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Research Article

Factors Influencing the Incidence of Stunting in Toddlers in Sukamaju Village, Kadudampit Health Center Working Area, Sukabumi District

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Abstract

Aims: This study was to determine the effect of immunization, economic status, maternal motivation, and family support on the incidence of stunting in toddlers.
Methods: The study involved 223 toddlers in Sukamaju Village, Kadudampit Health Center Working Area, Sukabumi Regency, with data collected through questionnaires and analyzed using univariate and bivariate methods, passing an ethical review.
Results: There is a significant effect of immunization on the incidence of stunting (p-value, 0.031), economic status on the incidence of stunting (p-value, 0.000), maternal motivation on the incidence of stunting (p-value, 0.000), family support on the incidence of stunting (p-value, 0.000).
Conclusion: There is an effect of immunization, economic status, maternal motivation, and family support on the incidence of stunting in toddlers.

Keywords:
Economic Status, Family Support, Maternal Motivation, Stunting, Immunization

INTRODUCTION

Undernutrition, which includes underweight, stunting, wasting and micronutrient deficiencies, is a serious concern in developing countries. Stunting, in particular, is a major issue because it chronically affects the growth of children under five and has long-term consequences for health and productivity (1). Toddlerhood is considered a critical period that greatly affects the survival and development of children. Therefore, health attention during this period is very important, especially related to nutritional status, which has a direct impact on the growth of children under five. stunting, as a common problem during child development, is the main focus (2,3). According to The Global Nutrition Report 2020, nearly a quarter of children under five worldwide are stunted, with a significant increase. Survey data since 2017 shows that around 22.2% or about 150.8 million children under five are stunted, with Asia accounting for 55% and Africa 39% of the total. (4,5). In Indonesia, the 2018 Basic Health Research (Riskesdas) noted that 13.8% of children under five years old were stunted, with some provinces such as East Nusa Tenggara, West Nusa Tenggara, Gorontalo, and others experiencing a higher prevalence of stunting (6).

West Java Province, in particular, is in the spotlight due to the high incidence of stunting. Dukcapil data shows an approximate 22% increase in stunted children under five in West Java from 2019 to 2020. The 2018 West Java health profile also shows that Sukabumi district has the second highest prevalence of stunting in the province, reaching 37.6%. (7,8). Stunting, according to the United Nations

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International Children's Emergency Fund (UNICEF), is a condition of failure to thrive in children under five caused by chronic undernutrition. This can lead to impaired physical and mental development, increase the risk of morbidity and mortality, and negatively impact reproductive health, learning concentration, and productivity in adulthood. (9)(10).

Stunted toddlers tend to have suboptimal levels of intelligence, are vulnerable to disease, and are at risk of reduced productivity in later life. (11). Signs of stunting include lower height than the standard for their age, slowed growth, a face that looks younger than their age, delayed tooth growth, and poor performance in focus and learning memory. (12). Unfortunately, many parents are unaware that their child is stunted due to a lack of knowledge about its features (13). Stunting can have long-term impacts on child development, including reduced IQ scores, increased risk of degenerative diseases, and increased risk of infection. Stunted children are also more susceptible to various diseases, which in turn can affect the quality of learning (14). A number of factors are known to influence the incidence of stunting in children under five, including immunization, family economic status, maternal motivation, and family support. Previous studies have shown that stunting is not the result of a single factor, but rather the result of the interaction of multiple factors (15).Immunization plays an important role in preventing stunting among under-fives. Immunization not only protects children under five from infectious diseases but also has a positive impact on their nutritional status. Research shows that children under five who do not receive complete immunization have a three times greater risk of being stunted (16).

Family economic status is also a significant factor in the incidence of stunting. Families with low economic status tend to have difficulty meeting the nutritional needs of toddlers, including nutritious foods and supplements needed for optimal growth (17). Maternal motivation plays a key role in ensuring the nutritional fulfillment of children under five. Highly motivated mothers are more likely to provide good nutrition, seek information about their children's nutritional needs, and regularly attend immunization and health check-up programs (18). Family support is an equally important factor. Families who provide full support in fulfilling toddler nutrition, including providing information, instrumental support, and emotional support, can help prevent stunting. (19).

