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THE RELATIONSHIP BETWEEN MOTHER'S PARENTING STYLES AND STUNTING IN TODDLERS AGED 24-59 MONTHS IN THE WORKING AREA OF PUSKESMAS KUTA BARO THE DISTRICT OF ACEH BESAR

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Abstract

Introduction: It is estimated that around 26% of children under five worldwide are stunted. Indonesia is included in 17 countries out of 117 countries in the world that have a high prevalence of wasting, stunting, and overweight in toddlers. Nusa Tenggara Timur (NTT) is the province with the highest stunting prevalence, while Aceh is in the third position. The district of Aceh Besar is ranked 18th out of 23 districts/cities in Aceh Province with a high incidence of stunting. The sub-district of Kuta Baro ranks third with the highest stunting in the district of Aceh Besar, with 272 cases of stunting. One of the indirect causes of stunting is the mother's parenting style.

Method: This study was an analytical observational study with a cross-sectional section aligned to analyze the relationship between mothers' parenting styles and the incidence of stunting in toddlers aged 24-59 months. Collecting data using a questionnaire.

Result: The incidence of stunting in toddlers aged 24-59 months in the working area of Puskesmas Kuta Baro was 43.3%. The bivariate analysis results showed a significant relationship between food parenting, health parenting, and psychosocial stimulation with stunting in toddlers at Puskesmas Kuta Baro (P <0.05). Meanwhile, hygiene and environmental sanitation did not have a relationship with stunting (P=0.971).

Conclusion: There was a significant relationship between food, health, and psychosocial stimulation parenting styles and the incidence of stunting in toddlers.

Keywords: Parenting, style, Stunting

Introduction

The health development in 2015-2019 focused on four priority programs: reducing mother and infant mortality, reducing the prevalence of *stunting*, controlling infectious diseases, and controlling non-communicable diseases. Efforts to improve the nutritional status of the community, including reducing the prevalence of *stunting* toddlers, were one of the national development priorities listed in the main targets of the 2015–2019 medium-term development plan. The target for reducing the prevalence of *stunting* (short and very short) in children under two years old was 28%.[1]

The high prevalence of *stunting* in the world and Indonesia has recently received a lot of attention as a problem of chronic malnutrition in the form of short children. [8] *Stunting* is related to an increased risk of illness and death as well as *stunted* development of children's motor and mental abilities. [9] In addition, children *stunting* tend to be more susceptible to infectious diseases, so there is a risk of being absent more often and experiencing a decrease in the quality of learning in school. [10] It is estimated that around 26% of children under five worldwide are *stunted*. [3] According to WHO in world health statistics data, the highest incidence of *stunting* in the world is in Africa, to be precise in the country of Burundi, which is 55.9%.[4]

Indonesia is a developing country that is still experiencing severe problems regarding stunting. 3 Indonesia is included in 17 of the 117 countries in the world that have a high prevalence of wasting, stunting, and overweight in toddlers. 5 The prevalence of stunting in

Indonesia is relatively high, namely 30%-39%. Indonesia is ranked 5th in the world with the highest number of short children.[2] Basic Health Research Data (Riskesdas) in 2018 showed the prevalence of *stunting* in toddlers in Indonesia nationally at 30.8%, consisting of 11.5% concise and 19.3% short. This shows a decrease in the prevalence of *stunting* compared to 2013, which was 37.2% consisting of 18.0% concise and 19.2% short, and in 2007 36.8% consisting of 18.8% very Short, and 18.0% short. Indonesia consists of 34 provinces, and 17 of them have *stunting* prevalence above the national average prevalence. East Nusa Tenggara is the province that has the highest prevalence of *stunting*, and West Java is the province that has the lowest prevalence of stunting, while Aceh occupies the third position with the highest prevalence of *stunting*.[6]

Stunting can be caused by various factors that influence each other in a complex manner. The causes of *stunting* are divided into two, namely direct and indirect causes. The most common causes of *stunting* are indirect causes, including food availability, the mother's parenting patterns, the mother's knowledge, health services, and the mother's attitudes.[11] Several studies have shown a relationship between mothers' parenting patterns and the incidence of *stunting*. Dian's research (2016) in Yogyakarta on stunted toddlers showed that there was a relationship between nutritional parenting patterns and *stunted* incidence, infectious diseases, and family economy with *stunting* incidence.[13]

