



Analysis of Factors Influencing Stunted Toddlers in the City of Mojokerto

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ABSTRACT

Overcoming the incidence of stunted children under five is one of the achievement targets in SGDs 2030, namely the social pillar with the achievement target of eliminating hunger and ensuring access for all people, especially the poor and those in vulnerable situations, including babies, to safe, nutritious and sufficient food. throughout the year. One of the indicators for the 2030 SGDs target is the reduced prevalence of stunting among toddlers in Indonesia. Along with this, improving the nutritional status of the community, including reducing the prevalence of stunting under five, is one of the priority national development efforts listed in the main targets of the RJPM. Some of the factors identified as having an effect on the incidence of stunted children are the sex of the toddler, the age of the toddler, family status and family income. The research design used was a retrospective cohort study with a cross sectional approach. The sampling technique used is nonprobability sampling with purposive sampling. The sample in this study were some toddlers at the Balongrawe Posyandu, Kedundung Village, Magersari District, Mojokerto City who met the research criteria as many as 56 respondents. The variables that were studied in this study were the nutritional status of the toddler, the gender of the toddler, the age of the toddler, family status and family income. Test data analysis using binary logistic regression with a significance of α (0.05). From the results of the logistic binary regression test, it was found that the dominant factor that influences the incidence of stunted toddlers in toddlers in Mojokerto City is the family status of toddlers with a p value of $0.019 < \alpha$ (0.05) so it can be concluded that family status has a significant partial influence on the incidence stunted toddlers in toddlers in Mojokerto City.

Keywords: family status, family income, Stunted

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INTRODUCTION

Health development as a part of national development in Indonesia is still faced with complex and complicated problems. This is at least influenced by two main factors, namely the readiness of human resources and the readiness of supporting resources. On the human resource side, to achieve development targets in the health sector one of which requires a strong foundation in terms of human resources.¹ One threat to this foundation is the incidence of stunted toddlers in toddlers in Indonesia. A toddler who is stunted will certainly have a long-term impact on the health condition of the toddler later. Stunted conditions that are not taken seriously will trigger the status of very short toddlers (severely stunted) or often identically known as stunting.²

Stunting and short indeed both produce a body that is not too tall. However, stunting and shortness are different health conditions, so they require different treatment. In simpler language, stunting is short (stunted), but short (stunted) is not necessarily stunting. Stunting is a condition of failure to develop and develop in children under five due to malnutrition when they are in the womb until they are born into the world, but the condition of stunting is visible after the baby is 2 years old. The definition of stunting according to the Ministry of Health of the Republic of Indonesia is a child under five with a z-score value less than -2.00 SD / standard deviation (stunted) and less than -3.00 SD (severely stunted), while toddlers are short (stunted) and very short (severely stunted) are toddlers whose body length (PB/U) or height (TB/U) according to their age is less than the standard WHO multicentre growth reference study in 2006.³

The toddler period is a period of growth in humans who are very vulnerable and sensitive to the environmental conditions that surround them. More attention from people and families around toddlers greatly influences the achievement of each stage of growth and development in toddlers. The adequacy of fulfilling nutritional needs is one of the important factors that must be a concern because this is related to the growth process of toddlers. The toddler growth process itself is a cumulative result that occurs from the toddler is born until the toddler grows and develops. Nutritional conditions that are met properly will enable toddlers to grow and develop according to age stages and at the same time serve as an important foundation for the health of toddlers themselves both in toddlerhood and when toddlers grow into adult individuals.⁴

Nutritional problems in toddlers, especially stunted events experienced by toddlers are at risk of hampering the growth and development of toddlers, especially if stunted conditions turn into stunting events. Some of the impacts that stunted toddlers can experience during their lives are a decrease in intellectual ability, a vulnerability to non-communicable diseases, a decrease in productivity at productive age / when entering productive age so that it can cause poverty and low family income and has the potential to give birth to a baby with similar conditions and even stunting.⁵

