

Parenting Relationships With Stunting Incidence In Toddlers Aged 12-59 Months In Pasirhaur Village In 2022

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Abstract

The World Health Organization (WHO) estimates that the prevalence of parenting and stunting worldwide is 22 percent or as many as 149.2 million in 2020. Stunting is caused by multi-dimensional factors and not only caused by malnutrition experienced by pregnant women and children under five, another cause is poor parenting practices, including the lack of knowledge of mothers about health and nutrition before and during pregnancy, as well as after mothers give birth.

Purpose of Writing : To determine the relationship between parenting style and the incidence of stunting in toddlers aged 12-59 months in Pasirhaur village in 2022.

Research Methods : Case control research with a quantitative approach. A sample of 82 mothers with toddlers in November 2022. The sampling technique used is non-probability sampling with purposive sampling method.

Results of the study : Poor parenting styles were more common in cases of stunting, with 31 people (75.6%) than good parenting styles for stunted toddlers, with 10 people (24.4%). In the chi-square test, the results of parenting variables for mothers' knowledge were lacking P value 0.008 < 0.05, Not exclusive breastfeeding P value 0.03 < 0.05, not MP-ASI P value 0.055 < 0.05, and care for sick children who lack P value 0.012 < 0.05, so the analysis is that there is a relationship between parenting parents and stunting in toddlers aged 12-59 months in Pasirhaur Village in 2022.

Conclusion : Good parenting can reduce the risk of stunting in toddlers and it is hoped that health workers, especially midwives

Keywords: Parenting style, stunting toddler

I. INTRODUCTION

The World Health Organization (WHO) estimates that the prevalence of the relationship between parenting and stunting worldwide is 22 percent or as many as 149.2 million in 2020. The trend of decreasing global stunting rates was also affected during the pandemic (RI Ministry of Health, 2021)

Stunting has long been a national priority issue, after all Organization The World Health Organization (WHO) defines Indonesia as a country with severe malnutrition. This determination is based on the fact that cases of stunting in Indonesia exceed the tolerance limit set by WHO, which is a maximum of one-fifth of the total number of children under five (around 20 percent). Even after a decrease of up to seven percent, the number of stunted toddlers in Indonesia is still at 30.7 percent. (Kemenkes RI, 2021).

Basic Health Research Data (Riskesdas) shows that the prevalence of stunting under five in 2018 reached 30.8 percent, which means that one in three under five is stunted. Indonesia is a country with the 2nd highest child stunting burden in the Southeast Asia Region and 5th in the world. (Kemenkes, RI, 2021).

Based on data from the Indonesian Nutritional Status Study (SSGI) in 2021A total of 6,495 toddlers or 6.38 percent of children in Lebak Regency will experience stunting in 2021. This figure is down when compared to the previous year, which was 9,583 toddlers or 9.26 percent. For the Cipanas sub-district, the number of stunting reached 6.40% where the village with the highest stunting rate was in Pasirhaur village. (Lebak Health Office, 2021)

Prevention of stunting is important to achieve quality human resources. Especially in the near future, Indonesia will face a 2030 Demographic Bonus, namely the number of productive age population (15-64 years) is greater than non-productive age (over 64 years). This means that stunting is a real threat to human quality. This is because stunting toddlers are not only disrupted by their physical growth, but also by their brain development. (Soetjiningsih, 2015).

According to Dr. Vivienne Novarina 2017 Stunts caused by a lack of nutritional intake for a long time, especially in the first 1,000 days of life, causing growth and development disorders. Toddlers with stunting have lower height or are short (dwarf) compared to their peers. This condition not only reduces self-confidence, but also affects the quality of life for toddlers in the future.

The problem of stunting is often considered a hereditary (genetic) factor so many parents accept it and do nothing to prevent it. In fact, a child's height is more influenced by factors other than genetics, namely behavior, nutrition, environment, and health services. In other words, stunting is a preventable problem. (Aslan, 2017)

According to Soetjiningsih 2015, that stunting causes a child's brain not to develop optimally, thus reducing his cognitive ability. When intelligence decreases, children's achievement and productivity are affected. This is in line with the results of research published by the Lancet in 2017. This study states that the income of stunted toddlers when they are productive is lower than children who grow normally.

