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Article

Factors Related To The Incidence Of Stunting In The Work Area Of Oekabiti Community Health Center, Kupang Regency

Karmila Finit[1], Mega O. L. Liufeto[2]

[1] Public Health Study Program, Faculty of Public Health, Nusa Cendana University; karmilafinit03@gmail.com
[2] Public Health Study Program, Faculty of Public Health, Nusa Cendana University; mega.liufeto@staf.undana.ac.id
*Correspondence: karmilafinit03@gmail.com

Abstract

Background: Stunting is a condition in which a toddler has a body length or height that is lacking or not appropriate when compared to age. Data on stunting cases at the Oekabiti Health Center from year to year in succession from 2020 and 2021 are 24.8% and 20.5%. Although the incidence of stunting has decreased, it is still a health problem that must be addressed. **Objectives**: This study aims to determine the factors associated with the incidence of stunting in the working area of the Oekabiti Health Center, Kupang Regency in 2022. **Methods**: This type of research is an analytical survey, with a case-control design. The sample consisted of 142 toddlers consisting of 71 case samples and 71 control samples. Case and control samples were taken using simple random sampling techniques. Data collection was carried out by interviews, observations, filling out questionnaires, and documentation. Data analysis was carried out using univariate, bivariate, and multivariate analysis. **Results**: The results of the multivariate analysis showed a relationship between the history of exclusive breastfeeding (p-value = 0.005), history of LBW (p-value = 0.000) and maternal knowledge (p-value = 0.001). **Conclusions**: The history of LBW is the most related variable and has the greatest risk of stunting. It is hoped that the community, especially women of childbearing age (WUS), will know and prepare nutrition before planning a pregnancy and be more active in going to the integrated health post to get information about nutrition and also to monitor the nutritional status of toddlers.

Keywords: *stunting, history of exclusive breastfeeding, history of lbw, history of illness, maternal behavior*

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1. Introduction

Stunting is a major threat to the quality of Indonesian people, which ultimately affects the nation's competitiveness. This is because stunted children will experience impaired physical growth, brain development, ability and achievement in school, productivity and creativity at productive ages [1–3]. [4] states that stunting is caused by various factors, namely, unbalanced food intake (related to the nutritional content of food, namely carbohydrates, protein, fat, minerals, vitamins and water), history of Low Birth Weight (LBW), history of illness, non-exclusive breastfeeding (ASI), not receiving Complementary Foods (MP-ASI) and maternal behavior regarding stunting.

Indonesia is ranked fourth in the country with the highest prevalence of stunting in the Southeast Asia region. [2]shows that the prevalence of stunting in Indonesia is 30.8%, of which 19.3% are short and 11.5% are very short. The decline in the prevalence of toddlers experiencing stunting in 2021 in NTT is still above the WHO standard of 20%, so the incidence of stunting is still an important and serious problem to be followed up on the influencing factors so that interventions can be carried out to minimize the occurrence of stunting [2].

The results of the study showed that the incidence of stunting was greater in children who were not breastfed; children with a history of LBW [5,6]. Then the results of the study (Sekunda et al., 2018) showed that a history of illness in toddlers that often occurs is very closely related to the incidence of suboptimal growth, which has an impact on the incidence of stunting. Researchers suspect that these factors are still problematic in the working area of the Oekabiti Health Center, Kupang Regency. This is in accordance with [2] showing that Kupang Regency is in fourth place with the highest incidence of stunting in NTT province with a percentage of 27.4% for short toddlers and 19.8% for very short toddlers.

Based on the Oekabiti Health Center Profile, the prevalence of stunting from year to year consecutively from 2019, 2020 and 2021 was 43.1% or 596 toddlers, 24.8% or 350 toddlers and 20.5% or 288 toddlers. Although the incidence of stunting has decreased, it is still a health problem that must be addressed. The purpose of this study was to determine the factors related to the incidence of stunting in the work area of the Oekabiti Health Center, Kupang Regency in 2022.

2. Materials and Methods

2.1 Study Design and Setting

This study used analytical survey research with a case-control study design. The research location is in the working area of the Oekabiti Health Center, Amarasi District, Kupang Regency. Data collection was carried out within a period of 1 month, namely from January to February 2023.

