

Analysis of factors related to stunting prevention behaviour in toddlers

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ABSTRACT

Introduction: Stunting or failure to grow is a condition that describes the nutritional status of a child with a chronic nature during the growth and development of the child from the beginning of life, characterized by a child's height that is shorter than the age.

Objective: This study analyzes factors related to stunting prevention behaviour in children under five.

Methods: This type of research is an observational study with a Cross-Sectional Study approach, where the researcher only observes a phenomenon at a certain point in time that explains the relationship between one variable and another variable in the studied population. Data collection was carried out using a questionnaire. The sample of this study is 20 mothers under five. Data analysis was carried out using Fisher's Exact Test.

Result: The results of the Fisher's Exact Test statistic test obtained a value of p-value = 0.018; family support obtained a value of p-value = 0.004; sociocultural obtained a value of p-value = 0.004; Knowledge obtained a value of p-value = 0.000 < an alpha value ($\alpha = 0.05$).

Conclusion: This study shows a significant relationship between Education, family support, socio-culture, Knowledge, and stunting prevention behaviour in children under five. Maternal Education, family support, sociocultural aspects, and mothers' Knowledge are essential in stunting prevention efforts.

Keywords: education, family support, sociocultural, stunting.



INTRODUCTION

Stunting, or the condition of failure to grow, is a chronic nutritional problem experienced by children worldwide, especially in developing countries. This condition describes the undernourished status experienced by children from the beginning of life, characterized by a shorter height compared to their age (Arda, Lalla and Suprpto, [2023](#)). Stunting affects children's physical growth and negatively impacts cognitive development, long-term health, and productivity in adulthood. Therefore, stunting prevention efforts are one of the priorities in public health programs (Ode Novi Angreni *et al.*, [2024](#)). Stunting in children under five is one of the crucial public health problems, especially in developing countries such as Indonesia. Stunting is defined as a condition in which a child's height is below the appropriate standard for their age due to chronic malnutrition experienced from the womb to the age of two. This condition not only impacts the physical growth of children but also affects cognitive, motor, and learning development, which can ultimately hinder future productivity potential (Suprpto, [2022](#)).

Stunting is a global health problem that is a primary concern in various countries, especially developing countries such as Indonesia. Stunting, or stunted growth, is when a toddler's height is lower than the standard according to age, caused by chronic malnutrition (Herlianty *et al.*, [2023](#)). This condition affects not only children's physical growth but also cognitive development and learning ability, which can affect their productivity and well-being in the future. Stunting prevention requires a comprehensive approach involving various aspects ranging from nutritional intake, health behaviour, and access to health services to environmental and social factors (Nandi *et al.*, [2023](#)). One of the main components that can affect the success of stunting prevention behaviour is the public's understanding of the importance of maintaining the health and nutrition of children under five. These preventive behaviours are closely related to factors such as education level, family support, parental Knowledge about food, and social and cultural factors (Kubuga, Baako and Low, [2024](#)).

Indonesia is one of the countries with a high prevalence of stunting, although various efforts have been made to overcome this problem. Stunting prevention in toddlers requires a holistic approach involving multiple factors, including parenting, adequate nutrition, maternal health, access to health services, and a supportive environment (Caspersen and Rasmussen, [2024](#)). Stunting prevention behaviour in families, especially mothers, is crucial in breaking the chain of stunting problems. However, stunting prevention behaviour does not always go as expected. This is influenced by various interrelated factors, such as parents' Knowledge about stunting, socioeconomic conditions, culture, access to information, and existing health policies. Therefore, analyzing factors related to stunting prevention behaviour in toddlers is essential. By understanding these factors, more targeted interventions can be designed to reduce stunting rates and improve children's quality of life in the future (Sanghvi, Godha and Frongillo, [2024](#)).

Stunting or failure to grow is one of the most common chronic nutrition problems children in developing countries face. This condition is characterized by a child's height shorter than the standard age, indicating a disorder in growth and development from the early days of life. Stunting affects physical growth and negatively impacts cognitive development, long-term health, and productivity potential in adulthood (Bahiru, Senapathy and Bojago, [2023](#)). The high prevalence of stunting reflects a significant challenge in public health, which requires comprehensive and sustainable prevention efforts. Several factors have been identified to play a role in stunting prevention behaviour, including maternal Education, family support, sociocultural aspects, and the level of Knowledge about child nutrition and health. Understanding these factors is essential for designing effective, targeted interventions (Vissamsetti *et al.*, [2024](#)). Although stunting has become a significant health problem and various prevention programs have been implemented by the government and health institutions, stunting rates in Indonesia remain high. Multiple studies have been conducted to identify the leading causes of stunting, such as lack of nutritional intake, poor sanitation, and low access to health services. However, research on stunting prevention

