

THE RELATIONSHIP BETWEEN SOCIOECONOMIC STATUS AND THE INCIDENCE OF STUNTING IN NGALANG GUNUNGKIDUL

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Abstract

Stunting is one of the nutritional status cases experienced by most toddlers worldwide. WHO 2020 revealed that Indonesia is the second country in Asia with the highest prevalence of 31.8% of stunting problems in toddlers. Several factors cause toddlers to experience stunting, including indirect factors, namely socioeconomic status. The socioeconomic status of the residents of Ngalang on the incidence of stunting toddlers aged 12-60 months was found to be 40 toddlers short and 6 toddlers very short. This study was conducted to determine the relationship between socioeconomic status and the incidence of stunting in Ngalang Gunungkidul. This type of quantitative research uses a cross-sectional design. Population 85 parents of toddlers 12-60 months with stunting conditions. The sample was obtained using the Solvin method: 46 parents of stunted toddlers who met the inclusion criteria. After the Spearman rho test was obtained, many members in the family $p=0.019$; of many children of the family, $p=0.010$, the father's educational status is $p=0.058$, the mother's educational status is $p=0.025$, and the monthly income in the family $p=0.023$. There is Stunting is a prevalent nutritional issue among toddlers globally. The results showed a significant relationship between family size, number of children, mother's educational status, family income, and stunting in toddlers. However, no significant relationship was found between the father's educational status and stunting, suggesting the need for further research on the father's role. Preventative measures include participating in premarital classes and prioritizing a child's growth and development through proper nutrition, parenting, healthcare, and environmental sanitation.

Keyword: Socioeconomics, Stunting, toddlers

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1. Introduction

Stunting is a consequence of diminished and diverted cumulative energy resulting from underutilization or persistent/recurrent infections. It is caused by long-standing conditions such as inadequate parenting and diseases that frequently occur in children due to poor hygiene, sanitation, and poverty.^[2] According to data from the World Health Organization (WHO), Indonesia is the second country in Asia with the highest

prevalence of stunting in toddlers, at 31.8%.^[1] Additionally, the Study of Nutritional Status in Indonesia (SSGI) reported that in 2022, 21.6% or more than 7 million children, including 2 million young children, are classified as severely underweight and short. If the incidence of stunting continues to rise, it will hinder the country's progress in achieving the Sustainable Development Goals (SDGs) and pose a significant threat to its economic growth and development^[3].

In 2022, the stunting rate in Yogyakarta Province was 16.4%, with the highest rate in Gunungkidul District (23.5%). This figure has not yet reached the national standard target of 14% by 2024. Nutritional status monitoring in Gunungkidul 2022 revealed that around 23.5% of the measured toddlers were stunted. The stunting rate in Gunungkidul is expected to be 14% by 2026. The Yogyakarta Nutrition Situation Map in 2022 indicates an increase in the prevalence of stunting in Gunungkidul. Specifically, Gedangsari District, Ngalang Village, experienced a significant rise in stunting, with 28 toddlers exhibiting stunting conditions in February 2022.^[4] Subsequently, in July 2023, a preliminary study concluded that 85 toddlers in the area experienced growth and development problems, specifically stunting.

Factors contributing to developmental delays can be categorized as directly and indirectly. Indirectly related factors include infection, early pregnancy, suboptimal food intake, non-exclusive breastfeeding, and poor diet. Meanwhile, less visible factors include health services, education, socio-cultural aspects, environmental sanitation, and socioeconomic status.

Previous research suggests that the education level of toddlers' parents negatively influences a group's social and economic position. Higher parental education levels correspond to better opportunities for adequate income, living conditions, and access to healthy food. Lower parental education levels threaten the emergence of stunting, as limited knowledge affects parenting patterns within families.^[5] Other research ^[6] indicates that socioeconomic conditions impact developmental delays in children under five. Factors such as family size can lead to inadequate food distribution, unbalanced nutrition, and reduced quality of parenting, resulting in stunting among younger children in the family. Family income levels generally determine the types of food and drinks consumed. Thus, higher income levels can indicate a

family's overall quality, as they enable access to a broader range of food and beverages.^[7]

Previous studies have indicated that low socioeconomic status hurts a family's ability to meet the needs of their growing children. Socioeconomic status also affects meal timing, food choices, and daily healthy habits, which can significantly impact growth and developmental limitations in toddlers. Toddlers with developmental limitations often face cognitive and motor skill development challenges, which can affect their productivity as adults ^[8]. Factors such as family income, the number of family members, the number of children, and parental education can adversely affect the quality and quantity of parenting and nutrition children receive, leading to an increased incidence of disease and a risk of stunting. Studies in various regions of Indonesia have shown that socioeconomic factors, such as monthly income, family size, number of children, and parental education, influence the incidence of stunting.^[9] Therefore, researchers are interested in understanding the relationship between socioeconomic status and the incidence of stunting in Ngalang Gunungkidul.