2.2 Population and Sampling

The population in this study were all toddlers aged 1-3 years in Amarasi District, totaling 1,407 toddlers. The sample in this study amounted to 142 samples consisting of 71 case samples and 71 control samples. The technique used in sampling was simple random sampling with the lottery method.

2.3 Data Collection

Data collection using a questionnaire distribution method. The dependent variable in this study is the incidence of stunting in toddlers while the independent variables are the history of exclusive breastfeeding, history of illness, history of LBW, and maternal behavior (maternal knowledge, maternal attitudes, and maternal actions).

2.4 Variables and Operational Definitions

This study uses independent variables such as: History of Exclusive Breastfeeding; History of LBW; History of Illness; Mother's Knowledge; Mother's Attitude; and Mother's Action. While the dependent variable is the Incidence of Stunting.

2.5 Data Analysis

Data analysis used in analyzing the research results is univariate, bivariate and multivariate analysis. Univariate analysis aims to see the frequency distribution of the characteristics of each variable and bivariate analysis to see the relationship between independent variables and dependent variables through chi-square testing and multivariate analysis using multiple logistic regression tests to analyze the influence together.

2.6 Ethical Considerations

The results of the study will be presented in the form of tables and descriptions. This study has received ethical eligibility from the Health Research Ethics Commission, Faculty of Public Health, Nusa Cendana University with the number: 2022475-KEPK Year 2022.

3. Results

3.1. Respondent Characteristics

Table 1. Shows that the number of toddlers in the age range of 24-36 months is greater than the number of toddlers in the age range of 12-23 months (59.2%). According to gender, it is known that the number of toddlers is more male than the number of toddlers of the female sex (51.4%). According to the level of education of the mother, there are more mothers who have a low level of education compared to mothers who have a high level of education (57.7%). According to the mother's occupation, there are more mothers who do not work compared to mothers who work (73.2%).

Table 1. Distribution of Respondent Characteristics Based on Toddler Age, Toddler Gender, Mother's Education Level and Mother's Occupation in the Oekabiti Health Center Work Area, Kupang Regency in 2022

Toddler Characteristics	n	%
Toddler Age		
12-23 Month	58	40,8
24-36 Month	84	59,2
Gender		
Male	73	51,4
Female	69	48,6
Mother's Education Level		
Low	82	57,7
High	60	42,3
Mother's Job		
Doesn't work	104	73,2
Work	38	26,8

3.2. Frequency Distribution of Respondent Characteristics Based on History of Exclusive Breastfeeding, History of LBW, History of Illness, and Maternal Behavior in the Work Area of the Oekabiti Health Center, Kupang Regency in 2022

Table 2. Shows that the characteristics of respondents based on the history of exclusive breastfeeding are more in the non-exclusive breastfeeding group, namely (57.7%) compared to the exclusive breastfeeding history group (42.3%), the characteristics of respondents based on the history of LBW are more in the group with normal birth weight (62.0%) compared to the group with a history of LBW (38.0%), the characteristics of respondents based on the history of illness in the last 2 months are more in the sick group (63.4%) compared to the history of illness in the non-sick group (36.6%), the characteristics of respondents based on maternal knowledge are more in the low-knowledge group (53.5%) compared to the group of mothers with high knowledge (46.5%), the characteristics of respondents based on maternal attitudes are more in the poor attitude group (54.9%) compared to the group of mothers with good attitudes (45.1%), the characteristics of respondents based on maternal actions are more in the poor action group (52.1%) compared to the group of mothers with good actions (47.9%).

Table 2. Frequency Distribution of Respondent Characteristics Based on History of Exclusive Breastfeeding, History of LBW, History of Illness, and Maternal Behavior in the Work Area of the Oekabiti Health Center, Kupang Regency in 2022.