The number of toddlers in Aceh Province is 567,780, consisting of 289,412 boys and 278,368 girls. The nutritional status assessment (PSG) results in Aceh Province showed that the percentage of *stunting* was 35.7%. The highest prevalence is in Subulussalam City, which is 47.3%, and Aceh Besar District is in 18th place out of 23 Regencies/Cities in Aceh. The prevalence of *stunting* in Banda Aceh City is 25.1% lower than in Aceh Besar District, which is 31.2%.[7] Seulimum is a sub-district in Aceh Besar District with the highest *stunting* incidence, with a number of stunting toddlers, which is 425. Followed by Montasik District with 328 *stunting* toddlers. Meanwhile, Kuta Baro District ranks third in the highest incidence of *stunting* in Aceh Besar District.[7]

Puskesmas Kuta Baro is one of the working areas in Aceh Besar District with a high *stunting* rate of 272 *stunting* toddlers consisting of 55 very short toddlers and 217 short toddlers. In the working area of Kuta Baro, there are 47 villages. Based on a preliminary study, there are four villages with a high incidence of *stunting*, namely Lambro Bileu, Cot Preh, Lamceu, and Lam Alu Cut, with as many as 68 *stunting* toddlers8. Due to the high incidence of *stunting* in the working area of Puskesmas Kuta Baro compared to other working areas of Aceh Besar District and Banda Aceh City, it is necessary to research mother's parenting patterns with *stunting* incidence in toddlers aged 24-59 months in the working area of Puskesmas Kuta Baro, Aceh Besar District.

Method

This is an analytical observational study with a *cross-sectional* design to analyze the relationship between mother's parenting patterns and the incidence of *stunting* in toddlers aged 24-59 months. This research will be conducted on posyandu days in 4 villages in the working area of Puskesmas Kuta Baro from February to completion. The population in this study were all toddlers in the working area of Puskesmas Kuta Baro. In this study, the number of samples was determined by using a *non-probability sampling* technique, namely *purposive sampling*. The inclusion criteria were mothers who raised their own toddlers, mothers of Acehnese descent (at least 3 generations), mothers who were able to communicate well, and mothers and toddlers who were willing to be research respondents. Exclusion criteria were mothers with a history of poor nutritional status during pregnancy, mothers with short stature (<150 cm), sick toddlers with serious illnesses, such as heart disease, tuberculosis, anemia, rickets,

autism disorders, growth disorders and thyroid disorders, and toddlers who have genetic disorders such as *Down syndrome*. The sampling technique used in this study was *two-stage sampling*, namely *purposive sampling* and *stratified random sampling*. The research instrument for data collection used a questionnaire in the form of a *checklist* to measure the relationship between mother's parenting patterns and the incidence of *stunting* in toddlers aged 24-59 months in the work area of Puskesmas Kuta Baro which had been tested for validity and reliability. The nutritional status of the *stunting* category using the TB/U index then adjusting the index measurement results with the Z-score classification according to the Decree of the Minister of Health of the Republic of Indonesia Number 1995/MENKES/SK/XII/2010 and using a child's height measuring instrument, namely microtoise. Data analysis used *chi square* test with SPSS 24 *for windows* program.

Results

Table 1. Distribution of Toddler Gender Frequency in the Work Area of Puskesmas Kuta Baro

Variable	n	%
Mother's Age		
20-29	35	52,2
30-39	28	41,8
40-49	4	6,0
Mother's Work		
Housewife	55	82,1
Private Employees	9	13,4
Government Employees	3	4,5
Mother's Education		
Elementary School	1	1,5
Junior High School	14	20,9
High School	20	59,7
Bachelor	12	17,9

The results showed that most of the mothers were in the age group 20-29 years, as many as 35 people (52.2%). Most of the mothers did not work as many as 55 people (82.1%), and most of the mother's education level was high school/equivalent, as many as 20 people (59.7%).

Table 2. The Characteristics of Toddler

Variable	n	%
Gender		
Girls	35	52,2
Boys	32	47,8
Total	67	100,0
Age of Toodler		
-24-35 Months	27	40,3
- 36-47 Months	30	44,8
- 48-58 Months	10	14,9
Total	67	100,0

The results showed that the gender of the toddlers was mostly girls, with as many as 35 toddlers (52.2%). Generally, toddlers were 36-47 months (44 %).

