
THE RELATIONSHIP BETWEEN PARENTING AND ECONOMIC LEVEL WITH STUNTING INCIDENCE IN TODDLERS AT SITURAJA HEALTH CENTER SUMEDANG REGENCY IN 2022

Gita Arisara¹, Rizal Andrian Restu²
Public Health Science Study Program
Faculty of Health Science Sebelas April University
gita.arisara12@gmail.com

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ABSTRACT (10 PT)

Stunting describes growth failure accumulated since before and after birth caused by insufficient intake of nutrients. The purpose of this study was to determine the relationship between parenting and economic level with the incidence of stunting in toddlers at the Situraja Health Center, Sumedang Regency. research methods used quantitative research with a Cross Sectional approach. The population in this study was all mothers who had stunting toddlers in the situraja health center work area as many as 200 people and the sample of this study was 67. The instrument used by distributing questionnaires to respondents. The data were analyzed using chi square. The results of this study found that there was a relationship between parenting ($p = 0.000$) and the incidence of stunting. There is a relationship between the economic level ($p=0.000$) and the incidence of stunting. It is hoped that health workers will further improve information and knowledge for planning stunting prevention and mitigation programs in toddlers effectively and efficiently as well as preparing and improving facilities and infrastructure so as to reduce the prevalence of stunting.



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Corresponding Author:

Gita Arisara,
Public Health Science Study Program,
Faculty of Health Science Sebelas April University,
Jl. Cipadung No.54, Kota Kaler, Sumedang Utara, Sumedang, Jawa Barat 45621, Indonesia.
Email: gita.arisara12@gmail.com

1. INTRODUCTION (10 pt)

Stunting is one of the nutritional problems of toddlers. Stunting describes growth failure that has accumulated before and before birth caused by insufficient intake of nutrients (Milman et al., 2005). This condition is measured by height for age (TB/U) or body length for age (PB/U) with a z-score <-2 Standard Deviation compared to child growth from WHO (Pusdatin Kemkes RI 2018). The incidence of stunting is influenced by many factors, both directly such as low nutritional intake and health status, direct causes such as income and economic factors, trade, urbanization, globalization, food systems, social security, health systems, agricultural development, and women's empowerment (Kementerian PPN/Bappenas, 2018).

The World Health Organization (WHO) estimates that the prevalence of stunted children worldwide is 22% or as much as 149.2 million in 2020. When viewed by region, more than half of children under five who experience stunting in 2020 live in Asia or around 53%. toddler. Of the 135.9 stunting under-fives in Asia, more than 11% of cases occurred in Southeast Asia. Based on data Survei Status Gizi Balita Indonesia (SSGBI) in 2021, the prevalence of stunting in Indonesia is currently decreasing by 1.6% per year from 27.7% in 2019 to 24.4% or 5.33 million children under five in 2021.

According to the Head of Representative Badan Kependudukan Dan Keluarga Berencana Nasional (BKKBN) of West Java Province revealed that the stunting prevalence rate in West Java until 2021 had

decreased significantly in 2018 from 31.5%, West Java's stunting rate is now at 24.5. %. Thus, this figure is still far from the prevalence rate targeted in the 2020-2024 RPJMN, which is 14% and the WHO's maximum tolerance limit is 20% or one-fifth of the total number of growing children under five. Sumedang Regency is an area with poor nutritional status, in 2018, the stunting rate in Sumedang Regency reached 32.4 percent. Then, this number continues to decline with 24% in 2019, 17% in 2020 and 11% in 2021. Based on stunting data from the Situraja Health Center in 2022 there are 200 toddlers who experience stunting including 35 very short toddlers and those who short 165 toddlers.

Based on the results of a preliminary study in May 2022 through interviews with 1 Situraja health center officer, namely to nutritionists, it shows that some residents have the characteristics of making a living as traders and farmers with the average income of the population below the minimum wage in Sumedang Regency (3,241,929/month). In addition, there is still a lack of parenting patterns from parents, especially in behavioral aspects, related to feeding practices for infants and toddlers and hygiene practices resulting in inadequate nutritional intake so that children become stunted or short stature.

2. METHOD

This study uses a quantitative research method using a cross-sectional research design that was conducted in July 2022 in the working area of the Situraja Public Health Center. The independent variables in this study are Parenting Patterns and Economic Level. The dependent variable in this study was the incidence of stunting in the working area of the Situraja Health Center. The population in this study were all mothers who had stunting toddlers in the working area of the Situraja Health Center as many as 200 people. In this study, sampling using the formula according to Slovin, taking into account the time and effort that tends to be in terms of an error tolerance level of 10%, then the number of samples obtained from the total population is 67 people.

