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Research Article

Factors Influencing the Incidence of Stunting in Toddlers in the Work Area of Kadudampit Health Center, Sukabumi District

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Abstract

Aims: The purpose of this study was to identify the factors that influence the incidence of stunting in toddlers within the working area of Kadudampit Health Center, Sukabumi District.

Methods: This research employed a correlational design with a cross-sectional approach. The population consisted of all mothers with toddlers in Sukamaju Village, within the Kadudampit Health Center working area of Sukabumi District, totaling 362 respondents. A simple random sampling technique was used to select participants. Data analysis was conducted using the chi-square test and logistic regression analysis.

Results: There is a significant influence of maternal knowledge, parenting patterns, economic status, maternal education, and exclusive breastfeeding on the incidence of stunting ($p < 0.05$). Additionally, these factors collectively influence the incidence of stunting. Among these variables, economic status is the most dominant factor affecting stunting, with an odds ratio (OR) value of 13.207.

Conclusion: There is a simultaneous influence of maternal knowledge, parenting, economic status, maternal education, and exclusive breastfeeding on the incidence of stunting, with economic status being the most dominant variable affecting stunting.

Keywords:

Economic Status, Exclusive Breastfeeding, Maternal, Parenting, Stunting

INTRODUCTION

Among the population of children in Indonesia, stunting is one of the most prevalent nutritional issues. Stunting is a chronic nutritional problem resulting from long-term insufficient nutritional intake, often due to inadequate feeding practices that do not meet nutritional needs. Children who are stunted experience growth failure due to chronic malnutrition from the age of 0 to 59 months. This condition is characterized by a nutritional status index of body length for age or height for age, with a Z-score of less than -2 SD, leading to

a height that is not appropriate for their age (1).

According to data from the World Health Organization, Asia ranks first in the world for the incidence of stunting. Southeast Asia follows in second place, with 83.6 million children under the age of five affected by stunting, while South Asia ranks third, with 25.7 million stunted children in the same age group (2). In Indonesia, the prevalence of stunting has reached 30.8%, according to RISKESDAS 2018. This remains a significant concern for the government, particularly in light of Perpres No. 72 of 2021, which

addresses the acceleration of efforts to reduce stunting in Indonesia to 14% (3).

The prevalence of stunting serves as an indicator of community welfare, education, and income levels. Various factors within a nation influence the future of its children, including economic conditions, intelligence, quality of education, and demographic characteristics. The long-term effects of stunting on children are particularly evident during the crucial growth period known as the First 1,000 Days of Life, which marks the onset of growth in toddlers (4). The prevalence of stunting in children under five years old can be attributed to several factors, including the mother's level of education, economic status, parenting styles, nutritional awareness, and the practice of breastfeeding.

Maternal knowledge is a significant factor contributing to the prevalence of stunting. The ability of parents to provide their children with the necessary nutrition is directly proportional to their understanding of toddler nutrition. A lack of understanding among parents regarding nutritional needs can lead to poor quality nutritional intake for their children, ultimately affecting stunting rates. It is estimated that mothers with a lower level of knowledge about toddler nutrition face a 4.8 times higher risk of having stunted children compared to those with a good understanding of nutritional needs (5).

Parenting can also be a factor in the occurrence of stunting in toddlers because it is related to the quality of food provided, hygiene, facilities, and encouragement of optimal growth and development. Improper parenting of stunting toddlers, such as letting toddlers when they don't want to eat, lack of accuracy in giving MP-ASI, not paying attention to *kadarzi* behavior and not paying attention to the nutritional needs of toddlers can result in toddlers experiencing stunting (6).

Another factor that is often associated with the incidence of stunting in toddlers is poverty or the economic status of the

family, when viewed from the characteristics of family income that the root causes of the impact of infant growth and various other nutritional problems are caused and derived from the economic crisis. Most children under five who experience growth disorders have low economic status (7). This is because sufficient family income will be more able to buy good and nutritious food ingredients. Inadequate nutritional consumption in toddlers is what causes children to become stunting.

