ORIGINAL RESEARCH ARTICLE

Determining factors affecting mother's behaviour in stunting prevention in rural Madura, Indonesia

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Abstract

Stunting is one of the consequences of chronic malnutrition whose prevalence continues to increase in Indonesia. This study used an observational analytical approach to develop a model of mother behaviour in stunting prevention in children. The population consisted of 215 mothers who had children aged 0-24 months. The variables included assessment of behavioural beliefs, behaviour outcomes, attitudes, demographics, perceived control, and intentions. The SEM - smartPLS4 was used for the analysis. The validity test results indicate that the values for Cronbach's alpha and Composite Reliability (C.R) are above 0.7, and the value for Average Variance Extracted (AVE) is above 0.50, indicating that all indicators are valid and reliable. The results revealed that a mother's behaviour in stunting prevention is directly influenced by her intention, whereas mother's intentions are influenced by attitudes, demography, and perceived control. We conclude that a mother who has high intentions to prevent stunting will be able to practice it because of having a positive attitude and a good perceived control. Behavioural intentions have been identified as the mediating variable of the transformation of behavioural attitudes into treatment, which is consistent with the TPB theory and other research on physician behaviour. In other words, intent can serve not only as an internal driving process of attitude, but also as a condition of preparation for behaviour. *(Afr J Reprod Health 2024; 28 [10s]: 100-110).*

Keywords: Intention; behaviour; stunting prevention

Résumé

Le retard de croissance est l'une des conséquences de la malnutrition chronique dont la prévalence ne cesse d'augmenter en Indonésie. Cette étude a utilisé une approche analytique observationnelle pour développer un modèle de comportement maternel dans la prévention du retard de croissance chez les enfants. La population était composée de 215 mères ayant des enfants âgés de 0 à 24 mois. Les variables comprenaient l'évaluation des croyances comportementales, des résultats comportementaux, des attitudes, des données démographiques, du contrôle perçu et des intentions. Le SEM - smartPLS4 a été utilisé pour l'analyse. Les résultats des tests de validité indiquent que les valeurs de l'alpha de Cronbach et de la fiabilité composite (C.R) sont supérieures à 0,7, et que la valeur de la variance moyenne extraite (AVE) est supérieure à 0,50, ce qui indique que tous les indicateurs sont valides et fiables. Les résultats ont révélé que le comportement d'une mère en matière de prévention du retard de croissance est directement influencé par son intention, alors que les intentions de la mère sont influencées par les attitudes, la démographie et le contrôle perçu. Nous concluons qu'une mère qui a de grandes intentions de prévenir le retard de croissance sera capable de le pratiquer grâce à une attitude positive et une bonne perception du contrôle. Les intentions comportementales ont été identifiées comme la variable médiatrice de la transformation des attitudes comportementales en traitement, ce qui est cohérent avec la théorie TPB et d'autres recherches sur le comportement des médecins. En d'autres termes, l'intention peut servir non seulement de processus interne de conduite de l'attitude, mais aussi de condition de préparation au comportement. *(Afr J Reprod Health 2024; 28 [10s]: 100-110).*

Mots-clés: Intention ; comportement; prévention du retard de croissance

Introduction

Stunting is one of the cases of chronic malnutrition whose prevalence continues to increase in Indonesia. Short stunts (Stunting) are based on the body length by age or height by age index in anthropometric standards of child nutrition assessment, the measurements are at the threshold (Z-score) <-2 SD up to -3 SD (short/stunted) and <-3 SD (very short/severely stunted)[1]. According to the World

Health Organization (WHO), Indonesia is third in the list of countries with the most prevalent cases of stunting in the Southeast Asia/South-East Asia (SEAR) region. The average prevalence of stunting in Indonesia in 2005-2017 was 36.4%. According to data from the United Nations Children's Fund (UNICEF) and the WHO, about 22% of Indonesian children or 149.2 million children were stunted in 2022. Indonesia's Basic Health Research 2018 data showed the prevalence of stunting among children in 2018 to be 30.8%. This means that the stunting rate in Indonesia includes severe because it is in the range of 30-39%[2]. Stunting is the most prevalent nutritional problems in Indonesia when compared to others such as malnutrition, skinniness, and obesity.