Table 3. Distribution Frequency of Stunting and Parenting Patterns for Toddlers

Variable	n	%
Nutritional Status		
Normal	35	56,7
Stunting	28	43,3
Food Parenting Patterns		
Bad	41	61,2
Good	26	38,8
Health Parenting Patterns		
Bad	35	52,5
Good	32	47,8
Parenting Patterns of Personal and Environmental Hygiene	53	79,1
Bad	14	20,9
Good		
Psychosocial Stimulation Parenting Patterns	40	59,7
Bad	27	40,3
Good		

The results showed that most toddlers had a normal height of 38 56.7% (38). Most toddlers had bad food parenting patterns categories, namely 41 toddlers (61.2%). Most toddlers had bad health parenting patterns, namely 35 (52.5%). Most toddlers had parenting patterns of personal and environmental hygiene that were not in the good category, namely 53 toddlers (79.1%). Most toddlers had a bad psychosocial stimulation parenting pattern, namely 40 toddlers (59.7%).

Table 4. Relationship between Food Parenting Patterns and Stunting

Food Parenting Patterns	Nutritional Status				Total		p-value
	Stunting		Normal		n	%	
	n	%	n	%			
Bad	24	58,5	17	41,5	41	100	0,002
Good	5	19,2	21	80,8	26	100	
Total	29	43,3	38	56,7	67	100	

The results showed that the percentage of toddlers who experienced *stunting* was mostly found in toddlers with food parenting patterns in the bad category, which was 58.5%, compared to toddlers with normal height at most who had good food parenting patterns, which was 80.8%. The results of statistical tests using the *Chi-Square* test at a 95% confidence level showed the value of p = 0.002 (p <0.05). Based on these results, it can be concluded that there was a significant relationship between food parenting patterns and the incidence of *stunting* in toddlers aged 24-59 years in the working area of Puskesmas Kuta Baro, Aceh Besar.

Table 5. The Relationship between Healthy Parenting Patterns and Stunting

Health Parenting Patterns	Nutritional Status				Total		p-value
	Stunting		Normal		n	%	
	n	%	n	%			
Bad	22	62,9	13	37,1	35	100	0,001
Good	7	21,9	25	78,1	32	100	
Total	29	43,3	38	56,7	67	100	

The results showed that the percentage of toddlers who experienced *stunting* was mostly found in toddlers with bad health parenting patterns, namely 62.9%, compared to toddlers who had normal height at most having good health parenting patterns, namely 78.1%. The results of statistical tests using the *Chi-Square* test at a 95% confidence level showed the value of p = 0.001 (p <0.05). Based on these results, it can be concluded that there was a significant relationship between healthy parenting patterns and the incidence of *stunting* in toddlers aged 24-59 years in the working area of Puskesmas Kuta Baro, Aceh Besar.

Table 6. Relationship between Personal and Environmental Hygiene Parenting Patterns and Stunting in Toddlers

Parenting Patterns of Personal and Environmental Hygiene	Nutritional Status				Total		p-value
	Stunting		Normal		n	%	
	n	%	n	%			
Bad	23	43,4	30	56,6	53	100	0,971
Good	6	42,9	8	57,1	14	100	
Total	29	43,3	38	56,7	67	100	

The results showed that toddlers who experienced *stunting* were more common in toddlers with bad personal hygiene and environmental parenting patterns, which was 43.4% compared to toddlers who had normal height at most having good personal and environmental hygiene parenting patterns, namely 57,1%. The results of statistical tests using the *Chi-Square* test at a 95% confidence level showed p value = 0.971 (p>0.05). Based on these results, it can be concluded that there was a relationship but not significant between personal and environmental hygiene parenting patterns and the incidence of *stunting* in toddlers aged 24-59 years in the working area of Puskesmas Kuta Baro, Aceh Besar.

Table 7. Relationship between Psychosocial Stimulation Parenting Patterns with Stunting in Toddlers

Psychosocial Stimulation Parenting Patterns	Nutritional Status				Total		p-value
	Stunting		Normal		n	%	
	n	%	n	%			
Bad	26	65	14	35	40	100	0,000
Good	3	11,1	24	88,9	27	100	
Total	29	43,3	38	56,7	67	100	

The results showed that toddlers who experienced *stunting* were mostly found in toddlers with psychosocial stimulation parenting patterns in the bad category, which was 65%, compared to toddlers with normal height at most having good psychosocial

stimulation parenting categories, namely 88.9%. The results of statistical tests using the *Chi-Square* test at a 95% confidence level showed the value of p = 0.000 (p <0.05). Based on these results, it can be concluded that there was a significant relationship between psychosocial stimulation parenting patterns and the incidence of *stunting* in toddlers aged 24-59 years in the working area of Puskesmas Kuta Baro, Aceh Besar.