The sampling technique used in this study is the technique of Probability Sampling and Accidental Sampling with the sampling method using proportions per village with proportional random sampling technique that meets the inclusion criteria. The instrument in this research is a questionnaire. Test the validity and reliability in this study using a standardized questionnaire. Data were collected through interviews using a questionnaire. Furthermore, the collected data was analyzed by editing, coding, cleaning and tabulation in processing the data. Overall data were analyzed using the SPSS program including univariate analysis and bivariate analysis. The statistical analysis used the chi-square test.

3. RESULTS AND DISCUSSION

3.1. Results

3.1.1 Univariate Analysis

1. Description of Stunting Incidence

Frequency distribution of stunting in toddlers based on the category of stunting can be seen in the table below:

Table 3.1 Frequency Distribution of stunting in toddlers based on the category of stunting

Category of Stunting	Frequency	Percent (%)
Very short	20	29.9
Short	47	70.1
Total	67	100%

Based on table 3.1, it can be concluded that most of the mothers have stunting toddlers in the short category as many as 47 children (70.1%).

2. Description of Parenting patterns

Frequency distribution of respondent based on parenting patterns can be seen in the table below:

Table 3.2 Frequency Distribution of respondent based on parenting patterns

Parenting Patterns	Frequency	Percent (%)
Poor-parenting pattern	20	29.9
Sufficient-parenting pattern	38	56.7
Good-parenting pattern	9	13.4
Total	67	100%

Based on table 3.2, it can be concluded that the majority of mothers who have stunting toddlers have sufficient parenting pattern as many as 38 people (56.7%).

3. Description of economic level

Frequency distribution of respondent based on the economic level can be seen in the table below:

Table 3.3 Frequency distribution of respondent based on the economic level

Economic Level	Frequency	Percent (%)
Low income	35	52.2
High income	32	47.8
Total	67	100%

Based on table 4.2, it can be concluded that the majority of mothers who have stunting toddlers have a low economic level as many as 35 people (52.2%).

3.1.2 Bivariate Analysis

1. Relationship between Parenting Patterns with Stunting Incidence

The analysis results of parenting patterns with stunting can be seen in the table below:

Table 3.4 Relationship between The Parenting Patterns with Stunting Incidence

Parenting Patterns	Stunting				Total	P Value*
	Short		Very Short			
	F	%	F	%		
Poor-parenting pattern	8	11.9%	12	17.9%	20	29.9%
Sufficient-parenting pattern	34	50.7%	4	6.0%	38	56.7%
Good-parenting pattern	5	7.5%	4	6.0%	9	13.4%
Total	47	70.1%	20	29.9%	67	100%

Based on table 4.4 regarding the cross tabulation of the relationship between parenting patterns with stunting incidence in the working area of the Situraja Health Center, Sumedang Regency, it was found that the respondents who had good parenting were 5 people (7.5%) in the short stunting category and 4 people (6.0%) in the very short category. From the group of respondents with adequate parenting, there were 34 people (50.7%) with the short stunting category and 4 people (6.0%) with the very short stunting category. While the group of respondents with poor parenting, there were 8 respondents (11.9%) in the short stunting category and 12 (17.9%) in the very short stunting category.

The results of the Chi-Square test ($p = 0.000$) stated that there was a relationship between parenting patterns with stunting incidence in the working area of the Situraja Public Health Center.

2. Relationship between Economic Level with Stunting Incidence

The analysis results of economic level with stunting can be seen in the table below:

Table 3.4 Relationship between The Parenting Patterns with Stunting Incidence

Economic Level	Stunting				Total	P Value*
	Short		Very Short			
	F	%	F	%		
Low income	18	26.9%	17	25.4%	35	52.2%
High income	29	43.3%	3	4.5%	32	47.8%
Total	47	70.1%	20	29.9%	67	100%

Based on table 4.5 regarding the cross tabulation of the relationship between economic level with stunting incidence in the working area of the Situraja Health Center, Sumedang Regency, it was found that respondents with low economic levels, there were 18 respondents (26.9%) in the short stunting category and 17 (25.4%) in the very short stunting category. From the group of respondents with a high economic level, there were 29 respondents (43.3%) in the short stunting category and 3 (4.5%) in the very short stunting category.

The results of the Chi-Square test ($p = 0.000$) stated that there was relationship between the economic level with stunting incidence in the working area of the Situraja Public Health Center.

