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Original Research

Child-Rearing Methods and Their Impact on Toddler Nutritional Status

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ABSTRACT

Background: *Child-rearing methods can influence the prevalence of stunting and wasting in toddlers because parental care plays a crucial role in the availability of food sources consumed by toddlers daily. Additionally, parents are the individuals closest to the growth and development of their children. The aim is to analyze the influence of the child-rearing methods reinforcement on nutritional status.*

Methods*: Analytical observational research type with a cross-sectional design using a total sampling technique with 50 respondents. Data collection using a questionnaire. ANOVA Multiple Linear Regression Test.*

Results: *The results of the analysis show that implementing feeding practices influences nutritional status, with a p-value of 0.007. There is no influence of psychosocial stimulation on children's nutritional status, with a p-value of 0.086. Healthcare practices influence nutritional status, with a p-value of 0.003. The ANOVA test results with an R square value of 0.080 conclude that the independent variable affects the dependent variable by 8%, while other factors influence the remaining 92%. The regression analysis results for the implementation of feeding practices show a p-value of 0.297, psychosocial stimulation shows a p-value of 0.789, and healthcare practices show a p-value of 0.444, indicating that none of these three variables influences children's nutritional status.*

Conclusion: *The role of the family contributes significantly and fundamentally to a child's overall growth and development. The involvement and activity of mothers in nutritional status is an effort to prevent diseases, such as regularly taking their children for complete basic immunizations and providing healthcare.*

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INTRODUCTION

The issue of malnutrition in children under five years old remains a global health problem that affects children's potential, morbidity, and mortality (Madiba et al., 2019). Nutritional issues in the form of stunting, wasting, and malnutrition are a global burden that poses risks to public health and economic losses (Getaneh et al., 2019). Stunting occurs due to an environment that does not support the growth and development of

children, as well as inadequate parenting, making it a challenge for learning and broad community involvement (Siswati et al., 2022).

Several factors that cause stunting are grouped into three categories, namely the condition of the child, mother, and environment. The child includes gender, birth weight, and existing illnesses, as well as nutritional intake, while maternal factors include the mother's knowledge and education, health condition during pregnancy, and compliance with ANC, and environmental factors such as environmental cleanliness, use of toilets, and the availability of clean water (Khura et al., 2023). Child-rearing methods can influence the prevalence of stunting in toddlers because parental care plays a crucial role in the availability of food sources consumed by toddlers daily.

Additionally, parents are the closest individuals directly related to the growth and development of their children (Atamou et al., 2023). Parenting has a threefold opportunity to influence the nutritional status of toddlers (Nuzula et al., 2017b). The risk of stunting increases as a child grows older, influenced by a lack of diverse and nutritious feeding practices, which is also related to poor breastfeeding practices before age 2 (Tesfaye & Egata, 2022). The prevalence of children aged 0-59 months with concise and short status was 37.2% in 2013 and decreased to 30.8% in 2018 (Riskesdas, 2018).

Stunting is caused by inadequate nutrition and the effects of repeated infections during the first 1000 days of a child's life, which are permanent and, in the long term, lead to disruptions in cognitive, physical, and health development, as well as an increased risk of degenerative diseases (Dessie et al., 2022). Growth and development disorders due to stunting will become permanent into adulthood, affecting morbidity and mortality (Goudet et al., 2019). Healthy and quality human resources are the principal capital of a nation in health development (Kemenkes RI, 2017).

Parents' contribution is significant in stunting due to food provision, nutritional intake, stimulation, and feeding practices (Nita et al., 2023). One of the issues that can influence the occurrence of stunting is parenting style. Parents with poor parenting practices have a higher risk of experiencing stunting compared to those with good parenting practices (Soviyati et al., 2023).

Providing specific and sensitive nutritional interventions is one of the efforts to accelerate the reduction of stunting rates and should ideally be carried out synergistically across sectors (Firdawsyi et al., 2020; Argaw et al., 2019). The necessity of integrated intervention to reduce stunting rates using a life cycle approach to address issues from prenatal, postnatal, and toddler stages (Sartika et al., 2021). Parents play a crucial role in the growth and development of children, as well as in their knowledge.

