INDOGENIUS

ISSN 2828-1365

Volume 5, Issue 2 : 305 - 320

Association of Economic Status, Parental Knowledge, and Parenting Style with Stunting Incidence Among Toddlers at Karawang Health Center, West Karawang District, Karawang Regency, 2025

Krisna Mukti [1], Sudiono [1], Saleh Budi Santoso [1]
[1]*Universitas Horizon Indonesia, Karawang, Indonesia*

Article Info

Keywords :
Economic Status, Knowledge Level, Parenting Patterns, Stunting, Toddlers.

Corresponding Author :
Author Name :
Krisna Mukti
E-mail : kmukti999@gmail.com

ABSTRACT

Background The highest frequency of stunting in the West Java Health Office, according to 2023 data, the overall percentage of stunted children was 19.2% or 968,148 people. The prevalence of stunted toddlers in Karawang Regency was 1.54% (Ministry of Health, 2023). Stunting is caused by several variables, including the education of poor and wealthy parents. Children's nutritional conditions will improve in families with better wages because they will have easier access to health and education services. Stunting may be reduced indirectly by the family's socioeconomic position, including family income, parental education, maternal nutritional expertise, number of family members, and others. Purpose This study aims to determine the relationship between economic status, level of knowledge, and parenting patterns of parents with the incidence of stunting in toddlers in the working area of the Karawang Community Health Center, West Karawang District, Karawang Regency. Method This study uses a descriptive analytical method with a cross-sectional approach. The number of samples was 80 respondents taken using a purposive sampling technique. The research instruments consisted of questionnaires on economic status, knowledge level, parenting patterns, and toddler height measurements. Results: The chi-square test showed a significant relationship between economic status ($p = 0.02$), knowledge level ($p = 0.01$), and parenting patterns ($p = 0.03$) with the incidence of stunting in toddlers. The conclusion of this study is that lower economic status, lower knowledge level, and inappropriate parenting patterns tend to increase the risk of stunting in toddlers. It is hoped that parents will better understand the importance of nutrition and parenting patterns to prevent stunting.

DOI: https://doi.org/10.56359/igj.v5i2.840

Introduction

Nutrition is one of the most crucial factors in the success of a child's growth and development. Adequate and balanced nutrition is essential during the critical stages of a child's growth. From birth to the age of two, the "first 1,000 days of life" are referred to as the golden period. Due to the increasing prevalence of malnutrition and growth failure, children are becoming shorter than average. Every parent should be aware of their toddler's nutritional status. Considering that malnutrition in toddlers can affect brain development and is irreversible, greater attention must be given to the growth and development of toddlers (Sari & Zelharsandy, 2022)..

According to the Indonesia Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia decreased to 21.6% in 2022, as reported by the Ministry of Health. Although this figure is lower than that of 2021, which stood at 24.4%, substantial efforts are still required to reduce the stunting rate to 14% by 2024 (Ministry of Health, 2023).

The highest frequency of stunting was recorded by the West Java Health Office, where data from 2023 indicated that 19.2% of children, or approximately 968,148 individuals, were affected by stunting. A total of 12 provinces have been designated to achieve the complete elimination of stunting by the end of 2023, including five provinces with the highest rates of adolescent stunting and seven provinces with the highest overall stunting prevalence. According to the SSGI (2022), the national stunting prevalence was estimated at 20.2%. Meanwhile, in 2023, the stunting rate among children under five in Karawang Regency was recorded at 1.54% (Ministry of Health, 2023)..

Developmental delays in early childhood are caused by several variables, including inadequate parental education and limited economic resources. A child’s nutritional status is likely to improve in families with higher income, as they tend to have better access to healthcare services and education. Stunting may be indirectly correlated with the family’s socioeconomic status, including household income, parental education, maternal nutritional knowledge, number of family members, and other related factors (Angka, 2022).

Early childhood developmental delays may also be influenced by an individual's level of education, which affects how they process information. Those with higher educational attainment generally have better access to information than those with lower levels of education. Mothers, in particular, benefit from this information as they are the primary caregivers of their children. A mother’s level of education often influences her understanding of nutrition for her child. Nutritional knowledge and other health-related information are more easily understood at higher levels of education. Compared to children from families with higher socioeconomic status, those from low-income households are more likely to experience developmental delays (Sari & Zelharsandy, 2022).

The second element that may hinder growth is inadequate parenting, which is a contributing factor to nutritional problems. A family's ability to provide time, care, and support to meet the physical, emotional, and social needs of developing children is a key component of parenting. Various factors such as breastfeeding and complementary feeding practices, psychosocial stimulation, sanitation and hygiene practices, as well as the provision of medical attention and home hygiene during a child's illness, are examples of parenting styles. The prevalence of growth and developmental delays in children aged 24 to 59 months is strongly correlated with family activities such as feeding practices, psychosocial stimulation, personal hygiene habits, sanitation, and the utilization of healthcare services (Anggun Sopiawati et al., 2020).

