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The Relationship between Maternal Education and Incidence of Stunting at, Boyolali Central Java

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Abstract

Stunting remains a significant issue for children in Indonesia, including the Boyolali region, where the stunting rate is 20%. This condition occurs when children do not grow and develop properly due to chronic malnutrition, resulting in shorter height relative to their age and frequent infections during the critical first 1,000 days of life. Several factors contribute to stunting, with maternal factors playing a key role. This study aims to explore the relationship between maternal education and the prevalence of stunting at the Sawit 1 Health Center in Boyolali Regency. A quantitative approach with a correlational descriptive design was used, and 135 respondents were selected through purposive random sampling based on specific inclusion and exclusion criteria. The analysis was conducted using SPSS version 20, applying the Chi-Square technique. The research was carried out from May to August 2024. Findings revealed that 48 children (35.6%) were categorized as normal, 67 children (49.6%) were classified as stunted, and 20 children (15.8%) were considered very short. The findings show a significant association between maternal education levels and the incidence of stunting at the Sawit 1 Health Center, with a p-value of 0.031 ($p < 0.05$).

Keywords: Stunting, Maternal Education Level

INTRODUCTION

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The World Health Organization defines stunting as a growth disorder in children, resulting from malnutrition and repeated infections during the critical first 1,000 days of life. The Ministry of Health describes stunting as a condition in which young children have a height significantly below the average for their age, often referred to as short stature or dwarfism. This is indicated by a height-for-age index (TB/U) or length-for-age index (PB/U) that falls below - 2 standard deviations (SD) (Kemenkes RI, 2022).

The 2022 National Nutrition Status Survey (SSGI) revealed that 21.6% of children across 34 provinces in Indonesia were affected by stunting, down from 24.4% the previous year. This decrease means that 334,848 children under five are affected by stunting nationwide. Significant efforts are still needed to reach the target of lowering stunting to 14% by 2025. Based on data from the Central Java Health Service, stunting cases are still high in the Central Java region in 2022, namely at 20.8%, this figure has decreased, initially in 2021 around 20.9%.

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The number of stunting cases is still high in Central Java, namely in the Boyolali area, around 20.0%(SSGI, 2023)

Immediate attention is needed for stunting in toddlers, as it can impair physical growth, cognitive development, and overall well-being in children. It not only diminishes the quality and productivity of human resources but can also lead to significant economic losses (Yoga & Rokhaidah, 2020).

In addition, stunted children not only grow short but cognitive development is inhibited and productivity capacity is reduced. Children who are stunted will be vulnerable to various diseases, both infectious and non-communicable diseases (NCDs) can lead to obesity, raising the risk of becoming overweight or severely overweight (Sumartini, 2020).

A key factor contributing to the high stunting rate in Indonesia is the education and awareness level of parents. Good knowledge will provide good quality nutritional food for children. Internal factors include the amount of food intake, complementary feeding, exclusive breastfeeding and infectious diseases. In addition, there are also external factors such as parental education, especially for mothers, parental income, type of work, maternal knowledge about food availability patterns and food consumption patterns(Maymita, 2019)

Stunting is strongly linked to the level of education, which influences the development of skills, attitudes, and behaviors for present and future life. Parents with higher education levels tend to have a better understanding of healthy lifestyles and how to maintain good physical health. This understanding often translates into healthier lifestyle choices, including providing a nutritious diet. Mothers play a key role in childcare and in purchasing quality food for the family. Therefore, ensuring balanced and high-quality nutrition is crucial for parents, as it directly impacts the provision of adequate nutrition needed to support their child's growth and development (Jannah, 2019). As a result, mothers with lower levels of education may struggle to absorb information and knowledge about balanced nutrition, places their children at an increased risk of experiencing stunting (Nurmalasari et al., 2020).

METHODS

This study is a quantitative research using a descriptive correlational design, carried out from June to August 2024 in the Sawit 1 Boyolali Health Center service area. The study included 135 mothers of toddlers aged 1 to 5 years, chosen through purposive random sampling. The inclusion criteria required mothers with children aged 1 to 5 years who lived in

the Sawit 1 Boyolali Health Center area and had toddlers with KMS. The sample size was calculated based on the Taro Yamane formula (Lenaini, 2021).

The tools utilized in this study included a demographic data questionnaire and an anthropometric instrument, namely a microtoise infantometer, for assessing the nutritional status of stunted children. The data analysis was conducted using SPSS software, version 20. The data was analyzed using chi-square. This study has received approval from Ethical Approval No.389/KEPK-FIK/VI/2024.

RESULTS

The characteristics examined in this study included both maternal and child attributes. Maternal characteristics include age, occupation and latest education, while child characteristics include age and gender.

