

DESCRIBE OF STIGMA IN STUNTED CHILDREN

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ARTICLE INFO ABSTRACT

Received:

Revised:

Approved:

Stunting experienced by children will have a serious impact on the health of children's growth and development. Stunted children will experience both cognitive and motor impairments that will have an impact until adulthood, one of which is the impact of productivity. The goal is to describe the stigma associated with stunted children. Research method: This study is a descriptive study, the number of samples is 113 respondents with a sampling technique with the probability of purposive sampling. Results: The results showed that most stunted children received a negative stigma of 51.3%. Stunted children tend to get poor treatment from their peers. Conclusion: Stunted children who are negatively stigmatized are more at risk of low self-esteem. Negative stigmas experienced such as stereotype stigma, discrimination, social withdrawal.

KEYWORDS

Children, Stigma, Stunting



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INTRODUCTION

In Indonesia, the incidence of stunting that occurs in children is still a major health problem. Stunting is a problem associated with the risk of pain and death, non-communicable diseases, poor cognitive development. Stunting can affect the quality of human resources [1]. Children who experience stunting caused by malnutrition, especially during the first 1000 days of life. According to WHO Child Growth Standards, children are said to be stunted based on measuring body length using a Z score limit with an index of body length compared to age (PB / U) or height compared to age (TB / U) <-2 elementary schools. [2].

The prevalence of stunting in the world reaches 149.2 million (22%). Indonesia is ranked third in the world and the highest in Asia Tenggara. According to Basic Health Research (2018), the number of toddlers is 22.4 million, every year there are 5.2 million women who become pregnant. Of the ten toddlers, there are three toddlers who have a short body from their age standard. Not only short stature but stunted children experience problems in physical, cognitive and so on [3] Stunting is usually less realized by the

family. Stunted children are only seen after 2 years and have an impact on cognitive conditions and long-term productivity, even to the point of fecal death [4]. The country of Indonesia has a fairly high proposal compared to other countries. Indonesia is ranked fifth with the number of children who have a short body [5].

Based on nutritional status monitoring data for the last three years, children who have short bodies have the highest prevalence compared to other nutritional problems such as malnutrition, hemuk, and thinness. The prevalence of short toddlers is increasing every year. This can be seen from the results of Basic Health Research in 2010 as much as 35.6% increased in 2013 by 37.2% [6].

Stunting children that occur in Indonesia are actually not only experienced by poor families but can also be experienced by non-poor families with a good welfare level of 40% of the level of social and economic welfare [7]. Stunting experienced by children will have a serious impact on the health of both children's growth and development. Children with stunting will experience both cognitive and motor impairments which will later have an impact until adulthood, one of which is the impact of their productivity [3].

The impact of stunting is not only impaired physical growth of children, but also the growth patterns of children's brains. Children who experience stunting as adults are more at risk of contracting diabetes, cancer, stroke and are likely to have a decrease in work productivity of their productive age. Stunting will not only have an impact today but will have a lifelong impact. [8] The golden age is a time when toddlers are very important in shaping the growth and development phase besides also shaping character and personality [9]. Therefore, all phases are considered important to maintain both physical, cognitive, motor, language and social emotional status. The age of the child is an important phase that will determine the future life. The slightest deficiency of some of these aspects will affect other aspects [10].

Stunting conditions in toddlers must receive special attention because in addition to inhibiting physical growth, mental development and the health status of children. From the study literature, children who experience stunting will affect poor performance, are unhealthy and susceptible to disease [11]. In addition, short body conditions, and usually obesity cause the child to experience impaired body image or feel less confident. Stunting can also affect children's ability to socialize with their friends. The ability that must be achieved at the age of children 24 to 60 months is to be able to do simple tasks such as taking off clothes, eating, and being able to socialize with the surrounding environment [12]. Children with stunting tend not to want to join other friends, they look more apathetic and have difficulty socializing [13].

From the preliminary results, the incidence of stunting in Indonesia is still high, one of which is in Central Java Province, precisely in Sukoharjo Regency, from the results of a preliminary study of children with a very short period of 316 respondents. And the results of observations are that children who have short postures are often ridiculed by their friends. Seeing this phenomenon, the author wants to know the picture of stigma in stunted children.

RESEARCH METHOD

This research is a research with a descriptive method with a quantitative approach, this research was conducted to see a picture of stigma in stunted children. This study was conducted in Sukoharjo Regency with a sampling of 113 respondents with a purposive sampling technique. The instrument used is in the form of AN ISMI modification which has been carried out validity tests and reliability tests using cronbarch's alpha with a value of 0.887.

RESULT AND DISCUSSION

Table 1 Frequency Distribution of Respondents By Age, Gender, Education

Characteristic	Sum (n)	Percentage (%)
Age (months)		
44-47	46	40,7
48-60	67	59,3
Total	113	100
Gender		
Man	61	54
Woman	52	46
Total	113	100
Parental Income		
≤Rp 1,500,000,-	63	55,8
>Rp 1,500,000,-	50	44,2
Total	113	100

Distribution based on age of the child

Based on table 1 of the frequency distribution by age, it can be seen that most of the respondents aged in the range of 48-60 years as many as 67 respondents (59.3%). This is in accordance with the research (Aring *et.al.* 2018), states that toddlers aged 25-59 months are a vulnerable group in nutritional problems. Under the same conditions, they are in a period of rapid growth [14]. The larger the age of the child, the interaction with the environment is wider. Children aged 3-5 years can already play alone without the company of their parents so that parental control over hygiene is reduced. Seeing this condition, children become a range against contracting a disease. One of them is that it is easy to contract such as the infulenza virus or an upper respiratory tract infection occurs. Toddlers if they often suffer from the disease usually have a reduced appetite so that nutrition is not fulfilled so that they can be at risk of stunting.