Maternal education is also a key factor contributing to stunting in toddlers. Toddlers born to parents with a higher level of education are less likely to experience stunting compared to those born to parents with lower educational attainment. This correlation arises because maternal education lays the groundwork for ensuring adequate nutrition for toddlers. Mothers with higher levels of education tend to possess greater insights and knowledge about nutrition, which enables them to make informed decisions regarding their children's dietary needs.

A lack of breastfeeding can contribute to malnutrition in newborns, making exclusive breastfeeding an important factor in the incidence of stunting. Inadequate breastfeeding can lead to nutritional deficiencies in infants, which significantly impacts their health. Malnutrition in newborns can result in various complications, including psychomotor, cognitive, and social abnormalities, as well as growth disorders. Children who are not exclusively breastfed face a higher risk of developing vitamin deficiencies essential for growth. Consequently, children experiencing growth abnormalities are more likely to be stunted (8).

All the factors mentioned are crucial to examine in relation to stunting. The aim of this study was to identify the factors influencing the incidence of stunting in toddlers within the Kadudampit Health Center working area, Sukabumi District. By understanding these factors, we can

develop targeted interventions to address and mitigate the prevalence of stunting, ultimately improving the health and well-being of children in the region.

METHODS

Study Design

This research utilized a correlational design with a cross-sectional approach to investigate the factors influencing the incidence of stunting in toddlers. This design allows for the examination of relationships between variables at a single point in time, making it suitable for identifying potential associations between maternal factors and stunting.

Sample

The research was conducted from March to December 2023, focusing on mothers of toddlers residing in Sukamaju Village within the Kadudampit Health Center working area, Sukabumi Regency. The study population comprised 362 respondents. A sample of 190 mothers was selected using a simple random sampling technique to ensure that each participant had an equal chance of being included in the study, thus enhancing the generalizability of the findings.

Instrument

Data were collected using structured questionnaires designed to assess various factors related to maternal and child health, including: Maternal knowledge of nutrition, Maternal education level, Economic status, Parenting styles, Exclusive breastfeeding practices.

The questionnaires were developed based on existing literature and validated through a pilot study to ensure clarity, reliability, and relevance of the items.

Data Collection

Data collection involved face-to-face interviews conducted by trained research assistants. Before the interviews, the purpose of the study was explained to the

participants, and informed consent was obtained. Each interview was structured to maintain consistency and included questions that gathered both quantitative and qualitative data related to the research objectives.

Data Analysis

Data analysis was conducted in several phases:

- **Univariate Analysis:** This phase involved calculating frequency distributions and percentages for each variable to summarize the characteristics of the respondents. This provided an overview of the sample demographics and relevant factors.
- **Bivariate Analysis:** The chi-square test was employed to examine the relationships between independent variables (e.g., maternal knowledge and education) and the dependent variable (the incidence of stunting). This analysis helped identify significant associations between factors.
- **Multivariate Analysis:** Logistic regression analysis was conducted to determine the most significant factors influencing stunting while controlling for potential confounding variables. This method allowed for the assessment of the relative importance of each factor in predicting stunting outcomes.

Ethical Considerations

This research adhered to ethical guidelines to ensure the rights and welfare of participants were protected. The study received ethical approval from the Ethics Committee of STIKES Sukabumi, with approval number 0000845/KEP STIKES SUKABUMI/2024. Informed consent was obtained from all participants, who were assured of the confidentiality of their responses and the voluntary nature of their participation. Participants were informed that they could withdraw from the study at any time without any repercussions.

