ORIGINAL ARTICLE

Differences in maternal role attainment in stunting prevention in rural and urban areas of Jember Regency

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ARTICLE INFORMATION

ABSTRACT

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Keywords

Prevention, Rural, Urban, Role Attainment, stunting.

Introduction: The sociodemographic conditions of Jember Regency can shaped the role attainment of mothers in preventing stunting. The Maternal Role Attainment theory, explains that the mother's role attainment was influenced by 3 factors, namely the macrosystem, mesosystem and microsystem. **Objectives:** The purpose of this study was to analyze differences in maternal role attainment in rural and urban areas of Jember Regency. Methods: The research design used was descriptive analytical with a cross sectional approach. Total sample of 215 mothers who met the inclusion criteria was selected using the multistage random sampling technique. Data were analyzed using Mann Withney U Test with α = 0.05. **Results:** There was a difference between the role attainment of mothers in rural and urban areas (0.032<0.05). **Conclusions:** Based on the theory of maternal role attainment, differences in maternal role attainment in rural and urban areas were influenced by macrosystems, mesosystems, and microsystems as well as components of the mother's self. Further research can analyze the determinant factors in the differences in role attainment

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1. Introduction

Stunting is become a global public health problem affecting 155 million children under five. Stunting can have an impact on children such as increased risk of death, limited cognitive, verbal and motor abilities and increased treatment costs that will burden parents. The latest data shows that the global prevalence of stunting according to the World Health Organization (WHO) in 2020 will reach 20% (149.2 million people). The data focuses on Indonesia, the prevalence of stunting in 2022 is 21.6%, and the prevalence is 19.6% in East Java with Jember Regency taking first place at 34.9% (Tarmizi, 2022). There are 11 Stunting Pockets with an incidence of more than 10% in the total 31 working areas of the public health center in Jember Regency, both in rural and urban areas. This shows that alleviating the stunting problem in Indonesia is still far from the target set by the government, namely 14% by 2024.

Stunting can start from a child's age and can even start from a baby or in the womb if the mother's nutrition during pregnancy is less than normal. Babies are a golden period because during this period rapid development and growth occurs which reaches its peak at the age of 24 months. The government has provided several interventions aimed at preventing and overcoming stunting which focus not only on toddlers directly but also on the abilities and knowledge of parents (Kementerian Kesehatan Republik Indonesia, 2018). Parents, especially mothers, play an important role in stunting prevention. The mother's important role in preventing stunting is monitoring nutritional intake in the first thousand days of life, providing exclusive breast milk for 6 months, monitoring body weight, providing complementary breast milk and family food and carrying out immunizations. The mother's role in preventing stunting is influenced by several factors such as economic conditions, exposure to information, and family support (Umar & Darajat, 2020). Based on the Maternal Role Attainment nursing theory compiled by Ramona T. Mercer, the mother's role is known as role attainment. The ability and

achievement of the mother's role attainment is influenced by 3 factors, namely the Macrosystem which consists of culture, social, political, health service environment and health system policies which have an impact on the mother's role attainment, the Mesosystem includes daily care, schools, workplaces, places of worship and The general environment in society and the microsystem include family functions, mother-father relationships, social support, economic status, family beliefs and stressors of newborns who are seen as individuals embedded in the family system (Alligood, 2014). The interactions in this cycle can produce different role attainments for each individual mother with the final result being the child's growth and development. Jember Regency is in first place for the highest prevalence of stunting in East Java Province Sociodemographically, 51% of the area in Jember is rural, with the rest being urban areas with acculturation of Madurese and Javanese culture. The macrosystem, mesosystem and microsystem interactions that occur in Jember Regency can be a factor that shapes mothers' role attainment in preventing stunting.

The expected role attainment in preventing stunting consists of 5 behaviors, namely monitoring nutritional intake in the first thousand days of life, providing exclusive breast milk for 6 months, monitoring body weight, providing complementary breast milk and family food and carrying out immunizations. Related research shows that support from family and health workers as well as maternal motivation influence maternal behavior in preventing stunting (Salamung, Haryanto, & Sustini, 2019; Wulandari & Kusumastuti, 2020). Medico social factors such as socioeconomic factors in the family are also influential factors in stunting prevention (Sulvita Karsa, Mappaware, Latief, Irwan, & Pangnguriseng, 2021). This shows that the interaction of the microsystem, mesosystem, and macrosystems influences the behavior of the mother in carrying out her role in preventing stunting. A review from a cultural perspective explains that culture is one of the factors that influences a mother's attitude in carrying out her pregnancy, undergoing the birthing process, and in caring for toddlers (Illahi & Muniroh, 2018). Research that examines the culture of mutual cooperation in the community can improve the independent behavior of the community in improving the nutritional status of toddlers (Rasni, Susanto, Nur, & Anoegrajekti, 2019). The existence of culture can have a direct influence on nutritional status and indirectly on parents' behavior in caring for children (Rohmati & Lestari, 2021). Culture itself is not only formed from community interaction or previous experiences passed down from generation to generation, but geographical and demographic factors also influence cultural development in an area. The larger the territory, the more complex the differences in behavior and culture within it will be.