Therefore, efforts to address stunting in children should ideally focus on parents' nutritional knowledge (Putri & Rong, 2021). Child-rearing will be carried out well if it is carried out by both parents who work together in caring for the child, the wife as the main carer and the husband as the supporter (Katayama et al., 2022). Parental child-rearing attitude, including emotional warmth, parental rejection, and parental overprotection. Particularly parental emotional warmth as a subcategory of parental child-rearing attitudes that provides support for child development (Choi et al., 2024).

Banyuwangi Regency strives to address the direct causes of stunting through specific nutritional interventions by ensuring adequate food and nutritional intake, feeding, care, parenting practices, and treating infectious diseases (Perbub Banyuwangi, 2021). Another effort made by the Banyuwangi district government is the creation of various innovative programs to address the issue of stunting through the Banyuwangi

Stunting Response Movement (BTS), focusing on the intervention of providing supplementary food (PMT) for toddlers under two years old (baduta) (Pemkab. Banyuwangi, 2023).

MATERIALS AND METHOD

This research is an observational analytical study with a cross-sectional design. The independent variable of this study is child-rearing methods, which include feeding practices, psychosocial stimulation, and health care practices, and the dependent variable is nutritional status. The population is toddlers who are members of Teratai Posyandu, a part of the Sepanjang Health Center in Banyuwangi that focuses on services for toddlers. Researchers chose Teratai Posyadu because it had the highest stunting rate compared to other posyandu at Sepanjang Health Center.

The sample used was in accordance with the population at the Teratai Posyandu, with 50 respondents, and total sampling was used because the population was relatively small. This research is in the period of December 2023 to February 2024. Data about the risk of stunting was collected using a questionnaire on parenting models; the questionnaire used in this research used a development questionnaire taken from previous research (Puspitasari, 2021) that had been tested for validity with a result of 0.275 and reliability with Cronbach's Alpha test result of 0.688.

This research has previously passed the ethical feasibility test with ethical clearance number 191/03/KEPK-STIKESBWI/VIII/2023. Data was collected and tabulated, then analysed using the Chi-square test to identify the relationship between the independent variable due to dependent variable. The test for multiple linear regression analysis was ANOVA with a Durbin-Watson value between 1.5 and 2.5, which means that there is no significant autocorrelation, and the value of R2 with the higher value of R2 means that the model fits.

RESULTS

Based on Table 1, the shows the characteristics of respondents based on child-rearing, mother's age, number of children, gender, and child's age.

Table 1. Shows the characteristics of respondents based on child-rearing, mother's age, number of children, gender, and child's age

Characteristics	Frequency	Percentage
Child Rearing		
Household assistant	14	28%
Grandmother	8	16%
Mother	28	56%
Total	50	100%
Mother's age		
Teenager	14	28%
Young adults	35	70%
Late adulthood	1	2%
Total	50	100%
Number of Children		
One	13	26%
Two	21	42%
Three	16	32%

Characteristics	Frequency	Percentage
Total	50	100%
Child's Gender		
Male	29	58%
Female	21	42%
Total	50	100%
Child's Age		
Above two years	20	40%
Under two years old	30	60%
Total	50	100%

The average childcarers are mothers, totalling 28 people (56%), while carers are household staff, totalling 14 people (28%). Most carers are young adults, totalling 35 people (70%). On average, mothers have two children, with 21 respondents (42%), and the children's gender is predominantly male, with 29 boys (58%). The age of the children shows that 30 are under two years old (60%).