Independen Variabel	n	%
History of Exclusive Breastfeeding		
Not Exclusive Breastfeeding	82	57,7
ASI Eksklusif	60	42,3
History of LBW		
BBLR (< 2.500 gram)	56	38,0
Normal (≥2.500 gram)	86	62,0
History of Pain		
Sick	90	63,4
Not Sick	52	36,6
Mother's behavior		
Mother's Knowledge		
Low	76	53,5
High	66	46,5
Mother's attitude		
Low	78	54,9
Good	64	45,1
Mother's Actions		
Low	74	52,1
Good	68	47,9

3.3. *Analysis Of Factors Related To The Incidence Of Stunting In The Work Area Of Oekabiti Community Health Center, Kupang Regency In 2022*

Table 3. Shows that there is a relationship between the history of exclusive breastfeeding, history of LBW, maternal knowledge, maternal attitudes, and maternal actions with the incidence of stunting in the work area of the Oekabiti Health Center, Kupang Regency in 2022 with a p value <0.005. Meanwhile, the history of illness has no relationship with the incidence of stunting in the work area of the Oekabiti Health Center, Kupang Regency in 2022 with p> 0.005. The results of the analysis also show that there are five independent variables that meet the requirements to be included in the multivariate analysis, namely variables that have a p value <0.25. History of exclusive breastfeeding, history of LBW, maternal knowledge, maternal attitudes and maternal actions are variables that meet these requirements. The results of the multivariate analysis produce the p value of each variable. Variables with a p value> 0.05 are removed from the model. Starting from the variable with the largest p-value until all variables with a p value> 0.05 are lost. In the last stage of the analysis, the value (exp) B will be displayed which explains that the greater the exp (B) value, the more influential the variable is.

Table 3. Relationship between history of exclusive breastfeeding, history of LBW, history of illness, knowledge, attitudes, and actions of mothers in the Oekabiti Health Center Work Area, Kupang Regency in 2022.

Variabel	Stunting events				Total		OR	*p-value*
	Case		Control					
	n	%	n	%	n	%		
History of Exclusive Breastfeeding								
Not Exclusive Breastfeeding	50	61,0	32	39,0	82	100	2,902	0,004
Exclusive Breastfeeding	21	35,0	39	65,0	60	100		

Variabel	Stunting events				Total		OR	*p-value*
	Case		Control					
	n	%	n	%	n	%		
History of LBW								
LBW (<2.500 gram)	40	71,4	16	28,6	56	100	4,435	0,000
Normal (≥2.500 gram)	31	36,0	55	64,0	86	100		
History of Pain								
Sick	48	53,3	42	46,7	90	100	1,441	0,384
Not Sick	23	44,2	29	55,8	52	100		
Mother's Knowledge								
Low	52	68,4	24	31,6	76	100	5,360	0,000
High	19	28,8	47	71,2	66	100		
Mother's attitude								
Low	52	66,7	26	33,3	78	100	4,737	0,000
Good	19	29,7	45	70,3	64	100		
Mother's Actions								
Low	50	67,6	24	32,4	74	100	4,663	0,000
Good	21	30,9	47	69,1	68	100		

Multivariate analysis was conducted after passing the bivariate selection stage with the aim of determining the variables most related to the incidence of stunting in the Oekabiti Health Center work area, Kupang Regency in 2022. The final results of the multivariate analysis using multiple logistic regression tests. Table 4 shows that of the independent variables that are statistically at risk of the dependent variable (p-value <0.05) of the five independent variables, there are three variables that have the most influence on the incidence of stunting, namely a history of LBW, maternal knowledge and a history of exclusive breastfeeding. In other words, toddlers born with a history of LBW have a 4.774 times risk of becoming stunted toddlers compared to those with normal birth weight. In addition, if toddlers born to mothers with low levels of knowledge and do not receive exclusive breastfeeding are 3.872 times and 3.305 times more likely to experience stunting compared to those born to mothers with high levels of knowledge and receive exclusive breastfeeding. From the results of the equation, it is known that toddlers who are born with a history of LBW and have mothers with low levels of maternal knowledge and do not receive exclusive breastfeeding have a high risk of stunting of 88%.

Table 4. Results of Multiple Logistic Regression Analysis (Variables In The Equation)

Variabel	**B**	**Sign.**	**Exp (B)**	**95% C.I. for EXP (B)**	
				Lower	**Upper**
History of Exclusive Breastfeeding	1,195	0,005	3,305	1,446	7,554
History of LBW	1,563	0,000	4,774	2,054	11,098
Mother's Knowledge	1,354	0,001	3,872	1,782	8,414
Constant	-2,090	0,000	0,124		

4. Discussion

4.1. Relationship between History of Exclusive Breastfeeding and Stunting Incidence

The results of the study showed that most respondents who did not provide exclusive breastfeeding had stunted toddlers. Based on the results of the analysis, it was obtained that there was a relationship between the history of exclusive breastfeeding and the incidence of stunting in the Oekabiti Health Center work area, Kupang Regency in