A study involving 100 families with stunted toddlers in 16 Lokus villages in Madura found that 30 toddlers who were raised by their grandmothers experienced stunting (30%). This was because their mothers worked as migrant workers (TKW), with 23 mothers (76.7%) working abroad and 7 mothers (23.3%) working outside the island. The results of completion of the questionnaire by the Child stunted family obtained data that 12 children (40%) immunization status were incomplete. Twenty six babies (87%) were brought to the Public Health Center because grandmothers were busy; 22 babies (73%) had not received exclusive breastfeeding; 25 babies (83%) did not receive colostrum because it was considered to be spoilt; while 11 babies aged 0-6 months (37%) got rice slices/ rice flour/ fruit/ tajin/ white water/ honey before 6 months. This suggests that the inappropriate care provided by large families contributed to stunting. Another study[3], found that 22.6% of mothers discarded colostrum because they considered it unclean; 14.5% of babies did not receive early initiation of breastfeeding; 59.7% gave food to new born babies, examples being rice and bananas given at the age of 6 months (the "lothek" culture) so that the baby grew big and strong; while 35.5% gave weaning food before 6 months, such as banana, or an instantaneous flour product. The reasons were fussy. A crying baby was considered hungry so the baby was given weaning food to stop crying. Over 16% of families banned the consuming seafood for babies because of allergies.

Stunting is attributable to a number of risk factors, including poor family-level food availability, poor sanitary hygiene, insufficient food intake, and some social determinants[4]. The cause of stunting is undernourishment from the womb until the first two years of life[5] and frequent infections during early life[6]. Nutrition also affects a person's height and reduces the capacity of affected persons to reach their genetic potentials[4]. Children with catch up growth after stunting at the age of 2 have higher cognitive scores than those who are constantly inhibited throughout childhood or stunting[7]. The impact of stunting includes short-lived adulthood, poor cognitive performance and school performance[8], as well as increase predisposition to degenerative diseases[9].

Family behaviour in stunting prevention on the first 1000 days of life of the child is the key in the efforts to reduce and overcome stunting. Self-prevention efforts can be carried out by ensuring that the child has a good health status, and receives adequate nutrition during the first 1000 days of life[1]. Stunting refers to a child too short for his age[10]. According to the Theory of Reasoned Action (TRA), The Theory of Planned Behaviour (TPB) is added to describe behaviour in which will control is reduced[11]. Willingness can most definitely be described as the cognitive process of an individual deciding and committing to a particular course of action. In other words, TPB serves to describe individual actions and behaviours that are theoretically irrational. Intention was the predictors to behaviour and was the effects of attitudes, subjective norms, and perceived controls.

This study aims to analyze the determinant factors (attitude, perceived control, intention, subjective norm, and demographics) that influence mothers behavior in preventing stunting and to develop a stunting prevention behavior model based on the Theory of Planned Behavior (TPB).

Methods

The approach used in this research was observational analytical research with a cross-sectional design. The data was collected based on a

modification of the theory of planned behavior containing are attitudes, behaviour beliefs, control believes, intentions, motivations to comply, perceived controls, subjective norms, and evaluations behaviors that correspond to the purposes of the study. This study was conducted in the community of Lokus village, a stunting-priority area, because the prevention of stunting begins with caregiving activities at home for infants. A cross-sectional approach was used to analyze the factors influencing stunting prevention behavior in the care of children aged 0-24 months. The study targeted mothers who had babies aged 0-24 months in the rural Madura Island of Indonesia. The sample size of 215 was calculated based on the software of the large counting sample of Lemeshow, (Lemeshow and Lwanga,1997). Sampling technique used proportionate stratified random sampling. The research sample was taken from a population originating from rural, coastal, and urban areas in Bangkalan Regency. The sample size was calculated for each stratum based on the percentage of stunting occurrences in children under five years old.

