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Utilization of Health Services by Stunting Families in Tasikmalaya

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ABSTRACT

Background: Stunting is a national issue that attracts a lot of attention. Several factors are the cause of stunting in Indonesia, namely: bad parenting, including deficit knowledge about health and nutrition before and during pregnancy and after the mother gives birth; limited health services, including ANC-Ante Natal Care services (health services for mothers during pregnancy); Post Natal Care and quality early learning: deficit nutrition; and difficulty accessing clean water and sanitation. **Aim:** The research aims to describe the utilization of health services by families with stunting and the factors that influence it. **Methods:** This research design is quantitative with descriptive methods. The population was families with stunting in the Sukamulya Village area, namely 18 people. The sampling technique is total sampling. Data collection is done directly using the univariate data analysis technique. **Results:** The results showed that 44.4% of families with stunting did not use health services for treatment, and 22.2% of families with stunted toddlers rarely used posyandu services. Predisposing characteristic factors that influence visits to health services in this study are age > 35 years and junior high school graduates. **Conclusion:** In this study, the characteristic factor that influences the ability to visit health services is that the majority of family income is <UMR (unit market reference), and 38.9% do not have health insurance. The factor that influenced visits to health services in this study showed that 61.2% of families with stunting had a negative perception of stunting, such as the perception that stunting was not a serious problem that did not require immediate action.

Keywords: Health Services; Influencing Factors; Stunting Families

INTRODUCTION

In Indonesia, stunting rate has decreased from 37.2% in 2013 to 30.8% in 2018. Some of the factors that cause stunting are bad parenting, including a lack of knowledge about health and nutrition before and during pregnancy and after the mother gives birth; limited health services, including ANC-Ante Natal Care services (health services for mothers during pregnancy); Postnatal Natal Care and quality early learning: deficit nutrition; and difficulty accessing clean water and sanitation (Talapessy *et al*., 2023). Prasetyo *et al*. (2023) state that health services indirectly cause nutritional problems. The community's access to public health services, the caliber of those services, and the availability of health workers all have an impact on this health service. Health systems aim to narrow inequality in access to health care across socioeconomic groups and area of residency (Memirie *et al.*, 2016). Difficulty of the pregnant mothers in accessing health services will lead to ignorance of nutritional problems for mothers, so if there is a delay in handling, the baby will experience malnutrition in the womb and the baby will be born LBW so that growth is stunted, then it will not be able to receive optimal intervention and treatment (Astuti *et al*., 2024). Care during pregnancy is critical to prevent complications during pregnancy and childbirth and to maintain the fetus's health. Based on the aforementioned context, this study focuses on how families with stunting use health services and the factors that affect it (Park

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et al., 2022). In fact, knowledge about stunting must start when a woman is about to get married, as has been done by Suhardiningsih *et al.* (2023), with the results of the prospective bride and groom having on average good-quality knowledge about stunting. Preventing stunting in children and their families can be achieved by educating them with knowledge regarding upbringing, (Ilham & Amelia, 2024).

METHODOLOGY

The study uses quantitative research with descriptive methods. The population in this study were families with stunting children in the Sukamulya Village area, namely 18 people with total sampling. The instrument in this research is a questionnaire. Data collection techniques are carried out directly. Univariate data analysis is a technique in which a univariate analysis is carried out to obtain a description of each of the variables studied according to the type of data from each variable. The instrument used was a questionnaire, which explored the respondents' characteristics and described the participation of families with stunting in health services and the factors that influenced them. Data analysis in this study was carried out using descriptive statistics. This analysis procedure can be explained using the Bungin formula (2010) as follows:

$$P = \frac{F}{N} x\ 100\%$$

Description:

P = Percentage (%)

F = Number of answers obtained

N = Number of respondents

Ethical Consideration

This study was approved by Committee of Health Research Ethics of Bakti Tunas Husada High School of Health Sciences Tasikmalaya, Indonesia with reference number 175/kepk-bth/VIII/2021 on 31st August 2021.

RESULTS

Utilisation of Health Services

1. Behavior of utilizing health services to obtain treatment.

Table 1: Utilisation of Services Health for Treatment

No	Health Services	F	%
1	Yes	10	55.6
2	No	8	44.4
	Total	18	100

Source: Processing of research data results for 2021

Table 1, shows that 44.4% of families with stunting did not use health services for treatment.

2. The behaviour of using posyandu as a basic health service in detecting the growth and development of stunting toddlers

Table 2: Utilization of Posyandu Service

No	Visit	F	%
1	Routine	14	77.8
2	Rarely	4	22.2
	Total	18	100

Source: Processing the results of research data 2021

Based on Table 2, the data found that 22.2% of stunted toddler families rarely go to posyandu.