In line with the study conducted by Akbar & Mauliadi Ramli (2022), titled "Socioeconomic Factors in the Incidence of Stunting in Children Aged 6–59 Months in Kotamobagu City", the analysis revealed that the mother's education score had a p-value of 0.030 and an odds ratio (OR) of 2.296. This indicates that children of mothers with lower education levels are 2.296 times more likely to experience stunting compared to those whose mothers have higher education levels. Furthermore, the odds ratio value (OR > 1) confirms that maternal education is one of the risk factors contributing to stunting in Kotamobagu City.

In addition, the study reported a p-value of 0.044 and an OR of 2.602 for the family income factor. This suggests that children from low-income families are 2.602 times more likely to suffer from stunting compared to children from families with adequate income. The incidence of stunting in Kotamobagu City is also influenced by family wealth, as shown by the odds ratio of 2.602 (OR > 1). Thus, it can be concluded that the prevalence of stunting among children aged 6 to 59 months in Kotamobagu City is significantly correlated with the family's socioeconomic status and the mother's level of knowledge.

Health is a fundamental need for every individual and must be fulfilled, including access to quality healthcare services. A low economic status may lead to inadequate nutritional intake, as individuals may not be able to afford nutritious food that meets the body's needs (Fauzi et al., 2020). Nurses play a crucial role in preventing malnutrition. This is achieved through health promotion activities, including counseling for mothers of toddlers and training for health cadres at community health posts (posyandu). Other preventive measures include monthly weight measurements, mid-upper arm circumference (MUAC), and height assessments conducted at posyandu, as well as the distribution of medical and food packages to improve nutritional status (Fifi & Hendi, 2020).

Nurses play a crucial role as educators in addressing nutritional problems among toddlers. Their primary responsibility is to reduce health risks and improve the health conditions of children suffering from malnutrition. In line with this, it is essential for nurses to strengthen their role in providing health education, particularly concerning toddler nutrition. Nurses are expected to perform tasks such as promoting

breastfeeding, ensuring immunization, providing nutritionally adequate food, and guaranteeing that children receive healthcare services and adopt healthy lifestyles. The role of nurses in managing nutritional issues also includes educating parents on proper nutrition for toddlers and informing them about their responsibilities in caring for and maintaining their children's health (Kusumawardani et al., 2020)

Based on a preliminary study conducted on January 24, 2024, at the Tanjungpura Public Health Center, it was found that 10 children were experiencing stunting. The researcher interviewed 10 mothers of children aged 1 to 3 years who were also identified as stunted in Tanjung Pura Village, Karawang Regency. The results of the interviews revealed that 7 out of 10 mothers lacked knowledge about the appropriate nutrition that should be provided to their children. They believed that daily meals were sufficient to meet their children's nutritional needs, although they did not fully understand the concept of nutrition. A common statement among the mothers was the belief that the most important thing is their children's health.

Objective

To examine the relationship between economic status, level of knowledge, and parenting style with the incidence of stunting among toddlers in the working area of Karawang Public Health Center, West Karawang Subdistrict, Karawang Regency.

Method

This study is a descriptive correlational research using a cross-sectional approach, in which the independent and dependent variables are measured simultaneously at one point in time. This method is used to examine the relationship between family socioeconomic status, mothers' level of knowledge, and parenting styles with the incidence of stunting among toddlers in the working area of Karawang City Public Health Center in 2025.

The population in this study consisted of all mothers with toddlers aged 24 to 60 months registered at the Karawang City Public Health Center, located in West Karawang Subdistrict, Karawang Regency, in 2025, totaling 167 individuals. The sampling technique used was non-probability sampling with purposive sampling, which involves selecting samples based on specific considerations such as population characteristics and predefined criteria.

Results

1. Univariate Analysis

Table 1. Frequency Distribution of Respondents Based on Age at Karawang Public Health Center, 2025

Age	Frequency	Percentage Distribution
16 - 25 years	3	3.8
26 - 35 years	48	60.0
36 - 45 years	25	31.3
46 - 55 years	4	5.0
Total	80	100.0

Based on Table 1, which presents the frequency distribution of respondents by age, the majority of respondents were aged **26–35 years**, accounting for **48 individuals (60.0%)**. Furthermore, **25 respondents (31.3%)** were aged **36–45 years**, while **4 respondents (5.0%)** were aged **46–55 years**, and **3 respondents (3.8%)** were in the **16–25 years** age group. These findings indicate that most respondents were within the productive age range, which is generally associated with active parenting and a significant role in fulfilling the nutritional needs of toddlers.