2. Method

This quantitative study employed a correlation analytic design and observational techniques in the form of a cross-sectional approach. The cross-sectional approach involves adjusting a variable to the same period during the study.^[8]

The study utilized a questionnaire to gather data on parents' socioeconomic status and measurements of length/age and height/age in stunted toddlers without repetition in measurements or research instruments. The study population, obtained through purposive sampling, consisted of 85 parents with stunted toddlers aged 12-60 months in Ngalang Gunungkidul. The sample size, determined using the Solvin formula and meeting the inclusion criteria, comprised 46 respondents. The research was

conducted from October to December 2023.

The independent variables included socioeconomic status, such as family size, number of children, parental education, and monthly income. These results were obtained from questionnaires distributed to parents of stunted toddlers. The dependent variable was the classification of short toddlers (-3 SD to <-2 SD) and very short (<-3 SD) obtained from the z-score value, where the toddler's length/height versus age was measured using a microtome and portable infantometer. The analysis employed univariate techniques to assess independent and dependent variables' distribution, frequency, and percentage. Bivariate analysis was conducted using the Spearmen Rho test with a 90% confidence interval to explore the correlation between the variables on an ordinal scale. The test yielded a p-value.^[10]

3. Results and Discussion

Univariate Analysis

Table 1. Distribution of Socioeconomic Status on the Incidence of Stunting in Ngalang Gunungkidul

Characteristics	Frequency (f)	Percentage (%)
Family size		
≤ 4	4	8.7
4	17	37
≥ 4	25	54.3
Number of children		
≤ 2	6	13
2	24	52.2
≥ 2	16	34.8
Husband's education		
Low (compulsory education)	30	65.2
Medium (high school graduate)	15	32.6

High (Bachelor's degree)	1	2.2
Wife's education		
Unschoolled	2	4.3
Low (compulsory education)	27	58.7
Medium (high school graduate)	15	32.6
High (Bachelor's degree)	2	4.3
Family monthly income		
Low ($\leq$ IDR 2,049,226.00)	27	58.7
High ($\geq$ IDR 2,049,226.00)	19	41.3
Incidence of Stunting		
Very Short	6	13
Short	40	87

The study was conducted in Ngalang Gunungkidul, involving 46 parents of stunted toddlers as participants. Primary data was obtained through a questionnaire distributed to the parents. Analysis of respondent characteristics (Table 1) revealed that 17 families (37.0%) had the largest number of family members, totaling 4 individuals. Additionally, 24 families (52.2%) had the highest number of children in the family, which was 2 individuals.

Furthermore, the data showed that 30 individuals (65.2%) had husbands with elementary and junior high school education, while only 1 individual (2.2%) had a husband with a Bachelor's degree. Regarding the highest level of education attained by the wives, 58.7% were elementary and junior high school graduates.

The research also highlighted that 27 individuals (58.7%) belonged to families with low monthly income ($\leq$ IDR 2,049,226.00). Moreover, 40 toddlers (87.0%) experienced stunting, while 6 toddlers (13.0%) were classified as very short.

Bivariate Analysis

Table 2. Cross Tabulation of the Relationship between Socioeconomic Status and the Incidence of Stunting in Ngalang Gunungkidul

Socioeconomic Status	Incidence of Stunting				p-value	r
	Very Short		Short			
	n	%	n	%		
Family size						
≤ 4	0	0	4	100	0.019	-0.345*
4	0	0	17	100		
≥ 4	6	24	19	76		
Number of children						
≤ 2	0	0	6	100	0.010	-0.377*
2	1	4,2	23	95,8		
≥ 2	5	31,3	11	68,8		
Husband's education						
Unschool	0	0	0	0	0.058	0.281
Low (compulsory education)	6	20	24	80		
Medium (high school graduate)	0	0	15	100		
High (Bachelor's degree)	0	0	1	100		
Wife's education						
Unschool	1	50	1	50	0.025	0.331*
Low (compulsory education)	5	18,5	22	81,5		
Medium (high school graduate)	0	0	15	100		
High (Bachelor's degree)	0	0	2	100		
Family monthly income						
Low (≤ IDR 2,049,226.00)	6	22,2	21	77,8	0.028	0.325*

High (≥
IDR
2,049,226
.00)

0 0 19 100

Table 2 presents the findings of a study involving 46 respondents. It indicates that the number of family members is linked to the prevalence of stunting in toddlers in Ngalang Gunungkidul ($p=0.019$). Significantly, a higher percentage of undernourished children were observed in families with ≥ 4 members (24%) compared to those with ≤ 4 members (100%), and in families with 4 members (100%) compared to those with ≤ 4 members (76%). Other studies^[11] have also demonstrated a correlation between the number of family members and stunting prevalence ($p=0.000$). Previous study found a higher incidence of stunting in families with ≥ 4 members (57.63%).^[9] The number of family members is identified as a root cause of stunting issues in toddlers. The well-being of a toddler in a family with fewer members is more likely to ensure proper growth and development compared to a family with more members. This serves as a benchmark for a child's welfare within a family. A larger family may struggle to adequately provide for all its members, particularly in terms of food distribution. Previous studies^[12] have elucidated a discernible association between the number of family members and the incidence of stunting. It is posited that families with limited economic resources and numerous members may encounter challenges in ensuring equitable nutritional intake for their children. In contrast, economically secure families are more adept at meeting the nutritional requirements of their children. Consequently, an expanding family size without a commensurate increase in income may lead to an unequal distribution of food intake, posing a potential threat to the growth and nutritional well-being of toddlers within the family.^[9] Moreover, the number of children in a family has been found to be significantly