Discussion

a. The Relationship between Food Parenting Patterns and Stunting

The results of the study showed that there was a relationship between food parenting patterns and the incidence of *stunting* in toddlers 24-59 months in the working area of Puskesmas Kuta Baro Health Center (p = 0.002). The results showed that the food parenting patterns mainly were in the bad category, namely stunting toddlers at 58.5% compared to typical toddlers at 41.5%.

This research is in line with research conducted by Afrianti, which found that the percentage of children who received feeding practices was more or less in the *stunting* group compared to the normal group.[42] Likewise research by Rahmayana which found that the percentage of children who received feeding practices was less more in the *stunting* group compared to normal children.[38]

In theory, parenting practices applied by mothers or caregivers to children under five are related to the way and situation of eating, the amount and quality of food planned and carried out by the mother or caregiver. Children's food parenting patterns will always be related to feeding activities, ultimately contributing to their nutritional status.23 Child food parenting patterns need to be carried out appropriately because children's conditions differ from adults. Things that need to be considered are the fulfillment of the right amount of nutrients, the physical form of food, and the method of administration.[22]

The incidence of *stunting* in toddlers in the working area of Puskesmas Kuta Baro is caused by mothers who do not understand the importance of fulfilling children's nutrition. Studies show that parents who understand the importance of nutrition can help their children choose healthy foods.[34] Bad food parenting patterns tend to experience more *stunting* than good ones. Most toddlers' mothers in the working area of Puskesmas Kuta Baro pay less attention to the diversity of food consumed by children and less attention to children choosing snacks. This can cause children to feel bored, so it is quite difficult for them to eat nutritious food. Lack of application of nutritional knowledge in choosing the type and variety of food every day can cause dietary problems. Malnutrition in toddlers is caused by the mother's behavior or attitude, which is a factor in choosing the wrong food. [44] Studies show that mothers who give attention and support to their children in terms of feeding will positively impact the nutritional status of children.[8]

b. Relationship between healthy parenting Patterns and Stunting

The results of the study showed that there was a relationship between healthy parenting patterns and the incidence of *stunting* in toddlers 24-59 months in the working area of Puskesmas Kuta Baro Health Center (p = 0.001). The results showed that most of the healthy parenting patterns were in the bad category, namely *stunting* toddlers at 62.9% compared to normal toddlers at 37.1%.

According to Astari's research, the practice of child care and health with moderate and bad categories was mostly in the *stunting* group compared to the normal child group.[43] Likewise, with research by Rahmayana, it was known that the percentage of children using health services was more or less in the *stunting* group than in the *stunting* group with normal children.[38]

The practice of health care includes the treatment of disease in children when the child is sick and preventive measures against disease so that the child does not get a disease.[25] The child's health status can be

achieved by paying attention to the nutritional state of the child, protection of children's health, socio-economic factors, completeness of immunizations, and hygiene. Themselves and their environment and guarantees of child health services in giving and seeking help when the child is sick.[26]

The tendency of health care patterns that more or less experience *stunting* is due to the results of interviews that the majority of mothers in the working area of Puskesmas Kuta Baro do not monitor the child's height because the mother assumes that height is not crucial in contrast to weight which is considered very important. In addition, some *stunted* toddlers also did not carry out complete immunizations. Another cause is that nutritional adequacy is not met, so it is not uncommon for toddlers to get sick, causing *stunting*. The women in the working area of Puskesmas Kuta Baro also do not apply disease prevention practices. In general, there are many differences between what is said and what is done daily. Mothers said to keep their children healthy by taking care of their children's food and not letting them play barefoot. In practice, mothers let their children play alone on the ground without using footwear and give food such as cakes and biscuits to children directly from their hands without washing them first.

c. Relationship between Personal and Environmental Hygiene Parenting Patterns with Stunting

Based on the results of the study, it was shown that there was no relationship between personal and environmental hygiene parenting patterns and the incidence of *stunting* in toddlers 24-59 months in the working area of Puskesmas Kuta Baro (p = 0.971). The results showed that the personal and environmental hygiene parenting patterns categories were not suitable for *stunting* toddlers by 43.4%, while normal toddlers amounted to 56.6%.

