



Predisposing Factors Influencing Stunting Prevention Among Fishermen Families in the Coastal Areas of Deli Serdang Regency

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Abstract

Deli Serdang Regency has the highest number of families at risk of stunting in North Sumatra Province. Among the four sub-districts with the largest number of stunting families, two are located in coastal areas: Percut Sei Tuan District and Hamparan Perak District. This study explores the predisposing factors influencing stunting prevention among fishermen families in the coastal areas of Deli Serdang Regency. The research uses an observational quantitative approach with a cross-sectional design and was conducted

in 2024. The population includes 4,798 families where the head of the household works as a fisherman. A sample of 257 households was selected. The dependent variable is stunting prevention, while the independent variables include predisposing factors: education, work, knowledge, attitudes, and beliefs. Data were collected through interviews. Bivariate analysis was performed using the chi-square test and multivariate analysis was conducted with multiple logistic regression. The results showed that education ($p=0.001$), knowledge ($p=0.001$), attitudes ($p=0.001$), and beliefs ($p=0.001$) were related to stunting prevention, while work ($p=0.108$) was not significantly related to stunting prevention. Knowledge is the most significant factors influencing stunting prevention among fishermen families in the coastal areas of Deli Serdang Regency ($\text{Exp}=8.571$ (95% CI: 2.134–30.751); $p=0.001$). Education, knowledge, attitudes, and beliefs are factors that influence stunting prevention among fishermen families in the coastal areas of Deli Serdang Regency. The health department should focus on optimizing maternal and child health programs in the coastal areas to prevent stunting, through education and counselling to increase the knowledge and awareness of the community.

Keywords: Coastal areas, Knowledge, Predisposing factors, Stunting prevention

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Introduction

Stunting is a significant health and nutrition issue and is the second target of the Sustainable Development Goals (SDGs), which aim to eliminate hunger, achieve optimal food and nutrition security, and promote sustainable agriculture by 2030 (WHO, 2025). According to the Indonesian Nutritional Status Survey (SSGI) and the Indonesian Health Survey (SKI), the prevalence of stunting in Indonesia decreased between 2021 and 2023: 24.4% in 2021, 21.6% in 2022, and 21.5% in 2023. Despite this progress, seven provinces still have the highest stunting prevalence, and five provinces have the largest number of stunted children. North Sumatra is among the provinces with the highest number of stunted children. In 2023, the prevalence of stunting in toddlers in North Sumatra was 18.9%, reflecting a 2.2% decrease from 2022 (21.1%). However, ten regencies/cities in North Sumatra experienced an increase in the prevalence of stunting in toddlers. These include Deli Serdang Regency, North Nias Regency, South Nias Regency, Dairi Regency, Toba Regency, North Labuhanbatu Regency, Gunung Sitoli City, Binjai City, Simalungun Regency, and North Tapanuli Regency (Kementerian Kesehatan RI, 2022; Kementerian Kesehatan RI, 2023).

In the last two years, the prevalence of stunted toddlers in Deli Serdang Regency has continued to rise, from 2021 to 2023. From 2021 to 2022, the prevalence increased by 1.4 percentage points, from 12.5% to 13.9%. In 2021, Deli Serdang was the regency in North Sumatra Province with the lowest prevalence of stunted toddlers. Although the prevalence in Deli Serdang is still below the national target of 14%, the actual number of stunted toddlers in the regency is the third highest in North Sumatra, with 25,459 toddlers, following Langkat Regency (28,140 toddlers) and Medan City (33,513 toddlers). In 2023, the prevalence of stunting in Deli Serdang rose sharply to 33.8%, up from 13.9%, marking an increase of 19.9% (Kementerian Kesehatan RI, 2022; Kementerian Kesehatan RI, 2023). To prevent further increases in stunting prevalence in the coming years, urgent stunting prevention efforts are needed to help achieve Indonesia's vision for a Golden Generation by 2045.

According to the Action Plan for Accelerating Stunting Reduction, three approaches are used to address stunting: integrated nutritional interventions (divided into specific and sensitive interventions), collaboration through the Pentahelix model (involving government, private sector/businesses, community, academia, and media), and data collection and assistance for families at risk of stunting (Peraturan BKKBN RI, 2021; Peraturan Presiden, 2021). The causes of stunting are classified into direct and indirect factors. Direct causes include poor feeding practices and recurring infectious diseases (e.g., diarrhea, respiratory infections, worms), while indirect causes include poverty, inadequate food diversity, poor sanitation, and limited access to quality healthcare services (Rahayu et al., 2018). Specific nutrition interventions focus on addressing direct causes of stunting, such as inadequate feeding practices and recurrent infectious diseases,



while sensitive nutrition interventions aim to address indirect causes, including poverty, poor sanitation, and inadequate health services. These interventions aim to improve family life readiness, parenting, access to quality healthcare, and overall environmental and food security (Kementerian Kesehatan RI, 2023).