correlated with the prevalence of stunting ($p=0.010$). The majority of very short children were observed in families with two or more children (31.3%), while the short group was more prevalent in families with two children (95.8%). The differential prevalence of stunting between very short and short children in relation to the number of siblings may be influenced by various factors, including close birth spacing within larger families leading to nutritional competition and subsequent malnutrition, particularly among children under five years old.^[9] Notably, research ^[13] has similarly established a significant relationship between families with two or more children and stunting prevalence ($p=0.004$) compared to families with fewer than or equal to two children. Furthermore, families with two children experiencing stunting exhibit a higher prevalence than those with two or more children. This trend may be attributed to inadequate attention and affection from parents towards their children and the parenting styles adopted during their upbringing. This finding is consistent with the other study ^[7], which posits that families with two children tend to provide less parental care ($p=0.004$). The diminished direct parental involvement, coupled with grandparents assuming caregiving responsibilities, as well as mothers with limited knowledge of child growth and development, contribute to the heightened prevalence of stunting. Additionally, the study indicates that parents under the age of 20 and lacking adequate physical and psychological readiness are more likely to have stunted children, echoing the findings of research.^[14]

Notably, the husband's education level does not appear to be correlated with stunting prevalence in Ngalang Gunungkidul Village ($p=0.058$). Multiple studies ^[15,16,17] have reported a lack of association between the husband's education and stunting prevalence. This suggests that a husband's educational background is not a significant factor in stunting in toddlers.

While a husband's education status is essential, it does not necessarily influence stunting prevalence in toddlers—formal or informal education does not impose limitations. In many households, husbands primarily focus on employment and providing for the family, while mothers play a dominant role in childcare and decision-making regarding children's nutrition. Consequently, the lack of a significant relationship between a husband's education and stunting prevalence implies that the mother's influence on a child's nutritional well-being is paramount.^[17]

In contrast, the study revealed a statistically significant relationship between a wife's education and the incidence of stunting ($p=0.025$). These findings are consistent with prior research ^[18], which also indicated a significant association between a wife or mother's education and the incidence of stunting ($p=0.004$). Additionally, another study ^[11] demonstrated that a wife with low health-related knowledge can impact the growth and development of toddlers, including stunting. The wife's education as a mother in the family certainly affects the condition of toddlers. Mothers who can meet their children's nutritional needs tend to be highly educated, as they choose quality, high-nutritional-value food to prevent nutritional disorders in children.^[19]

In this study, the majority of participants were wives with low education, specifically elementary to junior high school graduates with very short (18.5%) and short (81.5%) children. This aligns with previous research ^[20] indicating that wives with lower education levels may struggle to comprehend received information, potentially leading to inadequate parenting practices for toddlers and insufficient attention to the quality and nutrition of food. The inability of wives to select nutritious food ingredients can impact the nutritional status during growth and development, potentially resulting in stunting or inadequate height for their age.

The study found a correlation between family monthly income and toddler stunting conditions ($p=0.028$). Stunting is more prevalent in toddlers from families with a monthly income below or equal to RMW (58.7%) compared to those with income equal to or above RMW (41.3%). Previous research^[21] suggests a significant relationship ($p=0.001$) between monthly family income and toddler stunting. Family income generally reflects the economic status and influences the ability to fulfill primary, secondary, and tertiary living needs. Higher-income families find it easier to meet their needs, while lower-income families face greater challenges in meeting their requirements.^[22]

These findings are consistent with numerous studies demonstrating a relationship between family monthly income and stunting^{[23]; [24]; [25]; [26]; [27]} however, different results with research^[28] where the chi-square test yielded $p=0.204$, indicating no relationship between family income and stunting. This disparity may be attributed to other factors influencing the absence of a relationship between family income and stunting, such as allocation of income to non-food needs. Regarding the nutritional needs of toddlers, researchers suggest that the mother's expertise in selecting and preparing high-quality food plays a crucial role in ensuring toddlers receive balanced nutrition and reducing the risk of stunting.

4. Conclusion

Based on the research findings, it can be concluded that there is a link between socioeconomic status and the prevalence of stunting in toddlers aged 12-60 months in Ngalang Gunungkidul. The characteristics of the socioeconomic status within the community include families with more than 4 members, more than 2 children, lower education levels for both parents and monthly income below the Gunungkidul RMW. The description of stunting incidence in this age group reveals that 87.0% are in the short group and 13.0% are in the very short group (46

out of 85 toddlers). Following this research, potential areas for further investigation include the impact of early marriage, the effectiveness of ensuring proper nutritional intake, parenting patterns, the benefits of regular attendance at integrated health centers, and the importance of understanding environmental sanitation within the family.

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