Sukamaju Village, which falls within the Kadudampit Health Center Working Area, is the focus of this study. Data from Puskesmas Kadudampit in 2023 showed that there were 4,363 children under five in the area, and the preliminary survey results showed that all children under five in Sukamaju Village were stunted. Economic constraints, lack of maternal motivation for immunization, and inadequate family support were identified as the main factors influencing the incidence of stunting in this village. Puskesmas Kadudampit has made various efforts to tackle stunting, such as the construction of Poskesdes/Polindes, counseling, provision of healthy food, health care for pregnant and lactating mothers, construction of sanitation and clean water, and training for health cadres. However, the survey results show that there are still obstacles in the implementation of these programs. Thus, this study aims to explore it further, focusing on the factors that influence the incidence of stunting in Sukamaju Village, Kadudampit Health Center Working Area.

METHODS

This type of research is correlational with a cross sectional approach. The population was all toddlers in Sukamaju Village, Kadudampit Health Center Working Area, Sukabumi Regency from January – August 2023 and a sample of 223 people with proportional random sampling technique. Data collection techniques using questionnaires. Data analysis used

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univariate analysis with frequency distribution table and bivariate analysis with chi square. This research has passed the ethical review at STIKES Sukabumi with no: 000025/KEP STIKES SUKABUMI/2023.

RESULTS

1. Overview of Respondent Characteristics

Table 1. Overview of Respondent Characteristics

No.	Respondent Characteristics	F	%
1	**Mother's age (years)**		
	20-30	108	48,4
	31-45	115	51,6
2	**Mother's Education**		
	Elementary School	63	28,3
	Junior High School	91	40,8
	Senior High School	57	25,6
	College	12	5,4
3	**Mother's Occupation**		
	Work	15	6,7
	Not Working	208	93,3
4	**Father's Education**		
	Elementary School	70	31,4
	Junior High School	81	36,3
	Senior High School	68	30,5
	College	4	1,8
5	**Father's occupation**		
	Work	223	100
	Not Working	0	0
6	**Child's Age (Month)**		
	12-36	181	81,2
	48-60	42	18,8
7	**Child Gender**		
	Male	107	48,0
	Female	116	52,0
8	**Child Height (cm)**		
	50-100	210	94,2
	101-120	13	5,8
9	**Child Weight (kg)**		
	4-8	41	18,4
	8-12	102	45,7
	12-16	80	35,9
10	**Nutritional Status of the Mother during Pregnancy**		
	Fulfilled	198	88,0
	Not Fulfilled	25	11,2

Table 1 shows that most of the characteristics of respondents aged 31-45 years, namely 115 people (51.6%), mothers with junior high school education, namely 91 people (40.8%), mothers do not work, namely 208 people (93.3%), fathers with junior high school education, namely 81

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people (36.3%), fathers work, namely 223 people (100%), The age of the respondent's child was 12-36 months, namely 181 people (81.2%), the sex of the respondent's child was female, namely 116 people (52%), the height of the respondent's child was 50-100 cm, namely 210 people (94.2%), the weight of the respondent's child was 8-12 kg, namely 102 people (45.7%), and the nutritional status of the mother during pregnancy was fulfilled, namely 198 people (88%).

2. Univariate Analysis

Table 2: Univariate analysis

Variables	F	%
Immunization		
Complete	67	30,0
Incomplete	156	70,0
Economic Status		
> Regional Minimum Wage (UMR)	62	27,8
< Regional Minimum Wage (UMR)	161	72,2
Mom's Motivation		
High	206	92,4
Low	17	7,6
Family Support		
Good	208	93,3
Less	15	6,7
Nutrition Measurement Results		
Normal	202	90,6
Stunting	21	9,4

Table 2 shows that most of the respondents' toddlers were incompletely immunized as many as 156 people (70%) and a small proportion of respondents' toddlers immunization was complete as many as 67 people (30%). Most respondents had an economic status <UMR as many as 161 people (72.2%), and a small proportion of respondents had an economic status >UMR as many as 62 people (27.8%). Most respondents had high motivation as many as 206 people (92.4%), and a small proportion of respondents had low motivation as many as 17 people (7.6%). Most respondents had good family support as many as 208 people (93.3%), and a small proportion of respondents had less family support as many as 15 people (6.7%). The results of normal nutrition measurements were 202 people (90.6%) and a small proportion of the results of stunting nutrition measurements were 21 people (9.4%).

