



Original Article

Knowledge of Mothers and Anemia Status of Stunting Children at Oepoi Community Health Center

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ABSTRACT

Anemia is a significant factor contributing to stunting, affecting maternal capabilities in childcare, including energy levels and breast milk quality. This descriptive quantitative study was conducted at the Nyiur and Seroja integrated service posts within the Oepoi Community Health Center in Kupang City. Total sampling was employed, involving 44 respondents comprising mothers and children diagnosed with stunting. Among child respondents, 12 (55%) were male and 10 (45%) were female. The most represented age group was >2–3 years (15 samples, or 68,18%), while the >3–5 years group had 7 samples (31,81%). Hemoglobin levels indicated that 8 children (36%) were in the abnormal range, while 14 (64%) were normal. All maternal respondents (22 samples, 100%) were aged 20 years and above. Maternal knowledge assessment revealed that 13 respondents (59,09%) had good knowledge, while 9 (40,91%) had poor knowledge regarding anemia. These findings highlight the notable prevalence of anemia among mothers and children in the study area, emphasizing the need for targeted interventions to address this issue, as it significantly impacts child health and development. Addressing anemia in mothers and children is crucial to combat stunting and improve overall health outcomes in the community.

Introduction

East Nusa Tenggara (NTT) Province has the second highest number of stunting cases in Indonesia after Central Papua. NTT is a region that is categorized as a poor region. Following up on the prevalence of stunting in Indonesia, the prevalence of stunting in NTT Province in 2019 was 30%, but in 2023, this figure dropped drastically to 15,2%. In 2020, 179 (13%) of 1.369 children were found to have stunting, 273 (27%) of 1.006 children weighed experienced stunting in 2021, and 689 (22,3%) of 3.083 children were recorded as having stunting in 2022, according to a report from the Oepoi Community Health Center in Kupang City. These figures indicate a very high stunting rate. Of the 2.777 children, 494 (17,8%) having stunting in 2023, showing a more significant decline compared to previous years (Nurmayasanti & Mahmudiono, 2019; Aylicia & Ellen, 2022).

A persistent nutritional problem affecting children, especially during the first 1.000 days of life (HPK), is stunting, which refers to impaired linear growth in young children. According to UNICEF (Fitriani et al., 2023; Clarke et al., 2013), stunting is the percentage of children between 0 and 59 months whose height is less than two standard deviations (moderate and severe) or three standard deviations (chronic) below the mean of the WHO Child Growth Standards. Stunting not only impacts physical growth but also has long-term consequences

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on cognitive development, educational attainment, and overall health. Addressing stunting through proper nutrition and care is critical, as early intervention can help mitigate its effects and promote healthier outcomes later in life (World Health Organization, 2011). Moreover, the prevalence of stunting often reflects deeper systemic issues, such as food insecurity and access to healthcare, which require comprehensive solutions. Community-based programs that educate families about nutrition and provide resources are for addressing this issue effectively (Adriani & Wirjatmadi, 2016).

Poor nutritional status in pregnant women is one of the factors contributing to stunting. Pregnant women's nutritional needs, particularly those related to iron, are crucial for fetal growth and development, as well as maternal metabolism (Firmansyah et al., 2023; Handayani, 2019). Pregnancy is an opportunity to start addressing iron deficiency. One factor influencing fetal growth and health during pregnancy is iron status (Kamila & Prahayu, 2022). This is in line with research by Hastuty, Yanti, & Nur (2022) which found that the prevalence of stunting in toddlers is related to maternal anemia. This can be caused by a lack of hemoglobin, which affects fetal nutrient intake and may lead to growth abnormalities in the fetus, resulting in low birth weight and short stature (Wahyuni & Zulaikha, 2024; Hartati & Wahyuningsih, 2021).

Kupang City has a relatively high rate of stunting, particularly at the Oepoi Community Health Center, where many cases continue to be reported. This study focuses on the Nyiur and Seroja integrated service posts, which continue to report a significant number of stunted children. To help the community, especially mothers, understand the risks of anemia during pregnancy, the authors conducted this research to describe the maternal and child anemia status in relation to stunting at the Nyiur and Seroja Integrated Health Posts (Posyandu) within the Oepoi Community Health Center (Puskesmas) in Kupang City. Based on the description above, the aim of this study is to describe the anemia status of mothers and children associated with the incidence of stunting at the Nyiur and Seroja Posyandu in the operational area of the Oepoi Health Center in Kupang City.