The survey was conducted in July and August 2023. Data collection using the questionnaire is distributed directly with the involvement of 4 enumerators. There are six questionnaires that use among others demografi, attitude, Subjective Norm, Perceived Control, intention, and behavior. The questionnaires were based on the Theory Of Planned Behaviour (TPB) and the concept of stunting prevention. Based on SmartPLS4 analysis it is obtained that Loading the whole indicator factor > 0.7 then it can be concluded that the observed variable or indicator used has good validity. Composite reliability is more than 0.7 so it can be concluded that the latent variable has a good reliability. Average variance Extracted/ AVE The obtained value exceeds 0.5, indicating that the model above demonstrates good convergence validity. The study Variables of / Theory Of Planned Behaviour (TPB) included stunting prevention intentions and behaviour assessed using a 17-item scale adopted from Glanz (2020) [11].

Research variables

Variables in this study included the socio-demographic characteristics of the mother and the child, attitude with two indicators namely behavioural beliefs and evaluations of behavioural outcomes, subjective norms with two indicators normative beliefs and motivation to comply, perceived control with two indicators namely control belief and perceiver power, and intentions and behaviour prevention stunting.

Demographic

The demographic data included in the questionnaire were the mother's age, mother's education, mother's occupation, number of children, and family income.

Attitude

The prevention of stunting was evaluated through the use of a questionnaire designed to assess attitudes of individuals towards behavior. The questionnaire was structured based on the Theory of Planned Behaviour (TPB) and it consists of 10 questions divide into two parts. The first part focuses on experimental attitude while the second part examines instrumental attitude. The questionnaire uses a nominal scale utilizing a Likert scale ranging from 1–4. Positive attitudes are scored higher than the mean t-score, while negative attitudes are scored lower than the mean t-scrore. For favorable questions, a score of 4 indicates a strong agreement; 3 means agreement; 2 means disagreement, and 1 means strong disagreement. While the unfavorable questions, score 1 is equal to strongly agree; 2 to agree; 3 to disagree and 4 means strongly disagree.

Subjective norm

The questionnaire was developed based on the Theory of Planned Behaviour (TPB) and adjusted with spesific indicators aimed at prevention stunting. This questionnaire consists of 10 statements and

organized into 2 pairs. The first part concerns *injuctive norm* while the second part deals with descriptive norm. To score the questionnaire, each question has been categorized into favorable dan unfavorable questions. A score ≥ mean is considered good while a score < mean is considered less. When answering favorable questions (+), a score of 4 is equivalent to strongly agree; 3 to agree; 2 to disagree and 1 to strongly disagree. While the unfavorable questions are scored conversely.

Perceived control

The questionnaire was developed based on the Theory of Planned Behaviour (TPB), adapted with indicators related to the prevention of stunting. This questionnaire comprises 10 statements divided into two sections. The first section focuses on Perceived Control, while the second section focuses on Self-Efficacy. Each section contains 5 statements, with statements numbered 1–5 representing Perceived Control and numbers 6–10 representing Self-Efficacy. Scoring is based on whether the score is above or below the mean. Scores ≥ mean are considered good, while scores < mean are considered less. For favorable questions (+), the scoring is as follows: 4 = strongly agree; 3 = agree; 2 = disagree and 1 = strongly disagree. While the scoring for unfavorable questions (−): 1 = strongly agree; 2 = agree; 3 = disagree and 4 = strongly disagree.

Intention

The instrument was structured according to the Theory of Planned Behaviour (TPB) and comprises 10 statements. The questionnaire employs an ordinal scale with a Likert scale ranging from 1 to 4. Scoring for the questionnaire is as follows: a score ≥ mean indicates good, while a score < mean indicates less. Scoring for favorable questions (+): 4 indicates a strong agreement; 3 means agreement; 2 means disagreement and 1 means strong disagreement. For unfavorable question (−), the opposite applies where 1 means strongly agree; 2 means agree; 3 means disagree and 4 indicates strongly disagree.

Behavior

The instrument was developed based on the Theory of Planned Behaviour (TPB), featuring 10 statements. The questionnaire utilized a Likert scale ranging from 1 to 5. Scoring for positive questions (+) is as follows: A score of 5 refers to always; 4 refers often; 3 refers to sometimes; 2 refers to rarely and 1 refers to never. Scoring for unfavorable questions (−): 1 refers to always; 2 refers to often; 3 refers to sometimes; 4 refers to rarely and 5 refers to never.