This is in accordance with the research conducted [15], stating the influence of the history of ARI with stunting events. Children who have had ARI are at three times higher risk of stunting compared to children who have never had ARI. This condition can increase the child's risk of developing infectious diseases such as diarrhea and ARI. The condition affects the condition of the child. This condition will eventually affect nutritional status and will eventually inhibit the growth of children[16].

Distribution based on gender

Frequency distribution based on gender, most of the people in this study were male as many as 61 respondents (54%), this is in accordance with the results of the study [17] stated that most of them were male. This is supported by conditions based on Basic Health Research (2018), that stunting is more male (38.1%) and female (36.2%).[6].

According to Ti Ripan (2021), the composition of body tissues in boys and girls is different. Men have more muscle than fat, while women have more fatty tissue. Muscle is more active than fat so muscle requires more energy than fat. This condition causes the difference in men's energy needs to be relatively higher than that of women. Energy needs must be met so as not to cause nutritional problems, especially stunting. [18].

Boys' play habits are different from girls'. Boys in general prefer games with many movements such as running, jumping and kicking. They play more outside the house such as playing bicycles, cars, and running around. Meanwhile, girls prefer calm and relaxing games. Boys' games require more power than girls' games [19]. The energy needs of boys are more than that of girls. This condition allows the nutritional intake of vulnerable boys to not be met. If nutritional needs are not met, it will be able to cause nutritional problems including stunting.

Distribution Based on Parental Income

The distribution of stunting based on education, most people have a low income of 55.8%. This is in accordance with research [20], stating that a large number of stunted children come from families with low economic status at risk of stunting. According to previous studies, low income levels are a risk factor for stunting. The economic status of parents as a risk factor for stunting at the economic level which can affect the family's ability to fulfill the nutrition of toddlers [21]. This is because families with low economic status more often choose side dishes with cheap prices according to their abilities.

The condition of families who have a low economic status in addition to affecting unbalanced nutrition, will also affect access to health services[22] Families who have a high economic status will certainly seek better health services and facilities compared to families who have a low economic status (Fantay Gebru, Mekonnen Haileselassie, Haftom Temesgen, Oumer Seid, & Afework Mulugeta, 2019) So that low economic conditions can be at risk of worsening health conditions so that it can affect a person's body condition, especially in children under five so that they can be at risk of stunting conditions[20].

Frequency Distribution of Respondents Based on Stigma in Stunted Children

Table 2 Frequency Distribution of Respondents Based on Stigma in Stunted Children

Characteristic	Sum (n)	Percentage (%)	Mean
Stigma			
Negative	58	51,3	1,44
Positive	55	48,7	
Total	113	100	

Based on table 2, it can be seen that respondents received a positive stigma of 55 respondents (48.7%) while stunted children who received negative stigma were 58 respondents (51.3%). Based on table 2, it was found that out of 113 respondents, most of the stigma was negative, namely 58 respondents (51.3%), which included stereotypes, discrimination, social withdrawal. This is according to the theory [24] explaining that stigma is a marking to distinguish people who corner like people who have different skin colors or different physiological forms that get stigma from the surrounding environment or society, where the person is demeaned from other individuals. Not only from the surrounding community but from cognitive, emotional and behavioral.

According to [25] stigma is defined as discrimination that is being experienced by an individual. According to [26], states that stigma has three influencing circumstances, namely problems with attitudes, knowledge and behavior. Researchers argue that stigma is a perception assessment given to children or families who have stunted children who get discriminatory treatment from people in the surrounding environment.

According to [27] stunted children also have a greater risk of suffering from non-communicable diseases such as diabetes, obesity, and heart disease in adulthood. Economically, this will certainly be a burden for the state, especially due to the increase in health financing. The impact on stunted children if left untreated will cause future generational problems, both mental development and physical growth [28]

In addition, this condition causes children to feel less trust in their body conditions that are different from other children [29]. One of the concerns is that children with stunting conditions get a negative stigma [30]. Stigma is the disapproval of a person or group of certain characteristics that distinguish or their existence becomes undesirable by the surrounding environment. Stigma is also said to be a negative assessment given to someone because of something certain [31]. Stigma against children with stunting is a prejudice that arises in themselves or others or attitudes directed at someone with a stunting condition who experiences differences in posture, cognitive and motor development.

As for someone stigmatizing others, it is influenced by 1) Perception, 2) Level of Education 3) Age 4) Gender 5) Economy. The existence of stigma can affect many domains and can cause negative emotions and feelings such as despair, shame, and feeling depressed (Soekatri, Sandjaja, & Syauqy, 2020). Don't even want to seek help because of the lack of understanding from the family of friends and even the community. The impact of this stigma can affect social relationships and encourage a person to withdraw and experience socio-social isolation. With this stigma, a person feels less confident so that it hides their situation and the person tends to stay away and does not want to engage in contact with them [28]. Stigma from abnormalities is a central issue in public health [33]. Stigma can cause a person to hide his condition in order to avoid discrimination.

CONCLUSION

Based on the results of the study, it was found that most stunted children received a negative stigma of 51.3%. Negative stigmas experienced such as stereotype stigma, discrimination, social withdrawal. Stigma can cause a person to hide his condition in order to avoid discrimination.

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