Results of the Indonesian Nutrition Status Study (SSGI) at the National, Provincial and Regency / City Levels in 2021 by collecting data in 34 provinces and 514 districts / cities with a total of 14,889 Census Blocks (BS) and 153,228 toddlers issued by the Ministry The Republic of Indonesia Health stated that based on the results of the 2021 SSGI the national stunting rate has decreased by 1.6 percent per year from 27.7 percent in 2019 to 24.4 percent in 2021. Most of the 34 provinces show a decrease compared to 2019 and only 5 provinces showing an increase. This shows that the implementation of government policies to accelerate the reduction of stunting in Indonesia has yielded quite good results. Currently, the prevalence of stunting in Indonesia is better than Myanmar (35%), but still higher than Vietnam (23%), Malaysia (17%), Thailand (16%) and Singapore (4%).⁶

Overcoming stunted events is one of the achievement targets in SGDs 2030, namely the social pillar with an achievement target of no hunger. The 2030 SDGs state that one of the national development targets in Indonesia is by 2030, eliminating hunger and ensuring access for all people, especially the poor and those in vulnerable situations, including infants, to safe, nutritious and sufficient food as long as year. One of the indicators for the 2030 SGDs target is the reduced prevalence of stunting among toddlers in Indonesia. Along with this, improving the nutritional status of the community, including reducing the prevalence of stunting, is one of the priority national development efforts listed in the main targets of the Medium-Term Development Plan.⁷ The increase in stunting in toddlers can be reduced if the risk factors in each region are controlled and eliminated. According to UNICEF, basically a child's nutritional status can be influenced by direct and indirect factors, direct factors related to stunting, namely the child's characteristics in the form of male sex, low birth weight, food consumption in the form of low energy intake and low protein Other direct impacts are the health status of ARI infections and diarrhea. Parenting patterns that are not exclusive breastfeeding, health services in the form of incomplete immunization status, and family characteristics in the form of parents' occupation, parents' education and family's economic status are indirect factors that influence stunting.⁸

The formulation of the accelerated program in reducing stunting leads to family-based interventions at risk of stunting with an emphasis on preparing for family life, fulfilling nutritional intake, improving parenting, increasing access and quality of health services and increasing access to drinking water and sanitation. The fifth pillar of the National Strategy for Stunting, namely monitoring and evaluation, is considered strategic and important as an effort to find out the impact of interventions on stunting prevention and control. This is expected to contribute to reducing the problem of stunting in Indonesia in general and particularly in priority districts/cities. Indonesia's nutritional status as a determinant of how to grow superior human beings in the future, the progress or decline of a nation is determined by the nutritional status of the country

Therefore the purpose of this study was to determine the effect of toddler's gender, toddler's age, family status and family income on stunted toddlers in Mojokerto City.

METHOD

This type of research is correlation analysis. The research design used was a retrospective cohort study with a cross sectional approach. The population in this study were all toddlers in the Balongrawe Posyandu, Kedundung Village, Magersari District, Mojokerto City. The sampling technique used is nonprobability sampling with purposive sampling. The sample in this study were some toddlers at the Balongrawe Posyandu, Kedundung Village, Magersari District, Mojokerto City who met the research criteria as many as 56 respondents. The variables that were studied were the nutritional status of the toddler (stunted), the gender of the toddler, the age of the toddler, family status and family income. Test data analysis using binary logistic regression with a significance of α (0.05).