2022. The results of this study are in line with research conducted by [5,7,8] that there is a significant relationship between the history of exclusive breastfeeding and the incidence of stunting in toddlers. This is also in line with research conducted by [5,7,8] which states that there is a relationship between the provision of exclusive breastfeeding and the incidence of stunting in toddlers. Providing exclusive breastfeeding has a very important role in preventing toddlers from experiencing stunting. Breast milk given to children up to the age of 6 months in this case is not giving other additional food to the child. In this study, mothers who do not provide exclusive breastfeeding to their children cause children to experience stunting, not providing exclusive breastfeeding is also due to the lack of knowledge of mothers about exclusive breastfeeding.

Based on the results of interviews with mothers of toddlers who were respondents in the study, the reason mothers of toddlers who do not breastfeed their children is because breast milk cannot come out immediately after giving birth, breast milk that comes out is only one and a little and there are also those whose nipples are injured when the child is born so that the baby is given formula milk as a substitute for breast milk. In addition, another reason is because the provision of additional breast milk is given early so that the baby does not cry because many mothers of toddlers always assume that babies cry because they are hungry, this is because the mother's knowledge is still low regarding the benefits of exclusive breastfeeding. The result is that stunted toddlers have to experience malnutrition and are sick almost every week and at the age of 2 years the toddler has a height and weight that is not in accordance with toddlers aged 2 years in general.

Non-exclusive breastfeeding can cause stunting, this is because breast milk is an ideal source of nutrition for babies because babies who receive breast milk will experience increased weight and height and have a lower risk of experiencing various infectious diseases. Conversely, toddlers who do not receive exclusive breastfeeding can have an impact on the lack of antibody levels so that they will be susceptible to various infectious diseases. If this condition lasts for a long time, the food reserves that should be used for growth and development will be diverted and used to fight diseases that attack the body so that this condition hinders growth and development when compared to toddlers who receive exclusive breastfeeding. Therefore, the community, especially pregnant women, should be willing to carry out the advice given by health workers for their babies, namely exclusive breastfeeding from birth to 6 months of age and providing MP-ASI that is appropriate for the age of the toddler, both in terms of quantity and texture, as recommended by health workers, which is useful for preventing toddlers from getting sick and growth is not hampered and can reduce the risk of stunting problems.

4.2. Relationship between LBW History and Stunting Incidence

The results of the study showed that more toddlers with a history of LBW experienced stunting. Furthermore, based on the results of statistical tests, it shows that there is a relationship between a history of LBW and the incidence of stunting in the Oekabiti Health Center work area, Kupang Regency. This is in line with the results of research conducted by [9–12], that there is a relationship between a history of LBW and the incidence of stunting. This study is also in line with research [12] which states that there is a significant relationship between LBW and the incidence of stunting. The proportion of stunting incidents is higher in toddlers with a history of LBW. The growth of toddlers with LBW will be much slower than toddlers with normal birth weight. This is because in general, babies with low birth weight find it difficult to achieve optimal growth during the first two years of life. Stunting generally results in growth failure which usually occurs in a short period, namely before birth until approximately 2 years of age. However, it has serious consequences later on [12].

The results of interviews with mothers of toddlers obtained information that one of the factors causing LBW is premature birth at a gestational age of only 7 months or around 32 weeks. This study also found a history of KEK (Chronic Energy Deficiency) in mothers

of toddlers which indicates a lack of nutritional intake during pregnancy. The presence of a history of KEK is inseparable from the mother's low nutritional knowledge about healthy food, how mothers choose, process, and prepare food properly. Babies born with LBW will continue to experience growth and development that is not as good as the growth and development of babies born with normal weight. Babies with LBW are at greater risk of stunting if they are not balanced with sufficient feeding to meet their nutritional needs and inadequate health care provided increases the risk of stunting problems. Therefore, toddlers with a history of LBW need to get good care and parenting and must provide exclusive breastfeeding to babies to prevent them from getting diseases, both digestive diseases, ARI or other diseases.