RESULTS

Overview of Respondent Characteristics

Table 1. Overview of Respondent Characteristics

Respondent Characteristics	n	%
Age (year)		
< 35	201	55,5
≥ 35	161	44,5
Toddler Age (month)		
< 40	180	49,7
≥ 40	182	50,3
Toddler Height		
< 90	171	47,2
≥ 90	191	52,8
Number of Family Members		
< 4		
≥ 4	91	25,1
	271	74,9
Gender of Toddler		
Male	173	47,8
Female	189	52,2
Education		
Not In School	75	20,7
Elementary School	23	6,4
Junior High School	70	19,3
Senior High School	157	43,4
College	37	10,2
Employment Status		
Civil Servants	9	2,5
Self-employed/Farmer	7	1,9
Housewife	311	85,9
Other	35	9,7
Economic Status		
< Provincial Minimum Wage	287	79,3
≥ Provincial Minimum Wage	75	20,7
Sources of Information		
Health Workers	309	85,4
Not a Health Workers	7	1,9
Media	46	12,7
Training and Counseling		
Ever	245	67,7
Never	117	32,3

Table 1 shows that most respondents were < 35 years old. Most respondents had toddlers aged ≥ 40 months and most were ≥ 90 cm tall. Most respondents had a family size of ≥ 4. Most respondents had children with female gender. Most respondents had a high school education, were housewives, and economic status was < UMP. Most of the respondents got their source of information from health workers. Most respondents had attended training and counseling from health center related to stunting.

Univariate Analysis

Table 2. Univariate Analysis

Variable	n	%
Maternal Knowledge		
Not Good	14	3,9
Good	348	96,1
Parenting Style		
Authoritarian	18	5
Democratic	344	95
Economic Status		
Low	288	79,6
High	74	20,4
Education		
Low	168	46,4
High	194	53,6
Exclusive Breastfeeding		
Does Not Provide	35	9,7
Provide	327	90,3
The Incidence of Stunting		
Stunting	70	19,3
Not Stunting	292	80,7

Table 2 above explains that most respondents have good knowledge as many as 348 or (96.1%), democratic parenting as many as 344 or (95%), low economic status as many as 288 or (79.6%), high education as many as 194 or (53.6%), and provide exclusive breastfeeding as many as 327 or (90.3%). Most did not experience stunting as many as 292 or (80.7%).

Bivariate Analysis

Table 3. Influence of maternal knowledge about nutrition, parenting style, economic status, education, and exclusive breastfeeding with the incidence of stunting in toddlers

No	Free Variable	Category	The Incidence of Stunting				Total	P Value	
			Stunting		Not Stunting				
			n	%	n	%			
1	Maternal Knowledge	Not Good	9	64,3	5	35,7	14	100	0,000
		Good	61	17,5	287	82,5	348	100	
		Total	70	19,3	292	80,7	362	100	
2	Parenting Style	Authoritarian	10	55,6	8	44,4	18	100	0,000
		Democratic	60	17,4	284	82,6	344	100	
		Total	70	19,3	292	80,7	362	100	
3	Economic Status	Low	67	23,3	221	76,7	288	100	0,000
		High	3	4,1	71	95,9	74	100	
		Total	70	19,3	292	80,7	362	100	
4	Education	Low	51	30,4	117	69,6	168	100	0,000
		High	19	9,8	175	90,2	194	100	
		Total	70	19,3	292	80,7	362	100	

5	Exclusive Breastfeeding	Does Not Provide	15	42,9	20	57,1	35	100	0,000
		Provide	55	16,8	272	83,2	327	100	
		Total	70	19,3	292	80,7	362	100	

Based on the results of the Chi Square statistical test in table 3, the p-value <0.05 means that there is an influence of maternal knowledge, parenting patterns, economic status, education, and exclusive breastfeeding on the incidence of stunting in toddlers in Sukamaju Village, Kadudampit Health Center Working Area, Sukabumi Regency.