Methods

The research method used is a descriptive quantitative research design to describe the status of anemia in mothers and children in relation to the incidence of stunting at the Nyiur and Seroja Posyandu within the working area of the Oepoi Health Center, Kupang City. This study was conducted from April to May 2025. The population in this study comprises stunted children and their mothers at the Nyiur and Seroja Posyandu within the working area of the Oepoi Health Center, Kupang City.

The sampling technique used in this study was Non-Probability Sampling, namely Total Sampling. The number of samples consisted of 22 children and 22 mothers. The inclusion criteria included children under 5 years old with stunting listed in the Oepoi Community Health Center database, as well as mothers willing to participate by signing an informed consent form. The sole exclusion criterion was refusal to participate in the study (Wibowo, Irwinda, & Hiksas, 2021; Isadora, Wreksoatmodjo, & Sani, 2021).

The data collected in this study were primary and secondary data. Primary data were obtained from hemoglobin measurements, age data, and interviews with respondents at the Nyiur and Seroja Integrated Health Posts (Posyandu) within the Oepoi Community Health Center (Puskesmas) in Kupang City. Venous blood was collected from the child and mother, and hemoglobin levels were measured using a hematology analyzer. The reference values for normal hemoglobin levels were: Age 1–18 years: 11,5–15,5 g/dL, and Age 21–70 years: 11,7–16,2 g/dL. The level of maternal knowledge was categorized as good if the mother could answer questions correctly >50%, and poor if <50%. Secondary data were obtained from medical records at the Oepoi Community Health Center (Puskesmas) in Kupang City. Data obtained from interviews and hemoglobin level tests were then grouped, processed, and presented in tables and narrative form. Descriptive quantitative analysis aimed to explain or describe each variable using frequency distribution and percentages (Muchtar et al., 2023).

Results

Data on Children at Integrated Health Posts (Posyandu) in the working area of the Oepoi Kupang Health Center. Based on Table 1, the data obtained from children at the integrated health post (Posyandu) regarding Weight-for-Age (W/A) nutritional status showed 499 children (74,47%) in the normal category, 135 children (20,14%) in the underweight category, and 36 children (5,37%) in the very underweight category. Meanwhile, for Height-for-Age (H/A) nutritional status, 537 children (77,1%) were in the normal category, 98 children (14,18%) in the stunted category, 55 children (7,96%) in the severely stunted category, and 1 child (0,15%) in the tall category.

table 1. Data on Children at the Integrated Health Post at the Oepoi Kupang Community Health Center

Child Data	N	%
Nutritional Status W/A		
Very less (Z score <-3,0 SD)	36	5,37
Not enough (Z score -3,0 SD to <-2,0 SD)	135	20,14
Normal (Z score -2,0 SD to 2,0 SD)	499	74,47
Nutritional Status of H/A		
Very short (Z score <-3,0 SD)	55	7,96
Short (Z score -3,0 SD to <-2,0 SD)	98	14,18
Normal (Z score -2,0 SD to 2 SD)	537	77,71
Tall	1	0,15

Distribution of child respondents at the Nyiur and Seroja Posyandu in the working area of the Oepoi Health Center, Kupang City in 2025. Based on Table 2, 12 children (55%) were male and 10 children (45%) were female. In terms of age group, 15 children (68,18%) were in the >2–3 years category, while 7 children (31,82%) were in the >3–5 years category. For hemoglobin (Hb) levels, 14 children (64%) were in the normal category, while 8 children (36%) were in the abnormal category.

Table 2. Distribution of Child Respondents at the Nyiur and Seroja Integrated Health Posts in 2025

Child Respondents		
Gender	N	%
Man	12	55
Woman	10	45
Age (Years)	N	%
≥2–3	15	68,18
>3–5	7	31,82
Hemoglobin Level (g/dL)	N	%
Normal (≥11,5–15,5 g/dL)	14	64
Abnormal (<11,5 g/dL)	8	36

Based on Table 3, it was found that in the maternal age category, 22 samples (100%) were in the >20 years category and 0 samples (0%) were in the <20 years category. In the knowledge category, 13 (59,09%) were in the poor category, while 9 samples (40,91%) were in the good category.