Indonesia has a wide geography and a diverse demographic consisting of rural and urban areas in each region. The difference in these areas also influences a health behavior. The increased risk of disease or health problems is proven to be higher in rural areas due to population characteristics, capacity of health services in rural areas, government policies, and community habit patterns (Arisanti & Pakasi, 2020; Lu et al., 2020). Studies of nutritional status in rural and urban areas also show significant differences due to demographic, socioeconomic factors and habit patterns related to diet and energy intake, including the incidence of stunting (Astuti, Sanee, & Shodiq, 2023; Kosaka, Suda, Gunawan, & Raksanagara, 2018; Nasih, Simon, & Lachyan, 2021). Several comparative studies have found that differences in the demographics of rural and urban areas influence parenting patterns and parental care for children (Susanti & Septiyana, 2021; Wiswanti, Kuntoro, Praditya, Rizqi, & Halim, 2020). The various interactions of various factors that influence stunting can be the basis for developing problem-solving strategies. Developing programs for health problems no longer makes individuals as objects but as subjects by paying attention to internal and external factors (Arman et al., 2021; Irawan, 2022; Krianto, 2022).

Therefore, the results of research related to the factors that influence the incidence of stunting is a gap that needs to be studied more deeply, especially in areas that have a relatively high incidence rate, namely in Jember district by focusing on the role of mothers in the incidence of stunting and its prevention. Based on the background that has been described, the current research is novel, namely basic research which aims to describe and analyze differences in maternal role attainment in preventing stunting in rural and urban areas in Jember Regency

based on Maternal Role Attainment Theory. The results of this research have implications for nursing intervention models in health facilities and become accurate data in planning applied and development research schemes.

2. Methods

The research used a descriptive analytical design with a cross-sectional approach based on a research design using Ramona T. Mercer's theory. Population and sample collection was carried out in the Sumbersari and Kaliwates Public Health Center Working Areas for urban areas, for rural areas it is carried out in the Rambipuji and Panti Public Health Center Working Areas. The sampling technique used was multistage random sampling with the following scheme.

Public Health Center No Total Sumbersari Kaliwates Rambipuji Panti 1 Working 29 area 2 **Population** 4956 3242 5533 5596 19372 3 Sample 55 40 60 215 60

Tabel 1. Research Sampling Scheme

The inclusion criteria in this study were mothers with toddlers who were registered in the working area of the Rambipuji, Panti, Kaliwates, and Sumbersari public health centers, and able to read and write. The exclusion criteria were respondents who refused to participate in the study and were in a sick condition. The instrument used was a questionnaire. A questionnaire on achieving the mother's role using validity and reliability tests by researchers consisting of 25 questions compiled using 5 role indicators that mothers must do to achieve success as mothers in preventing stunting, namely, monitoring nutritional intake in the first thousand days of life, provide exclusive breastfeeding for 6 months, monitor body weight, provide complementary breast milk and family food and carry out immunizations. These questions are equipped with Likert scale answers (never = 1, sometimes = 2, often = 3, always = 4). The validity of the questionnaire was tested by comparing the Pearson product moment (r) value for 30 participants (r = 0.361) with the calculated r value for each question item. The validity of the instrument and the Cronbach alpha value of 0.458 to 0.624 and 0.658 indicate a valid and reliable questionnaire. The process of collecting, cleaning, editing and data analysis was carried out with SPSS version 25.0 using the Mann Withney U Test statistical test

3. Results and Discussion

The results of the univariate analysis obtained the demographic characteristics of the respondents. Most of the respondents involved were in the age range 30-34 years (32.6%). Where there are differences in the age range of respondents in rural and urban areas. In rural areas, the majority are in the 25-29-year age range (29.2%) while in urban areas they are in the 30-34-year age range (40.0%). Most respondents have the same characteristics in terms of education and work. Most respondents had a high school education (61.4%) and worked as housewives (79.5%).