Multivariate Analysis

Table 4: Dominant factors for the incidence of stunting in toddlers

No.	Free Variable	B	Sig	OR
1.	Maternal Knowledge	2,379	0,001	9,771
2.	Parenting Style	2,348	0,000	10,462
3.	Economic Status	2,581	0,000	13,207
4.	Education	1,358	0,000	3,890
5.	Exclusive Breastfeeding	1,629	0,001	5,100

Table 4 outlines the dominant factors influencing the incidence of stunting in toddlers within Sukamaju Village, located in the Kadudampit Health Center working area of Sukabumi Regency. To identify the most significant factors, logistic regression tests were conducted, assessing the impact of maternal knowledge, parenting patterns, economic status, maternal education, and exclusive breastfeeding.

The results revealed the following probability values: maternal knowledge had a value of 9.771, parenting style scored 10.462, economic status recorded the highest value at 13.207, maternal education had a value of 3.890, and exclusive breastfeeding was noted at 5.100. Based on these findings, it can be concluded that economic status is the most dominant factor associated with the incidence of stunting in toddlers.

DISCUSSION

Univariat Analysis

Overview of Maternal Knowledge

Mothers with a strong understanding of nutrition are expected to provide the appropriate amount of food that meets the

growth needs of their children. Two key factors that influence maternal nutritional knowledge are the level of education and access to counseling related to the incidence of stunting (9).

Maternal education is the basis for achieving good toddler nutrition. Mothers will be more receptive to information if they have higher education and have broader knowledge about child care applications (10). The enhancement of knowledge among mothers with children under five is viewed as a significant outcome of participatory counseling in the prevention of stunting. Before receiving health counseling, many mothers were unaware of their toddlers' nutritional requirements based on age, the essential nutrients needed for growth and development, appropriate dietary options for toddlers, and other related topics. However, following the counseling sessions, mothers gained awareness and understanding of these crucial aspects. (11).

Overview of Parenting Style

Parenting refers to the methods and practices used by parents in raising their children. Parenting styles are significantly influenced by the parents' level of

education. Parental education is a crucial factor in determining a child's nutritional status; with a higher level of education, parents are more likely to access and understand information about effective parenting practices. Consequently, the more information parents have, the better their parenting practices are likely to be (12).

Overview of Economic Status

Socio-economics is a person's position in society in relation to other people. One of the factors that influence economic status is employment. A high position means a high income and a larger amount of money spent to support the family. The higher the income, the greater the desire to spend it (13).

Overview of Mother's Education

Education is defined as the overall learning experience of individuals throughout their lives that lasts from birth to death (14). Scholarships are one of the factors that influence a person's education. Scholarships can affect a person's academic interest. Through scholarships, students feel free from the economic difficulties they face so that they can focus on their studies and develop their requests and talents. This can trigger students' interest in continuing education and research and can motivate students to achieve better (15).

Overview of Exclusive Breastfeeding

International guidelines recommend exclusive breastfeeding for 6 months. This is based on scientific evidence regarding the benefits of breast milk for mothers, families, and countries. Factors associated with exclusive breastfeeding are education and employment status. Education encourages individuals to acquire knowledge, leading those with a higher level of education to be more aware of the benefits of breastfeeding compared to those with a lower level of education (16). The increasing number of working mothers has led to a rise in the number of mothers who do not provide their children with exclusive breastfeeding. In contrast, stay-at-home mothers have the

opportunity to dedicate their time to domestic responsibilities without the demands of an outside job. This enables them to offer more consistent breastfeeding without the constraints of time limitations and competing activities (17).

Overview of the incidence of stunting

The World Health Organization (WHO) defines stunting as a condition that impedes healthy growth and development. Children who are malnourished, have experienced recurrent infections, and lack adequate psychological stimulation are at an increased risk of developing stunting. A child is classified as stunted if their height does not align with the growth standards established by global benchmarks. One of the factors influencing the prevalence of stunting is the educational level of mothers (18).