3. Factors affecting the utilization of health services

a. Factors Predisposing characteristics

Table 3: Factors Predisposing Characteristics

No	Characteristics	F	%
1	**Age**		
	Less than 20 years	2	11.2
	20 – 35 years	6	33.3
	> from 35 years	10	55.5
	Total	**18**	**100**
2	**Education**		
	Elementary Graduated	3	16.7
	School Graduated Junior	8	44.4
	High School Graduated Senior	6	33.3
	High School	1	5.6
	Total	**18**	**100**

Source: Analysis of research data results for 2021

Based on Table 3, it was found that the majority of respondents were >35 years old, namely 55.5%. Meanwhile, the majority of respondents were junior high school graduates, 44.4%.

Factor Characteristics predisposing to utilization of health services.

1. Age

Table 4: Utilization of Health Services Based on Age Factor

No	Income	Utilisation of Health Services				Total	
		Yes	%	No	%	Total	%
1	Less than 20 years	0	0	2	100	2	100
2	20 – 35 years	4	66.7	2	33, 3	6	100
3	> from 35 years	6	60	4	40	10	100
	Total					**18**	**100**

Source: Processing of research data results for 2021

Table 4, shows that respondents aged 20-35 years 66.7% utilized health services for the treatment of stunting toddlers.

2. Education

Table 5: Utilization of Health Services Based on Educational Factors

No	Education	Utilisation of Health Services				Total	
		Yes	%	No	%	Total	%
1	Graduated from Elementary School	2	66.7	1	33.3	3	100
2	Graduated from Junior High School	5	62.5	3	37.5	8	100
3	Graduated	2	33.3	4	66.7	6	100
4	Graduated from PT	1	100	0	0	1	
	Total					**18**	**100**

Source: Processing of research data results for 2021

Based on Table 5, it was found that 33.3% of respondents with an elementary school level of education did not utilize health services for stunting toddlers.

3. Factor Characteristics of ability

Table 6: Factors Characteristics of Ability

No	Ability	F	%
1	**Family Income**		
	< UMR	13	72.2
	≥ UMR	5	27.8
	Total	18	100
2	**Ownership of Health Insurance**		
	Yes	11	61.1
	No	7	38.9
	Total	**18**	**100**

Source: Results of research data for 2021

Table 6 shows that the income of the majority of the respondent's families was <UMR, which was 72.2%. Ownership of health insurance in families with stunting 38.9% do not have health insurance.

Enabling Characteristics Factor

1. Family income

Table 7: Utilization of Health Services Based on Family Income

No	Income	Health Service Utilization				Total	
		Yes	%	No	%	Total	%
1	< of UMR	12	92.3%	1	7.7%	13	100
2	≥ UMR	4	80%	1	20 %	5	100
	Total					**18**	**100**

Source: Processing the results of research data for 2021

Based on Table 7, it was found that 7.7% of families with stunting who have income <UMR, do not utilize health services.

Table 8: Utilization of Health Services Based on Ownership of Health Insurance

No	Ownership of Health Insurance	Utilization of Health Services				Total	
		Yes	%	No	%	Total	%
1	Having Health Insurance	9	81.8	2	18.2	11	100
2	Not Having	7	100	0	0	7	100
	Total					**18**	**100**

Source: Research data processing for 2021

Table 8 shows that 81.8% of families with stunting who have health insurance utilize health services.

Factors Characteristics of needs

Table 9: Factors Characteristics of Needs

No	Perceptions of Stunting	F	%
1	Positive	7	38.8
2	Negative	11	61.2
	Total	18	100

Based on Table 9, it was observed that 61.2 of families with stunting have negative perceptions of stunting. They thought that stunting is not a serious problem and immediate action is not required.

DISCUSSION

Based on research, it was found that of respondents aged 20-35 years, as many as 66.7% used health services for the treatment of stunting toddlers (Sumartini *et al*., 2019). Current lifestyle, responsibilities and commitments depend on experience, including determining whether or not to use health services and proper

nutrition when sick (Rosha *et al*., 2020). Notoatmodjo in 2003 stated that illness due to age determines the level of utilization of health services. In addition, it was found that 33.3% of respondents with primary school education did not utilize health services provided for stunting toddlers. As described by Atamou *et al*. (2023) who stated that maternal knowledge also determines parenting patterns to reduce the prevalence of stunting. Maternal knowledge shapes parenting habits, crucial for curbing stunting rates. Educating mothers on nutrition, breastfeeding, and hygiene enables informed choices, fostering healthy child development. Empowering mothers with essential knowledge yield proactive parenting, significantly reducing stunting prevalence (Novianti, Huriyati, & Padmawati, 2023). This was stated by Feldstein (1998) who argued that education is a factor that influences demand for health services. The level of education is relevant to a person's knowledge so that it also influences people's perception of the importance of health (Laili *et al*., 2022). Health is an important thing according to the perception of highly educated people, so the tendency to utilize health services is more important than people with low education. According to Zajacova and Lawrence (2018) education and health are pivotal for individual and societal well-being, which is deeply intertwined within social contexts. This requires interdisciplinary collaboration, innovative conceptual frameworks, and robust data sources to unravel their complex dynamics with informed comprehensive solutions (Kusumajaya *et al*., 2023). This is in line with research conducted by Napirah, Rahman, and Tony (2016) that shows that there is a relationship between the level of education and the use of health services in the working area of the Tambarana Health Center, Poso Pesisir Utara District, Poso Regency.

