THSJ 2(1) (2025)

Thrive Health Science Journal

https://journals.balaipublikasi.id

The Relationship between Maternal Parenting and Stunted Toddlers Aged 24-59 Months in Sepakek Village, Pringgarata District

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Received: December 10, 2024
Revised: Faberuary 26, 2025
Accepted: March 25, 2025
Published: March 31, 2025

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DOI: 10.56566/thrive.v2i1.314

Abstract: Stunting is a condition of failure to grow in children resulting from chronic malnutrition so that the child is too short for his age. According to research data from the World Health Organization (WHO) in 2020, the prevalence of stunting in Indonesia reached 31.8% of cases, and in NTB the prevalence of stunting reached 32.7% in 2022, this figure is still categorized as a health problem in Indonesia because WHO has set a minimum figure. stunting in a country is below 20%. The aim of this research was to determine the relationship between maternal parenting patterns and stunting toddlers aged 24-59 months in Sepakek Village, Pringgarata District. This research design is analytical correlative with a cross sectional approach. With a sample of 54 respondents taken using purposive sampling technique. The research instruments were questionnaires and microtoises. Analysis of this research data used the chi-square test. The results showed that 79.6% of mothers' behavior was in the good category, while 20.4% of mothers' behavior was in the less good category with the results of the chi-square test (p-value 0.189>0.05). The conclusion is that the results show that there is no significant relationship between maternal parenting patterns and stunting toddlers aged 24-59 months in Sepakek Village, Pringgarata District. Mother's parenting advice is not a factor in the occurrence of stunting however, mother's parenting practices must be considered together because good parenting will have an impact on toddlers and vice versa

Keywords: Toddlers; Mother's Parenting Style; Stunting

Introduction

Nutrition problems are common and real challenges in developing countries such as stunting, wasting, and underweight. Toddlers aged 24-59 months or toddlers (under five years old) are a group that is very vulnerable to nutritional problems, especially the condition of failure to grow in toddlers which is chronic or often referred to as stunting so that in the long term it will have an impact and face health problems and disorders such as reproductive health, study concentration, poor memory, and decreased work productivity (Aprianti, 2023; Hutahaean et al., 2022; Septriliyana & Aryanti, 2022)

Stunting is one of the public health problems in various parts of the world. The 2020 Global Nutrition Report states that currently worldwide there are 150 million (22.2%) children under the age of five who are short growth or stunted. In the Asian region, the stunting incidence rate reached 78.2 million (54.31%). Asia is divided into 5 regions, one of which is Southeast Asia. Southeast Asia itself is ranked 2nd which has a fairly high stunting rate of around 13.9 million (17.78%) (Ningsih et al., 2024; Rahayuwati et al., 2023; Tresyana & Rini, 2023). According to the World Health Organization (WHO), in 2020 Indonesia is the second highest in Southeast Asia, reaching 31.8%. The first highest stunting prevalence is Timor Leste with 48.8%, Laos third with 30.2%, then Cambodia is in fourth position with 29.9%, and the lowest prevalence is in Singapore at 2.8% (Agushybana et al., 2022; Insani, 2020). The results of the 2022 Indonesian Nutrition Status Survey (SSGI)

How to Cite:
Hudari, A., Halimatunnisa, M., & Mastuty, A. (2025). The Relationship between Maternal Parenting and Stunted Toddlers Aged 24-59 Months in Sepakek Village, Pringgarata District. *THRIVE Health Science Journal*, 2(1), 37–47. https://doi.org/10.56566/thrive.v2i1.314

show that the prevalence of stunting among children under five by province, the highest stunting prevalence rate is in East Nusa Tenggara province with a stunting prevalence of 35.3%. Then followed by West Sulawesi in second place with a stunting prevalence of 35.0%, and Papua in third place with a stunting prevalence of 34.6%. Meanwhile, West Nusa Tenggara is ranked fourth with a stunting prevalence of 32.7% (Rahman et al., 2024; Tarigan et al., 2024)