behaviour in toddlers is still limited, especially those that specifically analyze factors that affect family behaviour, especially mothers, in preventing stunting. In addition, many studies emphasize medical or nutritional aspects without exploring the social, economic, cultural, and psychological factors that may influence preventive behaviour. Various non-medical factors, such as maternal Knowledge about stunting, attitudes towards healthy diets, daily habits in childcare, and factors of access to information and health services, influence stunting prevention behavior. A lack of research addresses how local contexts, such as cultural values, societal norms, and socioeconomic conditions, affect stunting prevention behaviours in different regions of Indonesia. Many previous studies used a general approach and tended to be homogeneous, even though local context and regional differences can significantly affect the effectiveness of stunting prevention strategies. This study aims to analyze factors related to stunting prevention behavior in toddlers.

RESEARCH METHODOLOGY

The method in this study is a quantitative analytical survey. This study uses a cross-sectional design, whereas an analytical study studies the causes of events or events. Toddlers aged 24-59 months in the work area of the Kajang Health Center are 20 people in the period from May to July 2024. Based on calculations, the sample in this study uses a total sample (Exhaustive Sampling) of 20 people. The data collection of the results of the survey used filling out a questionnaire by the respondent (informed consent) signed by mothers who have children aged 2-5 years who are willing to become respondents and answer question items containing Knowledge, Education, socioeconomic status, family support, stunting prevention behaviour and then using a questionnaire that has been tested for validity and reliability. The data analysis used was univariate, bivariate, and multivariate analysis.

RESULTS

Table 1. Distribution of respondent frequency by age, education, income, number of children, knowledge, education, socio-cultural, family support, and stunting prevention behaviour in children under five.

Characteristic	Sum (n)	Percent (%)
Age		
<30 year	8	40.0
31-35 year	8	40.0
>36 year	4	20.0
Education		
Elementary school	1	5.0
Junior high school	5	25.0
Senior high school	9	45.0
Bachelor's Degree	5	25.0
Income		
Rp. 3.643.321	13	65.0
Rp. 3.643.321	7	35.0
Number of Children		
1 Children	8	40.0
2 Children	6	30.0
> 3 Children	6	30.0
Knowledge		
Good	13	65.0
Enough	7	35.0
Education		
Tall	14	70.0
Low	6	30.0
Sociocultural		

None	15	75.0
There is	5	25.0
Family Support		
Good	13	65.0
Enough	7	35.0
Preventive Behavior		
Good	12	60.0
Enough	8	40.0

Table 1 shows that 14 respondents (70.0%) had higher Education, of which 11 people (60.0%) had good stunting prevention behaviour, and three people (15.0%) were sufficient. Meanwhile, for those who have low Education, six people (35.0%) where stunting prevention behaviour is good, one person (5.0%) and five people (25.0%) are adequate. Respondents who had good family support were 13 people (65.0%), of which 11 people (55.0%) had good stunting prevention behaviour, and two people (10.0%) had sufficient stunting prevention behaviour. Meanwhile, for those who have enough family support, there are seven people (35.0%), whereas stunting prevention behaviour is good; 1 person (5.0%) and six people (30.0%) are sufficient. There were no respondents who had sociocultural as many as 15 people (75.0%), of which 12 people (60.0%) had good stunting prevention behaviour, and three people (15.0%) had sufficient stunting prevention behaviour. Meanwhile, those who have sociocultural existence are five people (25.0%), where stunting prevention behaviour is good 0 (0.0%) and enough as many as five people (25.0%). Respondents who had good Knowledge were 13 people (65.0%), of which 12 people (60.0%) had good stunting prevention behaviour, and one person (5.0%) had sufficient stunting prevention behaviour. Meanwhile, those with enough Knowledge of stunting prevention behaviours are 0 (0.0%) and seven people (35.0%).

Table 2. Distribution of educational relationships, family support, socio-culture, and Knowledge with stunting prevention behaviours in children under five.

Characteristic	Stunting Prevention Behavior				Total		P Value
	Good		Enough				
	n	%	n	%	N	%	
Education							
Tall	11	60	3	15	14	70	0,018
Low	1	5	5	25	6	30	
Family Support							
Good	11	55	2	10	13	65	0,004
Enough	1	5	6	30	7	35	
Sociocultural							
None	12	60	3	15	15	75	0,004
There is	0	0	5	25	5	25	
Knowledge							
Good	12	60	1	5	13	65	0,000
Enough	0	0	7	35	7	35	

Table 2. of the Fisher's Exact Test statistical test results obtained a p-value = 0.018 < an alpha value ($\alpha = 0.05$), so H_0 was rejected by the interpretation that there is a relationship between education and stunting prevention behaviour in children under five. A p-value = 0.004 < an alpha value ($\alpha = 0.05$) was obtained, so H_0 was rejected by the interpretation that there was a relationship between family support and stunting prevention behaviour in children under five. A p-value = 0.004 < an alpha value ($\alpha = 0.05$) was obtained, so H_0 was rejected by the interpretation that there was a sociocultural relationship with stunting prevention behaviour in children under five. A p-value = 0.000 < an alpha value ($\alpha = 0.05$) was obtained, so H_0 was rejected by the interpretation that there was a relationship between knowledge and stunting prevention behaviour in children under five.