RESULTS

Based on the research, the results obtained :

1. Gender of toddler

Table 1. Characteristics of research respondents based on gender

No	Information	Amount	Percentage
1	Boy	25	44,6%
2	Girl	31	55,4%
	Amount	56	100%

Source: primary data, 2022

From the research results, it was found that more than half of the research respondents were female toddlers, namely as many as 31 respondents (55.4%) and almost half of the research respondents were male toddlers, namely as many as 25 respondents (44.6%)

2. Toddler age

Table 2. Characteristics of research respondents based on age

No	Keterangan	Amount	Percentage
1	13-24 months	34	60,7%
2	25-36 months	22	39,3%
	Amount	56	100%

Source: primary data, 2022

From the results of the study, it was found that most of the research respondents were aged 13-24 months, namely 34 respondents (60.7%) and a small proportion of research respondents aged 25-36 months, namely 22 respondents (39.3%)

3. Nutritional status (stunted)

Table 3. Characteristics of research respondents based on nutritional status (stunted events)

No	Information	Amount	Percentage
1	Normal	44	78,6%
2	Stunted	12	21,4%
	Amount	56	100%

Source: primary data, 2022

From the results of the study, it was found that most of the research respondents had normal nutritional status, namely as many as 44 respondents (78.6%) and a small proportion of research respondents had stunted nutritional status, namely as many as 12 respondents (21.4%)

4. Family status

Table 4. Characteristics of research respondents based on family status

No	Information	Amount	Percentage
1	Prosperous family	43	76,8%
2	Pre prosperous family	13	23,2%
	Amount	56	100%

Source: primary data, 2022

From the results of the study, it was found that most of the research respondents had prosperous family status, namely as many as 43 respondents (76.8%) and a small proportion of research respondents had pre-prosperous family status, namely as many as 13 respondents (23.2%)

5. Family income

Table 5. Characteristics of research respondents based on family income

No	Information	Amount	Percentage
1	At / above the Regional Minimum Wage	10	17,9%
2	Below the Regional Minimum Wage	46	82,1%
	Amount	56	100%

Source: primary data, 2022

From the results of the study, it was found that most of the research respondents had family income below the regional minimum wage, namely 46 respondents (82.1%) and a small proportion of research respondents had family income that matched / above the regional minimum wage, namely as many as 10 respondents (17.9%)

6. The effect of the gender of the toddler, the age of the toddler, family status and family income on stunted events in toddlers

Table 6. Effect of toddler's gender, family status and family income on stunted toddlers in Mojokerto City

Variable	P value	OR (95% CI)
Gender of toddler	0,058	4,377 (0,922 – 20,784)
Toddler age	0,063	5,827 (0,942 – 36,058)
Family status	0,019	6,736 (1,360 – 33,369)
Family income	0,974	1,036 (0,130 – 8,280)

Source: primary data, 2022

Based on the table of the influence of the gender of the toddler, the age of the toddler, family status and family income on the incidence of stunting in toddlers in Mojokerto City, some of the research results can be explained.

DISCUSSION

1. The influence of the gender of the toddler on stunted events in toddlers

From the results of the binary logistic regression test between the sex of toddlers on stunted toddlers in Mojokerto City, a p value of 0.058 was obtained. Because the p value is $0.058 > \alpha (0.05)$, it can be concluded that the gender of the toddler does not have a significant partial effect on stunted toddlers in Mojokerto City. From the results of the logistic binary regression test between the sex of toddlers on stunted toddlers in Mojokerto City, the Odds Ratio (OR) value was 4.377, it can be concluded that toddlers with male gender are more at risk of experiencing stunted events as much as 4.377 times compared to toddlers with female sex. In addition, the B value (natural logarithm) of 4.377 is positive, so the gender of the toddler basically also has a positive correlation with the incidence of stunted toddlers.