Data analysis

The analysis technique used is Structural Equation Modeling (SEM) based on variance. SEM measures the relationship between independent and dependent, measures loading values between indicator variables with latent variables and factor analysis along with hypothesis testing. The software used for SEM analysis is SmartPLS (Hair, J. F., Hult, G. T. M., Ringle, C. M., and Sarstedt, M. (2017). This study conducted various descriptive statistics including mean, standard deviation, percentages, and numbers to present the participants' demographic characteristics. Multivariate analysis was also employed in this research to identify complex intervariable relationships, namely Structural Equation Modeling-Partial Least Squares (SEM-PLS) which is a component or variance-based structural equation model. In this analysis, the evaluation of model was divided into two parts: the outer and inner models. The outer model was responsible for assessing the validity and reliability of the indicators. Convergent validity was determined by calculating the correlation between the reflective indicator and latent variable scores. A factor loading value ranging from 0.5 to 0.6 was considered acceptable to indicate the validity of an indicator. Discriminant validity was evaluated by examining the cross-loading correlation value with the latent variable, which should be higher than the correlation with other potential variables. An average variance extracted (AVE) of over 0.5 and a composite reliability value of ≥ 0.7 were considered acceptable.

Tabe 1: Construct reliability and validity

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Attitude	0.895	0.912	0.934	0.825
Behaviour	0.846	0.847	0.929	0.867
Behaviour Belief	0.858	0.886	0.897	0.638
Control Belief	0.705	0.903	0.800	0.505
Demography	0.727	0.261	0.709	0.558
Intention	0.702	0.707	0.825	0.705
Motivation to comply	0.902	0.914	0.953	0.911
Normative Belief	0.781	0.785	0.873	0.696
Perceived Control	0.770	0.672	0.858	0.752
Perceived Power	0.723	0.838	0.814	0.529
Subjective Norm	0.712	0.590	0.782	0.545
Evaluations Behaviour	0.763	0.850	0.860	0.672

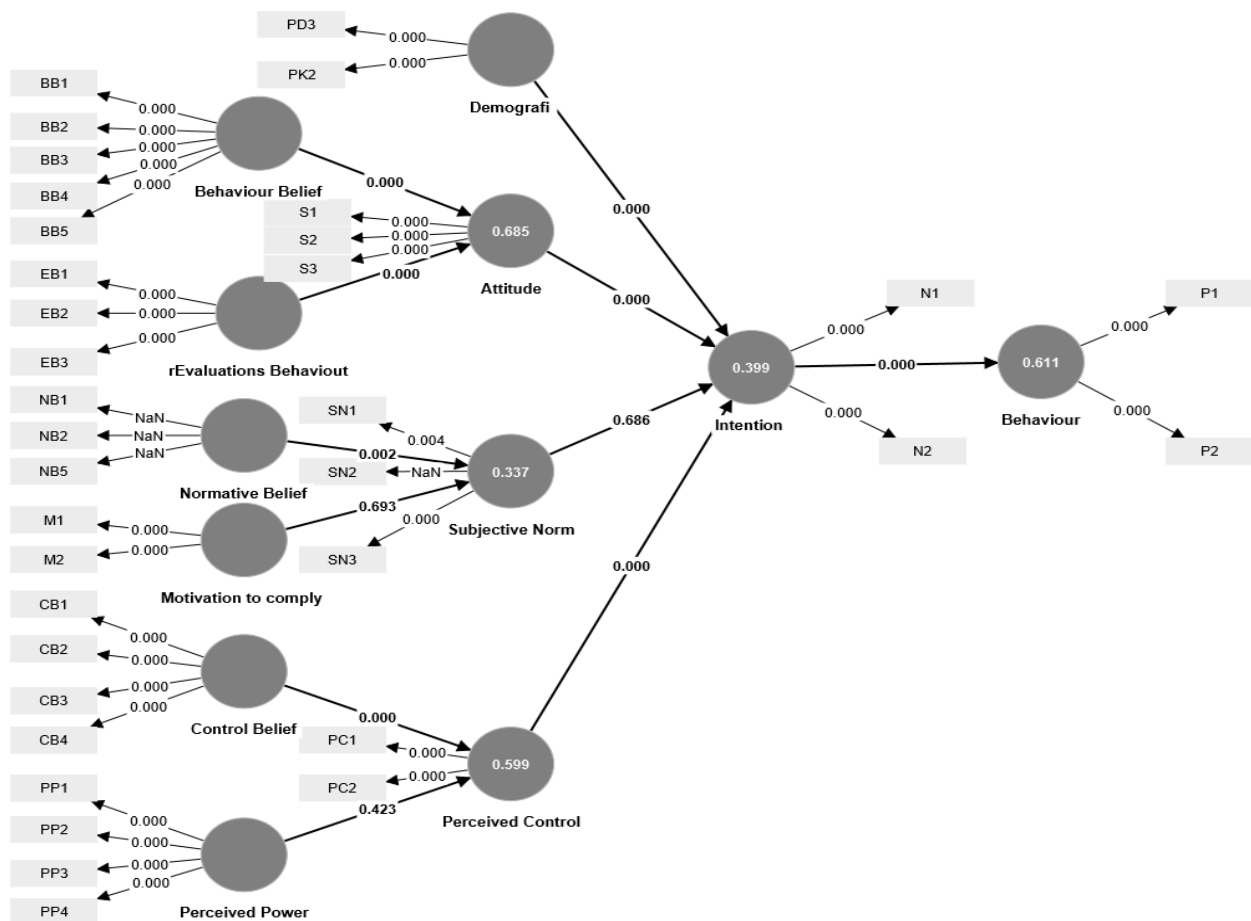## *Structural model evaluation and hypothesis testing*

