

Descriptive Study of Knowledge and Stunting Prevalence in Rimba Soping Padangsidimpuan

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Abstract

Background: Stunting is a chronic form of malnutrition that results in impaired linear growth and is defined as a height-for-age measurement below minus two standard deviations (<-2 SD) according to the World Health Organization (WHO) Child Growth Standards. Maternal knowledge plays a crucial role in preventing stunting through appropriate nutritional and childcare practices during the first 1,000 days of life.

Aims: This study aimed to describe the level of maternal knowledge regarding stunting among mothers of children under five years of age in Rimba Soping Village in 2023.

Methods: A quantitative descriptive study with a cross-sectional design was conducted in Rimba Soping Village in June 2023. Total (saturation) sampling was employed, involving 23 mothers of children under five years of age. Data were collected using a structured questionnaire consisting of 20 knowledge-related questions. Descriptive (univariate) analysis was performed to summarize respondents' characteristics and maternal knowledge levels.

Results: The findings showed that most respondents were aged 22–29 years (47.8%), were housewives (91.3%), and had completed senior high school education (78.3%). The majority of mothers demonstrated good knowledge regarding stunting, with 17 respondents (73.9%), while 6 respondents (26.1%) had poor knowledge.

Conclusion: Most mothers in Rimba Soping Village had good knowledge regarding stunting. Continuous health education and nutrition promotion programs should be strengthened to improve maternal knowledge, particularly among mothers with lower educational backgrounds, thereby supporting efforts to prevent stunting among children under five.

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INTRODUCTION

Stunting is still one of the biggest public health problems around the world because it shows that a child is not getting enough nutrition over a long time, especially during the most important time for their growth and development ([Indahsari et al., 2023](#)). According to the World Health Organization (WHO), stunting is when a child's height for their age is more than two standard deviations below the average ([Laksono et al., 2022](#)). Children who are stunted are more likely to have

problems with their brain development, do worse in school, earn less money when they grow up, and get sick more often as adults ([Lestari et al., 2024](#)). Globally, WHO reported that approximately 149.2 million children under five years of age experienced stunting in 2022 ([Milwan & Sunarya, 2023](#)). Southeast Asia continues to contribute substantially to the global burden of stunting despite gradual reductions over the past decade ([Supranoto et al., 2025](#)). In Indonesia, stunting remains a national public health priority because the prevalence is still above the WHO threshold of 20%. Although the national rate has seen a decline from 36.6% in 2013 to 21.6% in 2022, the current pace of improvement is insufficient to reach the targeted Sustainable Development Goals ([Nuridin et al., 2023](#)); ([Taslim et al., 2023](#)). Furthermore, the persistent disparity in regional nutritional outcomes suggests that socioeconomic factors and uneven access to health infrastructure continue to impede progress toward these global targets ([Choironi, 2024](#)); ([Wulandari et al., 2025](#)). These structural inequalities are further exacerbated by inadequate infant feeding practices and repeated infections, which undermine the effectiveness of existing maternal and child health interventions ([Dewi et al., 2025](#)); ([Permatasari et al., 2021](#)).

North Sumatra Province continues to report relatively high stunting prevalence. Based on the Indonesian Nutritional Status Survey (SSGI), several districts and municipalities have stunting prevalence above the provincial average ([Nasution et al., 2024](#)). Although Padangsidempuan City is not categorized among the highest-prevalence regions, the proportion of stunted children remains concerning and requires preventive interventions through community-based nutrition programs ([Suryanegara, 2025](#)). Maternal knowledge is seen as one of the key factors that affect a child's nutrition ([Ilma et al., 2025](#)). Mothers play a central role in providing adequate nutrition, exclusive breastfeeding, complementary feeding, growth monitoring, hygiene practices, and health service utilization ([Novianti et al., 2024](#)). Therefore, understanding maternal knowledge regarding stunting is essential for strengthening prevention strategies ([Siagian & Ramschie, 2024](#)). Furthermore, addressing the disparity between educational initiatives and actual maternal practices is critical, as household nutritional behaviors are frequently influenced by socioeconomic constraints and limited access to professional counseling ([Prasetyo et al., 2023](#)). Consequently, structural barriers such as regional disparities in healthcare infrastructure and household economic profiles significantly mediate the practical implementation of dietary diversity and optimal feeding practices ([Masthalina et al., 2025](#)). These environmental and economic factors often intersect with maternal employment status, which can further complicate the consistency of care and the frequency of health-seeking behaviors ([Helti & Hayati, 2025](#)).