Referring to data from the 2022 Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in West Nusa Tenggara (NTB) reached 32.7%, the prevalence in Central Lombok district was 37%, North Lombok Regency was 35.95%, East Lombok Regency was 35.6%, Dompu was 34.5%, West Lombok Regency was 34.0%, and Bima City was 31.2%. So we can conclude that the prevalence rate of stunting in the Central Lombok Regency area is still quite high, namely 37.0%. Referring to the government's target of stunting prevalence in 2024 of 14%, in order to achieve this target, a decrease of 23% is needed in 2022 to 2024 (Rahman et al., 2024; Tarigan et al., 2024)

Referring to nutritional data from the Peringgarata Health Center in October 2023, 117 toddlers were stunted in Sepakek Village, 76 were wasting toddlers, and 117 were underwelght. In Pemepek Village, 7 toddlers experienced stunting, and 1 toddler experienced, underwelght. In Arjangka Village, 6 toddlers experienced stunting, 133 toddlers experienced wasting, and 35 toddlers experienced underwelght. In Taman Indah Village, 100 toddlers experienced stunting, 34 toddlers experienced wasting, and 53 toddlers experienced underwelght. In Pringgarata Village, 45 toddlers experienced stunting, 8 toddlers experienced wasting, and 5 toddlers experienced underwelght. In Murbaya Village, 37 toddlers experienced stunting, 6 toddlers experienced wasting, and 9 toddlers experienced underwelght. We can conclude that stunting sufferers are still high in the Sepakek village area which still reaches 117 children under five so special attention is needed to reduce the stunting rate (Lusiana & Apriani, 2024; Yandari & Apriani, 2024).

Stunting is a condition where the height of a child is too low. Stunting or being too short based on age is height that is below two minus standard deviations (<-2SD) from the WHO child growth standard nutrition status data table (Scheffler et al., 2020; Scheffler & Hermanussen, 2022). The United Nations Emergency Children's Fund (UNICEF) proposes a conceptual framework that has been adapted to conditions in Indonesia, namely that parenting includes 3 aspects, including maternal attention or support for children related to psychosocial stimuli in children, feeding practices and health care (Tresyana & Rini, 2023)

Parenting is an interaction between children and parents which includes the practice of caring for and providing food to children. The results of the research by (Khadijah et al., 2024; Utami et al., 2022) show that the majority of parents who have stunted children still have poor parenting. Parents should be able to practice good parenting by focusing on ensuring their child gets the nutrients they need through food provision, preparation, and storage. In addition, parents should be involved in environmental hygiene or sanitation practices and avail of health services for their children. In the event of stunting, it is very important for parents, especially mothers, to pay attention to their toddler's food to consume animal protein because it contains a lot of protein and micronutrients so that children can grow and develop (Khadijah et al., 2024; Utami et al., 2022)

According to UNICEF (United Nations International Children's Emergency Fund), environmental factors, childcare practices, the availability of safe drinking water, and poor sanitation are major contributors to the global stunting epidemic (UNICEF, 2019). Based on the results of (Putra & Muin, 2024) research, maternal parenting is closely related to the incidence of stunting which includes feeding practices, psychosocial stimulation, hygiene practices/hyglen, environmental agitation and the use of health services. As well as the research of Putri, A. R. (2020), stated that the most dominant factor affecting the incidence of stunting is parenting and feeding (Putri et al., 2024; Wariin et al., 2024).

Based on the results of a preliminary study by interviewing Posyandu cadres of Sepakek village, cadres said that there are still many mothers who do not understand good parenting from the practice of feeding, psychosocial stimulation, hygiene practices, environmental agitation and the use of health services. Therefore, the researcher is interested in researching whether there is a relationship between maternal parenting and stunting incidence in Sepakek village

Method

Research design is one of the stages of research that should be considered so that the research carried out can be carried out properly to obtain the objectives of the research conducted (Toyon, 2021). The type of research used in this study is quantitative research with an analytical observational design with a cross sectional approach. According to (Sartika et al., 2021), the cross sectional approach is one of the research designs, namely by making measurements or observations in this case to find the relationship between independent variables and dependent variables and taken at the same time. This research was conducted from May 16, 2024 to

June 16, 2024, This research was carried out in Sepakek Village, the Pringgarata Health Center Working Area. This place was chosen because the area has a high number of stunted children under five.