Figure 1: Mother's model of behaviour in stunting prevention in children aged 0-24 months

Tabel 2: Output bootstrapping direct effect

|	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	*p*-value
Attitude -> Intention	0.269	0.260	0.062	4,336	0.000
Behaviour Belief -> Attitude	0.694	0.701	0.051	13,632	0.000
Control Belief -> Perceived Control	0.695	0.679	0.121	5,745	0.000
Demography -> Intention	-0.275	-0.269	0.067	4,104	0.000
Intention -> Behaviour	0.781	0.781	0.062	12,625	0.000
Motivation to comply -> Subjective Norm	-0.035	-0.017	0.088	0.395	0.693
Normative Belief -> Subjective Norm	0.580	0.556	0.190	3,056	0.002
Perceived Control -> Intention	0.339	0.342	0.092	3,674	0.000
Perceived Power -> Perceived Control	0.097	0.128	0.121	0.801	0.423
Subjective Norm -> Intention	-0.036	-0.025	0.088	0.404	0.686
Evaluations Behaviour -> Attitude	0.202	0.198	0.054	3,774	0.000
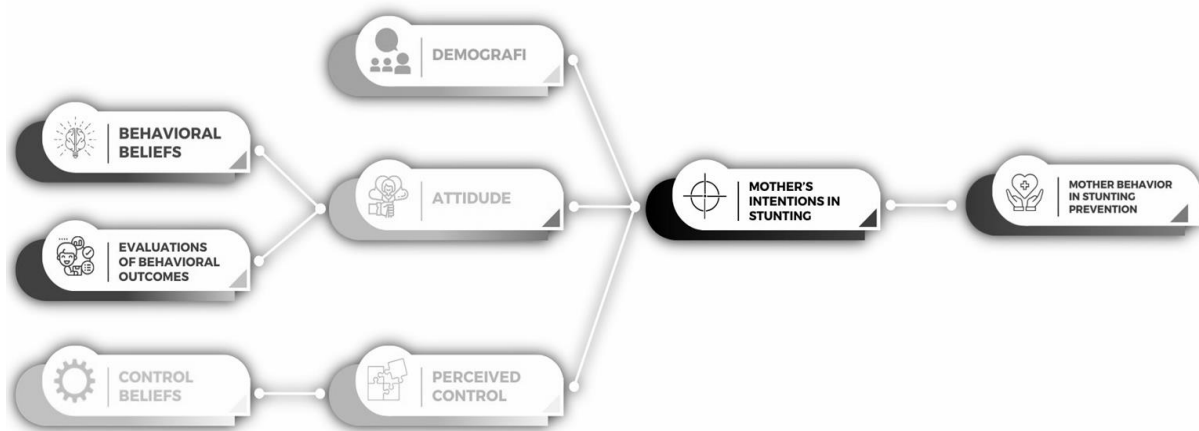
Figure 2: Mother's model of behavior in stunting prevention based on the Theory of Planned Behaviour