Previous studies have shown that maternal knowledge significantly influences child nutritional practices and stunting prevention ([Ekholuenetale et al., 2021](#)). Mothers with adequate knowledge tend to provide better feeding practices, appropriate complementary foods, regular growth monitoring, and improved sanitation behaviors ([Kalinda et al., 2024](#)). Several factors contribute to maternal knowledge, including maternal age, educational level, occupation, socioeconomic status, and exposure to health information. Mothers with higher educational attainment generally possess greater ability to understand nutritional information and implement healthy childcare practices. Conversely, deficits in maternal nutritional awareness frequently correlate with sub-optimal feeding behaviors, such as the failure to initiate timely and exclusive breastfeeding ([Siagian & Ramschie, 2024](#)). Furthermore, systemic barriers such as limited access to external health resources can impede a mother's ability to translate formal education into practical nutritional care, highlighting that knowledge acquisition is frequently mediated by socio-cultural and environmental contexts ([Sari et al., 2021](#)); ([Wardani et al., 2024](#)). Moreover, supplemental nutritional interventions for both pregnant women and children aged 6–24 months, such as the provision of lipid-based nutrient supplements, serve as critical external supports that can mitigate these behavioral and environmental limitations ([Taofik et al., 2025](#)). Integrating such interventions within community-based outreach programs ensures that families receive consistent guidance, thereby reinforcing the connection between theoretical knowledge and the daily application of effective feeding skills ([Yustiari et al., 2025](#)).

Although many studies have examined determinants of stunting, descriptive information regarding maternal knowledge in rural communities remains limited, particularly at the village level ([Hamdani et al., 2024](#)). Previous research has primarily focused on identifying determinants and risk factors associated with stunting. Few studies have specifically described the level of maternal

knowledge regarding stunting among mothers living in rural communities such as Rimba Soping Village ([Patimah et al., 2024](#)). Baseline information regarding maternal knowledge is essential before designing effective health education interventions ([Purnaningsih et al., 2025](#)). By bridging this knowledge gap, researchers can better tailor educational strategies to address specific cognitive and behavioral barriers that currently impede the implementation of nutritional best practices ([Prima et al., 2024](#)). Furthermore, understanding the nuances of maternal perception which is often shaped by familial influence and deep-seated misconceptions regarding heredity is critical for ensuring that interventions resonate within the cultural context of rural settings ([Marni et al., 2023](#)). This is particularly significant given that persistent reliance on traditional myths and taboos often obstructs the adoption of modern nutritional guidelines, thereby necessitating interventions that are sensitive to local belief systems ([Ariadi, 2023](#)). Furthermore, addressing the disparities in health literacy between rural and urban populations is paramount, as rural mothers frequently demonstrate lower baseline knowledge regarding optimal feeding practices ([Permatasari et al., 2025](#)).

Looking at what mothers know helps village health workers, community health centers, and decision-makers create better nutrition programs. These programs are meant to stop child growth problems in kids under five years old. This study was done to understand how much mothers know about stunting in their children who are under five years old, living in Rimba Soping Village in the year 2023.

METHOD

A cross-sectional, quantitative descriptive study. There are twenty-three women in Rimba Soping Village with children under five. All moms in Rimba Soping Village with children under five made up the population. Total sampling, also known as saturation sampling, was used due to the tiny population, yielding a total sample of 23 respondents. A systematic questionnaire with twenty knowledge questions about the definition of stunting, causes of stunting, risk factors, prevention, consequences, and nutrition during the first 1,000 days of life was used to gather data.

One point was awarded for each right response, and zero points were awarded for each wrong response. Knowledge scores were divided into three categories: Good knowledge, Lack of understanding Validity and reliability testing were not reported in the original study. Future studies should evaluate Content validity by nutrition and public health experts. and Internal consistency using Cronbach's Alpha (recommended ≥ 0.70). Structured questionnaire consisting of 20 closed-ended questions. Data collection was conducted during **June 2023** in Rimba Soping Village. Eligible respondents were approached directly after obtaining informed consent. Questionnaires were completed during a single visit.

Data were analyzed using **univariate descriptive statistics**. Variables analyzed included Maternal age, Occupation, Educational level and Maternal knowledge. Results were presented as frequencies and percentages. The study was limited by:

- Small sample size (n = 23)
- Single study location
- Descriptive design
- No validity and reliability testing reported
- No analytical testing of associated factors
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RESULTS AND DISCUSSION

Result:

In all, 23 moms of children under five took part in the study. Age, occupation, and educational attainment were used to characterize the respondents. Additionally, a standardized questionnaire was used to gauge the mothers' degree of understanding on stunting. Tables show the descriptive analysis's findings:

Table 1. Characteristics of Respondents (n = 23)

Variable		Frequency (n)	Percentage (%)
Age (years)	22-29	11	47.8
	30-35	9	39.1
	36-42	3	13.0
Occupation	Housewife	21	91.3

	Non-housewife	2	8.7
Education	Senior High School (SMA/SMK)	18	78.3
	Below Senior High School	5	21.7
Knowledge Level	Good	17	73.9
	Poor	6	26.1
	Total	23	100.0

The results indicate that most respondents were aged 22–29 years (47.8%), were housewives (91.3%), and had completed senior high school education (78.3%). Regarding knowledge, 73.9% of mothers demonstrated good knowledge concerning stunting, while 26.1% had poor knowledge.