** 1.1.	Table 1 Characteristic of Respondents							
Variables	Rural (n=120)		Urban (n=95)		Total (215)			
Co si o domo o monhico	n	%	n	%	n	%		
Sociodemographics								
Age: 20-24 years	22	18,3	18	18,9	40	18,		
25-29 Years	35	16,3 29,2	22	23,2	57	26		
30-34 Years	32	26,7	38	40,0	70	32		
>35 Years	32 31	25,7 25,8	36 17	40,0 17,9	70 48	32 _. 22 _.		
Education	31	45,6	17	17,9	40	22		
Not finished	1	0.0	0	0	1	0		
	1	0,8	0	U	1	0,		
elementary school	14	117	15	15,8	29	12		
Elementary school Middle school	15	11,7 12,5	9	9,5	29 24	13 11		
			52					
high school	80	66,7		54,7	132	61		
College Work	10	8,3	19	20,0	29	13		
	00	02.5	72	76.0	171	70		
Housewives	99	82,5	72	76,8	171	79		
Employee	4	3,3	1	1,1	5	2,		
Civil servants	1	0,8	9	9,5	10	4,		
Entrepreneur	13	10,8	11	11,6	24	11		
Farmers	1	0,8	0	0	1	0,		
Others	2	1,7	1	1,1	3	1,		
Number of								
Previous								
Children	0.0	0.4 =		44=	4.6	0.4		
0	32	26,7	14	14,7	46	21		
1	36	30,0	36	37,9	72	33		
2	45	37,5	36	37,9	81	37		
3	6	5,0	5	5,3	11	5,		
>3	1	0,8	3	3,2	4	1,		
Family Income								
>IDR 500.000	37	30,8	22	23,3	59	27		
IDR 500.000-	43	35,8	25	26,3	68	31		
1000.000								
>IDR 1000.000	40	33,3	48	50,5	88	4		
Status of								
Residence								
Owned by parents	56	46,7	48	50,5	104	48		
Rent	10	8,3	2	2,1	12	5,		
Private property	54	45,0	45	47,4	99	4		
Other people								
living in the								
same house:								
Parents	23	19,2	40	42,1	63	29		
In-laws	25	20,8	16	16,8	41	19		
Spouse	72	60,0	39	41,1	111	51		
Role Attainment								
Interpretation								
Deficient	8	6,7	17	14,2	25	11		

Socioeconomic characteristics of most respondents have family income> IDR 1000,000 (41%). Even though most respondents showed the same income characteristics, in more detail there were still differences between respondents according to area. Respondents in rural areas mostly have income in the range of IDR 500,000 to IDR 1,000,000 (35.8%) while those in urban areas are > IDR 1000,0000 (50.5%). Most respondents live in a house owned by their parents (48.4%) and live with their partner (51.6%) and children, with most respondents having two

64

14

53,3

11,7

165

25

76.7

11,6

84,2

9,2

101

11

Good Very Good children (37.7%). Mother's role attainment in stunting prevention is categorized into three categories. The results showed that most of the respondents were in the category quite good at carrying out the role of mother (76.7%). The detailed results of the characteristics of the respondents are described in table 1

Table 2 Role Attainment Equality

	4							
Variables	Rural		Urb	P-Value				
	Mean ± SD	Min-Max	Mean ± SD	Min-Max				
Role Attainment	2,03 ±0,39	1-3	1,97±0,57	1-3	0,032			

Multivariate analysis found that there were significant differences between the mother's role attainment in stunting prevention in rural and urban areas (0.032 < 0.05). The conclusion of this hypothesis is in line with the theory underlying this research, namely maternal role attainment theory. This theory explains that the mother's role attainment is formed from the process of interactive and adaptive development of the cognitive skills of maternal behavior, maternal characteristics, to social support. In more detail, this process is divided into three system scopes, namely macrosystem, microsystem and mesosystem (Alligood, 2014). The microsystem is the environment in which maternal care occurs. Influencing factors include family function, social environment, father and mother relationship, economic status, family values and stressors. Socioeconomic data shows that mothers in urban areas have higher incomes than mothers in rural areas. This condition can be one of the factors that influences the mother's role attainment. In several studies, socioeconomic factors show a significant relationship with household conditions. Low socioeconomic status risks increasing distress in the family, especially parents (Marsh, Dobson, & Maddison, 2020). High economic status is associated with low household chaos and positive family emotional conditions, including childcare and the quality of family relationships (Purwandari, Estiningtyas Sakilah Adnani, & Yuli Astutik, 2021). Another microsystem difference between mothers in rural and urban areas is that most mothers in urban areas still live with their parents, while in rural areas they only live with their partners. Having parents living with the mother can show involvement in caring for and nurturing the child. The family has an important role in the mother's motivation, perception, emotions and attitudes in meeting the baby's nutritional needs (Yuliana & Nulhakim, 2019). Several studies have shown that the involvement of grandmothers and grandfathers in parenting is significantly related to the incidence of stunting. Ramadhani, Susanto, Rasni, & Kurdi, (2023) explained in the research conducted that the characteristics of families in Indonesia are the extended family type, where in one house consists of grandparents, parents and children. This type of family has the characteristics of strong involvement in parenting, including nutrition fulfillment. This study has limitations in examining more deeply the involvement of mothers' parents in the role attainment of stunting prevention. The researcher assumes that the presence of parents in the same house with the mother will have an effect on shaping the mother's role attainment.