3.2 Discussion

1. Relationship between Parenting Patterns with Stunting Incidence

Based on the results of statistical tests obtained a value of 0.000 and it showed that there is a significant relationship between parenting with stunting incidence in toddlers in the working area of the Situraja Health Center, Sumedang Regency.

The results of the study were in line with Adha, A.S, et al in the coastal area of Bonto Ujung Village, Tarawang District, Jeneponto District in 2019, which stated that there was a significant relationship between parenting pattern with stunting incidence (p-value 0.005). Another study by Saraswati, D., et al in Karanganyar Village, Kawalu District, Tasikmalaya City in 2021 also supports the results of his research, which showed that there a significant relationship between parenting patterns and stunting with a p-value of 0.011.

According to Theory (Wiku, 2007) Parenting patterns for toddlers are in the form of attitudes and behaviors of mothers or other caregivers in terms of their proximity to children, providing food, care, maintaining cleanliness, feeling safe and so on. According to Jus'at (2000) parenting is the ability of the family to provide, care and support for children so that they can grow and develop as well as possible physically, mentally and socially.

Researcher assume that the behavior of mothers in caring for their toddlers has a close relationship with the incidence of stunting in toddlers. Mothers with good parenting will tend to have children with good nutritional status and otherwise, mothers with poor nutritional parenting have children with poor nutritional status as well. Sufficient parenting practices are very important not only for children's endurance but also for optimizing children's physical and mental development as well as maintaining children's health conditions. Parenting in this case includes attention or support for mothers that is given from pregnancy to the child care process because it can affect the growth and development of toddlers, breastfeeding and complementary feeding for children as well as food maintenance and storage, and health practices at home including search patterns health services.

Parenting also contributes to the well-being and happiness as well as a good quality of life for the child as a whole. Conversely, if mother provides poor parenting, especially food security and child health, because it can be one of the factors causing children to suffer from stunting. Due to adequate food parenting with good quality, the consumption of food for toddlers will ultimately affect the nutritional status of toddlers.

2. Relationship between Economic Level with Stunting Incidence

Based on the results of the analysis, a p value of 0.000 was obtained and it can be concluded that there is a significant relationship between the economic level with stunting incidence in children under five in the working area of the Situraja Health Center, Sumedang Regency.

The results of this study are in line with Mustikaningrum, A. C. et al, in the city of Semarang in 2016, which showed that there was a significant relationship between the economic level and the incidence of stunting with a p value of 0.001. Another study by Marbun, M. et al at the Parapat Public Health Center, Girsang Sipangan Bolon District, Simalungun Regency in 2019 also supports the results of her research, which shows that there is a significant relationship between the economic level and the incidence of stunting with a p value of 0.000.

According to the theory (Seotjningsih, 2009) Economic level is related to the ability of the household to meet the needs of a good life. Income is something that is obtained from the results of work or business carried out in the form of income. Income is the amount of income that a person receives in the form of money or goods resulting from work or business (Astuti, 2013 in Farhan, 2017). According to Madanijah (2014), the quantity and quality of food consumed by a family cannot be separated from or related to the level of family income.

The researcher assumes that many households with low family economic levels are caused by uncertain income every month or with an average of < Rp.3.241.929,- per month, where most of the types of work are farmers and traders. The economic level is related to the ability of the household to meet the necessities of life. A high economic level makes it easier to meet the necessities of life, whereas a low economic level has more difficulty in meeting the necessities of life. A low economic level will affect the quality and quantity of food consumed by the family. The low level of the economy and weak purchasing power make it possible to overcome eating habits in certain ways that hinder effective nutrition improvement especially for their children. The food obtained will usually be less varied and in small quantities, especially on ingredients that function for the growth of children, a source of protein, vitamins and minerals, thereby increasing the risk of malnutrition. These limitations will increase the risk of family members experiencing stunting.

4 CONCLUSION

Based on the results of research conducted on the relationship between parenting and economic level with the incidence of stunting in children under five at the Situraja Health Center, Sumedang Regency, it can be concluded as follows:

1. Based on the frequency of the majority of mothers who have stunting toddlers, the most dominant are in the short category as many as 47 children (70.1%).
2. Based on the prevalence distribution of parenting with the highest frequency, which is in the sufficient category, as many as 38 people (56.7%) and
3. Based on the distribution of economic level is more dominant in respondents with low economic level as many as 35 people (52.2%).
4. There is a significant relationship between parenting and the incidence of stunting in toddlers at the Situraja Health Center, Sumedang Regency with p value = 0.000.
5. There is a significant relationship between the economic level and the incidence of stunting in children under five at the Situraja Public Health Center, Sumedang Regency with p value = 0.000.

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