3. Bivariate Analysis

Table 3 Influence of Immunization on the Incidence of Stunting in Toddlers

Immunization	Incidence of Stunting				Total	%	P-Value	OR
	Normal	%	Stunting	%				
Complete	65	97,0	2	3,0	156	100		
Incomplete	137	87,8	19	12,2	67	100	0,031	4,507
Total	202	90,6	21	9,4	223	100		

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Based on the *Chi Square* statistical test results showed a *p-value of* 0.031 (*p-value* <0.05) which means there is immunization with the incidence of stunting in toddlers in Sukamaju village, Kadudampit Puskesmas working area, Sukabumi Regency.

Table 4 Influence of Economic Status on the Incidence of Stunting in Toddlers

Economic Status	Incidence of Stunting				Total	%	P-Value	OR
	Normal	%	Stunting	%				
>UMR	49	79,0	13	21,0	62	100		
<UMR	153	95,0	8	5,0	161	100	0,000	0,197
Total	202	90,6	21	9,4	223	100		

Based on the *Chi Square* statistical test results, the *p-value of* 0.000 (*p-value* <0.05) means that there is an economic status with the incidence of stunting in toddlers in Sukamaju village, Kadudampit Health Center working area, Sukabumi Regency.

Table 5 Influence of Maternal Motivation on the Incidence of Stunting in Toddlers

Motivation	Incidence of Stunting				Total	%	P-Value	OR
	Normal	%	Stunting	%				
High	196	95,1	10	4,9	206	100		
Low	6	35,3	11	64,7	17	100	0,000	35,933
Total	202	90,6	21	9,4	223	100		

Based on the *Chi Square* statistical test results, the *p-value of* 0.000 (*p-value* <0.05) means that there is a mother's motivation with the incidence of stunting in toddlers in Sukamaju village, Kadudampit Health Center working area, Sukabumi Regency.

Table 6 Influence of Family Support on the Incidence of Stunting in Toddlers

Family Support	Incidence of Stunting				Total	%	P-Value	OR
	Normal	%	Stunting	%				
Good	202	97,1	6	2,9	208	100		
Less	0	0,0	15	100,0	17	100	0,000	34,667
Total	202	90,6	21	9,4	223	100		

Based on the results of the *Chi Square* statistical test, the *p-value of* 0.000 (*p-value* <0.05) means that there is family support with the incidence of stunting in toddlers in Sukamaju village, Kadudampit Health Center working area, Sukabumi Regency.

DISCUSSION

1. Univariate Analysis

a. Descriptive Analysis of Immunization

The results showed that most of the toddlers were incompletely immunized as many as 156 people or 70%. Immunization is a preventive effort to protect children from infectious diseases (20). There are many factors that influence the completeness of immunization in toddlers, one of which is education (21). Education is one of the factors that influence the completeness of immunization in toddlers. Maternal education level is closely related to the

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level of knowledge about immunization. Mothers with higher education are more likely to understand the adverse effects of diseases that can be prevented through immunization. They are more likely to seek accurate information about immunizations, understand the appropriate vaccination schedule, and recognize the benefits and risks associated with immunizations. This knowledge helps mothers make informed decisions regarding their child's immunization (22). Maternal employment is also one of the factors that influence the completeness of immunization in toddlers. Working mothers may have limited access to health facilities or child immunization clinics (23). Strict work routines and long working hours can make it difficult for mothers to find the right time to bring their children to the health center (24).

