
DIMENSIONS OF PARENTING PATTERNS OF PARENTS/GUARDIANS OF CHILDREN SUFFERING FROM STUNTING AT THE LEKEBAI COMMUNITY HEALTH CENTER, MEGO DISTRICT

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ABSTRACT

Introduction

Stunting is a condition where a child's height is shorter than the height of other children in general (his age) as seen from the Z-score value $< -2SD$ which can be influenced by several factors such as parents, especially parenting in stunting children. Stunting can result in an increased risk of morbidity, weak immunity, lack of intelligence, low productivity and sub-optimal brain development so that motor development is inhibited and mental growth is delayed. The intervention that needs to be done to prevent stunting starts from the first 1000 days of birth (HPK). The prevalence of stunted toddlers in Sikka district in 2022 was 3174 children (13.8%), and the prevalence of stunting in Lekebai health center in 2022 was 40 children

Method

This research design is descriptive with the population being all parents or guardians of children with stunting at the Lekebai health center with a sample size of 40 people. This study used total sampling, data collection using a questionnaire. To determine the dimensions of parenting of parents or guardians of children with stunting at the Lekebai health center.

Result

Based on the results of the study, it was found that the dimensions of parenting in children with stunting were mostly categorized as good in the warmth dimension with a total of 37 respondents 92.5%.

Conclusion

The description of the dimensions of parenting of parents or guardians of children with stunting consisting of age, education, occupation, and relationship.

INTRODUCTION

Toddlerhood is closely linked to growth and development. Balanced nutritional intake is needed to ensure toddlers grow well. Meanwhile, nutritional deficiencies in the first year of growth can cause irreversible effects (Zulfa et al., 2024). Stunting is a long-term malnutrition in toddlers that causes stunted brain development and growth in children. Stunting is caused by malnutrition in the first 1,000 days of life, from the fetus to 24 months of age. This condition causes stunted brain and physical development, susceptibility to disease, difficulty achieving, and as adults, is prone to obesity, thus increasing the risk of heart disease, diabetes, and other non-communicable diseases. Stunting is a condition of very short stature to exceeding a deficit of 2 SD below the median length or height of the population according to the World Health Organization (WHO) (Ningrum et al.,

In Indonesia, the 2010 Basic Health Research (Riskesdas) showed that around 35.7% of toddlers with stunting were stunted, with 18.5% in the very short category and 17.1% in the short category. There was an increase in the 2013 Health Research (Riskesdas) to 37.2% of toddlers experiencing stunting from a total percentage of 19.2% of short children and

Accelerating stunting reduction in Indonesia is a priority health agenda, implemented through various regional and tiered approaches (Prasetyo et al., 2023). Stunting can be caused by infection, dietary intake, birth weight, parental education, parental occupation, and family economic status (Pengan et al., 2020). Furthermore, it

2022). Stunting is a condition of failure to thrive in toddlers (under five years old) due to chronic malnutrition, making the child too short for their age. Factors that cause stunting are maternal factors and poor parenting, especially in behavior and feeding practices. Parenting patterns are closely related to children's growth and development, as children desperately need adequate food and nutrition (Nisa, 2023). Stunting is explicitly defined as a condition of growth failure in infants (0-11 months) and toddlers (12-59 months) due to chronic malnutrition, particularly in the first 1,000 days of life, resulting in children being too short for their age. In general, stunting can be caused by the influence of parenting patterns. These parenting patterns encompass the attitudes and habits parents apply in caring for and raising children at home (Puskesmas & Kabupaten, 2024).

18% in the very short category. In the 2018 Basic Health Research (Riskesdas), there was a decrease in the prevalence of stunting to 30.8% (Ningrum et al., 2022). The results of the 2007 Riskesdas showed that the prevalence of stunting in East Nusa Tenggara province was 46.7% and the prevalence in North Central Timor Regency was 59.6% and in North Biboki District. 2 consecutive years were 64.6% and 60.2% (Kejadian et al., 2024).

is known that parenting practices, both health and dietary, can also influence stunting. This is because parents have different backgrounds in terms of education, occupation, family nutrition, and number of family members (Rachmah et al., 2022). Stunting is a nutritional status based on the height/age (PB/U) or

height/age (H/U) index. In anthropometric standards for assessing children's nutritional status, the measurement results are within the threshold (Z-Score) of <-2 SD to -3 SD (short/stunted) and <-3 SD (very short/severely stunted). Stunting is a chronic malnutrition problem caused by insufficient nutritional intake over a long period due to inadequate food intake (Ministry of Health of the Republic of Indonesia, 2016) (Ida et al., 2023). Addressing stunting requires a complex

approach, focusing on improving dietary patterns, parenting practices, and promoting a healthy and clean lifestyle (PHBS). Initiatives to increase access to nutritious food, educate caregivers on optimal parenting techniques, and advocate for hygienic living habits have been at the heart of stunting prevention programs in Indonesia. However, changing ingrained behaviors and habits remains a major challenge in stunting prevention efforts (Fadhilah et al., 2023)