Deli Serdang Regency consists of 22 sub-districts. The sub-districts with the largest number of families at risk of stunting are Percut Sei Tuan (18,122 families or 22.17%), Sunggal (10,408 families or 12.73%), Tanjung Morawa (8,540 families or 10.45%), and Hamparan Perak (7,338 families or 8.98%). Geographically, Deli Serdang Regency includes coastal areas, mountainous regions, highlands, and lowlands. Notably, two of the four sub-districts with the highest number of families at risk of stunting—Percut Sei Tuan and Hamparan Perak—are located in coastal areas. Coastal areas are transitional zones between land and sea. Their primary resources include marine fisheries and livestock farming. Coastal communities consist of people living in these areas who develop distinct cultures and rely on coastal resources. Most coastal residents work as fishermen, fish farmers, sand miners, or in sea transportation. Fishing communities, in particular, depend on marine resources for their livelihoods, either through direct fishing or aquaculture (Bado & Zulkifli, 2021). According to the Central Statistics Agency (BPS) of Deli Serdang Regency in 2023, marine fish production totaled 25,694.77 tons, with 6,731.79 tons from public waters. Percut Sei Tuan produced 6,404.14 tons, making it the second-largest coastal producer, followed by Hamparan Perak with 1,809.64 tons. Despite their abundant fishery production, these two sub-districts have the highest number of families at risk of stunting in Deli Serdang Regency, which is concerning given that adequate animal protein is a key nutritional intervention for preventing stunting (BPS, 2023).

From June 21–23, 2024, researchers conducted an initial survey of 30 mothers with children aged 6–24 months from families at risk of stunting in Hamparan Perak. Risk criteria included mothers who gave birth under the age of 20 or over 35, had birth intervals of less than two years, had more than two children, or did not use modern contraception. Based on the results of the initial survey, it was found that out of 30 fishermen's families, 26 (86.6%) stated they did not know about stunting, three families (10%) believed that stunting is caused by malnutrition, and only one family (3.3%) correctly identified stunting as a disorder affecting a child's growth and development. Additionally, 28 fishermen's families (93.3%) believed that a child's height is solely determined by genetics, while only two families (6.6%) recognized that good nutrition also plays a significant role in determining a child's height. Based on this problem, we are interested in exploring the influence of education, work, knowledge, attitudes, and beliefs as predisposing factors on the prevention of stunting among fishermen families in the coastal areas of Deli Serdang Regency.



Methods

The research method used in this study is quantitative observational research with a cross-sectional design. The study was conducted in the coastal area of Deli Serdang Regency in 2024. The population in this study consisted of all families where the head of the household's primary occupation is fishing in the coastal area of Deli Serdang Regency. The total population is 4,798 heads of families with fishing as their main occupation.

The sample size was determined using the Isaac and Michael table with a 10% error margin, resulting in a sample size of 257 families, all with the head of the household primarily working as a fisherman. Sampling in this study was conducted using a multistage sampling technique. The stages of sampling are as follows: Selection of sub-districts: Sub-districts with coastal areas in Deli Serdang Regency were selected. There are four such sub-districts: Percut Sei Tuan, Hamparan Perak, Pantai Labu, and Labuhan Deli.

Determination of the number of families in each sub-district: A proportional method was applied. This involved dividing the number of families whose primary occupation is fishing in each sub-district by the total number of such families in all four sub-districts and multiplying this proportion by the predetermined sample size.

$$n_x = \frac{p}{N} \times n$$

Information:

- n_x = Number of family samples where the main occupation of the head of the family is fishing in each sub-district
- p = Number of families where the main occupation of the head of the family is fishing in a sub-district
- N = Total number of families where the main occupation of the head of the family is fishing, constituting the population across the four sub-districts (4,798)
- n = Total number of predetermined samples (257)

In this study, two types of variables were used: the dependent variable and the independent variables. The dependent variable is stunting prevention, while the independent variables include predisposing factors (knowledge, attitude, education, work, beliefs), enabling factors (access to health services), and reinforcing factors (family support and health worker support).

Primary data for this study were obtained through interviews. Secondary data were collected from reports, surveys, records, or documents from the Deli Serdang District Health Office and the Population and Family Planning Agency of North Sumatra Province, which are



relevant to the study. This study protocol has been fully approved by the Health Research Ethics Committee, Universitas Sumatera Utara, No:1331/KEPK/USU/2024.