Table 2 Frequency Distribution of Respondents Based on Gender at Karawang Health Center in 2025

Gender	Frequency	Percentage Distribution
Male	41	51.3
Female	39	48.8
Total	80	100.0

Based on Table 2, the data show that the majority of respondents were female, totaling 41 individuals (51.3%), while the fewest were male, totaling 39 individuals (48.8%).

Table 3 Frequency Distribution of Respondents Based on Education at Karawang Health Center in 2025

Education Level	Frequency	Percentage Distribution
SD	10	12.5
SMP	35	43.8
SMA/SMK	31	38.8
Diploma III	3	3.8
S1	1	1.3
Total	80	100.0

Based on Table 3, the data show that the majority of respondents had a junior high school

Table 4 Frequency Distribution of Respondents Based on Occupation at Karawang Health Center in 2025

Occupation	Frequency	Percentage Distribution
IRT	68	85.0
Wiraswasta	5	6.3
Buruh	3	3.8
PNS	4	5.0
Total	80	100.0

Based on Table 4, the data show that the majority of respondents were housewives (IRT), totaling 68 individuals, which accounts for 85% of the sample. This indicates that most participants are primarily engaged in domestic responsibilities. In contrast, the smallest group of respondents were laborers, comprising only 3 individuals or 3.8% of the total. This distribution highlights the dominant occupational status within the community and may have implications for economic and social dynamics in the area.

Table 5 Normality Test of Economic Status, Mother's Knowledge Level, and Parental Parenting Patterns Related to Stunting Incidence at Karawang Health Center in 2025

Kolmogorov-Smirnov[a]			
	Statistics	**df**	**Sig.**
Stunting	.540	80	.000
Mother's Knowledge	.221	80	.000
Democratic Parenting Style	.122	80	.005
Authoritarian Parenting Style	.126	80	.003
Permissive Parenting Style	.096	80	.067

Based on the results of the normality test:

- The Kolmogorov-Smirnov test for **economic status** yielded a p-value of 0.000 (< 0.05), indicating that the data are not normally distributed.
- The Kolmogorov-Smirnov test for **maternal knowledge** also resulted in a p-value of 0.000 (< 0.05), which means the data are not normally distributed.
- For **democratic parenting**, the Kolmogorov-Smirnov test produced a p-value of 0.005 (< 0.05), indicating a non-normal distribution.
- For **authoritarian parenting**, the Kolmogorov-Smirnov test showed a p-value of 0.003 (< 0.05), also indicating a non-normal distribution.
- For **permissive parenting**, the Kolmogorov-Smirnov test gave a p-value of 0.067 (> 0.05), which means the data are normally distributed.

Table 6 Frequency Distribution of Respondents Based on Family Socioeconomic Status at Karawang Health Center in 2025

Economic Status	Frequency	Percentage Distribution
> UMR Karawang Rp. 5.599. 593	13	16.25
< UMR Karawang Rp. 5.599. 593	67	83.75
Total	80	100.0

Based on Table 6, the data indicates that the majority of respondents had a monthly income below the minimum wage standard set for Karawang, which is Rp. 5,599,593. Specifically, 66 respondents, accounting for 82.5% of the total, fell into this income category. In contrast, only 14 respondents (or 17.5%) reported earning above the minimum wage. This finding suggests that a significant proportion of the population studied may experience financial limitations, which could potentially affect various aspects of their daily lives, including access to healthcare, education, nutrition, and overall well-being. Such income disparities highlight the need for targeted interventions or support programs to address economic challenges faced by low-income families in the region.

Table 7 Frequency Distribution of Respondents Based on Mothers' Knowledge at the Karawang Community Health Center in 2025

Knowledge Level	Frequency	Percentage Distribution
Not Good	27	33.75
Good	53	66.25

Knowledge Level	Frequency	Percentage Distribution
Total	80	100.0

Based on Table 5.7, the data shows that 66 mothers (82.5%) had good knowledge, while only 14 mothers (17.5%) had poor knowledge. This finding indicates that the majority of mothers possess an adequate understanding, particularly in areas likely related to child health and nutrition, which can have a positive influence on their caregiving practices. However, the presence of a smaller group with poor knowledge suggests that there is still a need for targeted educational interventions to improve awareness and promote better parenting practices. Strengthening knowledge among all mothers is essential to support the overall well-being and development of children.

Table 8 Frequency Distribution of Respondents Based on Parenting Styles at Karawang Health Center in 2025

Pola Asuh	Jumlah (*f*)	Presentase (%)
Demokratif	80	100.0
Otoriter	80	100.0
Permisif	80	100.0

2. Bivariate Analysis

Based on Table 5.8, the data shows that 65 mothers (81.3%) demonstrated good parenting patterns, while 15 mothers (18.8%) had poor parenting patterns.

