

PARENTING PATTERNS AND STUNTING EVENT RATE IN RANDUAGUNG VILLAGE, KEBOMAS DISTRICT, GRESIK REGENCY

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ABSTRACT

Introduction: The high number of stunting cases in Randuagung Village, Kebomas District in Gresik Regency requires a case analysis to determine the risk factors for stunting, as well as the relationship between parenting and the risk of stunting in Randuagung Village to properly overcome this stunting cases.

Purpose: The purpose of this study was to analyze the association between parenting in children and the incidence of stunting in Randuagung Village, Kebomas District in Gresik Regency.

Methods: This research is an analytical study with a case-control research design which is a form of observational study that has the aim of analyzing the association between the incidence of stunting (dependent variable) and the type of parenting (independent variable) in Randuagung Village, Kebomas District in Gresik Regency.

Result: The results of a study of 85 respondents conducted in April 2022 concluded that there was an association between parenting in children and the incidence of stunting in Randuagung Village, Kebomas District, Gresik Regency.

Conclusion: There is an association between parenting in children and the incidence of stunting in Randuagung Village, Kebomas District, Gresik Regency.

Keyword: Parenting, Stunting, Randuagung village.

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INTRODUCTION

Stunting is a condition of a child experiencing a length or height that is less than their age, which is a problem that cannot be solved in Indonesia. According to statistical data, regarding the incidence of stunting globally, Indonesia ranks third in Southeast Asia after Timor Leste and India.¹ Globally, stunting affects 162 million children under the age of 5 years. According to data from the WHO, the incidence of stunting in 2020 worldwide was 22%, or around 149.2 million children under five. The results of the Nutrition Status Monitoring (PSG) in 2017 showed that the percentage of stunting under five in the toddler group (29.6%) was greater than the under-five age (20.1%). Based on the Gresik Health Service Profile in 2021, there were 5,288 stunted children under five. This figure comes from the number of children who were weighed and measured as many as 80,663 toddlers. Currently, the prevalence of stunting nationally is 30%, while East Java is 32% and Gresik City is 27%.²

The definition of parenting according to the Big Indonesian Dictionary (KBBI) is a form (structure), a system for maintaining, caring for, educating, and guiding children. Parenting is a pattern of parental behavior applied to children that is relative and consistent from time to time. Parenting has an important role in the growth and development of children. This is widely associated with being one of the factors in increasing the incidence of stunting. One of the parenting styles that is closely related to the incidence of stunting in toddlers is feeding parenting. Feeding parenting is a parenting practice applied by parents or caregivers to their children related to feeding to meet nutritional needs, survival, growth, and development. Feeding parenting is a parenting pattern that describes how parents interact with their children during eating situations. Meanwhile, according to Boucher, parenting eating parents to children is defined as the behavior of parents who

show that they feed their children either with consideration or without consideration.³

The results in studies in Nigeria, Mozambique, Central Africa, and Ethiopia in toddlers who have a history of poor parenting have a 14.5 times chance of experiencing stunting when compared to toddlers who have a history of good parenting. Toddlers who have diverse food intakes have a 3,213 times risk of experiencing stunting when compared to toddlers who have diverse food intakes. The results of this study are similar to the research conducted by Paramashanti et al in Bantul Regency, Yogyakarta in children aged 6-24 months that the Individual Dietary Diversity Score (IDDS) is strongly related to the incidence of stunting. Baduta whose intake of food diversity was low had a 16.67 greater chance of experiencing stunting compared to children whose intake of food diversity was high. According to RISKESDAS 2018, stunting in children causes impacts that are divided into short-term and long-term impacts. Short-term impacts, namely an increase in the incidence of morbidity and mortality. Cognitive, motor, and verbal development in children is not optimal and increases in health costs. Then there are the Long-Term Impacts that can arise, namely Posture that is not optimal as an adult (shorter than in general), increased risk of obesity and other diseases, Decreased reproductive health, Less than optimal learning capacity and performance during school; and Productivity and work capacity that are not optimal.⁽¹⁾

In the initial observation of the research conducted in Randuagung Village, it was found that there were 202 cases of under-five children who still had nutritional problems, especially stunting. This is related to the pattern of child-rearing in the village. Due to the high number of stunting cases in Randuagung Village, it is necessary to have a case analysis to determine the risk factors for stunting, as well as the relationship

between parenting and the risk of stunting in Randuagung Village in an effort before taking appropriate stunting cases in Randuagung Village, Kebomas District, Gresik Regency.