4.3. Relationship between History of Illness and Stunting Incidence

The results of the study showed that there was no relationship between a history of illness and the incidence of stunting in the Oekabiti Health Center work area, Kupang Regency in 2022. The results of this study are also in line with the study [13]which stated that a history of illness is not a risk factor for stunting. This is also in line with the study conducted by [14] which stated that there was no significant relationship between a history of illness and the incidence of stunting. However, the results of a study conducted in Karangasem showed that a history of illness can interfere with linear growth by first affecting the nutritional status of toddlers. This happens because a history of illness can reduce food intake, interfere with the absorption of nutrients, causing direct loss of nutrients and increasing metabolic needs [14]. The results of this study are not in line with the study [14]) which showed that there was a significant relationship between a history of illness and the incidence of stunting. Toddlers with a history of illness have a 2.2 times greater risk of experiencing stunting than toddlers with no history of illness.

The direct causes of stunting are a history of illness and nutritional imbalance in children, both of which are influenced by food, quality of care, and environmental cleanliness. Malnutrition and infection often occur together, malnutrition can increase the risk of infection, and infection can cause malnutrition, malnourished children have low immunity and are prone to illness and malnutrition [15,16]. A history of illness affects nutritional status through decreased food intake, decreased absorption of food in the intestines, increased catabolism and taking nutrients needed for tissue synthesis and growth. In addition, a history of illness can reduce the body's defenses and interfere with the function of the human immune system [15,16]. Mothers have the biggest role in the growth and development of children. A history of illness or disorders experienced by children will affect the child's nutritional status.

The results of interviews in the field showed that the most common history of illness suffered by toddlers in the Oekabiti Health Center work area was Acute Respiratory Infection (ARI) and diarrhea. Toddlers who have a history of ARI are usually marked by symptoms of cough, runny nose, fever and fever, this is influenced by the toddler's parents who do not want to take their children to health facilities, and due to the bad perception that the history of illnesses that are commonly experienced such as cough, runny nose, fever and fever are common to children, children are only treated by themselves or taken to the family for treatment rather than taken to health facilities. This study also found parents who still use traditional medicine to treat children's health problems, for example when a child has a stomach ache, the parents of the toddler prefer to give traditional concoctions so that the child's illness will continue and result in the child experiencing malnutrition. Although a history of illness is a direct cause of stunting, this condition is influenced by indirect social factors such as family and environmental health. The quality of the environment is mainly the availability of clean water, sanitation facilities and healthy living behavior, the habit of washing hands with soap, defecating in the toilet, not smoking, air circulation in the house and so on.

4.4. Relationship between Mother's Behavior and Stunting Incidence

The results of the study showed that there was a relationship between maternal knowledge and the incidence of stunting in the Oekabiti Health Center work area. This result is in line with research conducted by [17,18]which showed that there was a relationship between maternal knowledge and the incidence of stunting in toddlers aged 12-59 months in the Lawawoi Health Center work area, Sidrap Regency with a p-value of 0.02 <α (0.05) and this is also in line with research conducted by [18] which showed that there was a significant relationship between maternal nutritional knowledge and the incidence of stunting in toddlers in the Watukawula Health Center Work Area, Southwest Sumba Regency with a p-value of 0.000 <α (0.05) and it was found that mothers with poor nutritional knowledge were at risk of having stunted toddlers 6,400 times greater than mothers who had good nutritional knowledge.

Mothers who have less knowledge of toddler nutrition tend to provide less nutritional intake for their children, which will result in their children experiencing nutritional problems such as stunting. Good maternal knowledge will encourage good maternal attitudes and parenting patterns so that children's nutrition can be achieved well if the body obtains sufficient nutrients to be used efficiently, resulting in physical growth, brain development, and work ability to achieve optimal health and also the better the mother's level of knowledge, the mother will know the factors that can cause stunting so that she will take a form of prevention effort herself so that her child does not experience stunting.

The results of interviews with respondents in the Oekabiti Health Center working area of Kupang Regency, many mothers whose toddlers experience stunting do not know the causes of stunting, how to prevent stunting and the impact of stunting, even some mothers when interviewed did not know the definition of stunting. This factor is because when counseling was carried out on stunting at the integrated health post, several respondents were absent so they did not receive counseling and several respondents did not routinely go to the integrated health post during the integrated health post schedule so that many respondents with insufficient knowledge had children with stunting. Inadequate knowledge and lack of understanding of stunting determine the attitude and behavior of mothers in providing food for their children including the right types and quantities so that children can grow and develop optimally. Nutritional problems in children are caused by various causes, one of which is due to food consumption that does not match the child's needs. Mothers' knowledge about toddler nutrition is very important for their children's growth and development process. Mothers have a big role in the progress of their toddlers' growth and development from proper stimulation and care, and regulating a balanced nutritional intake pattern for their toddlers.