Table 9 The Relationship Between Economic Status and Stunting Incidence at Karawang Public Health Center in 2025

Economic Status	Stunting – 3 SD sd < - 2 SD		Not Stunting - 2 SD sd SD +3		Total		P -Value
	N	%	N	%	N	%	
< UMR Karawang	5	6.25	62	77.5	14	100	0,309
> UMR Karawang	0	0	13	16.25	63	100	
Total	5	100	80	100	80	100	

The analysis showed that among respondents with a good economic status (above the Karawang minimum wage), none (0%) had children who experienced stunting. In contrast, within the group whose economic status was below the minimum wage, 5 respondents (6.25%) had children categorized as stunted. Although there appears to be a difference in the occurrence of stunting between the two groups, the statistical test yielded a p-value of 0.309. This result indicates that the relationship between economic status and the incidence of stunting is not statistically significant at the Karawang Public Health Center in 2025. Therefore, economic status alone may not be a determining factor in stunting cases within this population.

Table 10 The Relationship Between Parents' Knowledge Level and Stunting Incidence at Karawang Public Health Center in 2025

Knowledge Level	Stunting – 3 SD sd < - 2 SD		Not Stunting - 2 SD sd SD +3		Total		P -Value
	N	%	N	%	N	%	
Not Good	4	5	23	28.75	27	100	0,309
Good	1	1.25	52	65	53	100	
Total	5	100	77	100	80	100	

The analysis showed that in the group of respondents with good knowledge, 1 respondent (1.25%) had a child with stunting, while in the group with poor knowledge, 4 respondents (5%) experienced stunting. The statistical test resulted in a p-value of 0.024, indicating a significant relationship between parenting style and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 9.043, meaning that poor maternal parenting practices carry a 9 times higher risk of stunting compared to having good knowledge.

Table 11 The Relationship Between Democratic Parenting Style and Stunting Incidence at Karawang Public Health Center in 2025

Parenting Styles	Stunting – 3 SD sd < - 2 SD		Not Stunting -2 SD sd SD +3		Total		P value
	N	%	N	%	N	%	
Undemocratic	2	2.5	37	46.25	39	100	0,527
Democratic	1	1.25	40	50.0	41	100	
Total	3	100	77	100	80	100	

The analysis revealed that in the group of respondents with non-democratic parenting styles, 2 respondents (2.5%) had children with stunting, while in the democratic parenting group, 1 respondent (1.25%) experienced stunting. The statistical test produced a p-value of 0.527, indicating no significant relationship between democratic parenting and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 2.162, meaning that poor democratic parenting practices carry a 2.162 times higher risk of stunting compared to non-democratic parenting.

Tabel 12 The Relationship Between Authoritarian Parenting Style and Stunting Incidence at Karawang Public Health Center in 2025

Mother's Parenting Style	Stunting – 3 SD sd < - 2 SD		No Stunting -2 SD sd SD +3		Total		P-Value
	N	%	N	%	N	%	
No Otorier	1	1.25	45	56.25	46	100	0,388
Otorier	2	2.5	32	40.0	34	100	
Total	3	100	77	100	80	100	

The analysis showed that among respondents with non-authoritarian parenting styles, 1 respondent (1.25%) had a child with stunting, while in the authoritarian parenting group, 2 respondents (2.5%) experienced stunting. The statistical test yielded a p-value of 0.388, indicating that there is no significant relationship between authoritarian parenting and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 0.356, meaning that poor authoritarian parenting practices carry a 0.356 times higher risk of stunting compared to non-authoritarian parenting.

Tabel 13 The Relationship Between Permissive Parenting Style and Stunting Incidence at Karawang Public Health Center in 2025

Mother's Parenting Style	Stunting – 3 SD sd < - 2 SD		Not Stunting -2 SD sd SD +3		Total		P value
	N	%	N	%	N	%	
Permissive	1	1.25	46	57.5	47	100	0,362
Non-permissive	2	2.5	31	38.75	33	100	
Total	3	100	77	100	80	100	

The analysis showed that in the group of respondents with non-permissive parenting styles, 1 respondent (1.25%) had a child with stunting, while in the permissive parenting group, 2 respondents (2.5%) experienced stunting. The statistical test yielded a p-value of 0.362, indicating that there is no significant relationship between permissive parenting style and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 0.362, meaning that poor permissive parenting practices carry a 0.356 times higher risk of stunting compared to non-permissive parenting.