METHOD

This research design was case-control which is a form of observational study. The research was conducted at the Posyandu Randuagung Gresik. The research started in April-May 2022. The total population of children under five at the Posyandu Randuagung Gresik was 178 people consisting of 96 men and 82 women. The sample used in this study was a population of children aged 0-5 years at the Posyandu Randuagung Gresik who met the inclusion criteria such as 0-59 months and mothers/caregivers of toddlers who were willing to be research subjects. The exclusion criteria were not willing to be research subjects, there were congenital abnormalities such as congenital heart disease, congenital kidney disease, genetic disorders (Down Syndrome), there were co-morbidities such as congenital hypothyroidism, chronic infection, children under five who were sick or in circumstances where it was impossible to collect data. The sampling method was a non-probability sampling technique, namely purposive sampling, and the total sample obtained was 85 people.

The variables included the type of parenting styles (independent variable), the incidence of stunting (dependent variable), age, and history of illness. Data were collected by interviewing mothers/caregivers of children under five about demographic data of toddlers, mothers/caregivers and families, history of exclusive breastfeeding, history of toddlers' diseases, history of low birth weight, and eating patterns. Mothers/caregivers of toddlers have met the inclusion and exclusion criteria and were assessed on their type of parenting using the PSDQ questionnaire. The body

length of toddlers was measured using an infantometer and the status of stunted was classified using the length for age chart WHO. Data were processed and analyzed with SPSS version 25 and the statistical analysis used a chi-square statistical test.

RESULTS

The results of this study were taken from 85 respondents from 160 children who met the research criteria from Randu Agung village, Gresik district. The results of the data obtained are the association of democratic and non-democratic parenting with the incidence of stunting.

Parenting Types	Stunting Incidence		Total n (%)	p (Chi-Square test)
	Stunted/Severely Stunted n (%)	Non-Stunted n (%)		
Democratic (Baik)	7 (8,2%)	24 (28,2%)	31 (36,5%)	0,000 (IK 95% 0,036-0,288)
Non-Democratic (Bad)	40 (4,1%)	14 (16,5%)	54 (63,5%)	
Total	47 (55,3%)	38 (44,7%)	85 (100%)	

The results of the study showed that respondents who were parents with non-democratic parenting types get more percentage of stunting than respondents who received democratic parenting methods. The comparison between the incidence of stunting in parenting is 7 (8.2%) stunting children from democratic parenting and 40 (4.1%) children from non-democratic parenting. The test results showed that the association between stunting and parenting had a statistically significant result with a significance value of 0.000 with a 95% CI (0.036-0.288) and Pearson correlation score = 0,499.

This study also obtained other data that can support this research. This study found that the number of boys who experienced stunting was 24 (28.2%) children, and those who did not experience stunting were 19 (22.4%) children. There were 23 (27.1%) children who experienced stunting and 23 (27.1%) children who were non-stunted. Based on the age, infants (0-1 years) experienced stunting as many as 5 (5.9%) children, and pre-school age (>1-5

years) were 42 (49.4%) children. Based on exclusive breastfeeding to children, children who received exclusive breastfeeding and experiencing stunting were 40 (47.1%) children, and those who did not receive exclusive breastfeeding and experiencing stunting were 10 (8.2%) children. Based on whether they completed or not the basic immunization, children who completed their basic immunizations and experienced stunting were 45 (52.9%) children, and children who were not fully immunized and stunted were 2 (2.7%) children. 2 (2.4%) children with low birth weight (LBW) experienced stunting, and 45 (52.9%) children did not have a history of LBW experienced stunting. Based on the children's diet, it was found that 20 (23.5%) children with proper eating patterns experienced stunting, and 27 (31.8%) children with inappropriate eating patterns were found to be stunted.