Table 2. Contains cross-tabulation data on implementing feeding practices, psychosocial stimulation, and healthcare practices with nutritional status

Variable		Nutritional Status				Total	%
		Very short.	Short	Normal	High		
Implementation of Feeding Practices	Enough	1	1	20	0	22	44%
	Good	0	4	15	9	28	64%
	Total	1	5	35	9	50	100%
Psychosocial Stimulus	Poor	0	0	2	0	2	4%
	Enough	1	0	13	0	14	28%
	Good	0	5	20	9	34	68%
	Total	1	5	35	9	50	100%
Healthcare Practice	Poor	1	0	5	0	6	12%
	Enough	0	0	14	0	14	28%
	Good	0	5	16	9	30	60%
	Total	1	5	35	9	50	100%

The application of moderate feeding practices among children with normal nutritional status is 20 children (40%), good psychosocial stimulation with normal nutritional status is 20 children (40%), and high health care practices with normal nutritional status is 16 children (32%).

Table 3. The influence of the implementation of feeding practices on nutritional status

	Value	df	Asymp.Sig.(2-sided)
Pearson Chi-Square	11,967[a]	3	,007
Likelihood Ratio	15,785	3	,001
Linear-by-Linear Association	3,341	1	,068
N of Valid Cases	**50**		

The Chi-square test results, with a p-value of 0.007, less than α = 0.05, indicate that maternal support influences the implementation of feeding practices with nutritional status.

Table 4. The influence of psychosocial stimuli on nutritional status

	Value	df	Asymp.Sig.(2-sided)
Pearson Chi-Square	11,068[a]	6	,086
Likelihood Ratio	15,160	6	,019
Linear-by-Linear Association	1,303	1	,254
N of Valid Cases	**50**		

The results of the X^2 test, with a p-value of 0.086, which is greater than α = 0.05, indicate that psychosocial stimulation does not affect nutritional status.

Table 5. The influence of healthcare practices on nutritional status

	Value	df	Asymp.Sig.(2-sided)
Pearson Chi-Square	19,810[a]	6	,003
Likelihood Ratio	21,572	6	,001
Linear-by-Linear Association	2,837	1	,092
N of Valid Cases	**50**		

The results of the X2 test, with a p-value of 0.003, which is less than α = 0.05, indicate that maternal support influences healthcare practices related to nutritional status.

Table 6. Summarizes the regression analysis model's summary of the application of feeding practices, psychosocial stimulation, and healthcare practices to children's nutritional status

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.283[a]	.080	.020	.59858	2.232

The R square value of .080 indicates that the independent variable affects the dependent variable by 8%, while other factors influence the remaining 92%.

Table 7. Shows regression analysis of the implementation of feeding practices, psychosocial stimulation, and healthcare practices with children's nutritional status.

Variable	Coefficient	Correlations Coefficients	Sig.
Content	1.565	5.146	.000
Application of Food Provision Practices	.239	1.056	.297
Psychosocial Stimulus	-.057	-.270	.789
Healthcare Practice	.132	.154	.444

The regression analysis results on the implementation of feeding practices showed a p-value of .297, psychosocial stimulation had a p-value of .789, and healthcare practices had a p-value of .444. Therefore, none of these three variables affect the nutritional status of children.

DISCUSSION

The application of feeding practices with the risk of stunting in children obtained a p-value of 0.007, smaller than α = 0.05. Therefore, maternal support for feeding practices influences the nutritional status of children. Poor feeding practices, the variety of types of food given is not diverse. If the child asks for one type of food every day, then the mother continues to comply with it by not offering another menu. The timing of giving is irregular; if the child doesn't want to eat, then leave it until they are asked to eat, and if the food is not finished, the mother doesn't persuade him to make other alternative foods that make them gain appetite.

The growth and development, both physical and cognitive, in children are closely related to child-rearing methods. How parents provide care, nutrition, and a supportive environment for their child's growth and development affects the risk of stunting (Nita et al., 2023). Research conducted by Khan et al., (2019) In Pakistan, it has been revealed that there are several common factors contributing to the occurrence of malnutrition in children, one of which is suboptimal feeding practices for children. Feeding by preparing healthy and highly nutritious food and controlling the portion sizes consumed during meals can effectively improve children's nutritional status (Ika et al., 2021).