Table 1: Frequency Distribution of Demographic Data Characteristics n(135)

Variables	Frequency	Presentati on (%)	Mean	SD	Min	Max	Modus	Median
MOTHER'S			31.94	5.526	21	45	28	30.00
AGE								
<25	16	11.9%						
26-30	53	39.3%						
31-35	30	22.2%						
36-40	27	20.0%						
41-45	9	6.7%						
JOB			2.04	1.411	1	6	1	1.00
House Wife	77	57.0%						
Farmers	18	13.3%						
Merchant	8	5.9%						
Private sector employee	24	17.8%						
Government servis	6	4.4%						
Pharmacist	2	1.5%						

LAST EDUCATION			3.97	1.411	2	6	4	4.00
Elementary School	4	3.0%						
Junior High School	37	27.4%						
Senior High School	70	51.9%						
Diploma or Bachelor	24	17.8%	2.869	1.133	1.0	5.0	3.0	3.000
BABY AGE				5				
1-2	41	30.4%						
3-4	62	45.9%						
>4	32	23.7%						
GENDER TYPE			1.42	.496	1	2	1	1.00
Boy	78	57.8%						
Grils	57	42.2%						

Based on Table 1, the demographic data for maternal age shows that 16 mothers (11.9%) were under 25 years old, 53 (39.3%) were aged 26-30, 30 (22.2%) were aged 31-35, 27 (20.0%) were aged 36-40, and 9 (6.7%) were aged 41-45. In terms of education, 4 mothers (3.0%) had completed elementary school, 37 (27.4%) had finished junior high school, 70 (51.9%) had completed high school, and 24 (17.8%) held a diploma or bachelor's degree.

Based on demographic data, the age of toddlers 1-2 years was 41 people (30.4%), 3-4 years was 62 people (45.9%), > 4 years was 32 (23.7%). Then for the distribution of boy gender as many as 78 people (57.8%), girl as many as 57 people (42.2%).

Table 2. Frequency Distribution of Stunting Characteristics (n=135)

Variables	Frequency	Presentati on (%)	Mean	Median	Mode	SD	Min	Max
Z-SCORE	20	14.8%	1.79	2.00	2	.681	1	3

Severely Stunted	67	49.6%						
Stunted	48	35.6%						
Normal								
Total	135	100%						

According to Table 2, it is shown that 48 individuals (35.6%) fall into the normal category based on the distribution of Z-score categories, as many as 67 people (49.6%) with stunted categories and as many as 20 people (14.8%) with severely stunted categories.

Table 3. Frequency Distribution of Respondents' Relationship between Mother's Education Level and the Incidence of Stunting n(135)

Last Education	Stunting			Total	P
	Severely Stunted	Stunted	Normal		
	N	N	N		
SD	1	3	0	4	0,031
SMP	6	14	17	37	
SMA	9	44	17	70	
Diploma atau Sarjana	4	6	14	24	
Total	58	57	20	135	

Table 3 shows the correlation between maternal education level and stunting incidence, analyzed through the Chi-Square test, divided into three categories: normal, stunted, and severely stunted. The findings indicate that in the SD/MI category, there was 1 severely stunted child, 3 stunted children, and no children in the normal category. In the junior high school category, there were 6 severely stunted children, 14 stunted children, and 17 normal children. In the high school category, there were 9 severely stunted children, 44 stunted children, and 17 normal children. For the diploma/graduate category, there were 4 severely stunted children, 6 stunted children, and 14 normal children. The Chi-Square test yielded a p-value of <0.031, indicating a significant relationship between maternal education and stunting incidence at the Sawit 1 Boyolali Community Health Center, as the p-value is below the 0.05 threshold.

DISCUSSION

1. Mother's Education

The findings of this study indicate that most mothers have attained a high school level of education, indicating that many mothers of toddlers aged 1-5 years have a moderate education level. Additionally, the findings reveal that mothers with lower education levels are more likely to have children at risk of stunting, especially among toddlers (Adla et al., 2022).

One of the main factors influencing the prevalence of stunting in Indonesia is the education level of the parents. Children whose parents have a higher level of education face a 3-5% reduced risk of stunting (Soekatri et al., 2020).

The findings of this study reveal that most respondents, mothers of toddlers, are in their prime reproductive age, specifically between 26 and 30 years old, with 53 individuals (39.3%) falling within this age range. At this stage, parents are generally able to access information and knowledge about the growth and development of their babies through the internet or books. Mothers with higher education levels are likely to find it easier to obtain information from external sources compared to those with lower education levels (Rahmawati & Agustin, 2020).

This aligns with the research conducted by (Wulandini et al., 2020), which suggests that mothers' lack of knowledge can stem from various factors, including age and education.

Consequently, as a mother's education level increases, her understanding of child development also improves, since education influences a person's ability to acquire and comprehend information. Conversely, individuals with lower levels of knowledge may struggle more with absorbing and understanding information. Given the close relationship between education and knowledge in terms of processing information, mothers with higher education are better equipped to receive information about stunting (Irdawati et al., 2022).

2. Stunting

Stunting refers to a condition where a child's height or length is shorter than that of peers of the same age. Several factors contribute to stunting, including exclusive breastfeeding, recurring infections, and past breastfeeding practices, all of which significantly impact a toddler's growth and development. Breast milk serves as the

primary source of nutrition for infants, providing essential proteins and key elements that boost the baby's immune system (Susilawati & Ginting, 2023).