This study is in line with research conducted by Natalia and Tri that found that there was no influence of personal hygiene and environmental sanitation on nutritional status in toddlers in the RW VI area, Bangsal45 Village. In contrast to Desyanti and Nindya's research results, toddlers who were cared for with bad hygiene were more likely to experience *stunting* and have a greater risk of *stunting* 4,808 than toddlers who were raised with good hygiene. [46] Other research results also stated that there was a relationship between the incidence of *stunting* and practice hygiene.[47] Bad hygiene practices pose a high risk of the emergence of bacteria. This result is by the results of Table 4.15, which explained that self-hygiene parenting and a lousy environment were more likely to experience stunting than good parenting, although statistically, there was no relationship.

Cleanliness, whether personal or environmental hygiene, is important in causing disease. Lack of hygiene can cause children to get often sick. The growth and development of children who usually suffer from diseases must be disturbed.[28] A healthy environment is related to a clean, tidy, and orderly state. Therefore, children must be trained to develop healthy traits such as bathing twice a day, washing hands before and after eating, brushing teeth before going to bed, throwing garbage in its place, and urinating and defecating in its place.[30] Parenting patterns of personal hygiene and This environment is also closely related to worm infections in toddlers. Worm infection is one of the most common diseases spread and infects humans throughout the world. Worm infections are found in all age groups and sexes and are most common in children. Not washing hands before eating and poor quality of sanitation are the causes of helminth infections.[47]

From the results of the study which showed that there was a significant but insignificant relationship between personal and environmental hygiene parenting patterns and the incidence of *stunting*, this could be due to other factors, one of which was food consumption, namely the food provided did not meet the four healthy five perfect conditions

that did not contain the substances needed by the body. If the consumption of food is less, it will facilitate the emergence of diseases that can affect growth and result in decreased nutritional status. Based on the results of interviews, all mothers in the working area of Puskesmas Kuta Baro used well water for toilets and washing utensils, while for consumption they used boiled refilled water. The average community had also used the latrine. Environmental sanitation was also closely related to the availability of clean water, the availability of latrines, the type of floor of the house and the cleanliness of eating utensils in each family. The more available clean water for daily needs, the smaller the risk of children suffering from malnutrition. The women at Puskesmas Kuta Baro regularly visit the Posyandu so that toddlers always get deworming medicine every 6 months. Deworming is given at the Posyandu from the age of 2 to 5 years.

d. Relationship between Psychosocial Simulation Parenting Patterns with Stunting

Based on the results of the study, it was shown that there was a relationship between psychosocial simulation parenting patterns and the incidence of *stunting* in toddlers 24-59 months in the working area of Puskesmas Kuta Baro (p=0.000). The results showed that most of the psychosocial simulation parenting patterns were in the bad category, namely *stunting* toddlers at 65% compared to normal toddlers at 35%.

This study is in line with research conducted by Afrianti which found that the percentage of children who received psychosocial stimulation care practices were more or less in the *stunting* group than in the normal group.[42] Likewise with research by Rahmayana, it was known that the percentage of children with bad psychosocial simulation parenting patterns, namely the *stunting* child group compared to normal children was mostly included in the good category of psychosocial simulation parenting patterns.[38]

Stimulation from the environment is important for growth and development. Children who receive direct and regular stimulation will develop faster than children who do not receive stimulation.[28] Poor psychosocial conditions can negatively affect the use of nutrients in the body, on the other hand, good psychosocial conditions will stimulate growth hormones as well as stimulate children to train the organs of development. [31]

The tendency of psychosocial stimulation parenting patterns that more or less experience *stunting* is due to the results of interviews that the majority of mothers in the working area of Puskesmas Kuta Baro do not respond or respond when children tell stories or chatter seen during interviews, some mothers also speak badly to children (rude), Most mothers also do not let their children determine their own food menu. Studies show that children who receive positive psychosocial stimulation from the mother and the surrounding environment will have a positive impact on the child's nutritional status and vice versa. [8]

Conclusion

Food parenting patterns, health parenting, and psychosocial stimulation parenting patterns were related to stunting in toddlers aged 24-59 months, but personal and environmental hygiene parenting patterns were not related to *stunting* in toddlers aged 24-59 months in the working area of Puskesmas Kuta Baro, Aceh Besar.

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Authors' Contribution

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b. Conducting Research: Rofilatunisa Rofilatunisa
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