The inner model evaluation aimed to evaluate or asses the interrelation or influence of the variables under study. This was achieved by calculating the R-square (coefficient of determination) and the Q2 value (relevance of prediction). The R-square value signifies the extent to which the independent variable influences dependent variable. The model is highly relevant for prediction if the Q2 value is greater than two and close to one. Conversely, it lacks predictive relevance if the Q2 value is less than zero.

Measurement validity

The research's main construct was evaluated for convergent and discriminant validity using various methods such as factor loadings, composite reliability average variance extracted, Cronbach's alpha, cross-loading, heterotrait–monotrait ratio of correlations and the Fornell–Larcker criterion before testing the proposed model and hypotheses.

Table 1 shows that the values for Cronbach alpha and Composite Reliability (C.R) were above the minimum value received in similar business research (>0.7). Furthermore, the Average Variance Extracted (AVE) value was calculated and compared with the minimum threshold value of 0.50 recommended by Magno (2022)[12]. As shown in Table 1, the AVE values for all research constructions exceeded the threshold that achieved convergence validity. Discriminatory eligibility was

also assessed using three criteria: cross loads, Fornell-Larcker and Heterotrait-Monotrait *ratio* of correlations (**HTMT**). In crossloads, items are expected to be exposed to a stronger load on their reflective factors than on other factors in the scale. The Fornell-Larcker criterion states that the correlation coefficient between the measured constructions must be lower than the square root value of the AVE, and that the HTMT ratio requires its coeficient to be below the recommended rate of 0.85.

The ethical commission

The ethical commission of STIkes Ngudia Husada Madura approved this study to conduct in Bangkalan District, East Java, Indonesia, under the reference No. 1792/KEPK/STIKES-NHM/EC/VI/2023 on June 14th, 2023. Written consent was obtained from all participants. The objectives of the study were explained to the participants, and informed consent forms were collected.

All hypotheses were evaluated using a path coefficient (β), and only those with a p value ≤ 0.05 were considered significant. As shown in Figure 2 and Table 2 the PLS-SEM results reveal that attitudes towards behavior have positive influences on stunting prevention intentions t = 4,335, p : 0,000). Attitude was influenced by behavior belief (T: 13,632; p-value: 0,000) and evaluations behaviors outcome (T: 3,774; p-value: 0,000). The other statistical result showed that there was influenced between control belief to perceived control (T: of 5,745; p value 0,000). Whereas, demographics and intentions showed that a significant influence between of both (T: 4,104; p value of 0,000). Normative belief and subjective norm have significant influences of both (T: 3,056; p Value 0,002). Figure 2

Based on the above picture, the model is based on data analysis that mother's behavior in stunting prevention is directly influenced by intentions. While high intentions are shaped by positive attitudes, supportive demographics and good perceived control. Mother's attitude will be positive because of having positive behavioral

beliefs and evaluations of good behavioural outcomes.

Discussion

Determining factors influencing mothers' attitudes towards stunting prevention intentions

Based on calculations using bootstrapping, the results of this study show a significant influence between perceived control and mothers' attitude in stunting prevention in children aged 0-24 months. A mother who has a positive point of view will influence her subjectivity in assessing the importance of a behaviour done to do. Relevant to the objective of this study h[13], that sought to identify a suitable structural equation model, our study revealed that attitudes towards Interinstitutional Collaboration In Chronic Disease Management (ICCDM) are a significant predictor of behavioural intentions, and the behaviour intentions and controls of perceived behaviours have been identified as significant forecasts of behaviour.

Analysis of data for evaluation of behavioral outcome and Attitude showed that T: 13,632, standard deviation: 0,051 and p-value: 0,000, so there is a direct meaningful influence between behavior belief and mother's attitude. Ajzen in[11] argues that attitudes to behaviour are determined by the beliefs acquired about the consequences of behaviours or behavioural beliefs. Based on calculations using bootstrapping, where the attitude to intention estimate coefficient test result of the bootstrap result is at count of 4,336 and the standard deviation is 0,115, the p value is 0.009<0.05 so that the alternate hypothesis was accepted. This suggests a meaningful or significant direct influence between attitude and mother's intention in stunting prevention in a child aged 0-24 months. Relevant to the results of research[14].