It was found that children with mothers aged less than 30 years experiencing stunting were 5 (5.9%) children, and children with mothers aged more than 30 years experiencing stunting were 42 (49.4%) children. Children with mothers with elementary education backgrounds who experience stunting were 36 (42.4%) children. Children with mothers with junior high school education who experience stunting were 7 (8.2%) children. Children with mothers with high school education who experience stunting were 2 (2.4%) children. Children with mothers with college education who experience stunting were 1 (1.2%) children, and children with mothers who do not go to school who experience stunting were 1 (1.2%) children. Children with mothers working as housewives who experience stunting were 3 (3.5%) children. Children with mothers working as private employees who experience stunting were 12 (14.1%) children. Children with mothers as health workers who experience stunting were 21 (24.7%) children and children with mothers as civil servants who experience stunting were 11 (12.9%)

children. Children with mothers who have 1 child who experience stunting were 5 (5.9%) children. Children with mothers who have 2 children who experience stunting were 22 (25.9%) children. Children with mothers who have 3 children who experience stunting were 14 (16.5%) children. Children with mothers who have 4 children who experience stunting were 5 (5.9%) children. Children with mothers who have 5 children who experience stunting were 1 (1.2%) children. Children with mothers with incomes of more than 4 million rupiahs, who experience stunting were 26 (30.6%) children. Children with mothers with income less than 4 million rupiahs experience stunting 21 (24.7%) children.

DISCUSSION

In this study, there were 85 respondents including 43 boys and 42 girls, where the incidence of stunting was found in the male sex as many as 24 children (28.2%). The results of this study are in line with research by Masriadi and Yusdalifah (2021) which stated that the distribution of stunting events based on sex characteristics was more male as many as 22 children (20.5%) compared to female sex only 18 respondents (13.2 %).⁴ This may be related to preferences in child feeding practices. The nutritional status of children can be explained by "*biological fragility*" because boys are expected to grow at a slightly faster rate than girls and their growth may be more easily affected by malnutrition or other diseases or exposures.⁵

Based on age, the incidence of stunting in this study was mostly found in the age group > 1-5 years, with as many as 42 children (49.4%), compared to only 5 children in the 0-1 year age group (5.9%). This is in line with research conducted by Mzumara et al. with the results in the age group > 1 year having a greater prevalence of stunting, when compared to the age < 1 year, namely age < 6 months as many as

141 children (13.6%) and aged 6-11 months as many as 380 children (31.9%).⁶

Based on exclusive breastfeeding, it was found that the number of children with stunting was more prevalent in children who received exclusive breastfeeding, namely 40 children (47.1%). Research from Hamam Hadi et al. also stated that the prevalence of stunting was more found in children who did not receive exclusive breastfeeding as much as 47.17% compared to those who received exclusive breastfeeding as much as 42.17% but in this study, it was stated that exclusive breastfeeding was not significant to the incidence of stunting. WHO and Unicef recommend four things to achieve optimal growth and development in children, such as breastfeeding 30 minutes after the baby is born, exclusive breastfeeding, complementary breastfeeding at the age of 6-24 months, and breastfeeding until the age of 24 months. The effect of exclusive breastfeeding on changes in stunting status is caused by the function of breast milk as an anti-infective. Insufficient breastfeeding or formula feeding too early can increase the risk of stunting because babies tend to be more susceptible to infectious diseases such as diarrhea and respiratory tract diseases. However, the state of stunting is not only determined by the status of exclusive breastfeeding, but is also influenced by other factors such as the quality of complementary feeding (MP-ASI), the adequacy of nutritional intake given to children every day, and the health status of the baby.^{7,8}