The stages of the data collection procedure in this study include the following: 1. Conducting a preliminary study 2. The researcher conducts a proposal exam. 3. After obtaining a permit to conduct research from Qamarul Huda Badaruddin University. 4. The respondent fills out the informed consent form that has been provided by the researcher. The researcher distributed questionnaires at posyandu or door to door if respondents did not visit the posyandu. 5. After the respondents are willing and fill out the consent form, the researcher summarizes the number of respondents and then the researcher provides a questionnaire that will be filled out by the respondents assisted by 4 research assistants. 6. The researcher summarized the results of the questionnaire that had been filled out by the respondents and continued with data processing (editing, scoring, coding, tabulating, and data entry) using MS excel and processed using the SPPS application. 7. After data processing, the researcher then conducts data analysis and compiles research results.

According to (McGrath, 2019), in the data processing process, there are steps that must be taken as follows: 1. Data Examination (Editing) Editing is a data editing that comes from filling out a research questionnaire so that the data is complete (Bauer, 2014). The examination was carried out after the researcher finished collecting data in the field. The data that has been collected from filling out the questionnaire is re-examined by the researcher and then corrected so that there is no missing, distorted and doubtful data. If there is still data that is lacking, wrong or deviant, it can be asked back to the respondents so that the data obtained is of high quality and there is no doubt. 2. Coding is a process of coding answers from the collected research instrument data (Bauer, 2014). In this study, coding is used by giving codes or signs to respondents' answers. This can make it easier for researchers to process research data. 3. Scoring is the result of calculating the score of each answer. This step was taken by the researcher after the respondents provided answers to the questions on the questionnaire. 4.

Data Preparation (Tabulating) Tabulation is the process of entering data or presenting data in the form of tables and tidying up data in the form of numbers and calculating them according to the purpose of the research (Ghanad, 2023; Limone et al., 2022). In this study, the data is presented and arranged according to the research objectives so that it is easy to analyze the data. This study uses a quantitative method with the Spearman Rank correlation approach to analyze the relationship between variables. The research design used is cross-sectional, that is, data collection is carried out at the same time, where dependent and independent variables are observed at the same time (Sartika et al., 2021). Cross-sectional is a research design that measures or observes a condition at a certain point in time, including exposure status and disease status (Sartika et al., 2021).

This research will be carried out in August–September 2023 at the Terara Health Center, East Lombok Regency. The data collection technique in this study will use existing components in the form of data collection tools/research instruments to obtain valid data with the aim of being proven. Furthermore, the research determines the time period, data collection method, implementation of data collection, and ends with an analysis of the research results. Editing is the process of rechecking the accuracy of the data that has been collected, both during data collection and after the data has been collected. Coding is the process of assigning numerical codes to data that has several categories, which is important for data analysis using computers. Usually, a list of codes and their meanings is recorded in a codebook to make it easier to identify variables. Processing or data entry is carried out by entering data into a master table or computer database, then analyzed in the form of frequency distribution or contingency tables. Data cleaning is the process of correcting code errors, data incompleteness, and identifying lost data or data variations (Dewor Dominika & Klaus-Rosińska Agata, 2024; Sugiyono, 2016).

Data analysis is carried out in each study, both qualitative and quantitative. Most of the research tends to use quantitative analysis with statistical methods because it is able to provide answers to the problems being studied. Data analysis was carried out in two stages. First, univariate analysis that uses frequency distribution techniques through SPSS to describe the characteristics of each variable, such as diet, physical activity, and stress levels. Second, bivariate analysis that uses inferential statistics, namely the chi-square test, to measure the relationship between two variables by comparing the observed values with the expected values to determine the level of linkage in the population.