Attitudes are influenced by the magnitude of beliefs and the impact evaluation of behavior. According to the results of research[15], showed that confidence (p-value < 0.05) as the most influential factor, over their intention to buy (p -value< 0.05).

The results of this study are relevant to the results of the study[16], that confirms the core structures of TPB, such as attitudes, Subjective norms, and Perceived belief control significantly affect adolescent intentions to exercise.

[17]It is relevant to the results of research conducted by[18], the baseline model of TPB contributes 67% of the variance in the respondent's intention to separate (Fig. 2). All three basic constructions – attitude (Alpha = 0.89, CR = 0.89; AVE = 0.74), subjective norm (Alfa = 0.84; CR = 0,89, AVE= 0.74) and perceived behaviour control (Alph = 0.82; CR= 0.83, AVA = 0.62) – show good matches and have a significant positive correlation with intent. This finding is consistent with other studies that have found TPB to predict intentions to reduce food waste[19], separate kitchen waste[13], and isolated municipal waste sources[13]. According to the research,[20] farmers who have planted trees in their fields may have developed a positive attitude as a result. The results of the study[21], confirm the positive influence of attitudes towards behaviour on the intention of waste prevention. Previous findings suggest that park visitors who have a strong positive attitude to behaviour indicate a stronger intention to engage in garbage prevention[22]. Relevance with the results of research[23], that attitudes have a positive effect on the behavioural intentions of students to use e-learning. This is because attitudes have a significant and strong effect on students' behavioural intentions to use it.

Determining factors influencing mother's perceived control and intentions in stunting prevention

Based on the estimated perceived control coefficient test and intention, showed that T- value: 5,745 and the p-value is 0,000 which means there is a significant direct influence between control belief and perceived control in stunting prevention. Perceived behavioural control is an understanding of the ease or difficulty felt by the mother in showing stunting preventive behaviour to her child aged 0,24 months. The findings are relevant to a study by Belanger (2023)[24] associations between each

construct and the intention to adopt a healthy diet among GDM+ women are presented. The three constructs explained 55% of the variance in intention to adopt a healthy diet. After adjustment for past behaviour and other covariates.

Ajzen in[11] revealed that behavioural control is a person's belief that something can control behaviour or perception of the ease or difficulty in undertaking a behaviour under specific influences. When someone has these three controls, then he/she can have a strong determination to show that behaviour, in this case the ability to invest (Maulida et al,.2020)[25]Click or tap here to enter text. Research by[26] state that behavioural controls can influence one's intentions in investing. The perception of behavioural control had a positive impact on the willingness to invest. The condition explains that the smaller or at least the perceptible obstacle to making an investment, the stronger one's intention to invest. Relevant to the results of the study[24], we also found that the intention to adopt a healthy diet was negatively affected in GDM+ women with reduced controls felt in adopting healthy diets, when they had access to food in their surroundings. Similarly, in a Danish woman study GDM+, most of them identified difficulties in continuing their healthy diet during the postpartum period, talking about appetite and having a will to withhold foods such as candy and chocolate among other obstacles.

Supported by research results[27], that SEM results show that understanding has a significant direct effect on Perceived Benefits (β: 0.898; p = 0.002). Perceived Barriers were found to be positive and directly affect attitudes (β: 0,484 and p = 0,021), and Cues to Action was found to have a significant direct positive effect on PBC (β: 0,460 and p= 0,020). In the theory of planned behaviour, Ajzen (2005) in[11] argues that the perception of control is determined by an individual's belief in the availability of resources such as tools, compatibility, competence, and opportunity (control belief strength) that supports or impedes the behaviour to be predicted and the magnitude of the role of the power of control factor in realizing such behaviours. Individuals with a high perception of control will continue to be pushed and striving to succeed

because they are confident that with the resources and opportunities available, the difficulties they face can be overcome.