Mesosystems are environments that interact and influence individuals with microsystems. The mesosystem consists of daily care, health services, schools, places of worship, and the general environment in the community. General environmental conditions such as geographic location and affordability of access to health services and fulfillment of nutrition have a high potential for stunting (Shinta, Utami, & Adiwijaya, 2020). Related research on rural areas such as riverbanks shows an increase in stunting rates due to geographical conditions that do not reach the services needed. Research in sub-Saharan Africa shows that environmental conditions are an important factor in stunting (Quamme & Iversen, 2022). Researchers did not examine in more depth the environmental conditions of respondents in rural and urban areas. In general, geographical conditions, especially in rural areas in Jember Regency, are still quite extensive with natural conditions such as plantations. There is one public health service in each

sub-district that serves the entire community down to the village level. Distance to health services can be one of the factors that shapes a mother's role attainment in meeting her child's health needs.

The macrosystem includes the social, political, cultural influences of the microsystem and mesosystem. There are many studies that conclude that the culture that develops in the environment can influence individual health behavior. Research conducted by Yunitasari, Pradanie, Arifin, Fajrianti, & Lee (2021) found a positive relationship between cultural values and stunting prevention. These cultural values include the practice of fulfilling maternal nutrition that adheres to recommendations given by parents. Several ethnic groups in Indonesia have a culture related to nutrition which has a negative impact on stunting prevention. In the Madurese ethnic group, there are cultures such as limiting protein intake for pregnant women, no immunization for children and giving complementary foods to breast milk at an early age (Yunitasari et al., 2022). Jember Regency is a combination of several ethnicities, namely Madurese and Javanese. In rural areas it is dominated by Madurese ethnic people, while in urban areas it is a combination of Madurese and Javanese ethnicities. Researchers assume that the existence of a culture that has developed in the Jember community from generation to generation influences the skills and abilities demonstrated by mothers in preventing stunting. Components within the mother are also important factors in shaping the mother's role attainment in preventing stunting. Several components in the mother such as age, education, and work. Age is related to maturity in thinking and acting so that it makes it easier to carry out duties and obligations. Research conducted by Noviana (2021) shows that there is a positive relationship between the mother's age and the ability to care for the baby. In line with this research, there are differences in the age range between mothers in rural and urban areas. In rural areas the mother's age is in the range of 25-29 years, while in urban areas it is in the range of 30-34 years. The age range of mothers in both regions is in adulthood so that they are considered to be of sufficient age to carry out role attainment, especially in preventing stunting. Several studies show a correlation between education and the incidence of stunting in toddlers. Research by Purwandari, Estiningtyas Sakilah Adnani, & Yuli Astutik (2021) shows a positive correlation between mother's education and the incidence of stunting in toddlers. The results showed that most of the respondents had a high school education, a different proportion was at the tertiary education level where in urban areas there were many mother's last education at the tertiary level. Mother's education on stunting prevention is related to the ability to receive related information so that it is related to the nutritional preparation of children and families. The mother's education level can influence the mindset and efforts to solve family health problems through information. The higher the level of education will increase the ability to manage information used in solving health problems. Education is needed in changing behavior that can improve maternal and child nutrition. In several studies, the mother's occupation did not have a significant correlation with the mother's ability to carry out her role. Most of the respondents have the same job in both rural and urban areas.

4. Conclusion

There are differences between mothers' role attainment in preventing stunting in urban and rural areas. In line with the theory of maternal role attainment theory, differences in maternal role attainment are influenced by the microsystem, mesosystem, and macrosystem as well as the mother's self components. These factors interactively and adaptively influence a mother's development process in achieving role attainment. This study has the limitation of not analyzing more deeply the determinants of the factors that influence differences in the role attainment of mothers in rural and urban areas. For further research, an analysis of the determinant factors that influence differences in maternal role attainment can be carried out while still using the basic theory of maternal role attainment.

5. Ethics approval and consent to participate

Manuscripts reporting studies involving human participants, human data, or human tissue must:

- 1. Participants or respondents in this study were previously given informed consent or a letter of consent to become respondents in this study and signed if the respondent agreed;
- 2. This research has passed the ethical test by the Health Research Ethics Commission of the Faculty of Health Sciences, Muhammadiyah University of Jember based on the certificate of passing the ethical review number 0274/KEPK/FIKES/XII/2023.

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