Result and Discussion

Sepakek Village has an area of 4.17 km2. with a wide variety of land uses. Sepakek Village is one of the villages located in the sub-district of Peringgarata, Central Lombok Regency, which consists of 11 hamlets. Administratively, the boundaries of Sepakek village based on location are: North: Pemepek Village South: Murbaya Village West: Sintung Village East: Pemepek Village To be related to the health infrastructure facilities

in Sepakek Village, Pringgarata District, it is clear that there are health infrastructure suggestions which include the following: Puskesdes: 1 Posyandu: 12 pieces. Univariate analysis to find the value of the frequency distribution and interpret it in percentage numbers is the first step of the entire analysis process. Univariate analysis was used to describe the characteristics of the sample (age and gender), the characteristics of the respondents (age, education, and occupation), and maternal parenting practices. Based on the results of the univariate analysis, the following results were obtained:

Table 1 Maternal characteristics by age, education, occupation.

Karakteritik reponden	Frequency	(%)
Age		
17-25	18	33.3
26-35	28	51.9
36-45	8	14.8
46-55	0	0
Education		
No School	1	1.9
SD	14	25.9
Junior High School/Equivalent	15	27.8
High School/Equivalent	23	42.6
S1/Diploma	1	1.9
Work		
IRT	38	70.4
Laborer	5	9.3
Farmer	11	20.4
Civil servants	0	0
Total	54	100

Based on the table above, it was found that the characteristics of the majority of respondents aged 26-35 years were 28 people (51.9%), 18 people aged 17-25 years (33.3%), and 8 people aged 36-45 (14.8%). With the majority of high school education as many as 23 people (43%), junior high school as many as 15 people (28%), elementary school as many as 14 people (26%), and not school as many as 1 person (1.9%), and S1/Dipeloma as many as 1 person (1.9%). And the majority of respondents' jobs were as housewives (IRT) as many as 38 people (70%), as farmers 11 people (20%), and as laborers 5 people (9.3%).

Table 2 Characteristics of Stunting Toddlers by Gender and Age of Stunted Toddlers in Sepakek Village

Characteristics of toddler repondents	Frequency	(%)
Gender		
Man	31	57.4
Woman	23	42.6
Toddler Age		
24-36	1	50.0
37-48	14	27.8
49-59	15	22.2
Total	54	100

Based on the data presented in the table, it was observed that the majority of stunted toddlers were male, accounting for 31 cases (57.4%), while female toddlers comprised 23 cases (42.6%). This indicates a higher prevalence of stunting among boys compared to girls within the studied population.In terms of age distribution, the highest proportion of stunted toddlers was found in the 24–36-month age group, totaling 27 cases (50.0%). This was followed by the 37–48-month age group, with 15 cases (27.8%), and the 49–59-month age group, which accounted for 12 cases (22.2%).

Table 3 Mother's Parenting Patterns in Sepakek Village, Kecamata Pringgarat

Mother's Parenting Style	Frequency	(%)
Good	42	79.6
Kurng Baik	12	20.4
Total	54	100

According to the data presented in the table, the majority of mothers with stunted toddlers exhibit a good parenting style, with 42 mothers (79.6%) falling into this category. This suggests that most mothers provide adequate care and support for their children despite the presence of stunting.

In contrast, a smaller proportion of mothers, totaling 12 (20.4%), were classified as having a poor parenting style. This indicates that a minority of mothers may require additional support and guidance in improving their parenting practices to better address the nutritional and developmental needs of their children.

Table 4 Stunting Toddlers in Sepakek Village, Kecamata Pringgarata

Stunting Toddlers	Frequency	(%)
Short	42	77.8
Very Short	12	22.2
Total	54	100

Bivariate analysis was carried out by making a cross table (contingency) between independent variables and dependent variables, namely to determine the relationship between maternal parenting and stunting toddlers in Sepakek Village, Pringgarata District. The data analysis used the chi square statistical test because the data scale of the independent variable used the nominal scale and the dependent variable used the ordinal scale.

