Stunting Center Analysis Of The Utilization In The Work Area Of Asam Asam Community Health Center Tanah Laut Regency

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Abstract- Stunting center is an integrated intervention activity in collaboration with cross-programs and cross-sectors which specifically facilitates stunting intervention at the Asam Asam Community Health Center. One of the problem phenomena found in the field is the less than optimal use of the Stunting Center seen from the indicator of visit numbers for 3 months, namely of the target number of 75 stunted children, 45.3% (34 stunted children) did not use the stunting center and as many as 18.6% (14 stunted children) only had one visit and 36% (27 stunted children) had regular visits. The low number of stunted mothers of toddlers accessing services has an impact on the program's lack of effectiveness in dealing with stunting problems. Aims to determine the relationship between knowledge, attitudes, distance, income and health service providers (providers) with the use of the Stunting Center in the Asam Asam Community Health Center Working Area, Tanah Laut Regency. Descriptive analytical research design using a cross sectional approach. The population of this study was mothers of stunted toddlers in Sei Baru village with a sample of 75 people. Analysis of this research data uses the Chi Square test and Logistic Regression test. The research results showed that knowledge (Sign-p=0.007) OR=9.298 and income (Sign-p=0.001) OR=26.958 were related to the use of stunting centers. Meanwhile, attitude (Sign-p = 0.737) OR = 1.247, distance (Sign-p = 0.432) OR = 2.012 and health service providers (Sign-p = 0.556) OR = 1.900 have no relationship with stunting center utilization. The most dominant variable in the use of stunting centers is income, where high income tends to influence 26 times the use of stunting center.

Index Terms- **Income, Knowledge, Stunting Center**

I.   INTRODUCTION

Stunting are the condition of the failed to grow due to malnutrition and chronic and stimulation psikososial repeated exposure to an infectious agent 1.000 especially in the first days of life (hpk), from a fetus to the two years old.The length or height is stunting when his below minus two standard deviations (-2 sd) children his age.Stunting and malnutrition that occurs in other 1.000 hpk causing impediment not only physical growth and increase susceptibility to disease, but also threatening cognitive development that will affect the current levels of intelligence the children in adult life (Kemenkes RI, 2018).

One of the prevalence of the stunting still do not achieve the MDGs the south kalimantan province.Based on a survey the nutritional status indonesia (SSGI) shows that incidence stunting in south kalimantan year 2022 % 24,6 amounted to. District land sea is one district located in south kalimantan province where incidence stuntingnya 26,6 % is still very high (Kemenkes RI, 2023).

One of locations have high incidence stunting district land sea in 2019 asam-asam puskesmas work being in the region that is villages acid and village the new river.Based on the data e ppgbm of march in 2023 data cases stunting asam-asam and village in the new river increased as much as that is villages asam-asam 16,93 % and village the only some new 11,03 %.New river village in jorong

being the main locus intervention program cases stunting district land sea because it has the number of cases of stunting highest in district land sea with the rest of 75 cases stunting (Dinkes Tala, 2023)

Intervention program stunting the acid tried to innovation to help the government action by stunting the convergence program stunting center. Stunting center was built by the land sea in june in 2023.Stunting center is an activity integrated interventions that working with cross program and cross sector specifically facilitate intervention stunting.As for activities in stunting center started from monitoring the nutritional status, the haemoglobin, about how to tuberculosis, promotion of health, early detection are sprouting (dddtk), counseling sanitation, the provision of supplementary food and vitamins. All services were obtained all children stunting every activity in stunting center.The stunting center is conducted twice a month.The implementers nutrisionis consisting of, nurses, sanitarian, the village midwife, of promoting the health and posyandu cadres.The stunting center is in the mess a pt.Pln upk acid in the new river.Stunting center was the nearest to get the service for the integrated stunting intervention in one location.

The optimization of the role stunting center in knowing faktor-faktor determinant of under fives stunting the mother and baby health screening services in the use of stunting.According to the 2019 dkk an indicator in judging the use of health services by the community is to look at the level of patient visits to these health services, if the people to the health service center for low shows that the less use health services..

II. RESEARCH METHODS

Methods used in this study using quantitative with design cross sectional.The research was done working area of the acid in the new river.Population in this research is that women have children who suffer stunting.The sample used as many as 75 respondents.An instrument used in this research was kuisioner sheets.This research data analysis using the chi square and the logistic regression.