Stunting is caused by multi-dimensional factors and not only caused by malnutrition which is experienced by pregnant women and children under five. One of the factors that cause stunting is poor parenting practices, including the lack of knowledge of mothers about health and nutrition before and during pregnancy, as well as after giving birth. (Rajagukguk, 2022)

According to the Indonesian Ministry of Health (2019) improper parenting can be a factor that can affect the incidence of stunting in toddlers. Toddlers who are stunted can easily get sick and have low competitiveness, this makes it a great opportunity for stunted toddlers to be trapped in poverty and find it difficult to develop.

Research result Purwoko et al (2020) feeding parenting and hygiene practices can influence the incidence of stunting in toddlers, the role of mothers in demanding that children eat less and mothers are less responsive to meeting children's food needs and lacking sanitation hygiene.

Rosalina et al (2020) said stunting can be influenced by several factors, both direct factors such as mothers under five who lack nutrients during pregnancy or breastfeeding, mothers under five who are short in stature, provision of MP-ASI which is inadequate, poor quality of food, practice of eating patterns poor parenting, lack of food and drink safety for toddlers, inadequate breastfeeding factors. While indirect factors such as low economic level, lack of education and knowledge, food safety and quality, water hygiene, environmental hygiene and sanitation, and concern for health. One of the direct factors that can affect stunting is poor parenting, poor parenting can cause nutritional problems in toddlers.

Parenting patterns can be seen from the parenting practices and health care of toddlers applied by the mother. Newborn babies after the mother's pregnancy can be a determinant of habits for the following years, including eating habits. Toddlers who consume food or snacks that are less nutritious and less hygienic can trigger infectious diseases (Soetjiningsih, 2015).

While the results of the study according to (Febriana, 2020), basic care for children consists of caring for sick children and ways to prevent children from getting sick.

Based on the description of the background above, the researcher is interested in conducting research on "The Relationship between Parenting Parents and Stunting Incidents in Toddlers Aged 12-59 Months in Pasirhaur Village in 2022".

II. RESEARCH METHODS

Analytic observational with a case control design. The sample in this study were all toddlers aged 12-59 months in Pasirhaur Village in November 2022 as many as 82 people. A total of 41 respondents were used as the case group and 41 respondents were used as the control group. The sampling technique is non-probability sampling. The analytical method used is univariate and bivariate analysis with the Chi-Square Test.

III. RESEARCH RESULT

Table 1
Distribution of maternal characteristics who have toddlers aged 12-59 months in Pasirhaur village in 2022
(N=82)

Respondent Age Characteristics	F	%
17-25 Years	22	26,8
26-35 Years	52	63,4
36-45 Years	8	9,8
Total	82	100

Based on table 1 above, it can be seen that the distribution of characteristics of mothers having toddlers based on the age of the majority aged 26-35 years amounted to 52 people (63.4%)

Table 2
Distribution of maternal characteristics who have toddlers aged 12-59 months in Pasirhaur village in 2022
(N=82)

Educational Characteristics	F	%
SD	63	76,8
JUNIOR HIGH SCHOOL	14	17,1
SENIOR HIGH SCHOOL	5	6,1
Total	82	100

Based on table 2 above, it can be seen that the distribution of characteristics of mothers who have toddlers based on the education of the majority is elementary school 63 people (76.8%).

Table 3
Distribution of maternal characteristics who have toddlers aged 12-59 months in Pasirhaur village in 2022 (N=82)

High Characteristics Mother Body	F	%
<147CM	16	19.5
147-157CM	64	78.1
>157CM	2	2,4
Total	82	100

Based on table 3 above, it can be seen that the distribution of characteristics of mothers who have toddlers based on the height of the majority of mothers 147-157 cm totals 64 people (78.1%).

Table 4
Characteristic distribution Toddler age 12-59 months in Pasirhaur village in 2022 (N=82)

Characteristics of Toddler Age	F	%
12-23 months	10	12,2
24-35 months	18	22.0
36-59 months	54	65,8
Total	82	100

Based on table 4 above, it can be seen that the distribution of toddler characteristics based on the age of the majority aged 36-59 months is 54 people (65.8%).