The results of this study are similar to research conducted by Anggraeni et al where the results of measuring sex have a P value of more than 0.05, namely 0.299, this shows that there is no relationship between gender and the incidence of stunting. Stunting 6-24 months for males is not much different from females, namely 17.40% and 19.80%. The statistical results show that there is no relationship between sex and stunting ($p < 0.05$).² The results of this study are in contrast to research conducted by Larasati & Wahyuningsih where from the results of an analysis of the relationship between gender and the incidence of stunting, it was found that 63.2% of toddlers who experience stunting are male. Toddlers who are not stunted and are male, namely 35.5%. The results of the statistical test obtained a p-value of 0.001, which means that it can be concluded that there is a relationship between gender and the incidence of stunting. The chance of stunting is 3.111 times (95% CI 1.605-6.030) in toddlers who are male compared to toddlers who are female.⁹

According to the researchers' assumptions, the risk of stunting experienced by toddlers with male and female gender has a similar possibility. This is because during the toddler years is a golden period of growth (golden period) where every toddler needs nutritional intake and nutrients according to the needs of the body. Toddlers often become picky eaters. The tendency for toddlers to prefer snacks such as biscuits, snacks, ice and other types of food besides food that must be consumed regularly to meet the body's needs. When toddlers like types of food other than the main food, it is certain that toddlers will lose their appetite for food and prefer snack foods as substitute foods. This indirectly puts toddlers at risk of not meeting the nutritional needs needed by the body to grow and develop, considering that snack foods often do not contain all the nutritional and nutritional needs toddlers need to grow and develop optimally. Parents in this phase must pay close attention to the type of food consumed by toddlers. Loss of appetite that is not treated immediately will put toddlers, both boys and girls at risk of stunting due to their nutritional and nutritional needs not being met.

Stunted problems that occur in toddlers illustrate the existence of chronic nutritional problems, influenced by the condition of the mother or prospective mother, the fetus and infancy/toddler period, including diseases suffered during infancy. Like other nutritional problems, it is not only related to health problems, but is also influenced by various other conditions that indirectly affect health. The impact of stunting can also interfere with mental and intelligence development during adulthood, this impact can be seen from the physical size that is not optimal and the quality of work that is not competitive which results in low economic productivity. Toddlers who are malnourished will experience decreased intelligence, decreased immunity and productivity, mental and emotional health problems, and growth failure

The direct factors related to the incidence of stunted are food intake and health status. Inadequate intake of energy and nutrients, as well as infectious diseases are factors that greatly contribute to the problem of stunting. One of the indirect factors related to stunting is the parenting style, in this case what is closely related is the parenting style of feeding. Based on research conducted by Renyoet, et al, it was found that there was a significant relationship between mother's attention/support for children in the practice of providing food, preparation and storage with the incidence of stunting, so it can be said that mothers who provide attention and support for children in this case will have a positive impact in nutritional status

The first assistance that toddlers need from their parents for growth and development is in the form of providing nutritious food so that they get good physical and mental abilities. good food parenting, in the sense of quantitative and qualitative right in infancy is highly recommended. The pattern of feeding can affect the nutritional status of children under five, because a balanced pattern of feeding that is in accordance with the needs accompanied by the selection of the right food ingredients will give birth to a good nutritional status. Food intake that exceeds the body's needs will cause overweight and other diseases caused by excess nutrients. Conversely, food intake less than needed will cause the body to become thin and susceptible to disease. Both conditions are equally bad, so it is called malnutrition.

In addition to paying attention to the composition of nutrients, the preparation of a toddler food menu must also pay attention to variations in the food menu so that children do not get bored. We recommend a menu cycle of 7 days or 10 days. This also makes it easier for mothers to manage toddler menus. In addition, the presentation of food must also be considered because it can affect a child's appetite, both in terms of appearance, texture, color, aroma, portion size and the selection of attractive children's cutlery. Apart from that, in preparing the menu, the toddler's meal schedule must also be considered. Applying a regular meal schedule is important because it will make the child's body adjust when the stomach needs to be filled and when not. If this discipline is ingrained in oneself and the rhythm of the body then when mealtime arrives, the child will not refuse to eat. On the other hand, if you eat as you please, it is not uncommon for children to be lazy to fill their

stomachs. In addition, getting used to eating on a schedule will make a child's digestion more ready to secrete the hormones and enzymes needed to digest the food that comes in. Ideally, feeding toddlers is 3 main meals, namely breakfast, lunch and dinner, plus 2 snacks.