Table 3. Distribution of Respondents at the Nyiur and Seroja Integrated Health Posts in 2025

Respondent Mother		
Age (Years)	N	%
<20	0	0
≥20	22	100
Knowledge	N	%
Good (≥50%)	9	40,91
Not enough (<50%)	13	59,09

Discussion

Overall, the results of the study indicate that the majority of stunted children (64%) have normal hemoglobin levels. Most mothers have insufficient knowledge (59%). This study had several limitations, including a sample size of only 22 pairs of children and their mothers, which was insufficient for statistical analysis to assess any relationships. Furthermore, the descriptive data obtained were also difficult to generalize to the wider population. The lack of hemoglobin testing for mothers was another shortcoming of our study. Limited research funding and time constraints were significant challenges (Lestari et al., 2023; Kartini, 2016).

The results showed that 12 respondents were male (55%) and 10 were female (45%). These results align with research conducted by Yuningsih & Perbawati (2022), who found that boys are more likely to experience stunting than girls. This trend is often associated with differences in nutritional needs, feeding practices, and biological vulnerability. This implies that the decline is more likely to occur in boys. However, this differs from research by Wanti (2022), who found no significant correlation between child gender and stunting prevalence.

Table 2 shows that the number of children aged >2–3 years was 15 (68,18%), and the age group >3–5 years comprised 7 children (31,82%). These results are in line with research by Mardiaty, Huzaifah, & Sawitri (2023), which found that the highest number of stunted children were in the >2–3 years age group, with 27 children. Based on the researcher's observations and previous research, toddlers are highly susceptible to stunting because this age is the golden age characterized by rapid growth requiring proper nutrition to support optimal future development (Novianti, Purnaweni, & Subowo, 2021; Nirmalasari, 2020; Naustion, Rauda, & Harahap, 2022).

The distribution of children's characteristics based on hemoglobin (Hb) levels shows that 14 samples (64%) were in the normal category and 8 samples (36%) were in the abnormal category. The findings were in line with research conducted by Nirwanto & Sunarsih (2022). A total of 25 toddlers experiencing stunting with an Hb percentage of 100% were found to have normal Hb levels. If a toddler's hemoglobin level was more than 11 g/dL, it was considered normal. This finding indicates that anemia was not present in toddlers experiencing stunting. Routine Hb testing remains needed to monitor health problems and to detect early nutritional deficiencies (Rahman & Fajar, 2024; Pasalina, Ihsan, & Devita, 2023; Nurjannah & Putri, 2021).

The results showed that the majority of respondents were in the ≥ 20 years age category (22 samples, 100%), and 0 (0%) were in the < 20 years age category. Anemia is a risk factor in women under 20 and over 35 years old. Due to their unstable mental and biological conditions, pregnant women under 20 tend to pay less attention to their dietary needs. On the other hand, pregnancies after age 35 are often associated with declining immunity and a higher risk of complications (Rahmania, 2019; Wanti, 2022). This aligns with research conducted by Rahmania (2019) and Ruchayati (2012), which showed a correlation between anemia in pregnant women and age (p -value = 0,002).

Based on Table 3, the results showed that maternal knowledge at the Nyiur and Seroja Integrated Health Posts (Posyandu) in the Oepoi Health Center working area was good in 9 samples (40,91%) and poor in 13 samples (59,09%). The findings were in line with research by Setiawan, Machmud, & Masrul (2018); Amelia, Sri, & Erin (2024), which examined variables that influence the prevalence of stunting in children aged 24 to 59 months in the Andalas Community Health Center working area, Padang Timur District, Padang City. With a p -value of 0,012 and an OR of 9,9, the 2019 Padang study showed a strong relationship (95% CI: 1,2–80,5) between maternal education level and improved child growth. Although this study did not find evidence of anemia among stunted children, the majority had normal hemoglobin status. Nevertheless, the authors recommend routine hemoglobin testing for stunted children to monitor their nutritional status.

Conclusions

The majority of child respondents (12 samples, 55% of the total) were male, and the most common age group was > 2 –3 years (15 samples, 68,18%). Hemoglobin (Hb) levels showed that most children were in the normal category (14 samples, 64%). Of the maternal respondents, all were aged ≥ 20 years (22 samples, 100%), and most had poor knowledge (13 samples, 59,09%). Overall, these findings highlight the need for improved maternal education and ongoing monitoring of child nutritional status, particularly regarding hemoglobin levels, to support effective stunting prevention efforts in the community.

Author contributions

VS, WO, YN and RMW contributed to the study design, data collection, data analysis, data processing, and manuscript review. All authors have read and approved the final version of the manuscript.

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Ethical approval statement

This research has obtained ethical approval from the Ethics Committee of the Kupang Ministry of Health Polytechnic with certificate number No.LB.02.03/1/O117/2025.

Conflicts of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Supplementary materials

No additional materials are available.

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