Table 5
Characteristic distribution Toddler height aged 12-59 months in Pasirhaur village in 2022 (N=82)

Characteristics of Height/Age	F	%
Very short	8	9,8
Short	33	40,2
Normal	41	50
Total	82	100

Based on table 5 above, it can be seen that the distribution of toddler characteristics based on height for age in stunting cases (8 people very short 9.8% and short 33 people 40.2%) and controls toddlers with normal height are 41 people (50 %).

Table 6
Distribution of parenting styles By stunting toddlers aged 12-59 months in Pasirhaur village in 2022

Parenting Stunting % Parent	Normal	%
Not Good 31 75.6	19	46,3
Good 10 24,4	22	53,7
Total 41 100	41	100

Based on table 6 above, the proportion of bad parenting for stunting has a greater proportion of 31 people (75.6%) compared to good parenting for stunting of 10 people (24.4%).

Table 7
Relationship between parenting style and the incidence of stunting in toddlers
in Pasirhaur village in 2022

Parenting Variables	Stunting events				OR (95%CI)	P Value
	Case		Control			
	N	%	N	%		
Mother knowledge						
Not enough	18	43,9	6	14,6	4.57	0.008
Good	23	56,1	35	85.4	(1.58-13.2)	
Exclusive breastfeeding						
No	14	34,1	5	12,2	3.73	0.036
Exclusive breastfeeding	27	65,9	36	87.8	(1.19-11.6)	
MP-ASI						
No	17	41.5	8	19.5	2.92	0.055
MP-ASI	24	58.5	33	80.5	(1.08-7.87)	
Sick Child Care						
Not enough	13	31,7	3	7,3	5.88	0.012
Good	28	68.3	38	92.7	(1.52-22.6)	

Based on table 7 above, it can be seen from the results of the chi-square test that all parenting parenting variables have a relationship with the incidence of stunting in toddlers where knowledge Pvalue 0.008 <0.05, exclusive breastfeeding Pvalue 0.036 <0.05, MP-ASI Pvalue 0.055 <0.05 and care for sick children Pvalue 0.012 <0.05. The analysis is that there is a relationship between parenting style and the incidence of stunting in toddlers aged 12-59 months in Pasirhaur Village.

IV. DISCUSSION

Based on the results of the study, it was found that parenting styles that were not good for stunting had a greater proportion of 31 people (75.6%) compared to good parenting patterns of 10 people (24.4%).

This is according to the Indonesian Ministry of Health (2021) that improper parenting can be a factor that can affect the incidence of stunting in toddlers. Meanwhile, the role of a mother caring for children every day has a high influence on growth because of good parenting, children are cared for and nutrition is also fulfilled (Munawaroh, 2015).

Based on the frequency distribution data, the characteristics of mothers who have toddlers with the majority of mothers' education are SD, totaling 63 people (76.8%) and the majority income <UMR, totaling 41 people (50%). And in table 5.2 it can be seen from the frequency distribution of toddler characteristics that the majority of toddlers who experience stunting are at the age of 36-59 months totaling 54 people (65.8%) and female sex tends to be more at risk of stunting as many as 44 people (53.7%) .

This is in line with researchconducted by Putri and Wahyono (2013) that one of the factors that influence the occurrence of stunting includes the age of the toddler, the sex of the toddler, education and parental work. According to (Ministry of Health, 2022) Riskesdas says that parents' education will also affect the nutritional status of children.

Research shows that the higher the parents' education, the lower the prevalence of malnutrition in toddlers.

According to (Adriani, 2011) limited income also affects the availability of family food because with a small income the family cannot meet food needs according to the variety of food needed by the body.