Table 3. Bivariate test results for each independent variable

No	Independent Variable	Sig (p)	Included
1	Education	0,018	yes
2	Family Support	0,004	yes
3	Socio-Cultural	0,004	yes
4	Knowledge	0,000	yes

Table 4. Results of logistic regression test between stunting prevention behaviours in children under five

Variable	B	S.E.	Beta	t	Sig.
Education	.988	.273	.962	3.617	.003
Family Support	-.041	.167	-.038	-.245	.810
Sociocultural	.002	.215	.002	.010	.993
Knowledge	.051	.190	-.050	-.269	.791
Constant	-0.84	.072	-	1.137	.259

Based on table 4. Influence of Education: Coefficient B (0.988) indicates that an increase of one unit in the Education variable will increase the dependent variable (measured outcome) by 0.988, assuming the other variable is constant. This coefficient is positive and quite significant. Beta (0.962), a normalized coefficient, suggests that Education strongly influences dependent variables, even after the variables are normalized. t (3,617) shows that this relationship is statistically significant. Significance (p-value = 0.003): This value is less than 0.05, signifying that Education significantly affects the dependent variable. In other words, the influence of Education on outcomes does not happen by chance. Effect of Family Support: Coefficient B (-0.041) suggests that an increase in Family Support will decrease the dependent variable by a minimal amount. Beta (-0.038) was also very small and negative, suggesting the effect of Family Support on the dependent variable was almost non-existent or very weak. t (-0.245) is low, indicating an insignificant influence. Significance (p-value = 0.810): This value is well above 0.05, indicating that Family Support has no significant influence on the dependent variable. Sociocultural Influence: Coefficient B (0.002) shows almost no influence of Sociocultural factors on dependent variables. Beta (0.002) confirms that Sociocultural factors have a very small influence on the dependent variables. t (0.010) is very low, indicating this variable is insignificant. Significance (p-value = 0.993): This value is much greater than 0.05, indicating that Sociocultural factors do not significantly affect the dependent variables. Influence of Knowledge: Coefficient B (0.051) indicates that Knowledge has a very small positive influence on the dependent variable. Beta (-0.050), a normalized coefficient, indicates that after normalizing the variable, Knowledge slightly reduces the dependent variable. t (-0.269) is also small, which means it is not statistically significant. Significance (p-value = 0.791): A large p-value indicates that Knowledge does not significantly influence the dependent variable.

The regression analysis results show that education is the only variable that significantly influences the dependent variable. The coefficient is positive, which indicates that the higher the level of Education, the greater the positive influence on the dependent variable. Family, Sociocultural, and Knowledge Support did not significantly affect the dependent variables. The high p-values in these variables suggest insufficient statistical evidence to say that they significantly affect the dependent variables. Education is the main factor in this model that affects the results, while other variables do not significantly influence the dependent variables.

DISCUSSION

Based on the analysis, education is the only independent variable significantly influencing stunting prevention behaviour in children under five. The positive coefficient obtained shows that the higher the level of Education, the greater the positive influence on the dependent variable.

This is in line with the findings of various international studies that show that Education contributes significantly to various aspects of life, including health, well-being, and economic growth. In Indonesia, it was found that the average length of schooling had a positive and significant effect on economic growth. The level of Education has a significant impact on an individual's income. Education has an important role in influencing the outcomes measured. However, other variables such as family support, socio-culture, and Knowledge did not significantly affect the dependent variables.

Nonetheless, it is essential to remember that while not significant in the context of this analysis, these factors may have other influences that were not detected in the model used. Overall, the results of this study show that education is the main factor influencing the results of this model. At the same time, other variables do not play a significant role in controlling the dependent variables. Mothers with higher levels of Education tend to have better Knowledge about nutrition, child health, and the importance of preventive measures against stunting. They have easier access to the latest information about good health practices and understand the importance of balanced nutritional intake (Miller *et al.*, [2024](#)). Higher educational decision-making abilities are also associated with better decision-making abilities. Educated mothers tend to make more informed and informed decisions when it comes to their child's diet, healthcare, and hygiene. Access to educational resources is often associated with better economic status, which means educated mothers have better access to health resources, such as nutritious food, health services, and educational programs (Barreiro-Álvarez *et al.*, [2024](#)). This allows them to be more effective in implementing stunting prevention practices. Positive attitudes and behaviours of educated mothers tend to have a more positive attitude toward the health and well-being of their children. They are more likely to participate in public health programs and take proactive action in stunting prevention. Better communication education improves communication skills, which allows mothers to interact more effectively with healthcare providers, get necessary advice, and better implement health recommendations (Frola, Delprato and Chudgar, [2024](#)).