DISCUSSION

1. Univariat Analysis

a. Overview of Respondents' Characteristics

The results show that the majority of respondents were aged 26–35 years, totaling 48 individuals (60.0%), while the lowest number was in the 15–25 age group, with only 3 respondents (3.8%). In terms of education, most respondents had a junior high school (SMP) education (43.8%), while the lowest level was a bachelor's degree (S1), held by only 1 respondent (1.3%). Regarding occupation, the majority were housewives (IRT), totaling 68 respondents (85%), while the smallest group consisted of laborers, totaling 3 respondents (3.8%).

Stunting can be caused by a number of factors, such as inadequate nutrition for pregnant women and their unborn children, mothers' lack of knowledge regarding health and nutrition before, during, and after pregnancy, limited access to sanitation facilities, lack of nutrient-dense foods, infectious diseases, and more.

Another factor that may influence developmental delays in early childhood is the level of education, which affects how a person receives and processes information. Communities with higher levels of education are generally more capable of accessing information than those with lower levels of education.

b. Overview of Respondents Based on Economic Status

The analysis showed that in the group of respondents with good economic status (income above the Karawang minimum wage), none (0%) experienced stunting. Meanwhile, in the group with economic status below the minimum wage, 5 respondents (6.25%) experienced stunting.

Economic status refers to a condition that reflects a family's financial capability and the material resources they possess. More broadly, socioeconomic status represents a person's or a community's condition as seen from an economic perspective, including indicators such as education level, income, and occupation. Every individual or community strives for a better socioeconomic status, but in reality, many still fall within the lower socioeconomic category.

Family income refers to the amount of money earned and the amount needed to cover household expenses each month. Malnutrition hinders economic growth and contributes to poverty. This is because malnutrition directly leads to decreased productivity in the workplace due to physical limitations and cognitive dysfunction, which in turn affects educational achievement and the financial stability of the family.

This finding aligns with the study conducted by Yunita et al. (2022), which found that both direct and indirect factors influence children's nutritional status, with the root problem being economic conditions that negatively affect children's nutrition.

c. Overview of Respondents Based on Parenting Patterns

The analysis showed that in the group of respondents with non-democratic parenting styles, 2 respondents (2.5%) had children with stunting, while in the group with democratic parenting, 1 respondent (1.25%) had a child with stunting. In the group with non-authoritarian parenting styles, 1 respondent (1.25%) had a child with stunting, while in the authoritarian parenting group, 2 respondents (2.5%) experienced stunting. For non-permissive parenting, 1 respondent (1.25%) had a child with stunting, while 2 respondents (2.5%) with permissive parenting experienced stunting.

The goal of parenting is to support the growth and development of children by providing them with care, guidance, and education so that they can become independent individuals. In essence, parenting is a set of attitudes and behaviors carried out by parents—such as feeding, stimulating, and showing affection to their children—which all contribute to the child's optimal growth and development (Sofiani et al., 2020).

According to Handayani (2019), parenting style refers to the attitudes that parents have toward their children. It is the method by which parents raise and educate their children. Each parent may adopt a different approach in raising their children, which can be seen in how they communicate, nurture, and guide them. Children, especially those with special needs, require attention and affection from their parents to grow well. Due to their unique needs, some children with disabilities cannot live independently and therefore require extra care and parenting (Handayani, 2019).

d. Overview of Respondents Based on Parental Knowledge

The analysis showed that in the group of respondents with good knowledge, only 1 respondent (1.25%) experienced stunting, while in the group with poor knowledge, 4 respondents (5%) experienced stunting.

Knowledge is the result of understanding a concept in a person's mind, formed through the perception of a particular object. Knowledge can be acquired through various sources such as mass media, electronic media, guidebooks, counseling sessions, and close relatives (Alkalah, 2020).

According to Ainingsih (2023), a mother's knowledge refers to the insight she possesses to achieve optimal outcomes. A mother's understanding of toddler food intake plays a crucial role in determining the child's nutritional status. As mothers are responsible for feeding the family—especially the children—the better a mother's knowledge, the better the food intake provided, which in turn positively affects the child's nutritional status (Ainingsih, 2023).

2. Bivariat Analysis

1. The Relationship Between Economic Status and Stunting

The analysis showed that in the group of respondents with good economic status (income above the Karawang minimum wage), none (0%) experienced stunting. Meanwhile, in the group with an economic status below the minimum wage, 5 respondents (6.25%) experienced stunting. The statistical test yielded a p-value of 0.309, indicating that there is no significant relationship between economic status and the incidence of stunting at Karawang Public Health Center in 2025.

Based on the analysis, most respondents with low socioeconomic status experienced a higher incidence of stunting compared to those with moderate socioeconomic status. The facts show that children raised in families with low economic status are more likely to suffer from stunting, which may impact their future economic and health conditions. Pramono et al. (2019) found that two contributing factors to stunting among toddlers in Indonesia were low family socioeconomic status and the lack of adequate parental knowledge and nutritional practices. Another study also revealed that inappropriate feeding habits in toddlers are associated with a higher risk of stunting, particularly in terms of food diversity and feeding frequency (Yuningsih, Sari, and Handayani, 2023).