The determinant factor of demography towards the formation of mother's intention in stunting prevention

Based on calculations, we found that there is a significant direct influence between demographics and mother's intentions to prevent stunting in children aged 0-24 months. The demographic factors studied included educational factors, income factors, and the number of children. It suggests that mothers generally have demographic characteristics that are still lacking. This possibly accounts for is the mother's lack of intention in stunting prevention due to the lack of ability to receive information, limited ability to find information about stunting and how to prevent stunting. It is supported by research findings[18], informal education can also play a role in conveying the environmental benefits of food waste management as a means of promoting participation in pro-ecological behaviour as previous work has documented correlations between educational efforts and behaviours.

Employment factors and the number of children influence the mother's intentions in stunting prevention. As a result of a study[24], that in our cohort study, more than 75% of GDM+ women have a full-time job and more than 80% of them have two or more children, may reduce the time available to plan and prepare healthy meals and to "worry" about their eating habits. Similarly, lack of time to prepare meals has been previously by GDM+ women. In line with the research[20], this study also shows that some socio-economic characteristics of farmers influence the attitude component in relation to tree planting. Hierarchical regression analysis suggests that the model consisting of socio - economic variables and TPB construction better explains tree-planting behaviour than the socio - economical variable alone. It supports the idea that external and intrinsic factors play a role in explaining the adoption of agroforestry.

The determinant factor of intention towards the formation of mother's behaviour in stunting prevention

Based on calculations using bootstrapping, where the attitude to intention estimate coefficient test result of the bootstrap result is a t count of 12,625 and a standard deviation of 0,062. The p value is 0,000 < 0.05 so that H1 is accepted or that means a meaningful or significant direct influence between intent and mother's behaviour in stunting prevention in a child aged 0-24 months. Intention is a psychological phenomenon that shows a focus of interest in a particular object due to a sense of happiness. Ajzen defines intention as an arrangement of action that when there is a suitable time and opportunity will be realized in the existence of action. The intention to invest in stocks can be understood as the desire or determination of someone to invest stocks. It is relevant to the results of the study[13], attitudes in this study positively influence behavioural intentions, each of which positively affects ICCDM behaviour. Behavioural intentions have been identified as the mediating variable of the transformation of behavioural attitudes into treatment, which is consistent with the TPB theory and other research on physician behaviour. In other words, intention can serve not only as an internal driving process of attitude, but also as a condition of preparation for behaviour.

The Planned Behaviour Theory provides a framework for studying attitudes to behaviour. Based on the theory, the most important determinant of a person's behaviour is the intensity of behaviour. The individual's intention to display a behaviour is a combination of attitudes to display such behaviours and subjective norms. Behavioural intentional is an interest that means the desire to perform a behaviour, whereas behavioural is a real act done. Relevant to the research results[28], Based on the results of studies four months after educational intervention, there was a significant increase in the average score of experimental groups behavioural intensity, which is consistent with the findings of studies by[28], that showed the effect of education intervention on

increased behaviour intensity in the intervention group. Regarding the relationship between behavioural intent and tobacco use, therefore, it is possible to prevent and control the use of hookah by influencing the behaviour intent of Hookah users. As research[29], that Based on the results, it can be seen that the intention to prepare is the most significant factor with a positive effect on protective behaviour ($\beta = 0{,}542$, $p = 0{,}001$)[30], that the intention of personal water protection behaviour is positively linked to civilian water conservation behaviour. predicts the intent to engage in pro-ecological behaviours.

Conclusion

Mother's attitude in stunting prevention is influenced by the behaviour evaluation variables and the behaviour belief. The demographic factors studied include educational factors and income factors as well as the number of children influencing mothers' intentions in stunting prevention. Behavioural intentions have been identified as the mediating variable of the transformation of behavioural attitudes into treatment, which is consistent with the TPB theory and other research on physician behaviour. In other words, intent can serve not only as an internal driving process of attitude, but also as a condition of preparation for behaviour.

Authors contribution

Ulva Noviana: conceptualized and designed the study, collected and analysed the data
Shrimarti Rukmini Devy: designed the methodology, wrote the introduction and edited the paper.
Diah Indriani : collected and analysed the data
Zakiyah Yasin: reviewed empirical studies, collected and analysed the data,

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