Based on the table above, it was obtained that the results of the chi square test analysis showed that the value of the correlation (percent chi square) was obtained with the result of a value of p-value = 0.189 with a value of a = 0.05. Because the p-value is 0.189>0.05, Ha is rejected and H0 is accepted, which means that there is no relationship between maternal

parenting and stunted toddlers aged 24-59 months in Sepakek Village, Pringgarata District.

Table 5 Relationship between Mother's Parenting Style and Stunted Toddlers.

Mother's Parenting Style	Stunting Toddlers						P-Value
	Short		Very Short		Total		
	N	%	N	%	N	%	
Good	31	38,1%	11	45,8%	42	79,6%	0.89
Not Good	11	11,9%	1	4,2%	12	20,4%	
Total	42	50.0%	12	50.0%	54	100%	

The age of the mother is one of the things that can be related to the nutritional status of toddlers because it is also related to the mother's ability and ability to apply parenting practices to her toddlers. In this study, most of the mothers of stunted toddlers are in the age group of 26-35 years. However, maternal age is not the only factor that causes stunting in toddlers. The ideal age of the mother also does not rule out the possibility of having poor parenting because there are many factors that can determine the good or bad practice of mother's parenting, one of which is the factor of maternal education (Aini et al., 2022; Yulia Wardita et al., 2024). Mothers of ideal age, if not followed by education and good economic status to meet the nutritional needs of toddlers, will not necessarily have a good effect on the nutritional status of toddlers so that it is possible that toddlers can also experience stunting (Oktavia et al., 2023; Wanimbo et al., 2020; Wardani & Eviyani Margaretha Manungkalit, 2022).

Maternal education is one of the elements related to the nutritional status of toddlers. This is because it is related to the mother's ability to understand something, such as understanding the diet, namely through the accuracy in choosing the quality and quantity of food given to toddlers so that it can determine the nutritional status of toddlers (Amaha & Woldeamanuel, 2021; Rusdi D et al., 2024). The results of this study show that most mothers with stunted toddlers have a fairly high level of education, namely high school/equivalent. This is in accordance with the distribution of the population in Sepakek village, Pringgarata District, where the majority of the population has a fairly high education. The lower the level of education of mothers under five, the lower the knowledge and ability to make food consumption decisions for their toddlers and vice versa, the higher the mother's education, the higher the knowledge and ability to make food consumption decisions for toddlers. The level of education is related to the knowledge that mothers have, so that they can determine the parenting style provided for their children (Amaha & Woldeamanuel, 2021; Darwis et al., 2021; Rahmadiyah et al., 2024)

The results of this study show that mothers with higher education levels also have stunted toddlers. It can be interpreted that high maternal education does not guarantee that children are avoided from nutritional problems. This is because the level of education is not the only factor that affects stunting. This is in line with the research of Rahayuwati et al., 2023 which stated that the level of education of mothers is not related to the incidence of stunting. Research by Wahid et al., (2020) also shows that there is no relationship between the level of maternal education and the incidence of stunting in toddlers because there are other factors that can affect stunting. However, the level of maternal education is still important because it is related to the pattern of mothers' behavior in preparing and providing nutritious food to children. In addition, mothers will increasingly understand the importance of maintaining health, especially in fulfilling child nutrition (Amaha & Woldeamanuel, 2021)

According to (Husnaniyah et al., 2020), mothers who have lower education tend to apply poor parenting to toddlers compared to mothers with higher education. This is reinforced by the statement of (Wanimbo et al., 2020), namely that the lower the level of maternal education, the higher the risk of stunting for toddlers (Wanimbo et al., 2020). Working mothers are less able to monitor their children's food consumption because they have less time, which has an impact on nutritional status and the level of maternal attention to their child's growth and development decreases. According to research by (Chandrawati & Sabrina, 2021) that there is no relationship between the prevalence of stunting toddlers and maternal work. This is possible because working women can contribute economically and increase their purchasing power for children's food needs. But in reality, they have less time than women who don't work to devote their time to their children. Direct observation shows that mothers who do not have a job have more time in the morning to visit posyandu, so they can buy more food and learn about health problems (Admasari, 2024)