This study showed that the chi-square test yielded a p-value of 0.416 > 0.000, meaning the null hypothesis (Ho) is accepted and the alternative hypothesis (Ha) is rejected. In other words, there is no relationship between socioeconomic status and stunting incidence among toddlers at Karawang Public Health Center in 2025. This result is not in line with a previous study conducted by Ahnafani (2024), which stated that there was a significant relationship between socioeconomic status and stunting, with a p-value of 0.027 < 0.05 (Ahnafani et al., 2024).

2. The Relationship Between Parenting Patterns and Stunting

The analysis showed that in the group of respondents with non-democratic parenting, 2 respondents (2.5%) had children with stunting, while in the group with democratic parenting, 1 respondent (1.25%) had a child with stunting. The statistical test yielded a p-value of 0.527, indicating no significant relationship between democratic parenting style and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 2.162, meaning that poor democratic parenting practices carry a 2.162 times higher risk of stunting compared to non-democratic parenting.

In the group of respondents with non-authoritarian parenting, 1 respondent (1.25%) had a child with stunting, while in the authoritarian parenting group, 2 respondents (2.5%) had children with stunting. The statistical test yielded a p-value of 0.388, indicating no significant relationship between authoritarian parenting style and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 0.356, meaning that poor authoritarian parenting practices carry a 0.356 times higher risk of stunting compared to non-authoritarian parenting.

In the group of respondents with non-permissive parenting, 1 respondent (1.25%) had a child with stunting, while in the permissive parenting group, 2 respondents (2.5%) had children with stunting. The statistical test yielded a p-value of 0.362, indicating no significant relationship between permissive parenting style and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 0.362, meaning that poor permissive parenting practices carry a 0.362 times higher risk of stunting compared to non-permissive parenting.

One of the key factors that directly affects a child's growth and development is parenting style. According to Diana Baumrind, democratic parenting refers to a style of feeding where the parent determines the menu but allows the child to choose what they want to eat. Authoritarian parenting is more controlling and focuses on regulating eating habits, food types, portion sizes, and meal schedules. Permissive parenting allows children to eat whatever they want, and if they refuse, the parents will offer alternatives they might prefer. On the other hand, neglectful parenting occurs when parents let

their children eat whatever they want without even checking whether they have eaten or not.

The findings of Hidayat (2023) do not align with the current study. According to the data, nearly all respondents with stunted children were classified as short stature, totaling 10 individuals (71.4%), and 9 respondents (64.3%) reported using democratic parenting styles when feeding their children. An OR value of 1.400 indicates that democratic parenting poses a higher risk of stunting compared to authoritarian parenting in terms of feeding or nutrition. The chi-square test showed a p-value of 0.000, indicating a significant relationship between parenting style and stunting incidence (Hidayat et al., 2023).

3. The Relationship Between Parental Knowledge and Stunting

The analysis showed that in the group of respondents with good parenting practices, 2 respondents (2.5%) had children with stunting, while in the group with poor parenting practices, 3 respondents (3.75%) had children with stunting. The statistical test yielded a p-value of 0.4499, indicating a relationship between parenting patterns and the incidence of stunting at Karawang Public Health Center in 2025. The Odds Ratio (OR) was 2.016, meaning that poor maternal parenting practices pose a 2 times higher risk of stunting compared to good parenting practices.

A toddler's daily food intake is determined by the parents, especially the mother. Mothers with broader knowledge tend to apply their skills in childcare, particularly in providing food that meets nutritional needs and prevents undernourishment. The percentage of stunting tends to decrease as parental awareness increases. In this study, the incidence of stunting was not significantly influenced by the level of parental knowledge. This is because stunting is a complex issue that involves not only education but also other elements such as environmental hygiene, parenting practices, family economic status, and food intake (Jannah, 2019).

This study is also consistent with the findings of Kadek et al. (2022), which showed that the adult group with the highest percentage of responses was those aged 26 to 35 years. This suggests that individuals in this age range tend to have a more mature perspective and mindset. A person's experience and knowledge generally increase with age, which in turn influences their level of knowledge, as each age group has a different capacity for discovering, receiving, assimilating, and applying information (Kadek et al., 2022).

Conclusion

This study is expected to expand knowledge in nursing regarding the relationship between parental knowledge, socioeconomic status, and stunting incidence in toddlers. The findings can enrich nursing literature and strengthen the role of nurses in educating parents about proper nutrition and child growth. For

nursing education institutions, this research may support the integration of nutrition and stunting topics into the curriculum and serve as a reference for future research. The study also provides important information for parents about fulfilling children's nutritional needs and maintaining proper health practices, hygiene, and sanitation. Ultimately, improving parental knowledge and awareness is expected to contribute to better child health and overall community well-being.