One of the factors contributing to stunting is the educational level of parents. Parents with higher levels of education are generally better equipped to make informed decisions that enhance the nutritional and health status of their children. In contrast, mothers with lower levels of education are often less knowledgeable about selecting nutritious food ingredients for their families, affecting both the quality and quantity of the food provided (19). This lack of nutritional knowledge negatively impacts the nutritional status of children, leading to disruptions in their growth and development, which ultimately results in stunting (20).

Bivariate Analysis

The Influence of Maternal Knowledge on The Incidence of Stunting

Stunting is a form of chronic malnutrition that arises when an individual experiences inadequate nutrition over an extended period, often due to feeding practices that do not meet their nutritional requirements. This malnutrition in early childhood is associated with higher rates of infant and child mortality. Additionally, it increases susceptibility to illness and can lead to

suboptimal physical development later in life (21). Maternal knowledge is one of the factors in the incidence of stunting.

The findings of this study indicate a strong correlation between maternal knowledge and the incidence of stunting in toddlers, aligning with the results of Amalia and Lubis's research. These findings also support Jago's hypothesis that the level of maternal knowledge significantly influences the prevalence of stunting in young children.

Maternal knowledge significantly impacts the dietary choices made for toddlers, which in turn affects their nutritional status. A high level of maternal awareness about nutrition enables mothers to select and prepare meals that meet both the quality and quantity needed for their toddlers. When mothers have a solid understanding of nutritional requirements, they are better equipped to provide meals that satisfy their children's needs, ultimately improving their nutritional status (22). Moreover, mothers with a strong understanding of nutrition are more likely to take their children to the Community Health Center (Puskesmas) for regular consultations regarding their toddlers' nutritional status and development. This proactive approach enables mothers to monitor their children's growth and recognize the importance of meeting balanced nutritional needs (23).

When it comes to meeting the dietary needs of toddlers, maternal knowledge plays a crucial role. A solid understanding of nutrition can foster positive behaviors in mothers regarding food choices and meal preparation. Moreover, mothers with higher levels of education are more likely to readily embrace information from external sources, such as the internet, compared to those with lower educational backgrounds (24).

The Influence of Parenting Style on The Incidence of Stunting

Fostering pattern means form, manner. While fostering means caring, keeping,

educating. So that parenting style means a form or system in caring for, protecting and educating children. Maternal parenting is the behavior of mothers in caring for their toddlers. Diana Baumrind said that there are four types of parenting, namely authoritarian parenting, democratic parenting, permissive parenting, and negligent parenting (25).

The findings of this study align with Noorhasanah's research, which established a correlation between parenting styles and the prevalence of stunting in toddlers. Additionally, a study conducted by Gunawan and colleagues supports this assertion, demonstrating that parenting practices significantly impact the prevalence of stunting among young children.

Poor parenting puts children at greater risk of stunting than parents with good parenting (25). Nutritional care and stimulation are needed in child growth and development so that the position of parents in the care process is very meaningful, especially in fulfilling children's basic needs (foster, nurture, love) (18). In addition to stimulation, providing proper nutrition is also important during the child's growth and development phase. Mothers who provide proper nutrition such as high-protein foods such as rice, eggs, fish and vegetables, their children will not experience stunting (26).

The Influence of Economic Status on The Incidence of Stunting

Socioeconomic status (SES) is a composite measure used to describe an individual or family's economic and social position in relation to others. It considers various factors, including income, education, and employment. SES conditions are socio-cultural characteristics that significantly influence health outcomes and are associated with the prevalence of diseases such as malnutrition, which is more common in communities with lower economic status (27).

The findings of this study align with Nuraeni's assertion that there is a significant relationship between socioeconomic status and the prevalence of stunting in children under the age of three. Additionally, the research conducted by Makrufiyani et al. supports these findings, highlighting that economic status is one of the most critical factors influencing the prevalence of stunting in toddlers.

Economic status can indirectly affect children's nutritional status. Through these facilities, financially well-off families will have a positive impact on children's nutritional status. This shows that small improvements in socioeconomic status have a significant influence on children's health (28).