Uncontrolled eating habits in children can worsen their nutritional status. Excessive snacking habits, fast food containing preservatives, and synthetic flavor enhancers should not be introduced to children (Tobing et al., 2021). Inadequate feeding practices that do not meet children's needs, whether healthy, sick, or recovering from illness, characterized by insufficient quantity, inappropriate content, and unresponsive feeding, are the main factors causing nutritional problems in children (Beal et al., 2018).

The components of parenting include feeding, nurturing, and healthcare. The implementation of child-rearing methods in preparing, providing, and serving food applied by mothers will determine the nutritional status of toddlers; therefore, the better the parenting pattern in feeding, the better the child's nutritional status will be (Rosulina et al., 2022)—efforts to optimize children's growth and development by paying attention to their daily food consumption. Nutritional food preparation begins when the mother prepares during her pregnancy until the child is born by providing exclusive breastfeeding and offering supplementary food with balanced nutritional content after the child reaches six months (Salsabila et al., 2021).

The parenting practices carried out within the household manifest by providing food sources for children that meet their nutritional needs for growth and development. The nutritional adequacy of toddlers is closely related to the role of mothers as the primary caregivers who provide and serve food for toddlers, and fathers also support it. The role of the family contributes significantly and fundamentally to the overall growth and development of children, as toddlers are not yet independent, and their needs depend on their closest caregivers.

The psychosocial stimulation provided by the mother, with a p-value of 0.086, is more significant than α = 0.05, so it can be concluded that psychosocial stimulation has no significant effect on children's nutritional status. Improving parenting skills is the most effective and sustainable strategy for encouraging children's growth and development. Efforts to optimize this involve providing attention, affection, responsive stimulation, and good nutrition to prevent developmental disorders that could lead to permanent damage (Nahar et al., 2012).

Psychosocial stimulation or encouragement can also promote children's growth and development. Mothers are more aware of the relationship between parent-child interactions and child development than fathers. Therefore, mothers tend to be more involved in practices encouraging child stimulation (Rakotomanana et al., 2023).

The WHO recommends emotional and physical stimulation for children with nutritional status disorders. Psychosocial stimulation can enhance the interaction between mother and child, which can help produce better feeding techniques; however, in the long term, it does not affect the child's motor or cognitive development (Daniel et al., 2017). Other research indicates that good psychosocial stimulation practices facilitate the provision of proper nutrition for children. The interaction between mother and child helps enhance psychosocial stimulation, which impacts nutritional fulfillment (Sharma et al., 2023).

Research conducted in India found that psychosocial stimulation provided through positive parenting practices significantly correlates with children's nutritional status and developmental index rather than just growth. Quality time management and intelligent parenting strategies are essential, especially during the formative stages of child development (David & Kumar, 2023). Growth is influenced by the child's and their caregiver's psychological and social health.

Therefore, psychosocial stimulation is related to a child's development but does not always affect the child's nutritional status, as many other factors influence this. Children have different characteristics; there are some children who do not need to be stimulated and want to eat by themselves, but some children need to be stimulated, for example, by giving the child their favorite food even though it is not healthy for the child’s nutritional needs. The psychological stimulation provided by the mother or close family members is beneficial in addressing developmental issues in malnourished children, but it is not a means to prevent nutritional problems.

The healthcare practices associated with the risk of stunting obtained a p-value of 0.003, which is smaller than $\alpha = 0.05$. Therefore, it can be concluded that maternal support influences healthcare practices concerning the nutritional status of children. The family plays a vital role in caring for each family member; therefore, strong family resilience is a foundation for fulfilling responsibilities and obligations to reduce arising issues.

Stunting is a nutritional issue that can be prevented if families have a sound defence system (Yani et al., 2023). Good parenting guides children to grow up with a healthy lifestyle. A mother is the closest person to a child from birth, providing breast milk and nutritious food for the child's growth and development and caring for all the child's needs when sick. Therefore, good maternal parenting is crucial for raising healthy children without stunting (Atamou et al., 2023).