References

Ainingsih, N. (2023). Hubungan Antara Tingkat Pengetahuan Ibu Dan Status Sosial Ekonomi Dengan Status Gizi Pada Balita Usia 1-5 Tahun Di Posyandu 2 Desa Karang Rowo. 1–14.

Akbar, H., & Mauliadi Ramli. (2022). Faktor Sosial Ekonomi dengan Kejadian Stunting pada Anak Usia 6-59 Bulan di Kota Kotamobagu. Media Publikasi Promosi Kesehatan Indonesia (MPPKI), 5(2), 200–204. https://doi.org/10.56338/mppki.v5i2.2053

Alkalah, C. (2020). Tingkat Pengetahuan Akseptor KB Suntik DMPA (Depo Medroxy Progesteron Asetat) Tentang Ketepatan Waktu Suntik Kb Di Bpm Yuliana Banaran Sragen. 19(5), 1–23.

Anggun Sopiawati, A., Kurnia Dewi, M., & Kuswati. (2020). Hubungan Pemberian ASI Eksklusif Dengan Kejadian Stunting Pada Balita. Jurnal Ilmiah Kesehatan Sandi Husada, 11(1), 448–455. https://doi.org/10.35816/jiskh.v11i1.314

Angka, A. T. Y. (2022). Hubungan Pengetahuan Dan Status Ekonomi Terhadap Kejadian Stunting Di Kelurahan Tonrokassi Timur Di Wilayah Kerja Puskesmas Tamalatea Kabupaten Jeneponto. Jurnal Riset Rumpun Ilmu Kedokteran, 1(2), 194–207. https://doi.org/10.55606/jurrike.v1i2.2335

Darmi, S. (2024). Hubungan Riwayat Asi Ekslusif , Riwayat Imunisasi dan Status Ekonomi Keluarga dengan Kejadian Stunting. 457–465.

Elba, F. (2021). Faktor Kejadian Cacingan pada Balita Stunting di Kecamatan Pamulihan Kabupaten Sumedang. Jurnal Sehat Masada, 15(1), 65–73. https://doi.org/10.38037/jsm.v15i1.164

Fakhma, A., Netty, & Dhewi, S. (2020). Analisis Faktor-Faktor Yang Berhubungan Dengan Sttaus Gizi Balita Di Wilayah Kerja Puskesmas Paringin Selatan Kabupaten Balangan Tahun2020.

Fauzi, M., Wahyudin, & Aliyah. (2020). Hubungan Tingkat Pendidikan dan Pekerjaan Ibu Balita dengan status gizi balita di Wilayah Kerja Puskesmas X Kabupaten Indramayu. Prosiding Seminar Nasional Kesehatan, 2(1), 13.

Fauziah, F. U. (2022). Hubungan Faktor Sosial Ekonomi Dengan Kejadian Stunting Pada Balita Studi Observasi Analitik di Puskesmas Bandarharjo Semarang.

Feva Tridiyawati, A. A. R. H. (2019). Hubungan Antara Status Sosial Ekonomi dan Pengetahuan Ibu dengan Kejadian Gizi Kurang pada Balita. 08(01), 20–24.

Fifi, D., & Hendi, S. (2020). Pentingnya Kesehatan Masyarakat, Edukasi Dan Pemberdayaan Perempuan Untuk Mengurangi Stunting Di Negara Berkembang. Jurnal Prosiding Seminar Nasional Kesehatan, 2(01), 16–25.

Fitri, N. S., & Masyithoh, S. (2023). Hubungan Pola Asuh Orang Tua Terhadap Motivasi Belajar Siswa. TAJDID: Jurnal Pemikiran Keislaman Dan Kemanusiaan, 7(1), 1–16. https://doi.org/10.52266/tadjid.v7i1.1327

Handayani, R. (2019). Pengaruh lingkungan tempat tinggal dan pola asuh orangtua terhadap motivasi belajar siswa sekolah dasar. Jurnal Tunas Bangsa, 6(1), 22.

Hidayat, A. N., Nurhayati, A., Program, H., Sarjana, S., Pendidikan, D., Bidan, P., Kesehatan, I., & Faletehan, U. (2023). Hubungan Pola Asuh Ibu Dengan Kejadian Stunting Pada Anak Usia 24-60 Bulan di Kelurahan Teritih Wilayah Kerja Puskesmas Kalodran Kota Serang Provinsi Banten Tahun 2022. Jurnal Anestesi: Jurnal Ilmu Kesehatan Dan Kedokteran, 1(2), 103–114. https://doi.org/10.55606/anestesi.v1i2.395

Irawan, V. D., Indrijati, H., Psikologi, F., & Airlangga, U. (2023). Pengaruh Pola Asuh Permisif terhadap Agresivitas Remaja yang Dimediasi oleh Harga Diri.