According to Noorhasanah & Tauhidah that the better the mother's parenting style, the fewer children with stunting, while the worse the mother's parenting style, the more parents will have stunted children.¹⁰ Good maternal parenting will influence how mothers practice, act or behave in caring for children. The intended mother's behavior is how the mother's behavior in providing nutritional intake, maintaining cleanliness or hygiene for children, maintaining sanitation of the child's environment and how mothers utilize health facilities and infrastructure related to the needs of their children. Proper nutrition must also be considered during the child's growth and development period, most mothers who provide improper nutrition to their children such as feeding their children plain rice with tempeh or rice and vegetable gravy alone are at risk of stunting. Meanwhile, mothers who provide proper nutrition, such as providing foods that contain more protein, such as rice and eggs and fish and vegetables, have non-stunting children.

The role of the family, especially a mother in nurturing and caring for children, can have an impact on the growth and development of children. Maternal nutritional care pattern is the behavior of mothers in caring for or looking after their children, especially in fulfilling nutritional needs. Mother's behavior includes a role in giving breast milk or giving complementary food, teaching proper eating procedures, providing food with high nutritional value, the ability to control the number of portions of food that must be consumed, preparing hygienic food, correct eating patterns, so that nutritional intake can be well received by children. However, the important thing that must also be considered is that the diet must be varied so that children are happy and like a variety of foods that are healthy and nutritious. Parenting habits that have been implemented properly and correctly are common in toddlers with normal height or not experiencing stunting compared to short toddlers who have the same family economic level. Unfavorable parenting factors can cause problems in child growth and development, this is due to mothers not understanding proper parenting methods, as well as economic conditions. Overcoming this problem can be done several solutions such as providing education and health information related to appropriate parenting.

Parental parenting patterns have an influence on the incidence of stunting in toddlers. This is because parents always accompany children and pay attention, especially in providing good nutritional food intake to children, so that children are expected to have good nutritional status and prevent the risk of stunting, as well as links to the mother's education level which can affect insight and mother's knowledge about food sources and nutritional sources that should be consumed by children. As it is known that the relationship between poor maternal nutritional care has a high risk of causing stunting in children. However, there is still stunting that occurs even though the mother has practiced good parenting. This may be caused by several other factors that can lead to stunting

in children. One of them is the smoking behavior factor of parents, especially fathers, which can directly affect children's growth by exposing children to harmful chemicals that will inhibit growth and having indirect effects such as lack of fulfillment of shopping needs related to reduced nutritional intake due to the cost of buying cigarettes. In addition, there are still factors that need to be considered regarding stunting, such as the nutritional status of the mother during pregnancy, the mother who has a short stature, the mother who experienced nutritional problems during pregnancy, anemia, a history of breastfeeding, the presence of infectious diseases that the child has experienced. So even though the mother's nutritional care pattern is good, these other factors can increase the occurrence of stunted toddlers

2. The effect of toddler age on stunted events in toddlers

From the results of the binary logistic regression test between the ages of toddlers and stunted toddlers in Mojokerto City, a p value of 0.063 was obtained. Because the p value is $0.063 > \alpha (0.05)$ it can be concluded that toddler age does not have a significant partial effect on stunted toddlers in Mojokerto City. From the results of the binary logistic regression test between the ages of toddlers and stunted children in toddlers in Mojokerto City, the Odds Ratio (OR) value was 5.827, it can be concluded that toddlers aged 13-24 months are more at risk of experiencing stunted events as much as 5.827 times. fold compared to toddlers aged 25-36 months. In addition, the B value (natural logarithm) of 5.827 is positive, so the age of the toddler basically also has a positive correlation with the incidence of stunted toddlers.