Parents play a crucial role in the growth and development of children. Therefore, efforts to address nutritional issues in children are focused on parents' nutritional knowledge and how to care for them (Putri & Rong, 2021). The role of the family in maintaining and improving the nutritional status of its members involves carrying out healthcare functions by recognizing health issues that arise in their children, caring for sick children, deciding on appropriate actions, maintaining a healthy environment, and utilizing health services when their children need assistance. Therefore, families can promote, prevent, neglect, or improve the nutritional status of their family members (Sari et al., 2015).

Mothers' involvement in preventing nutritional status issues in children can begin as early as the first 1,000 days of life. A mother's active participation in disease prevention, such as regularly taking her child for complete basic immunizations and providing prompt and appropriate healthcare to prevent complications, is essential. A mother knows her child's nutritional needs better and whether those needs have been met or not because she is the closest person to the toddler. Therefore, she is the first to know and care for everything her child experiences.

The results of the regression analysis on the implementation of feeding practices show a coefficient value of .239 and a p-value of .297, psychosocial stimulation with a coefficient value of -.057 and a p-value of .789, and healthcare practices with a coefficient value of .132 and a p-value of .444. The R-squared value is .080, indicating that the variables of feeding practices, psychosocial stimulation, and healthcare practices influence children's nutritional status by 8%, while other factors influence 92%. Based on the analysis, parenting methods only have an 8% impact on nutritional status issues in children, as nutritional problems are multifactorial; parenting is merely one supportive factor in addressing nutritional issues.

Parenting styles in the category of feeding children are related to issues of children's nutritional status. According to previous research findings, parenting styles have a twofold chance of increasing the risk of nutritional status problems, with a p-value of 0.007, as parenting styles are also linked to the food intake mothers provide to their children (Nuzula et al., 2017a). A good parenting style parents provide their children can help optimize their growth and development. According to previous research, parenting styles influence children's nutritional status, affecting their motor development (Nuzula & Sayektiningsih, 2019).

Meanwhile, the research conducted by Syahida et al., (2022) shows that poor parenting habits carry a risk of 7.94 times higher likelihood of experiencing stunting compared to those with good parenting habits. The parenting approach of providing food involves a balanced nutritional intake according to the child's nutritional needs. The message of balanced nutrition for children is divided into two categories: for toddlers and preschoolers (Syafei et al., 2023). Parental upbringing plays a crucial role in the development and growth of children, both physically and mentally, as parents provide encouragement and motivation to their children in their behavior and daily habits (Nita et al., 2023).

Efforts to reduce malnutrition issues in children require strategies that prioritize addressing poverty, improving education and nutrition levels, and enhancing accessibility to community-based healthcare services focusing on nutritional interventions (Khan et al., 2019). A good parenting style will have a positive impact on a child's nutritional status, as children will be more vulnerable to experiencing nutritional problems that lead to an increased risk of infections and morbidity. Therefore, providing complementary feeding, hygiene practices, psychosocial stimulation, environmental sanitation, and healthcare becomes one of the causes of nutritional problems in children if not carried out correctly (Wati & Sanjaya, 2021).

Nutritional problems are a complex issue in children that have fatal impacts on their growth and development, thereby increasing the risk of morbidity and mortality. The nutritional status of children is influenced by various factors, starting from the womb, during childbirth, and even after the child reaches 59 months, which is the most vulnerable period. Due to the complexity of nutritional issues in children, the causes cannot be attributed to just one or two factors, as they are very diverse. Focusing on its

multifactorial causes, implementing nutritional problem handling in children requires cross-sectoral collaboration to optimize the implementation.

CONCLUSION

The growth and development, both physical and cognitive, in children are closely related to child-rearing methods. How parents provide care, nutrition, and a supportive environment for their child's growth and development affects the risk of stunting, but there are many other influencing factors on nutritional status. The limitation of this research is the small sample size, and it is best for further research to observe parenting patterns over a certain period of time.

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