This aligns with the study by (Louis et al., 2022), which found that children of these parents were diagnosed with both stunting and non-stunting, indicating a possible correlation between exclusive breastfeeding and the incidence of stunting in toddlers.

The relationship between exclusive breastfeeding and stunting aligns with the theory that a toddler's nutritional status is heavily influenced by exclusive breastfeeding. Breast milk is considered the optimal food for infants from birth to six months, providing all the vital nutrients needed for growth and development. In the first six months of life, exclusive breastfeeding can sufficiently fulfill an infant's nutritional needs (Rambe, 2020).

Low birth weight (LBW) newborns pose a major public health issue tied to malnutrition, often stemming from chronic maternal malnutrition, poor health, excessive physical labor, insufficient healthcare, and pregnancy complications. Birth weight is strongly associated with a child's long-term growth and development. As a result, LBW can lead to growth delays, with affected infants often facing difficulties in catching up during early growth, potentially resulting in stunting (Murti et al., 2020).

This aligns with the research conducted by (Devi Akib et al., 2022) shows that infants with low birth weight often struggle to catch up during the early stages of growth. Low birth weight reflects a range of health issues in the community, including chronic malnutrition, inadequate health, and insufficient prenatal care.

In addition to breastfeeding in infants, the factor that causes stunting is the provision of complementary foods. Introducing unsuitable complementary foods can prevent children from receiving adequate nutrition. Additionally, providing inappropriate or delayed complementary foods may lead to iron deficiency in infants, resulting in stunting. Therefore, it is essential to give greater attention to the selection and timing of complementary foods (Rosita, 2021).

This aligns with the research conducted by (Rahayu Widaryanti, 2019) This is due to the reason that the mother or grandmother who cares for the child thinks that the baby keeps crying because he is hungry. In addition, there are also children who get MP ASI $\geq$ 6 months but experience stunting as many as 7 people (46.7%), this is also caused by the behavior of mothers who often persuade their children with snacks or

snacks so that they want to be left at work so that children eat snacks more often than heavy foods such as porridge and others that meet balanced child nutrition.

In addition to inappropriate complementary feeding, one of the causes of stunting is an unhealthy environment that will cause many diseases such as diarrhea, intestinal infections and worms. If the baby is affected by gastrointestinal infections, the absorption of nutrients is disrupted, resulting in malnutrition or malnutrition, which can cause stunting (Ningsih et al., 2023)

The occurrence of stunting is multifactorial and is not solely attributed to malnutrition in pregnant women or toddlers. One significant factor is the family's economic status. Social and economic factors, such as income and education, can impact the growth process. Family income, in particular, can affect the ability to purchase specific foods, which in turn influences children's nutritional status (Oktavia, 2021).

3. Relationship between Mother's Education Level and Incidence of Stunting

The analysis of the study results reveals a significant link between maternal education level and stunting incidence at the Sawit 1 Boyolali Health Center, with a P-value of 0.031 ($p < 0.05$). Therefore, it can be concluded that the mother's education level is closely associated with the occurrence of stunting at this health center.

These findings are supported by research carried out by (Husnaniyah et al., 2020) the study titled "The Relationship between Mother's Education Level and the Incidence of Stunting" revealed a significant link between maternal education and stunting, with a P-value of 0.018 ($p < 0.05$). This research employed a descriptive cross-sectional design, focusing on mothers of children under five in the Kandanghaur Indramayu health center area. A total of 308 respondents were chosen through accidental sampling.

A mother's education level plays a vital role in shaping her family's health, particularly influencing the nutritional well-being of its members. It also affects parenting practices, as mothers, typically the main caregivers, are responsible for managing their children's health and nutrition. Their role is key in improving the family's overall nutritional status. The ability of families to buy nutritious food is influenced by high and low income levels. A high income allows the food needs of family members to be fulfilled. Conversely, low income levels result in a lack of

household food purchasing power. If the purchasing power of food is low, the nutritional needs of toddlers are not fulfilled (Noviyanti et al., 2020)

These findings are supported by research carried out by (Nurmalasari et al., 2020) which indicates that a mother's education level affects family income, with families having low income being five times more likely to experience stunting.

The mother's education level is a crucial factor affecting a child's height (Scheffler et al., 2021). This theory is further supported by research from (Husnaniyah et al., 2020), which indicates a significant relationship between the mother's education level and the child's nutritional status.

CONCLUSIONS

The study's findings suggest a link between maternal education level and the occurrence of stunting. In mothers with a high school or vocational education, 17 children were classified as normal, 44 as stunted, and 9 as severely stunted. This indicates a correlation between maternal education and stunting rates at the Sawit 1 Boyolali Health Center, supported by a P-value of 0.031 ($p < 0.05$) and a correlation coefficient of 0.326, showing a weak association.

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