Toddler is a term for children under five years old. Toddler period is a very important period as a determinant of children's growth and development. This is because toddlerhood is a period of rapid growth and development, including physical growth, psychomotor

development, mental development and social development. If at this toddler period the child does not get a parenting style that suits his needs, it can result in stunted child growth and development, stunting in toddlers will only appear in toddlers when they enter the age of 2 years (Amaha & Woldeamanuel, 2021; Rahmadiyah et al., 2024). The results of this study are known that some of the toddlers can be grouped into 24-36 months old, 37-48 months old, and 49-59 months old (Ayun Yusuf et al., 2025). Based on research by Astuti et al., 2022, it is stated that at the age of 37-48 months, children under five usually begin to become active consumers, this is because during that time children begin to be able to choose and reject food based on their will and preferences (Astuti et al., 2022; Ayun Yusuf et al., 2025).

Gender can determine a person's nutritional needs. This study shows that most of the toddlers in the stunted toddler group are male. According to Saleh et al., 2021, male toddlers tend to have greater energy and protein needs than female toddlers. The incidence of stunting tends to occur more in male toddlers than in women, this can be caused because male toddlers tend to be more active than female toddlers. Male toddlers are more likely to actively play outside and often come into contact with dirty environments and spend more energy while their food intake is unbalanced so that it can cause stunting. The parenting style of boys and girls under five is important to pay attention to to support their growth and development (Saleh et al., 2021).

Based on the results of research on stunted toddlers in Sepakek Village, Pringgarata District with a total of 54 samples contained in table 4.4. There were 42 toddlers with short categories (77.8%), and 12 toddlers with very short categories (22.2%). From the data, it can be seen that more toddlers in Sepakek Village experience stunting in the short category. The frequency distribution of stunted toddler respondents by gender is shown in table 4.2. The majority of toddlers are male 31 (57.4%), and 23 (42.6%) are female. According to a Cohort study in Ethiopia as quoted in Belayneh et al., 2021 explained that male babies show twice the risk of stunting compared to female babies (Gari et al., 2018). The results of Riskesdas in 2013 showed that the prevalence of stunting was higher in toddlers with a male gender, which was 18.8%, while toddlers with a female gender was 17.1%. (Muche et al., 2021)

The results of this study are in line with the results of research by Darmayanti and Puspitasari (2021), stunting events tend to occur more in male toddlers than in women, this can be caused because male toddlers tend to be more active than female toddlers, male toddlers tend to have greater energy and protein needs than female toddlers. The results of this study show that the distribution of stunted toddlers mostly occurs in male toddlers, The results of this study are not in line with the results of previous research according to the results of the research of Muche et al., 2021, showing that the sex of toddlers is a significant important predictor of stunting incidence, where girls are more at risk of stunting than boys. These findings are supported by meta-analyses from 16 countries and other studies conducted in Zambia and Ethiopia (Muche et al., 2021).

The practice of maternal parenting is very closely related to the growth and development of children under five. In toddlerhood, children really need good parenting. Therefore, children really need parents, especially mothers, to nurture and take care of them so that all their needs are met to grow and develop. The practice of maternal parenting for toddlers in this study is the behavior carried out by mothers to toddlers (UNICEF, 2019). A mother as a parent of a toddler needs to understand the nutritional intake needs needed by her child, including in terms of hygiene, psychosocial stimulation, and health care to prevent health problems for children, especially those related to children's nutritional status so that children can avoid stunting (Evy Noorhasanah & Nor Isna Tauhidah, 2021) The results of this study show that the maternal parenting style for stunted toddlers in the good category is 42 mothers (79.6%) and the poor maternal parenting category is 12 mothers (20.4%). The practice of feeding toddlers includes the quality and quantity of food, including by providing exclusive breastfeeding, MP-ASI, and providing food that has sufficient nutrients so as to avoid stunting in toddlers.