b. Descriptive Analysis of Economic Status

The results showed that most respondents had an economic status <UMR as many as 161 people or 72.2%. Economic status is the position or place of a person in a social group related to the quality of human life, both monetarily and non-monetarily. Family socioeconomic status can be seen from family income, parents' education level, parents' income, and social status in the community (25). Factors that influence economic status are education (26). Education is one of the factors that influence socioeconomics. Parents' education directly affects their knowledge about nutrition, health and proper diets for children. Parents who have higher education tend to be more familiar with this information, so they can provide better care related to nutrition and health care for their toddlers. More educated parents tend to have better job opportunities and higher incomes. This can enable them to purchase nutritious food and meet their child's health needs without being hampered by economic limitations (27).

c. Descriptive Analysis of Motivation

The results showed that most respondents had high motivation as many as 206 people or 92.4%. Maternal motivation refers to the drive or factors that encourage a mother to take action or effort in carrying out her role as a mother. This motivation can come from personal values, goals, desires, responsibilities, and life experiences (28). There are several factors that influence maternal motivation in dealing with stunting in toddlers, one of which is education (29). Education provides mothers with knowledge about nutrition and foods necessary for optimal growth and development of young children (30). Mothers who have adequate education tend to have positive attitudes toward care practices such as exclusive breastfeeding, providing appropriate complementary foods, and stimulating child growth and development (31). Mothers with adequate education can be more effective in accessing information and making good decisions regarding their children's health (32).

d. Descriptive Analysis of Family Support

The results showed that most respondents had good family support as many as 208 people or 93.3%. Family support refers to the help, care, emotions, and resources provided by family members to each other. It involves positive interactions and involvement between family members in overcoming challenges, celebrating achievements, and caring for and supporting each other's physical, emotional, and psychological well-being (33). Factors that influence family support in dealing with stunting in toddlers are education (34). Parental

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education plays an important role in understanding the importance of nutrition and a balanced diet for growing children (35). Parents with higher education tend to be more active in seeking information about nutrition, child development, and healthy care practices (36). More educated parents tend to be more aware of the serious consequences of stunting, such as impaired physical growth, stunted brain development and chronic health problems later in life. This knowledge encourages them to be more proactive in implementing good nutrition practices and planning appropriate diets for their under-fives (37).

2. Bivariate Analysis

a. Effect of Immunization on the Incidence of Stunting in Toddlers

The results of bivariate analysis conducted in this study indicate that there is an effect of immunization on the incidence of stunting in toddlers with a *p-value of* 0.031. This research is supported by research (38) which shows that immunization has a positive and significant effect on the incidence of stunting. The results of the study were strengthened by research (39) which also shows that immunization has a positive and significant effect on the incidence of stunting. Stunting is a condition of growth failure in children characterized by a height that is lower than the normal average for their age. Stunting occurs due to chronic malnutrition, especially in the first 1,000 days of life, from pregnancy to 2 years of age (40). One of the factors that influence the incidence of stunting is immunization.

Immunization is the process of administering a vaccine to an individual to stimulate the immune system to develop protection against a specific disease. Vaccines contain weak or inactive parts of pathogens (such as bacteria or viruses) that can stimulate the body to produce antibodies without causing disease. Thus, when the individual is exposed to the actual pathogen, the immune system is already prepared to fight it off (41). It is important to understand that immunizations not only protect children from specific diseases, but also have positive effects in preventing broader health conditions. The various vaccines that have been developed to prevent diseases such as measles, polio, diphtheria, pertussis and tetanus (DPT), as well as other vaccines, not only reduce the incidence of these diseases, but also help the body to maintain overall health (42). Immunization directly helps maintain the health of toddlers by preventing them from getting diseases that can hinder growth. In optimal health, children tend to have better appetites and more effective absorption of nutrients, potentially reducing the risk of stunting. In addition, by preventing recurrent infections, immunization also reduces the inflammatory and stress burden on the body, which can negatively affect growth (43).

b. The Effect of Economic Status on the Incidence of Stunting in Toddlers

The results of bivariate analysis conducted in this study indicate that there is a significant influence between economic status and the incidence of stunting in toddlers with a *p-value of* 0.000. The results of this study are supported by research (44) which shows that economic status has a positive and significant effect on the incidence of stunting. Economic status refers to a person or family's position on the economic scale, which includes income, expenditure, asset ownership, and access to other economic resources. Economic status can be measured by various indicators, such as income per capita, education level, employment, and access to health services. Economic status has a