Discussion:

The present study found that nearly three-quarters of mothers possessed good knowledge regarding stunting. This finding suggests that health promotion activities delivered through village health cadres and community health centers may have successfully increased awareness regarding child nutrition and stunting prevention.

Maternal age may contribute to knowledge acquisition because women in early adulthood generally have greater maturity and childcare experience. Likewise, educational attainment influences the ability to receive, understand, and implement health-related information. Higher educational levels facilitate better comprehension of nutritional recommendations, resulting in improved childcare practices. These results are in line with other research showing a beneficial correlation between maternal education and the nutritional outcomes of children.

Despite the predominance of good knowledge, approximately one-quarter of respondents still demonstrated inadequate knowledge. This indicates the need for continuous nutrition education targeting mothers with lower educational backgrounds. The results highlight the significance of enhancing community-based nutrition education via primary healthcare facilities and village health cadres. Health promotion should prioritize mothers with limited educational backgrounds to improve knowledge regarding stunting prevention.

This study provides baseline evidence regarding maternal knowledge about stunting in Rimba Soping Village.

The findings may serve as a reference for designing nutrition education programs and future analytical studies investigating determinants of maternal knowledge. The study has several limitations Small sample size, Conducted in only one village, Descriptive design, No questionnaire validity or reliability testing reported.

Implications:

The findings indicate that maternal knowledge regarding stunting is generally satisfactory; however, knowledge disparities remain among mothers with lower educational backgrounds. Therefore, community health centers, village governments, and health cadres should strengthen regular nutrition education, growth monitoring, and counseling programs. It is anticipated that ongoing educational initiatives will raise maternal awareness and promote healthy eating and childcare habits, helping initiatives to lessen stunting in children under five.

Research Contribution:

This study contributes to the existing literature by providing descriptive baseline data on maternal knowledge regarding stunting in Rimba Soping Village, an area where similar evidence has been limited. The findings enrich the understanding of maternal awareness at the community level and provide practical information for policymakers and public health practitioners in designing targeted nutrition education programs. In addition, the study may serve as preliminary evidence for future analytical studies examining factors associated with maternal knowledge and stunting prevention.

Limitations:

This study has several limitations. First, the sample size was relatively small, involving only 23 respondents, which limits the generalizability of the findings. Second, the study was conducted in a single village, so the results may not represent maternal knowledge in other communities. Third, the descriptive cross-sectional design only provides a snapshot of respondents' knowledge and does not identify causal relationships or associated factors. Finally, the questionnaire did not undergo reported validity and reliability testing, which may affect the measurement accuracy.

Suggestions:

Future studies should involve larger sample sizes and multiple study locations to improve the representativeness of the findings. Researchers are also encouraged to employ analytical study designs to examine factors influencing maternal knowledge and their relationship with stunting prevalence. In addition, future research should use validated and reliable research instruments and evaluate the effectiveness of nutrition education interventions in improving maternal knowledge and reducing stunting among children under five years of age.

CONCLUSION

The majority of mothers of children under five years in Rimba Soping Village demonstrated good knowledge regarding stunting. Maternal knowledge constitutes an important foundation for improving childcare practices and preventing chronic malnutrition. Continuous nutrition education should be maintained to improve knowledge among mothers with lower educational attainment. Future research should investigate factors influencing maternal knowledge and evaluate the effectiveness of educational interventions in reducing stunting prevalence.

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AUTHOR CONTRIBUTION STATEMENT

The study was proposed by the first and second authors, who also designed the research, oversaw data collecting, analyzed the data, evaluated the results, and wrote the report. Data collection, literature review, manuscript revision, and final manuscript approval were all completed by third and other writers.

AI DISCLOSURE STATEMENT

In order to enhance academic writing, language quality, and document arrangement, the author utilized OpenAI ChatGPT. The author took full responsibility for the accuracy and integrity of the text after utilizing this tool to thoroughly review, modify, and verify all content.

CONFLICTS OF INTEREST

The study's design, data collection, analysis, interpretation, manuscript writing, and publication are all free from any financial, institutional, or personal conflicts of interest, according to the authors.

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