Based on the distribution of those with complete basic immunization who experienced stunting as many as 45 (52.9%) children and 37 (43.5%) children who were not stunted, while those with incomplete basic immunization experienced stunting as many as 2 (2.4%) children and who are not stunted are 1 (1.2%) children. One of the effective antibodies or immunity is obtained by immunization. Complete routine immunization has become part of the

government program, which consists of basic immunization and follow-up immunization. With immunization, it is hoped that it can prevent various types of diseases, both affecting toddlers and older adults, for example preventing child morbidity from experiencing respiratory infections and diarrhea can reduce the incidence of stunting in children.⁹ According to research conducted by Yosintha (2021)¹⁰, shows that the history of basic immunization status has a relationship with the incidence of stunting under five and has a four times greater risk of stunting with results ($p = 0.000$) OR and CI (4.958 (2.074-11.852)).

Based on the distribution of history of BBLR with stunting, in this study children without a history of BBLR can still experience stunting. In previous studies such as that conducted by the Ministry of Health Poltekkes Gorontalo¹¹, that a history of BBLR is a major risk factor for stunting. The history of children with low birth weight can be affected because of the difficulty of pursuing a child's growth delay. BBLR can be influenced by the presence of malnutrition during pregnancy, pregnant women at high risk, and the nutritional status of the mother during pregnancy In 2014¹², the Indonesian Journal of clinical nutrition stated that BBLR is also at risk of stunting due to the vulnerability of these children to infectious infections, both upper and lower respiratory infections, prolonged diarrhea, Based on the distribution of mothers with the age of more than 30 years, more than those under the age of 30 years, of which 42 of them have stunting children. In research conducted by Rachel et al (2016) lack of blood or anemia. Low birth weight babies also experience digestive tract disorders because the digestive tract has not yet functioned such as being unable to absorb fat and digest protein, resulting in a lack of nutrient reserves in the body, so that if this situation continues the child may fall into a stunted state.

However, from the results of this study, those with stunting were found without a history of BBLR, because many factors can affect the incidence of stunting and the dominant population of respondents who do not have a history of BBLR.¹³ stated that the age of mothers who have children over the age of 30 years is vulnerable to the risk of stunting, and according to the score, it is also necessary to pay attention to the perspective of parenting their children. Maternal age also needs to be supported by other factors such as the mother's occupation, mother's education, mother's knowledge, mother's readiness to have children, number of children owned, family income, who directly cares for her child, and factors from parenting errors can affect stunting.¹⁴ The level of education is the last level taken by a person and is a vehicle to underlie someone to behave scientifically. The education of the mother/caregiver is a very important factor. The level of education of the mother/caregiver is closely related to the level of knowledge of health care, feeding, hygiene, and awareness of family health, including children. The higher the education of the mother, the more likely she is to have children with good nutrition and vice versa. According to Aditianti (2010), Ni'mah et al (2015), and Cruz et al (2017) that the mother's last education level is one of the factors that influence the incidence of stunting.¹⁵ This is inversely proportional to the results of this study. In this study, it was found that most of the education of mothers/caregivers of stunted/severely stunted toddlers was high school (24.7%), while the education of mothers/caregivers of non-stunted toddlers was mostly high school (25.9%). This shows that there is no significant difference based on the education level of mothers/caregivers of stunted/severely stunted toddlers and non-stunted toddlers and shows that the mother's education level is not related to the incidence of stunting. The results of this study are in line with research