The results of this study are similar to research conducted by Sujianti & Pranowo where from the results of an analysis of the relationship between the incidence of stunting under five and under five, it was found that as many as 98 (52.1%) aged 24-59 months were stunted.¹¹ Meanwhile, among toddlers who are not stunted, there are 90 (47.9%) toddlers aged 24-59 months. The results of the statistical test obtained a p value = 0.037, so it can be concluded that there is a significant relationship between the incidence of stunting and the age of toddlers. From the analysis results, the value of OR = 5.44 is obtained, meaning that the incidence of stunting in toddlers has a 5.44 chance of occurring in toddlers aged 24-59 months

According to the researchers' assumptions, it is possible for stunted children to occur, considering that at the age of 12-59 months, toddlers are already active food consumers and at the same time have high physical and psychological activity. Related to physical and psychological activity, toddlers begin to learn to recognize their surroundings, explore everything new in their environment and move actively. Activities like this indirectly require very high energy consumption which can be obtained from the food consumed. Inadequate food consumption in toddlers will further increase the risk of stunted toddlers because the energy needed by the toddler's body is not optimally fulfilled. This makes the body divert nutrients from every food and drink consumed by toddlers to become energy entirely and the body does not focus on absorbing food

for the process of growth and development. Conditions like this that go on continuously and without any proper solutions have the potential to trigger stunted toddlers.

Regarding active food consumers, toddlers at the age of 13 months have started to be able to choose the foods and drinks they like. Attractive colors, distinctive smells or aromas, and pleasant tastes for toddlers' tongues make toddlers prefer to eat randomly without paying attention to cleanliness or hygiene in the food or drinks they consume, including the behavior of washing hands with soap and running water or using hands sanitizer before consuming certain foods or drinks. This behavior is actually a natural thing to happen considering that at the age of toddlers, they cannot and do not understand the importance of maintaining the cleanliness of every food and drink they consume. Behavior like this can also potentially cause toddlers to experience diarrhea or infections due to unhygienic food and drinks. Infections that occur in toddlers will cause toddlers to experience a decrease in appetite and will directly have an impact on the lack of nutrition consumed by toddlers and ultimately trigger the emergence of stunted problems in toddlers.

The process of becoming stunted or stunted in toddlers in a certain area, starts when toddlers are 6 months old and appears mainly in the early 2 to 3 years of a toddler's life. Stunted that occurs in toddlers at the age of the first 36 months will usually be accompanied by long-term effects. This is because at the age of 6 months is the end of time for exclusive breastfeeding. When mothers of toddlers choose to wean their toddlers or do not continue breastfeeding until their toddlers are 24 months old, the nutritional intake that toddlers can get from breast milk is also lost. This will indirectly affect the level of immunity / immunity possessed by toddlers. During this growth period, mothers of toddlers and fathers of toddlers must really pay attention to the conditions and at the same time the intake of food and drinks consumed by toddlers. Parenting patterns of nutrition and knowledge about nutritional status possessed by parents such as selection of food ingredients, types of food, food portions, frequency of serving, serving and processing of food should be of particular concern to health workers and policy makers. This is because the parenting style of nutrition and knowledge about the nutritional status possessed by parents will have an impact on the practice of providing food and drink by parents to their toddlers. Some wrong perceptions that still exist in the community, namely as long as toddlers are not sick, toddlers remain in optimal or healthy conditions to be one of the factors that influence the practice of providing food and drink by parents to their toddlers. Improving the ability of parenting nutrition and knowledge about nutritional status owned by parents is the main key to ensure that every toddler gets food and drink according to the stages of the toddler's age in order to achieve the growth and development of toddlers according to the age stage.

3. Effect of family status of toddlers on stunted events in toddlers

From the results of the binary logistic regression test between the family status of toddlers to stunted toddlers in Mojokerto City, a p value of 0.019 was obtained. Because the p value is 0.019

$<\alpha (0.05)$ it can be concluded that family status has a significant partial effect on stunted children under five in Mojokerto City. From the results of the binary logistic regression test between family status and stunted children in toddlers in Mojokerto City, the Odds Ratio (OR) value was 6.736, it can be concluded that toddlers with pre-prosperous family status are more at risk of experiencing stunted events 6.736 times. fold compared to toddlers with prosperous family status. In addition, the B value (natural logarithm) of 6.736 is positive, so the status of the family where the toddler lives has a positive correlation with the incidence of stunted toddlers.