The present study showed that the majority of respondent families were <UMR, namely 72.2%. About 38.9% of the families owned health insurance owned of health insurance. In families of stunting individuals with 38.9% do not have health insurance. The definition of income, according to Adeoya, Akinwusi and Nagatomi (2023), is the income of the entire family members calculated in one month. The amount of income will be related to the use of health services. The high income influences the level of effort for affording health services. Even though the existence of this positive correlation is generally accepted, there is no clear consensus on the direction or the pathway of the relationship. For example, Case, Lubotsky, and Paxson (2002) and Lindahl (2005) suggested that a higher income causes improvements in health outcomes. Arno and colleagues (2009) presented preliminary evidence that income-support increases access to health insurance and improve certain health outcomes. Smith (1999), however, maintain that lower incomes cause decline in productivity and results in poor health and disabilities rather than the reverse. Research conducted by Rahayuwati *et al*. (2023) which stated that family income and expenses are not statistically significantly related to stunting, but mother's employment has a significant effect on the incidence of stunting in children.

According to Hu *et al*. (2017), poor and remote communities do not access existing health services. They prefer self-treatment at home or in village clinics. Meanwhile, Notoatmodjo (2003) stated in the family resource model that community income is a characteristic for measuring the ability of an individual or family to obtain health services. Young, & Garro (1982) and Rebhan *et al.* (2009) stated that people with low economic status experience difficulties in obtaining health services. As, health service costs not only include medical costs but also transportation costs. Talapessy *et al*. (2023) stated that a lack of family attention in reaching health services, inadequate needs and a healthier lifestyle or low economic status causes toddlers to be vulnerable to infectious diseases and thus experience stunting. Stunting is a public health problem throughout the world, including Indonesia. This is not only a problem in rural areas. Even when children live in cities with urban characteristics, may experience the risk of stunting (Kusumajaya *et al.*, 2023).

Based on research, 81.8% of families with stunting who have health insurance use health services. According to Wahyuni (2021), this shows that there is a significant relationship between possession of health insurance and public health utilization. Households that have health insurance have a 2.018 times chance (95% CI: 1.32–3.08) of utilizing Puskesmas health services. According to Aday & Andersen (1984), the existence of guaranteed payment for health services, including health insurance coverage, is one of the reasons for increasing access or utilization of services. However, 1.2% of families suffering from stunting have a negative perception of stunting, such as the perception that stunting is not a serious problem and requires immediate action. This is in accordance with research by Napirah, Rahman, and Tony (2016) which stated that there is a relationship between the perception of illness and the use of health services in the work area. Wahyuni (2021)

showed that there is a significant relationship between disease diagnosis and the use of Public Health Service. The presence of a disease provides an opportunity to utilize health services at the Community Health Center 2.108 times more (95% CI: 1.29 – 3.45), compared to the group without the disease. According to research in Amhara City, the majority of residents who came to health services had a fairly high rate of fatal diseases, with a percentage of 56% of the total 118 respondents (Fantahun & Degu, 2003).

CONCLUSION

The study reveals concerning trends in healthcare utilization among families with stunted toddlers. Alarmingly, 44.4% of such families do not seek health services for treatment, indicating a substantial gap in accessing essential care. Additionally, 22.2% rarely utilize posyandu services, pointing towards a significant underutilization of community health resources. The predisposing characteristic factors influencing health service visits include the age of respondents, with the majority aged over 35, and a predominant educational background of junior high school graduates. In terms of ability characteristics, the study identifies a correlation between low family income, with a majority earning less than UMR, and limited health insurance coverage, with 38.9% lacking such coverage, as factors hindering health service visits. Furthermore, the study underscores the importance of addressing the perception of stunting, revealing that 61.2% of families with stunted children hold a negative view, considering stunting as a non-serious issue does not require immediate attention. These findings collectively highlight the multifaceted nature of barriers to healthcare access among families fighting with stunting, emphasizing the need for targeted interventions addressing socio-economic factors, educational disparities, and misconceptions surrounding stunting. Future strategies should focus on maintaining the positive momentum in strengthening the healthcare system and extending its benefits to all women and children, especially those in marginalized socio-economic groups. Alongside ongoing efforts to enhance the healthcare sector, it is imperative to invest in women's education and enact policies that prioritize the welfare of the poor. Monitoring the implementation of interventions should prioritize equity to ensure progress is inclusive and reaches all segments of the population.

Conflict of Interest

The authors declare that they have no conflict of interests.

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