conducted by Azmii F et al in 2018 which showed that the incidence of stunting was not significantly related to the level of mother's education.¹⁶ Another study conducted by Wanimbo E et al in 2019 also showed that there was no significant relationship between maternal education level and the incidence of stunting.¹⁷ Employment is an important factor in determining the quality and quantity of food because work is related to income. Thus, there is an association between income and nutrition, so that if income increases, health and family problems related to nutrition can improve. The factor of working mothers does not seem to have played a role as the main cause of nutritional problems in children, but this work is said to be a factor that affects the provision of food, nutrition, and child care or care.^{18,19} The results of the distribution of respondents in this study showed that most of the respondents were housewives, namely 83.5% or 71 respondents consisting of 42.4% or 36 respondents with stunted/severely stunted toddlers and 41.2% or 35 respondents with nonstunted toddlers. This shows that there is no significant difference based on the work of mothers/caregivers of stunted/severely stunted toddlers and non-stunted toddlers and shows that the work of mothers/caregivers is not related to stunting. This research is in line with that conducted by Zogara in 2020 which showed that the incidence of stunting was not related to the mother's occupation.²⁰ Based on the number with stunting, it was found that mothers with one child were 5.9%, while those who did not experience stunting were 11.8%. In mothers with 2 children with stunting, there is a percentage of 25.9%. While those who are not stunted are 20%. Of mothers who have 3 children with stunting, there are 16.5%. While those who are not stunted. Is 8.2%. In mothers who have 4 children with stunting, there is 5.9%. While those who are not stunted are 4.7%. Mothers who had 5 children with stunting were 5.9%. While

those who did not experience stunting were 1.2%. This illustrates that children who are stunted are on average the second of 2 siblings. This is related to the condition of the mother with 2 children having a fairly close distance from her first child. So this is associated with the attention that the second child tends to get less.

According to previous research, it was found that there was no relationship between the order of children born under five and the incidence of stunting, but this was more associated with other factors, such as under-fives with low birth weight (BBLR). Because most of them previously had a history of BBLR.²¹ Based on research conducted by Yati (2018) on the relationship between feeding patterns and the incidence of stunting in toddlers aged 36-59 months. The results of statistical tests show that there is a relationship between feeding patterns and stunting in toddlers aged 36-59 months.²² This is in line with the results of this study, which found that the number of children with proper eating patterns and experiencing stunting was 20 (23.5%) children and 24 (28.2%) children who did not experience stunting. Children with improper eating patterns with stunting were 27 (31.8%) children and 14 (16.5%) children who did not experience stunting. It is known that children with inappropriate eating patterns have a higher percentage of children experiencing stunting than those with proper eating patterns. This is also in line with the research of Wasis et al (2021) on feeding patterns with the incidence of stunting in children aged 1-36 months, showing that the majority of respondents who experienced stunting (TB/U) had inappropriate feeding patterns.²³ According to Yudianti (2016) regarding parenting with the stunting incidence in toddlers in the Polewali Mandar district, it shows that the better the mother's parenting pattern, the fewer children with stunting will be, while the worse the mother's parenting pattern, the parents will have stunting

children. Good parenting will affect how mothers practice, behave, or behave in caring for children.²⁴ This is to the results of this study, namely that respondents who received non-democratic (bad) parenting methods experienced more stunting than respondents who received democratic (good) parenting methods with a total of 40 (41.4%) respondents.) compared to 7 (8.2%). The results of the association of parenting styles on the incidence of stunting show a significance value of 0.000 with a 95% CI (0.036-0.288) which means that there is a significant association between the types of parenting styles on the incidence of stunting. The odds ratio is 0.102, which means that respondents who receive non-democratic parenting methods (not good) have a 0.102 times risk of experiencing stunting compared to respondents who receive democratic parenting methods (good). This is in line with the research conducted by Evy and Noorhasanah (2021) regarding the relationship between maternal parenting and stunting in children aged 12-59 months, it is known that children with stunting (very short) have poor or poor parenting (69.4 %). While the condition of children with stunting (short), also found that parenting was not good or said to be bad around (30.6%), the statistical test results obtained a p-value of 0.01 which means that there is a relationship between maternal parenting and the incidence of stunting.^{25, 26, 27}

CONCLUSION

Based on the results of research regarding the association of parenting styles with the incidence of stunting in Randuagung Village, Kebomas District, Gresik Regency, East Java, to 85 respondents, it can be concluded that there is an association between parenting in children and the incidence of stunting in Randuagung Village, Kebomas District, Gresik Regency.

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