Family status is the level of achievement of a family against predetermined standards, namely the family is able to meet life's needs both spiritual and material needs needed to maintain the condition of the family itself and to have harmonious, harmonious and balanced relationships between family members, with the community and the surrounding environment. BKKBN (Indonesian National Family Planning Coordinating Agency) classifies five stages of family status, namely 1) Pre-prosperous family stages, 2) Prosperous family stages I, 3) Prosperous family stages II, 4) Prosperous family stages III, and 5) Prosperous family stages III plus . Pre-Prosperous Families, namely families that do not fulfill one of the 6 (six) indicators of Prosperous Family I (KS I) or indicators of family basic needs (basic needs). Prosperous Family I, namely a family capable of fulfilling the 6 (six) indicators of the KS I stage, but not fulfilling one of the 8 (eight) indicators of a Prosperous Family II or an indicator of the psychological needs of the family. Prosperous Families II, namely families that are able to fulfill 6 (six) indicators of the KS I stage and 8 (eight) indicators of KS II, but do not fulfill one of the 5 (five) indicators of Prosperous Family III (KS III), or indicators of developmental needs needs) of the family. Prosperous Family III is a family that is able to fulfill 6 (six) indicators of the KS I stage, 8 (eight) indicators of KS II, and 5 (five) indicators of KS III, but does not fulfill one of the 2 (two) indicators of Prosperous Family III Plus (KS III Plus) or indicators of family self-actualization (self-esteem). Prosperous Family III Plus, namely families that are able to fulfill all of the 6 (six) indicators of the KS I stage, 8 (eight) indicators of the KS II stage, 5 (five) indicators of the KS III stage, and 2 (two) indicators of the KS III Plus stage.¹²

According to the researchers' assumptions, family status is more related to the economy owned by the family. This is more likely related to the occupation of the head of the household. When the head of the household, in this case, is the father of the toddler, has an adequate work background, it is indirectly certain that the toddler will avoid the problem of being stunted. When the head of the family has an adequate job or at least has a steady and reliable job, indirectly the mother of the toddler will be able to manage all the needs of the family. The mother of the toddler will seek a variety of adequate conditions / home environment that supports the growth and development of the toddler. Household expenditure allocations can be allocated for various household needs. When every household need has been met, the toddler's mother can focus on the

food needs needed by the toddler during the growth and development period. It can be concluded indirectly that family status tends to correlate with family income

4. Effect of family income of toddlers on stunted events in toddlers

From the results of the binary logistic regression test between toddler family income and stunted toddlers in Mojokerto City, a p value of 0.974 was obtained. Because the p value is $0.974 > \alpha (0.05)$ it can be concluded that family income of toddlers does not have a significant partial effect on stunted toddlers in Mojokerto City. From the results of the binary logistic regression test between family income of toddlers to stunted children in toddlers in Mojokerto City, the Odds Ratio (OR) value is 1.036, it can be concluded that family income of toddlers who are below the regional minimum wage is more at risk of experiencing stunting (stunted) as much as 1.036 times compared to the income of a family of toddlers at or above the regional minimum wage. In addition, the B value (natural logarithm) of 1.036 is positive, so basically the family income of toddlers also has a positive correlation with the incidence of stunted toddlers.