This study uses data analysis techniques, including univariate analysis, bivariate analysis, and multivariate analysis. Data analysis was conducted using computer software. Univariate analysis was performed on all research variables using a frequency distribution table. Bivariate analysis was carried out using the chi-square test, with a significance value of $p < 0.05$; a p-value below this threshold indicates a relationship. Multivariate analysis was conducted using multiple logistic regression tests.

Results

Univariate Analysis

Table 1. Frequency Distribution of Characteristics of Fishermen's Families

Characteristics of Fishermen's Families	n(=257)	%(=100)
Child Gender		
Male	146	56.8
Female	111	43.2
Child Age		
6-12 months	95	37.0
13-24 months	162	63.0
Mother's Education		
No Education	1	0.4
Elementary School	67	26.1
Junior High School	83	32.3
Senior High School	102	39.7
College	4	1.6
Mother's Work		
Work	40	15.6
Doesn't work	217	84.4
Mother's Age at Birth		
< 20 years	42	16.3
20-35 years	167	65.0
>35 years	48	18.7
Number of children		
1 child	59	23.0
2 children	75	29.2
>2 children	123	47.9
Distance Between Children		
The first child	44	17.1
>2 years	56	21.8
<2 years	157	61.1
Use of Contraceptive Devices		



Yes	158	61.5
No	99	38.5

The characteristics of fisher families as shown in Table 1 showed that the gender of the children was mostly male (56.8%) and aged 13-24 months (63%). The majority of mothers had a senior high school education (39.7%) and were unemployed or housewives (84.4%). Most mothers were 20-35 years old when they gave birth (65%) and currently had more than two children (47.9%). Child distance was mostly less than two years (61.1%) and the majority of mothers were currently using contraception (61.5%).

Table 2. Frequency Distribution of Families at Risk of Stunting

Families at Risk of Stunting	n(=257)	%(=100)
Mother's Age at Birth		
No Risk (20-35 years)	167	65.0
At risk (Age <21 years ≥35 years)	90	35.0
Number of children		
No Risk (<2 children)	134	52.1
At risk (>2 children)	123	47.9
Distance Between Children		
No Risk (<2 years)	201	78.2
At risk (>2 years)	56	21.8
Use of Contraceptive Devices		
No Risk	158	61.5
At risk	99	38.5
Families at Risk of Stunting		
No	36	14.0
Yes	221	86.0

The information in Table 2 shows that 35% of mothers were at risk at the age of birth. Mothers who had the number of children at risk (>2 children) were 47.9%, while those at risk based on the age distance of children (>2 years) were 21.8%. Mothers who were at risk based on contraceptive use were 38.5%. Overall, families at risk of stunting were 86%.

Bivariate Analysis

Table 3. Relationship Between Predisposing Factors and Stunting Prevention Among Fishermen Families in the Coastal Areas of Deli Serdang Regency

Families in the Coastal Areas of Ben Sengang Regency									
Predisposing Factors	Stunting Prevention						Total		p
	Good		Currently		Not enough		n(=257)	%(=100)	
	n	%	n	%	n	%			
Education									
No education	0	0	1	0.4	0	0	1	0.4	0.001



Elementary school	12	4.7	21	8.2	34	13.2	67	26.1	
Junior high school	19	7.4	39	15.2	25	9.7	83	32.3	
Senior high school	65	25.3	26	10.1	11	4.3	102	39.7	
College	0	0	1	0.4	3	1.2	4	1.6	
Work									
Work	19	7.4	15	5.8	6	2.3	40	15.6	0.108
Doesn't work	77	30.0	73	28.4	67	26.1	217	84.4	
Knowledge									
Good	31	12.1	3	1.2	0	0	34	13.2	0.001
Currently	56	21.8	60	23.3	19	7.4	135	52.5	
Not enough	9	3.5	25	9.7	54	21.0	88	34.2	
Attitudes									
Good	36	14.0	4	1.6	0	0	40	15.6	0.001
Currently	60	23.3	84	32.7	67	26.1	211	82.1	
Not enough	0	0	0	0	6	2.3	6	2.3	
Beliefs									
Good	45	17.5	10	3.9	1	0.4	56	21.8	0.001
Currently	51	19.8	77	30.0	60	23.3	188	73.2	
Not enough	0	0	1	0.4	12	4.7	13	5.1	

The results of bivariate analysis using the chi-square test as shown in the Table 3 above indicate a significant relationship between education, knowledge, attitudes and beliefs with stunting prevention ($p < 0.05$). In contrast, work was not significantly associated with stunting prevention in fishermen's families in the coastal area of Deli Serdang Regency with a p value of 0.108 ($p > 0.05$).