Economic capacity is one of the meaningful aspects that illustrates the purchasing power of the community towards its needs, especially the need for adequate and safe food. Low food availability threatens to reduce the consumption of diverse, nutritionally balanced and safe meals at the household level. Low food availability can increase the risk of creating stunting children compared to good family food availability (21).

The Influence of Maternal Education on The Incidence of Stunting

Education is the acculturation of civilized human beings and the fruit of human struggle against two forces that always surround human life, namely the nature of nature and the times or society. Education is essentially a process for further development of the quality of life. Ideally, education can improve people's quality of life (29).

There is a correlation between the mother's level of education and the prevalence of stunting in children under five years old. This correlation suggests that a mother's educational attainment indirectly influences her skills and knowledge regarding healthcare, particularly in understanding nutritional information. The level of formal education is closely linked to the extent of

knowledge an individual possesses. As a mother's formal education increases, it becomes easier for her to comprehend the health-related information conveyed to her (30).

The role of mothers in their children's development and health is of utmost significance. Mothers with higher levels of education are likely to have a more positive influence on how they meet their children's dietary needs. With a strong educational background, these mothers are more inclined to adopt favorable attitudes toward their family's nutrition. Such positive attitudes are crucial for effectively addressing the dietary requirements of the family. Furthermore, a mother's level of education impacts how she absorbs and processes information regarding nutrition and her child's health (31).

The Influence of Exclusive Breastfeeding on The the Incidence of Stunting

For infants, breast milk is the most beneficial source of nutrients during the early stages of life. Exclusive breastfeeding is essential for infants aged 0 to 6 months, as their digestive systems are not yet ready for solid foods. Breast milk alone can meet the nutritional needs of infants from birth until 24 months, promoting optimal growth and development in exclusively breastfed children (32).

If the baby is not given breast milk and replaced with formula milk, the baby will not get immunity and will suffer from malnutrition. In the absence of antibodies, the baby is vulnerable to various diseases and increases the risk of stunting (33). Additionally, breast milk is rich in calcium and is easily absorbed by the body, promoting optimal growth, especially in terms of height, and helping to prevent stunting (34).

Analisis Multivariat

The monetary status is reflected in income adjusted for the price of basic needs. Economic status in general plays an important role in determining the incidence of stunting in toddlers (35).

Education can affect a person's knowledge about lifestyle, especially in motivating to engage in development. Mothers with higher education will choose foods that have high nutritional content in accordance with the available food and eating habits since childhood, so that nutritional needs are met (36).

The accumulation of experience contributes to an increased level of knowledge. To prevent stunting in toddlers, well-informed mothers are more likely to pay attention to their children's nutritional needs, ensuring that they grow and develop to their full potential (37).

Parenting is a routine undertaken by both mothers and fathers throughout their children's development. Effective parenting is marked by parents who consistently strive to be supportive and responsive, actively listen to their children's perspectives, and foster a sense of awareness by thoughtfully explaining rules and expectations (38).

In line with the standards established by the Indonesian government, exclusive breastfeeding refers to the practice of providing breast milk to infants from birth to six months of age without introducing any other foods or liquids. This practice is essential for promoting healthy growth and preventing stunting.

CONCLUSION

The conclusion emphasizes the complex interplay of various factors influencing the incidence of stunting in toddlers. Specifically, it highlights that maternal knowledge, parenting styles, economic status, maternal education, and exclusive breastfeeding all contribute simultaneously to the likelihood of stunting. Among these factors, economic status emerges as the most significant determinant. The odds ratio (OR) value of 13.207 indicates a strong association between economic status and stunting outcomes; it suggests that mothers with a higher economic status are 13.207 times more likely to have toddlers who are

not stunted compared to those from lower economic backgrounds. This underscores the critical role that socioeconomic factors play in child nutrition and growth, pointing to the need for targeted interventions aimed at improving economic conditions to combat stunting effectively.

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