According to the Indonesian Ministry of Health (2018), stunting management is carried out through parenting stimulation and continuing education. Nutrition education for mothers can increase nutritional intake according to children's needs (Roche et al., 2017), where feeding practices are the three main factors that influence stunting (Mistry et al., 2019). Nutrition education aims to motivate mothers/caregivers to optimally adopt correct feeding practices for children and ensure normal child development according to Kulwa et al., 2014 (Abdul Syafei1,

Rahmalia Afriyani², 2022). The level of education influences the mother's understanding, analysis, and accessibility, specifically influencing efforts to fulfill good and correct nutrition, to create appropriate knowledge, attitudes, and actions in managing health and nutrition in the family, especially for children. Self-efficacy is also an important factor in shaping maternal behavior in supporting child nutrition. Good self-efficacy will support the formation of behavior and can improve health (Kansia Anastasia Terok, 2022).

MATERIALS AND METHODS

This study employed quantitative research with a descriptive approach. The population was 40 toddlers with stunting in

the area. Lekebai Community Health Center work. This study used a total sampling technique.

RESULT

This study used quantitative methods to determine the dimensions of parenting patterns of parents or guardians of children with stunting at the Lekebai

Community Health Center in Mego District. The results of the study, conducted from April 3-13, 2023, are as follows:

Description of the dimensions of parenting patterns of parents or guardians of children with stunting at the Lekebai

Community Health Center in Mego District.

Table 1 Control Dimension

Control	F	%
Good	28	70
Less	12	30
Total	40	100

Table 1 above shows that the description of the control dimension of parenting patterns of parents or guardians

of children with stunting is mostly in the good category, namely 28 respondents or (70%).

Tabel 2 Overview of control dimensions based on age

Age	Control dimension				F	%
	Good		Less			
	F	%	F	%		
Adult 6-35 year	9	22,5	2	5	11	27,5
Adul 36-45 year	14	35	8	20	22	55
Elderly ≥46	5	12,5	2	5	7	17,5
Total					40	100

Based on the table above, it can be concluded that the control dimension based on the age category is mostly in the good

category in the age range of 36-45 years, as many as 14 respondents (35%).

Table 3 Shows the dimensions of control based on education

Education	Control dimation				Total	
	Good		Less		F	%
	F	%	F	%		
SD-SMP (basic education)	18	45	11	27,5	29	72,5
SMA (middle education)	8	20	0	0	8	20
University	2	5	1	2,5	3	7,5
Total					40	100

Based on the table above, it can be concluded that the control dimension based on education with a good category comes

from the basic education level (elementary-junior high school) totaling 18 respondents (45%).

Table 4 Overview of control dimensions based on work

Job	Control dimation				Total	
	Good		Less		F	%
Farmer	16	40	7	17,5	23	57,5
Housewife	9	22,5	4	10	13	32,5
Fisheries	1	2,5	0	0	1	2,5
Teacher	2	5	1	2,5	3	7,5
Total					40	100

Based on the table above, it can be concluded that the control dimension with a good category comes from the work of

farmers, amounting to 16 respondents (40%).

Table 5 Overview of control dimensions based on relationships with children

Relation with childern	Dimensi control				Total	
	Good		Less		F	%
	F	%	F	%		
Biological parents	18	45	7	17,5	25	62,5
Caregiver	10	25	5	12,5	15	37,5
Total					40	100

Based on the table above, it can be concluded that the control dimension with the best category is based on the

relationship between biological parents, namely 18 respondents (45%).

Table 6 Dimensions of Warmth

Warmth	F	%
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Good	37	92.5
Less Good	3	7.5
Total	40	100

Table 6 shows that the warmth dimension of parenting patterns of parents or guardians of children with stunting is in the good category, with 37 respondents (92.5%).

The warmth dimension, based on age, gender, education, occupation, and relationship with the child, is presented in Table 4.11 below:

Table 7 Depicts dimensions of warmth based on gender

Gender	dimensions of warmth				F	%
	Good		Less			
	F	%	F	%		
Male	10	25	1	2,5	11	27,5
Female	27	67,5	2	5	29	72,5
Total					40	100

Based on the table above, it can be concluded that the warmth dimension in the

good category was 27 respondents (67.5%) from the female gender.

Table 8 Overview of warmth dimensions based on work

Job	dimensions of warmth				F	%
	Good		Less			
	F	%	F	%		
Farmer	21	52.5	2	5	23	57,5
Fisheries	1	2,5	0	0	1	2,5
Housewife	13	32,5	0	0	13	32,5
Teacher	2	5	1	2,5	3	7,5
Total					40	100

Based on the table above, it can be concluded that the warmth dimension with

a good category for farmer work is 21 respondents (52.5%).

Table 9 Depicts dimensions of warmth based on relationships with children

Relation with children	dimensions of warmth				F	%
	Good		Less			
	F	%	F	%		
Biological parents	22	55	3	7,5	25	62,5
caregiver	15	37,5	0	0	15	37,5
Total					40	100

Based on the table above, it can be concluded that the warmth dimension is in the good category, most of which is based

on the relationship between parents and children in the good category, as many as 22 respondents (55%).