The results of this study are similar to the research conducted by Hasbiah et al, where from the results of the research conducted it was found that the proportion of respondents with low family incomes mostly had toddlers with non-stunting events, namely as many as 57 families (100%), with the number of respondents who 39 respondents (68.4%) were not stunted and 18 respondents (31.6%) were stunted.¹³ The results showed that the majority of respondents with low family income had more toddlers who were not stunted than respondents with high family income. From the bivariate analysis, it was obtained that $p \text{ value} = 0.367 > \alpha (0.05)$, then H_0 is accepted, which means that there is no relationship between the respondent's knowledge and the incidence of stunting in toddlers in the Work Area of the Pekauman Health Center, Banjarmasin City in 2021

Family income is related to the ability of the household to meet the primary, secondary and tertiary needs of life. High family income makes it easier to meet life's needs, on the contrary, low family income has more difficulty in meeting life's needs. Low income will affect the quality and quantity of food consumed by the family. Low levels of income and weak purchasing power make it possible to overcome eating habits in certain ways which hinder effective improvement of nutrition especially for their children. The food that is obtained will usually be less varied and in small quantities, especially in materials that function for the growth of children as sources of protein, vitamins and minerals, thereby increasing the risk of malnutrition. These limitations will increase the risk of family members experiencing stunting.¹³

Families with low incomes who are able to manage nutritious food with simple and inexpensive ingredients will also improve the growth of their babies. The income received is not fully spent on basic food needs, but for other needs. A high level of income does not necessarily guarantee good nutritional status for toddlers, because the level of income is not necessarily allocated enough for food needs. Family income is related to the ability of the household to meet

the primary, secondary and tertiary needs of life. High family income makes it easier to meet life's needs, on the contrary, low family income has more difficulty in meeting life's needs. Low income will affect the quality and quantity of food consumed by the family. The food you get will usually be less varied and in small quantities, especially foodstuffs that function for the growth of children as sources of protein, vitamins and minerals, thereby increasing the risk of malnutrition. These limitations will increase the risk of a toddler experiencing stunting. Low levels of income and weak purchasing power make it possible for people to overcome eating habits in certain ways which hinder effective improvement of nutrition especially for their children. The number of family members is one of the factors that influence the growth pattern of children and toddlers in a family. The increasing number of family members without being offset by increased income will cause the distribution of food consumption to be more unequal.

According to Hapsari, the prevalence of stunted toddlers is the same from the first to the third birth order, but significantly higher in the fourth child. This is because birth order correlates with the age of children, and competition for food tends to be greater in households with more children. Toddlers who have fewer family members are not necessarily free from stunted toddlers. Because it can be a factor in the distribution of food that is not fair, it can also result in the toddler getting an insufficient amount of food, so that his nutritional intake is also lacking. In addition, wrong parenting patterns such as getting older children to get more food or nutritional intake compared to younger children (toddlers) can also be one of the factors that influence the high number of stunted toddlers which actually come from a small family.¹³

The various triggering factors for stunted toddlers must be the concern of all parties. The government as a policy maker in Indonesia must be able to ensure that every toddler in the family has the opportunity to grow and develop optimally. Steps that can be taken are to carry out various studies related to stunted toddlers and then formulate policies regarding the handling or prevention of stunted toddlers. Furthermore, the Ministry of Health together with other Ministries collaborates and synergizes to ensure that the policies launched by the government can be properly realized at the program implementing level, namely health workers. The government can also optimize the role of various elements of government at the lowest level, such as RT heads, RW heads, and sub-district officials in each City and Regency, especially areas that are prone to experiencing short toddlers. The synergy between various elements of society and government is expected to be able to break the chain of causes of stunted toddlers in order to achieve the national development target in line with expectations.

CONCLUSION

From the results of the research conducted, it was concluded that several factors that influence the incidence of stunted children include :

1. The gender of the toddler does not have a significant partial effect on the incidence of stunted toddlers in Mojokerto City.
2. Toddler age does not have a significant partial effect on stunted toddlers in Mojokerto City.
3. Family status has a significant partial effect on stunted toddlers in Mojokerto City.
4. Family income of toddlers does not have a significant partial effect on stunted toddlers in Mojokerto City

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