According to (Adha et al., 2021), proper feeding for toddlers is an important thing that is highly recommended to be given to toddlers because it can affect the nutritional status of toddlers. The practice of feeding toddlers must be in accordance with their needs to support the optimal growth of toddlers (Wiliyanarti et al., 2022). The results of this study stated that the majority of mothers' parenting styles were good, namely the good category of 42 mothers (79.6%) and the category of poor mothers' parenting as many as 12 mothers (20.4%). Food diversity is a qualitative measure of food consumption and reflects household access to various foods. Food diversity is also one of the keys to nutritional quality and is said to increase the availability of essential nutrients for health improvement. Based on demographic data and the 2012 Indonesian Health Survey, 54.2% of the food of babies aged 623 months consumes meat/fish/chicken, 48.3% eggs, and 8.8% of milk, for food types 58.2% of children consume 4 food groups. Vulnerable groups such as infants, toddlers, toddlers, pregnant and lactating women need large amounts of protein, so their needs are also increasing (Atin Nurmayasanti, 2024)

Personal hygiene practices include hygiene practices such as washing hands, brushing teeth, washing hair, bathing, and nail care. This can happen because the majority of stunted toddlers do not wash their hands before eating, defecate inappropriately, do not wash their hands after defecating, cut their nails < 1 time a week, and do not wear footwear when outdoors. Poor personal hygiene can cause the onset of various diseases such as infectious diseases (diarrhea) so that growth disorders in toddlers are caused. Good personal hygiene efforts in toddlers can prevent toddlers from getting sick which can affect their nutritional status (Bella et al., 2020)

The practice of psychosocial parenting is a behavior that comes from social and psychological circumstances that affect the growth and development of toddlers (Sitorus et al., 2022). Based on the results of the study, it is known that most mothers under five who apply good psychosocial care practices are higher in stunted toddlers compared to poor psychosocial care. This can happen because the majority of mothers with stunted toddlers teach toddlers to wash their hands and teach toddlers to defecate and urinate in their place. Mothers of toddlers think that it is necessary to wash their hands because their hands are still clean and eat using a spoon, but even if they use a spoon, it is also possible that toddlers touch food with dirty hands because they do not wash their hands. According to (Sitorus et al., 2022), poor psychosocial parenting practices can affect poor nutritional status in the body, while good psychosocial parenting practices can have a good effect on the growth of toddlers and can also train children to stimulate their growth and development organs (Bella et al., 2020)

Health care practices in toddlers can be in the form of caring for children when they are sick, providing immunizations, and providing supplements. Based on the results of the study, it is known that most mothers of toddlers who apply good health care practices are higher in stunted toddlers than poor health care practices with stunted toddlers. This is evidenced by the majority of mothers with stunted toddlers right in providing help (treatment) to toddlers when they are sick, mothers of toddlers provide simple medicines at home that are needed at any time, and routinely take toddlers to posyandu. Poor health care practices will cause recurrent infectious diseases and inhibit the growth of toddlers (Hadi et al., 2022). Good health care practices can prevent and avoid stunting events for toddlers (Bella et al., 2020)

Toddlers with stunting conditions are caused by various causative factors. According to (Nelly SD Situmeang et al., 2020), stated that the main factor that plays the most role in the problem of stunting in toddlers is the practice of maternal parenting. This is also strengthened by research from (Noftalina et al., 2019), which states that maternal parenting practices are the dominant factor in nutritional problems that can cause stunting in toddlers and have an 8 times higher risk than other risk factors. The relationship between maternal parenting and stunting toddlers was analyzed by the chi square test. The results showed that the relationship between Maternal Parenting and Stunted Toddlers with the results of the statistical test with a value of $p = 0.189$ which was consulted with a value of $\alpha = 0.05$, which was a p value smaller than the value of α ($p = 0.189 < \alpha = 0.05$ meaning that there was no significant relationship between the relationship between Maternal Parenting Pattern and stunted toddlers in Sepakek Village, Pringgarata District so that H0 was accepted and Ha was rejected.

