in the realities encountered and accepting criticism and suggestions. In this stage, a person will learn to understand that he is not always right so that they try to receive criticism and suggestions from others for his improvement (Putri, 2019). This research is supported by Astuti (2016) which states that the maturity of the mother's age is more of a psychological factor that influences her decisions.

In this study, almost all mothers of children under five have a basic education level. This is one of the obstacles for researchers in implementing peer group support. The

level of parental education affects the parenting patterns given to children (Anshori, 2013). Olsa et al (2017) in their research stated that the higher the level of education, the easier it will be to absorb the information provided and vice versa. children withmothers having higher education have lower odds of beingstunted than those with mothers having no education (Talukder *et* al, 2018). Supported by research conducted by Setiawan et al (2018), the level of education of parents is related to nutritional knowledge that determines a healthy lifestyle, one of which is the selection of nutritional intake for children. A good level of knowledge can help in choosing foods wisely and appropriately, as well as handling health problems properly (Huang 2015). In understanding the questionnaire questions, respondents have different interpretations of each other. This shows that in the study, several components increased, were the same and even decreased. An increasing component is related to items regarding types of food and nutritious food groups, the same components are related to the content of nutritional mineral sources, and for those that decrease related to the definition, type of food and the etiology of stunting.

All respondents in this study were housewives or did not work outside, and the majority of respondents had never attended counseling, so based on historical factors or experience in participating in the program, there was little or no knowledge at all. Someone who has a job will often communicate and interact with other people, which will make it easier for mothers to build a trusting relationship with each other and be able to receive in peer-group support. The mother's job is inversely proportional to the time to care for her child, the more time the mother works, the mother tends to have less time to care for her child, and mothers who are focused on being a housewife tend to have more time to care for and care for their children (Fauzia et al, 2019).The experience of mother's participation in nutrition training to prevent stunting in children can result from changing attitudes and practices by increasing nutritional knowledge. The more knowledge and practices of child feeding that are owned and applied by mothers, the less likely their children are to be stunted (Mulenga *et al*, 2019).

Another factor that is taken into consideration is the personality of the respondent. These personalities are still tied to each other by affective and cognitive factors. Personality types are divided into introvert and extrovert types. A person with an introverted personality type has a low level of social interaction, this is because the characteristics that are owned, are more difficult to socialize and close to everything so that it is difficult to understand the information or suggestions conveyed during the interaction and vice versa (Mund et al, 2018; Putri&Irawan, 2019).

CONCLUSION

The implementation of the peer-group support method requires a proper assessment of the respondent group with the appropriate characteristics. Assessments related to the respondent's personality type need to be carried out to get the best results and create a homogeneous group. The experience of health education obtained by respondents may result increase knowledge not maximally using the peer group support approach.

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