Multivariate Analysis

Based on the results of bivariate analysis, the independent variables that can be included in multivariate analysis are education, knowledge, attitude and belief (Table 4).

Table 4. Logistic Regression Selection Results

Independent Variable	p-value	Information
Education	0.001	Relate
Work	0.108	Not related
Knowledge	0.001	Relate
Attitude	0.001	Relate
Belief	0.001	Relate

The results of the multivariate test in this study using multiple logistic regression can be seen in the Table 5 below.

Table 5. Results of Multiple Regression Logistic Analysis of Predisposing Factors Influencing Stunting Prevention Among Fishermen Families in the Coastal Area of Deli Serdang Regency



Stage	Variables	B	Exp (B)	95% CI for Exp (B)		p-value
				Lower	Upper	
1	Education	0.790	2.204	1.125	4.318	0.021
	Knowledge	2.054	7.797	2.009	30.257	0.003
	Attitude	0.776	2.173	0.488	9.679	0.309
	Belief	0.931	2.538	0.884	7.282	0.083
	Constants	-4.569	0.011			0.001
2	Education	0.786	2.194	1.120	4.296	0.022
	Knowledge	2.060	7.850	2.029	30.363	0.003
	Attitude	0.752	2.122	0.480	9.383	0.321
	Belief	0.996	2.708	0.955	7.677	0.061
	Constants	-4.426	0.012			0.001
3	Education	0.782	2.186	1.116	4.283	0.023
	Knowledge	2.180	8.843	2.367	33.034	0.001
	Belief	1.292	3.640	1.521	8.712	0.004
	Constants	-4.191	0.015			0.001
4	Education	0.823	2.277	1.167	4.442	0.016
	Knowledge	2.148	8.571	2.134	30.751	0.001
	Belief	1.435	4.199	1.792	9.837	0.001
	Constants	-3.356	0.035			0.001

The results of multivariate analysis in Table 5 show that the predisposing factor that has the most significant influence on the stunting prevention among fishermen families in the coastal area of Deli Serdang Regency is knowledge ($p=0.01$).

Discussion

Based on the results of bivariate analysis using the chi-square test, it was found that there was a relationship between education and stunting prevention among fishermen families in the coastal area of Deli Serdang Regency ($p=0.001$). In contrast, the results of the analysis examining the relationship between work and stunting prevention showed a p-value of 0.108 ($p>0.05$) which indicates that there is no significant relationship between work and stunting prevention among fishermen families in the coastal area of the Deli Serdang Regency.

The results of this study also show that there is a significant relationship between knowledge and stunting prevention among fishermen families in the coastal area of Deli Serdang Regency ($p=0.001$). This study also reveals that the majority of fishermen's families are unaware of the causes and impacts of stunting, the preventive measures, and the appropriate age for stunting prevention. Based on the researcher's assumptions, the lack of knowledge among fishermen's families may be attributed to the low educational level of the majority of these families, which includes those who have not attended school, or only attended elementary or junior high school.



Based on the results of bivariate analysis using the chi-square test which examines the relationship between attitude and stunting prevention, a p value of 0.001 ($p < 0.05$) was obtained, indicating that attitude is significantly related to stunting prevention among fishermen families in the coastal area of Deli Serdang Regency. A person's attitude is a factor that influences whether they prevent a disease or seek a treatment (Green et al., 2022). The study results related to the attitudes towards stunting prevention show that the majority of fishermen's families agree with the following statements: giving formula milk to children under 6 months (which means the child is not exclusively breastfed), providing nutritious food is expensive (indicating that the family cannot afford to provide balanced nutrition for their children), visiting the integrated health post is only for immunization (indicating that the respondents are unaware that the health post is also for monitoring children's growth and development), and taking iron tablets during pregnancy only causes nausea (indicating that fishermen's families are reluctant to continue taking iron tablets due to the side effect of nausea).

The results of bivariate analysis using the chi-square test also show that there is a significant relationship between belief and stunting prevention among fishermen families in the coastal area of Deli Serdang Regency ($p = 0.001$). The study results related to beliefs about stunting prevention show that the majority of fishing families believe that if a child under 6 months of age is often fussy, it means they are not full and need to be given other foods besides breast milk. The majority of fishing families also believe that if a child is only given breast milk for 6 months, the child will have lower body weight compared to children who are given formula milk or other foods (indicating that these families do not believe in exclusive breastfeeding for children under 6 months). Additionally, most respondents believe that immunization only causes children to have a fever, so it is unnecessary (which suggests that children in these families may not have complete immunization histories). Furthermore, the majority of fishing families believe that children get sick because of "reprimands," and that if a child is sick or loses weight, it means the child "wants to be smart" or "tightens their body" (suggesting that these families view illness in children as a natural occurrence, often influenced by other beliefs, even though frequent illness can hinder optimal growth due to nutrients being used to fight disease). Many fishing families also believe that a child's height depends on their parents, implying that they perceive stunting in children as a result of hereditary or genetic factors.