Julianti, H., & Jusmaeni, R. (2021). Hubungan Pola Asuh Orang Tua Dengan Kemampuan Sosialisasi Anak Prasekolah. Jurnal Penelitian Keperawatan Kontemporer, 1(1), 10–15. https://doi.org/10.59894/jpkk.v1i1.189

Kemenkes, S. (2023). Laporan penyelenggaraan percepatan penurunan stunting Provinsi Jawa Barat.

Kurniasih, E. (2024). Penguatan perilaku hidup bersih dan sehat (phbs) dan peningkatan status nutrisi sebagai upaya pemberdayaan dalam mencegah penyakit infeksi pada balita. 7(3), 565–569.

Kurniati, P. T. (2022). Hubungan Tingkat Pengetahuan Dan Sikap Ibu Terhadap Kejadian Stunting Pada Balita Di Puskesmas Sungai Durian Kabupaten Sintang Tahun 2021. Jurnal Medika Usada, 5(1), 58–64. https://doi.org/10.54107/medikausada.v5i1.128

Kusumawardani, L. H., Rasdiyanah, R., Rachmawati, U., Jauhar, M., & Desy Rohana, I. G. A. P. (2020). Community-Based Stunting Intervention Strategies: Literature Review. Dunia Keperawatan: Jurnal Keperawatan Dan Kesehatan, 8(2), 259. https://doi.org/10.20527/dk.v8i2.8555

Lilik, N. I. S., & Budiono, I. (2021). Kontribusi Kondisi Fisik Lingkungan Rumah dengan Kejadian Diare dan Hubungannya terhadap Kejadian Stunting. Indonesian Journal of Public Health and Nutrition, 1(1), 101–113.

Nuzuliyah, I. (2019). BAB II Pola Konsumsi. Hubungan Antara Pengetahuan Gizi Ibu Dan Pola Konsumsi Balita Dengan Status Gizi Balita Di Wilayah Kerja Puskesmas Manyar Kabupaten Gresik, 7–45.

Permenkes Nomor 2. (2020). Standar Antropometri Anak. Nature Microbiology, 3(1), 641.

Ramlah, U. (2021). Gangguan Kesehatan Pada Anak Usia Dini Akibat Kekurangan Gizi Dan Upaya Pencegahannya. Ana' Bulava: Jurnal Pendidikan Anak, 2(2), 12–25.

Riani, E. N., & Margiana, W. (2021). Hubungan Pola Asuh dengan Kejadian Stunting pada Balita Stunting kondisi kekurangan gizi pada bayi di 1000 berlangsung lama terhambatnya perkembangan pada otak dan Masalah stunting mendapatkan perhatian untuk dapat ditangani dengan baik , karena sumber da. Jurnal Kebidanan Harapan Ibu Pekalongan, 48–53.

Rohmah, A. S. (2022). Hubungan Pola Asuh Orang Tua Dengan Kejadian Stunting Pada Balita Usia 2-5 Tahun (di posyandu Desa Jombok Ngoro Jombang). Skripsi.Program Studi S1 Ilmu Keperawatan. Fakultaskesehatan. Institut Teknologi Dan Sains Kesehatan. Jombang.

Saputri, L. K., Lestari, D. R., & Zwagery, R. V. (2020). Hubungan Pola Asuh Orang Tua dengan Kepercayaan Diri Remaja di SMK Borneo Lestari Banjarbaru. Dunia Keperawatan: Jurnal Keperawatan Dan Kesehatan, 8(1), 34. https://doi.org/10.20527/dk.v8i1.7245

Sari, S. D., & Zelharsandy, V. T. (2022). Hubungan Pendapatan Ekonomi Keluarga dan Tingkat Pendidikan Ibu terhadap Kejadian Stunting. Jurnal Kebidanan Harapan Ibu Pekalongan, 9(2), 108–113. https://doi.org/10.37402/jurbidhip.vol9.iss2.200

Sofiani, I. K., Mufika, T., & Mufaro'ah, M. (2020). Bias Gender dalam Pola Asuh Orangtua pada Anak Usia Dini. Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini, 4(2), 766. https://doi.org/10.31004/obsesi.v4i2.300

UNICEF, WHO, & WORLD BANK. (2023). Level and trend in child malnutrition. World Health Organization, 4.

Kemenkes RI. (2022). Buku Saku Hasil Survei Status Gizi Indonesia (SSGI) 2022. Jakarta: Kemenkes RI. Prevalensi Stunting di Indonesia Turun ke 21,6% dari 24,4% (kemkes.go.id).