The results of this study are in line with previous research conducted by (Evy Noorhasanah & Nor Isna Tauhidah, 2021; Muche et al., 2021; Nelly SD Situmeang et al., 2020; Sitorus et al., 2022), entitled The Relationship between Parenting and the Incidence of Stunting in Toddlers Aged 24-60 Months in the Working Area of the Patebon II Health Center, Patebon District, from the results of statistical tests, the values of parenting practices were obtained ($p = 0.157$), immunization ($p = 0.527$), hygiene habits ($p = 0.157$), and physical activity habits ($p = 0.083$) and health service utilization with $p = 0.083$ showed that there was no significant relationship between parenting style and stunting incidence (Ayun Yusuf et al., 2025; Muche et al., 2021)

The results of this study show that the parenting style of mothers in Sepakek Village is mostly good, so it does not demand the possibility that good mothers' parenting styles still have stunted toddlers. According to (Tasnim & Muslimin, 2022) A good mother's parenting will make a great contribution to the growth and development process of toddlers, so that it can reduce the risk of nutritional problems. However, in this study, mothers with good parenting do not guarantee that their children are avoided from nutritional problems, especially stunting. The results of this study show that good maternal parenting still has stunted toddlers. This can happen because even though mothers apply good parenting styles, in families with low incomes there are limitations in meeting the nutritional needs of toddlers (Yasmin Salsabila Solihin et al., 2024)

The results of this study are not in line with the previous research conducted by (Evy Noorhasanah & Nor Isna Tauhidah, 2021) entitled The Relationship between Maternal Parenting and the Incidence of Stunting in Children Aged 12-59 Months From the results of the statistical test, a p value of 0.01 was obtained, which means that there is a relationship between maternal parenting and the incidence of stunting, so it can be interpreted that if the parenting style is good, the stunting category is lower, Likewise, if

the mother's parenting is in the bad category, the stunting category will be high. In this study, most of the mothers with elementary school education were also obtained. Maternal education can affect the incidence of stunting, so that the likelihood of stunting is higher in mothers who have low education than those with higher education (Evy Noorhasanah & Nor Isna Tauhidah, 2021)

Good parenting is a very important factor to ensure optimal growth and development. Maternal parenting is a practice carried out by mothers in maintaining health, providing food, emotional support for children, and providing stimulation that children need during growth and development (Adhi Wijaya Siswanto & Abdullah Syafei., 2024). According to research conducted by (Ayun Yusuf et al., 2025), no significant relationship was obtained from feeding practices to stunting incidence, shown with a value of $p = 0.157$ ($p > 0.05$). The results of this study show that the majority of mothers' parenting styles are good, but do not demand the possibility that good mothers' parenting styles still have stunted toddlers. From the discussion based on the results of the chi square test and strengthened by the previous research that has been explained, the researcher assumes that there is no relationship between maternal parenting and stunted toddlers, due to the large number of maternal parenting behaviors that are included in the good category, and the researcher assumes that there are other factors that cause the majority of stunted toddlers in Sepakek village, peringgara district.

Conclusion

Based on the analysis of data and research results conducted for three weeks, from April 16 to May 10 in Sepakek Village, it can be concluded that the majority of toddlers in this study are in the age group of 24-36 months (50%) and more male (57.4%). Most stunted toddlers are included in the short category (77.8%) compared to the very short category (22.2%). In terms of maternal characteristics, the majority are in the age range of 26-35 years (51.9%), with the highest level of education not going to junior high school to junior high school/equivalent (64.9%). Based on parenting practices, most mothers (79.6%) apply good parenting styles, while the other 20.4% are not good. However, the results of statistical tests showed that there was no significant relationship between maternal parenting and stunting incidence in toddlers aged 24-59 months in Sepakek Village ($p=0.189 > \alpha=0.05$).

Acknowledgments
I would like to convey my appreciation to all parties who have been involved in the research and writing the manuscript before published on this journal.

Author Contributions
All authors work together in carrying out each stage of research and writing the manuscript .

Funding
This research received no external funding.

Conflicts of Interest
The author declares no conflict of interes

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