DISCUSSION

The control dimension is where parents expect and demand maturity and responsible behavior from their children. The research results show that the majority of respondents fell into the control

dimension of parenting, with 28 respondents (70%) categorizing it as good. According to Tridhonanto (2014), several factors can influence:

Age Factor

The results of the study indicate that the majority of respondents, based on the control dimension, were in the good category, aged 36-45 (35%). Parents in this age range have high stamina and enthagesm for parenting and are receptive to new information regarding their children's care needs.

fulfill these roles, as physical and psychosocial strength is required.

The results of this study align with Notatmodjo's theory, as evidenced by the results of the study, which show that 35% of the respondents in the 36-45 age range are in the good category.

According to Notatmodjo (2007), age is the length of a person's life from birth to the time of the study. The age to become a parent must be appropriate. If one is too young or too old, they cannot optimally

The results of this study are not in line with the results of research conducted by Putri Adinda Mega Fitria, Ari Tri Wanodyo Handayani, Ristya Widi Endah Yani, in 2023 with the title Description of Parenting Patterns on the Level of Stunting Incidence

in Ajung and Glagahwero Villages, Kalisat District, where the results of the study

found the largest number of respondents based on the age category of 20-25 years.

Gender

Based on the research results, the control dimension based on gender was most frequently experienced by women, with 18 respondents (45%) categorizing themselves as good.

According to Notoatmojo (2011), gender is a biological characteristic that differentiates humans into male and female groups. Gender can influence a person's level of knowledge. According to Notoatmojo (2007), women have a higher potential for knowledge than men. Regarding obedience, Notoatmojo believes that women are more obedient or compliant because they are more knowledgeable about health issues.

These research findings align with the theory proposed by Notoatmojo (2007), as evidenced by the results of the study, which showed that 18 respondents (45%) were female.

The results of this study are in line with the results of research conducted by Beatrix Rosalia Ranboki with the title "Description of the Characteristics of Families of Stunting Children at the Oekabiti Health Center, Amarasi District, Kupang Regency in 2019, where the results of the study found that respondents based on gender were 18 female respondents (64%).

Occupation

The research results show that the majority of respondents, based on the control dimension, were farmers (16 respondents (40%)), with the highest percentage being farmers.

According to NotoAtmodjo (2014), work is a necessity, primarily to support one's life and family life. Work is generally a time-consuming activity that can provide experience and knowledge, both directly and indirectly. Occupation is a factor that does not directly influence human knowledge. However, interactions and the social space in which people work enable individuals to gain knowledge.

good, with 16 respondents (40%) being farmers.

Research by Beatrix Rosalia Ranboki (2019) found that work is one factor influencing a family's socioeconomic status. Working parents can certainly supplement the family's income, which in turn plays a role in determining the family's economic status. With parents' increasing role in supplementing the family's income, mothers have less opportunity to care for and nurture their children, which in turn impacts their nutritional status. A study conducted by Beatrix Rosalia Ranboki in 2019 found that 85 respondents (89.5%) had parents who worked as housewives.

The results of this study align with NotoAtmodjo's theory, as evidenced by the results of the study, which categorized as

The results of Beatrix Rosalia Ranboki's 2019 study, "Description of the Characteristics of Families of Stunted

Children at the Oekabiti Community Health Center, Amarasi District, Kupang Regency," do not support or align with the

Education

The results of the study indicate that the majority of respondents, based on the control dimension, were in the good category, with 18 respondents (45%) having primary education (elementary school-junior high school).

According to Noto Admodjo (2014), education can influence a person's behavior, including lifestyle, particularly in motivating them to participate in development. Generally, the higher a person's education, the easier it is to receive external health and nutrition information.

This study's findings contradict Noto Admodjo's (2014) theory. This is evidenced by the fact that the largest number of respondents, 18 (45%), were respondents with primary or junior high school education (basic education).

Research by Diana Apriani (2022) defines education as a process encompassing three dimensions: the individual, the society or national community of the individual, and the entire material and spiritual reality that plays a role in determining the nature, fate,

results of the current study, which found that 16 respondents (40%) worked as farmers.

and form of humankind and society (Hasbullah 2015). Based on a 2022 study by Diana Apriani entitled "The Relationship between Parenting Styles and Maternal Education and the Incidence of Stunting in Toddlers at the Jembatan Kembar Community Health Center in West Lombok," the study found that the highest number of respondents were in the primary education category (elementary/junior high school), with 58 respondents (58.0%).

Most of the mothers in this study had a low level of education. Mothers with low education tend to have difficulty accepting new things, resulting in less knowledge about nutrition and parenting for their children. This is in line with the findings of this study, where 18 respondents (45%) had an elementary/junior high school education.

Interviews with parents or guardians of children with stunting indicated that despite their low level of education, they frequently received outreach and explanations from health workers regarding parenting for stunted children

CONCLUSIONS

Control Dimension: The control dimension of parenting patterns of parents or guardians of children with stunting was mostly in the good category, with 28 respondents (70%).

Warmth Dimension: The warmth dimension of parenting patterns of parents or guardians of children with stunting in the Lekebai Community Health Center's work area was mostly in the good category, with 37 respondents (92.5%).

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