The study shows that the majority of fishermen's families hold these beliefs: 111 families (43.2%) believe that children are sick because of "scolding," and 127 families (49.4%) believe that if a child is sick or loses weight, the child "wants to be smart" or "tightens their body." According to the researcher's assumption, these beliefs are negative because, as is well known, children who are frequently sick are at increased risk of stunting. This aligns with research conducted on the



determinants of stunting in toddlers aged 1-3 years in the coastal area of Brebes Regency, which states that factors influencing stunting include the incidence of infectious diseases (such as diarrhea and ARI), poor environmental sanitation, lack of knowledge about child care, and insufficient energy (protein) intake (Ikhtiarti et al., 2020).

Based on the results of the multivariate analysis in this study, it can be seen that the variables that most influence stunting prevention among fishermen's families in the coastal area of Deli Serdang Regency are education, knowledge, and beliefs. The education variable has an Exp (B) of 2.277, meaning that fishermen's families with low education are twice as likely to have poor stunting prevention compared to respondents with high education. The knowledge variable has an Exp (B) of 8.571, indicating that fishermen's families with poor knowledge are eight times more likely to have poor stunting prevention compared to respondents with good knowledge. The belief variable has an Exp (B) of 4.199, meaning that fishermen's families with poor beliefs are four times more likely to have poor stunting prevention compared to respondents with good beliefs. Among these variables, knowledge is the most influential factor in stunting prevention among fishermen's families in the coastal area of Deli Serdang Regency.

This is in line with research conducted in Sanggrahan Village which found that there was a relationship between the level of maternal knowledge and the occurrence of stunting. Mothers who have poor knowledge have a 3.27 times greater risk of stunting in their children (Devianto et al., 2022). Other research conducted in the Catuharjo sub-district also found that there was a relationship between maternal knowledge and good health services with the incidence of stunting (Fadlah & Saharuddin, 2023). Knowledge is an important cognitive domain in shaping behavior (Arikunto & Suharsimi, 2006). The government has made various efforts to increase knowledge through programs to accelerate stunting reduction, but the problem that often occurs is that mothers who lack knowledge cannot utilize health services optimally, such as mothers who cannot take advantage of the programs provided, mothers who do not take their children to the posyandu, and not monitoring their child's growth and development, the mother does not participate or is not present at the socialization or educational activities provided (Rafian et al., 2023).

Specific interventions for stunting have an indicator focus that focuses on the First 1000 Days of Life, namely checking for anemia and giving blood supplement tablets to teenage girls, examinations during pregnancy, giving blood supplement tablets to pregnant women, providing additional food for pregnant women with chronic energy deficiency problems, monitoring the growth and development of toddlers, providing exclusive breastfeeding, providing high protein foods to toddlers, providing complete immunizations to children and education about stopping open defecation (Peraturan BKKBN RI, 2021; Peraturan Presiden, 2021). According to a study on maternal and child health service programs in coastal communities, it can be concluded that the



health challenges faced by coastal communities include inadequate access to healthcare services, poor environmental sanitation, and a high incidence of infectious diseases. To optimize maternal and child healthcare programs in coastal areas, efforts should be made through education and counseling to increase the knowledge and awareness of the community about maternal and child health, preventive measures, and treatment with topics such as balanced and complete nutrition for children and families, the importance of exclusive breastfeeding, continuing breastfeeding until the child is two years old, and the importance of monitoring child growth and development (Syahri & Susilawati, 2023).

Conclusion and Recommendation

Based on the research results, the predisposing factors that are related to stunting prevention among fishermen families in the coastal areas of Deli Serdang Regency are education, knowledge, attitudes, and beliefs, while work is not related to stunting prevention. Based on the results of the multivariate analysis in this study, it can be seen that the predisposing factor that has the most significant influence on the stunting prevention among fishermen families in the coastal area of Deli Serdang Regency is knowledge. Health departments should focus on optimizing maternal and child care programs in coastal areas to prevent stunting, through education and counseling to increase community knowledge and awareness about maternal and child health, stunting prevention efforts, balanced nutrition for children and families, as well as the importance of exclusive breastfeeding and child growth monitoring.



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