III. RESULTS AND DISCUSSION

Table 1. Characteristic Responden

Characteristic	F	%
Education		
SD	15	20
SMP	17	22,7
SMA	40	53,3
Diploma/Sarjana	3	4
Age		
20-29	28	37,3
30-39	35	46,7
40-59	12	16

Based on table 1 discovered that respondents from 75, as many as 15 respondents (20 %) primary school, as many as 17 respondents (22,7) % junior high school education, as many as 40 respondents (53,3%) high school education, 4 and about 3 respondents scholar with a diploma.As many as 28 (37,3%) respondents aged 20-29 years of, as many as 35 (46,7%) respondents aged 30-39 years, and about (12%) respondents aged 40-59 of 16 years.

Table 2. Univariat Analysis

Knowledge	F	%
Good	56	74,7
Less	19	25,3
Attitude	**F**	**%**
Good	52	69,3
Less	23	30,7
Distance	**F**	**%**
Near	17	22,7
Far	58	77,3

Income	F	%
High	28	37,3
Tall	47	62,7
Provider	**F**	**%**
There is a choice	68	90,7
No choice	7	9,3
Stunting Center utilization	**F**	**%**
Utilize	49	65,3
Not taking advantage	26	34,7

Based on table 2 can be seen that of 75 respondents, as many as 56 respondents (74,7%) know good and as many as 19 respondents (25,3%) know less well. As many as 52 respondents (69,3%) having a positive and 23 respondents (30,7%) having negative attitude.As many as 17 respondents (22,7%) having a very short distance.As many as 58 respondents (77,3%) having great distances.As many as 28 respondents (37,3%) high income and 47 respondents (62,7%) low income. As many as 68 (90,7%) respondents said that there was a health service providers providers and about 7 respondents (9,3%) said that there was no choice provider of health service providers. As many as 49 respondents (65,3%) use stunting center and 26 (34,7%) (respondents from stunting center

Table 3. Bivariat Analysis

Knowledge	Utilization of Stunting Center				Total		Sig-p	PR
	Utilize		Not taking advantage					
	F	%	F	%	F	%		
Good	41	73,2	15	26,8	56	100	0,029	3,758
Less	8	42,1	11	57,9	19	100		

Attitude	Utilization of Stunting Center				Total		Sig-p	
	Utilize		Not taking advantage					
	F	%	F	%	F	%		
Positive	38	73,1	14	26,9	52	100	0,063	
Negative	11	47,8	12	52,2	23	100		

Distance	Utilization of Stunting Center				Total		Sig-p	PR
	Utilize		Not taking advantage					
	F	%	F	%	F	%		
Near	15	88,2	2	11,8	17	100	0,049	5,294
Far	34	58,6	24	41,4	58	100		

Income	Utilization of Stunting Center				Total		Sig-p	PR
	Utilize		Utilize					
	F	%	F	%	F	%		
High	26	92,9	2	7,1	28	100	0,000	13,565
Tall	23	48,9	24	51,1	47	100		

Provider	Utilization of Stunting Center				Total		Sig-p	PR
	Utilize		Utilize					
	F	%	F	%	F	%		
Utilize	47	69,1	21	30,9	68	100	0,045	0,179
Not taking advantage	2	28,6	5	71,4	7	100		

To capture what most dominant influence or associated in terms of stunting center, further analysis was conducted using the end stage of multiple logistic regression

Multiple logistic regression statistical tests conducted on variables in that it has value sig-p $< 0,25$ and variable in that it has value sig-p $> 0,25$ do not participate (Hastono, 2006).

By this all the knowledge that is free, attitude, the distance, income and health service providers (providers) included in the logistic regression backward with the multiple stepwise (Iswardono, 2001).

Table 4. Multivariat Analysis

	Variable	B	Sig-p	OR
Step 1	Knowledge	2,002	0,020	7,407
	Attitude	0,221	0,737	1,247
	Distance	0,669	0,459	1,952
	Income	2,948	0,003	19,074
	Provider	0,554	0,620	1,741
Step 2	Knowledge	2,041	0,017	7,697
	Distance	0,708	0,428	2,030
	Income	2,971	0,003	19,512
	Provider	0,642	0,556	1,900
Step 3				
	Knowledge	2,182	0,008	8,863
	Distance	0,669	0,432	2,012
	Income	3,058	0,002	21,283
Step 4				
	Knowledge	2,230	0,007	9,298
	Income	3,294	0,001	26,958

Based on the research on, the greater its effect on use of the variable revenue stunting center, where high incomes to the use of stunting center tended to 26 times have a positive influence on the respondents who use stunting center with the 3,294 which means that the higher income respondents had to use the more stunting center on the contrary the lower income respondents and the less had to use stunting center.

VI.   CONCLUSION

There is a relationship of knowledge and income with the utilization of stunting center in the work area of acid acid district sea land.There is no relationship of attitude, distance and service provider with the utilization of stunting center in the work area of acidic acid district sea land.The variable most related to the utilization of stunting center in the work area of the acidic acid district of the sea land is the revenue variable.

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