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strong influence on a person's or family's lifestyle, well-being, and ability to fulfill basic needs, including adequate nutrition (45). Economic status plays a significant role in the incidence of stunting in children under five. Families with low economic status may find it difficult to purchase nutrient-rich foods, such as protein, vitamins and minerals that are essential for child growth. Lack of variety in diet and inadequate intake of nutrients can lead to stunting. Economically deprived families may find it difficult to access quality health services, including prenatal and postnatal care, and child growth monitoring. This limited access may result in underlying medical conditions going undetected or undertreated (46). Low economic status is often associated with less healthy environments, such as poor sanitation and lack of access to clean water. This unfavorable environment can lead to recurrent illnesses and infections, which in turn can negatively affect a child's growth (47). Low economic status may also be associated with lower education levels and a lack of knowledge about good nutrition. Families may not realize the importance of a balanced diet for child growth (48).

c. The Effect of Maternal Motivation on the Incidence of Stunting in Toddlers

The results of bivariate analysis conducted in this study indicate that there is a significant influence between maternal motivation and the incidence of stunting in toddlers with a *p-value of* 0.000. The results of this study are supported by research (49) which shows that maternal motivation has a positive and significant effect on the incidence of stunting. Maternal motivation refers to the drive, passion, and desire within a mother to take positive action for the well-being and optimal development of her children (50). Maternal motivation plays an important role in encouraging increased knowledge about the importance of proper nutrition for children. Highly motivated mothers tend to be more active in seeking information and understanding the adverse effects of stunting. Good knowledge will encourage mothers to provide nutritious food to their children, as well as understand the correct time and method of feeding (51). Motivated mothers are more likely to prepare and feed nutrient-rich foods to their children. They will make more effort to fulfill the nutritional needs of the child's body, such as protein, iron, vitamins, and other essential minerals. With a healthy diet, the risk of stunting can be significantly reduced (52). Mothers who are motivated to prevent stunting tend to seek support from their surroundings, such as family, friends, and medical personnel. This support can provide additional information, encouragement, and a broader understanding of the importance of stunting prevention measures (53). Motivated mothers are more likely to monitor their children's growth regularly. This monitoring helps mothers to identify abnormal growth changes and take the necessary actions, such as consulting a doctor or medical personnel (54).

d. The Effect of Family Support on the Incidence of Stunting in Toddlers

The results of bivariate analysis conducted in this study indicate that there is a significant influence between family support and the incidence of stunting in toddlers with a *p-value* of 0.000. The results of this study are supported by research (34) which shows that family support has a positive and significant effect on the incidence of stunting. Family support refers to the efforts and interactions made by family members in providing attention, care, and assistance to other family members, especially in the context of physical, emotional, and social development. (55).

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Family support can take various forms, ranging from providing nutritious food, monitoring nutritional intake, to assistance in health care. Families have a central role in determining the types of food consumed by children, as well as in creating an environment that supports healthy eating. A balanced and nutrient-rich diet will help children get the essential substances needed for optimal growth (56). However, it is important to remember that family support may vary depending on factors such as income level, parental education, and environmental conditions. Families with low income levels may face limitations in providing adequate nutritional support. Therefore, efforts are needed from the government and relevant agencies to provide access to information, health services, and social support for vulnerable families. Education to families on the importance of balanced nutrition, good diet, and proper health care should be prioritized. Educational programs that involve the community and focus on the role of the family can help increase understanding of the problem of stunting and prevention measures (57). In this context, the role of the mother is very important. As the child's primary caregiver, the mother has a major influence on the diet and nutrition provided to the child. Support from spouses, extended family and the community is also very influential in providing access to good nutrition and information needed for children's growth and development (58).

CONCLUSION

The research results showed that the majority of respondents had incomplete immunization, economic status below the minimum wage, high maternal motivation, good family support, and normal nutritional levels. The research results also show that there is an influence of immunization, economic status, maternal motivation, and family support on the incidence of stunting among toddlers in Sukamaju Village, Kadudampit Community Health Center Working Area, Sukabumi Regency.

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