Education is vital in increasing parents' understanding of stunting prevention, especially for mothers. Parents with higher levels of education generally have better access to health information, including information on healthy eating, the importance of sanitation, and monitoring children's growth (Meiring, Gibbon and Alblas, [2024](#)). This Knowledge is important in implementing stunting prevention practices, such as providing proper nutrition and regularly visiting health services. Parents with higher education tend to be better able to make more informed decisions regarding childcare and parenting. They may be more aware of the importance of exclusive breastfeeding, appropriate complementary foods (MP-ASI), and maintaining a clean environment so that children avoid diseases that can worsen children's nutritional conditions. Thus, education helps parents adopt more proactive behaviours to prevent stunting (Grabowski *et al.*, [2024](#)). Education allows parents to adopt better preventive behaviours to avoid stunting, such as maintaining proper nutritional intake from pregnancy, exclusively breastfeeding for the first six months, and providing appropriate complementary foods for breastfeeding afterwards. In addition, they are more aware of the importance of maintaining a clean environment and using health services, such as immunization and monitoring of children's growth and development (Banwell *et al.*, [2023](#)).

Education also correlates with better access to health resources and facilities (Zangerl *et al.*, [2024](#)). More educated parents tend to understand better how to access information and health services needed to prevent stunting, such as immunizations, nutritional supplements, and routine check-ups for children's growth and development (Sheridan and Quinton, [2024](#)). In addition, they also tend to be more aware of health programs offered by the government or health institutions. Education raises awareness of the importance of adequate and balanced nutrition during children's growth, a critical factor in preventing stunting (Sileshi *et al.*, [2024](#)). Educated parents are more likely to provide nutritional intake that suits their child's needs, avoid unhealthy diets, and be more responsive to signs of malnutrition (Dadi *et al.*, [2024](#)). Seeing that Education is a significant

factor in stunting prevention, interventions to improve stunting prevention behaviour in children under five can be directed to enhancing Education, especially health education (Leung *et al.*, 2024). Government programs or health organizations can focus on public Education through counseling, campaigns, or training related to child nutrition and healthy parenting, especially in areas with low levels of Education. Education increases parental Knowledge and improves behaviours that support stunting prevention. Therefore, increasing access to education, especially among mothers and families with toddlers, is a vital strategy to reduce stunting rates in the community (Olkaba *et al.*, 2024).

Higher maternal Education correlates with better Knowledge of nutrition and health, better decision-making skills, better access to health resources, and more positive attitudes and behaviours toward children's health (Baddianaah *et al.*, 2024). Family, sociocultural, and knowledge support did not significantly influence this model, although it may still have an important role that went undetected in this analysis (Braxton, Larson and Melendez, 2023). The implications of these findings emphasize the importance of increasing access to education and health education programs as the primary strategy in stunting prevention. Policy interventions focusing on maternal Education can significantly improve stunting prevention efforts and create a healthier and more prosperous generation (Supadmi *et al.*, 2024). Thus, maternal Education is a critical factor in the stunting prevention model, and efforts to improve Education should be a priority in public health programs. Education plays a vital role in stunting prevention because the more educated a person is, the more likely he is to have the Knowledge and ability to adopt the correct behaviour to prevent stunting in children under five. The researcher assumes that good Knowledge indicates that the results of maternal sensing about stunting occur optimally. A mother's Knowledge is a predictor of her ability to implement health behaviours, one of which is guaranteed nutrition. The higher a mother's Knowledge, the lower the incidence of stunting, where Knowledge has an important role in a mother's attitude. In addition, mothers' lack of understanding of stunting results in mothers' efforts to respond to stunting events. This is due to a lack of Knowledge, so the mother's perception of health behaviour, especially the fulfilment of children's nutrition, is inappropriate.

CONCLUSION

It can be concluded that Education is the only variable that significantly influences stunting prevention behaviour in children under five. Mothers with higher education tend to have better knowledge and skills for implementing stunting prevention measures. Other variables such as family support, socio-culture, and knowledge did not significantly influence this model. Maternal Education has proven to be a critical factor in improving stunting prevention behaviour, showing the importance of increasing access to education and health education programs as a top priority in stunting prevention efforts. Improving Education can increase stunting prevention efforts and create a healthier and more prosperous generation.

Conflicts of Interest:

The authors declare no conflict of interest.

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