The results of this study indicate that there is a relationship between parenting styles and the incidence of stunting in toddlers aged 12-59 months in Pasirhaur village in 2022, where in the chi-square test the variable parenting styles studied included 18 mothers' lack of knowledge (43.9%)) has a Pvalue of $0.008 < 0.05$ and the results of the OR calculation show that knowledge of mothers who are less at risk of experiencing stunting is 4.57 times compared to mothers who have good knowledge with a value (CI: 1.58-13.2). Non-exclusive breastfeeding has a relationship with stunting in 14 people (34.1%) with a Pvalue of $0.036 < 0.05$ and the OR calculation results show that non-exclusive breastfeeding has a risk of experiencing stunting as much as 3.73 times compared to exclusive breastfeeding with value (CI: 1.19-11.6). For giving MP-ASI that is lacking also has a relationship with the incidence of stunting as many as 17 people (41.5%) with a Pvalue of $0.055 < 0.05$ and the OR value shows that giving MP-ASI that is not good has a risk of 2.92 times compared to giving MP-ASI good value (CI: 1.08-7.87). And finally the variable studied is the care of sick children which also shows a significant relationship with the incidence of stunting as many as 13 people (31.7%) who have a Pvalue of $0.012 < 0.05$ with an OR value indicating care of sick children who are less at risk of 5.88 times compared to treating sick children well. Value (CI: 1.52-22.6). 92 times than giving good MP-ASI with value (CI: 1.08-7.87). And finally the variable studied is the care of sick children which also shows a significant relationship with the incidence of stunting as many as 13 people (31.7%) who have a Pvalue of $0.012 < 0.05$ with an OR value indicating care of sick children who are less at risk of 5.88 times compared to treating sick children well. Value (CI: 1.52-22.6). 92 times than giving good MP-ASI with value (CI: 1.08-7.87). And finally the variable studied is the care of sick children which also shows a significant relationship with the incidence of stunting as many as 13 people (31.7%) who have a Pvalue of $0.012 < 0.05$ with an OR value indicating care of sick children who are less at risk of 5.88 times compared to treating sick children well. Value (CI: 1.52-22.6).

From the results of this study, it was found that each variable of parenting style had a relationship with the incidence of stunting. The first variable regarding mother's knowledge before pregnancy, during pregnancy and after childbirth has a very big influence on child development, this is in accordance with the statement of Bappenas (2013) that mother's knowledge about the first 1000 Days of Life (1000 HPK) has a very important role, this is in line with global efforts from various countries in the context of strengthening commitments and action plans to accelerate nutrition improvement, especially handling nutrition since the first 1000 days of life. Pregnant women, nursing mothers, newborns and children under two years of age (baduta) are the target groups to improve the quality of life for the first 1000 days of humanity.

The variables of exclusive breastfeeding and appropriate complementary feeding can affect the nutritional status of toddlers according to previous research by Aridiyah, Farah Okky, et al (2015), on the parenting pattern of children under five including exclusive breastfeeding and the age at which complementary feeding was first given. In exclusive breastfeeding in villages and cities, most of them do not give exclusive breastfeeding. The results of the bivariate test show that exclusive breastfeeding and the

age of first complementary feeding are factors that provide a relationship between parenting style and the incidence of stunting in children under five in both rural and urban areas as indicated by the p-value of each variable $< \alpha$ (0.05).

Meanwhile, the treatment of sick children has a very large relationship with cases of stunting in toddlers, this is related to the initial handling of diseases in toddlers, especially infectious diseases which are one of the direct causes of stunting in toddlers. In previous studies, basic care parenting styles for children consisted of caring for sick children and how to prevent them from falling sick. When a child is sick, mothers are expected to be able to care for them, including caring for children with progressive diseases that require further treatment. (Febriani, 2020).

V. CONCLUSION

Unfavorable parenting for stunting has a greater proportion of 31 people (75.6%) compared to good parenting for stunting of 10 people (24.4%).

All parenting variables studied had a relationship with the incidence of stunting in toddlers where knowledge had a Pvalue $0.008 < 0.05$, exclusive breastfeeding Pvalue $0.036 < 0.05$, MP-ASI Pvalue $0.055 < 0.05$, caring for sick children Pvalue $0.012 < 0.05$.

It is hoped that midwives can conduct health education about parenting parents so that toddlers do not experience stunting with prevention as early as possible.

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**Parenting Relationships With Stunting Incidence In Toddlers Aged 12-59 Months
In Pasirhaur Village In 2022**

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