The results of the study showed that there was a relationship between maternal attitudes and the incidence of stunting in the Oekabiti Health Center work area, Kupang Regency in 2022. This is in line with research conducted by [19] which showed that there was a significant relationship between maternal attitudes towards the incidence of stunting with a p-value = 0.011 <α (0.05) This study states that the higher the mother's knowledge and attitude regarding stunting, the lower the incidence of stunting in Tiga Village, Susut, Bangli. This is also in line with research conducted by [6,19,20] namely that there is a significant relationship between maternal attitudes and knowledge and the incidence of stunting in Nanggalo District, Padang City. Parents have an important role in meeting toddler nutrition because toddlers still need special attention in their development, more specifically the role of a mother is as the figure who is most often with toddlers. If a mother has good knowledge, of course it will also affect a good attitude in meeting toddler nutrition [19,20]. The positive attitude possessed by mothers cannot be separated from the knowledge or information that has been obtained and the knowledge possessed by mothers is very good or in a high category so that this forms a positive attitude or good assessment of mothers towards stunting incidents [19,20].

The mother's attitude regarding feeding children is a factor that determines a person to behave in providing the right food for children. The right food for children is given so that children can meet their nutritional needs. The mother's attitude obtained from social interactions such as the environment can easily influence the mother's behavior in providing food at home [19,20]. Eating habits taught by mothers to children will affect the child's eating patterns so that they can decide what food they consume [19,20]. A mother's attitude that is lacking is likely to have poor feeding practices which have an impact on growth in the long term [19,20].

The results of interviews with respondents in the Oekabiti Health Center working area, Kupang Regency, the majority of mothers' attitudes still have a less than good/negative attitude towards child nutrition, mothers think that the important thing is that children eat without paying attention to the nutritional content of the food eaten, for example, mothers feed their toddlers rice or porridge without side dishes such as tempeh or eggs and vegetables for staple foods for toddlers and there are also those who give snacks to their children. According to researchers, mothers who have a less than good attitude about stunting do not support the mother's practice in overcoming stunting in toddlers, so that it can cause stunting to be continuously experienced by toddlers. The low knowledge of mothers causes the mother's attitude to also be low because of the lack of information, mothers have a negative attitude so that behavioral actions also tend to be bad, this can cause nutritional problems that result in stunting in children.

The results of statistical tests show that there is a relationship between maternal actions and the incidence of stunting in the work area of the Oekabiti Health Center, Kupang Regency. The results of this study are in line with research conducted by [19–21] which shows that there is a significant relationship between maternal actions and the incidence of stunting in toddlers in the work area of the Gogagoman Health Center with a p-value of 0.008 $<\alpha$ (0.05). The results of this study are also in line with research conducted by [19–21] which states that maternal actions have a relationship with the incidence of stunting in children aged 24-59 months in the work area of the Samaenre Health Center, South Sinjai District, South Sulawesi Province.

The key to success in fulfilling children's nutrition lies in the mother. Good eating habits are highly dependent on the mother's knowledge and actions on how to prepare food that meets nutritional requirements. This shows that to support good nutritional intake, it is necessary to support the mother's actions in providing good care for children in terms of feeding practices, because children's eating patterns play a very important role in the growth process in children, because food contains a lot of nutrients [18–21]. If the child's eating patterns are not achieved properly, the child's growth will also be disrupted, the body is thin, malnutrition and even short toddlers (stunting) can occur, so a good eating pattern also needs to be developed to avoid malnutrition [18–21].

The results of interviews with respondents in the Oekabiti Health Center working area of Kupang Regency, mothers' actions in providing poor food are caused by the fact that there are still very few mothers' actions in paying attention to their toddlers' nutrition. Actions related to the problem of toddlers' nutritional status can be seen from various mothers' wrong habits in meeting their children's nutritional needs where there are mothers who do not give chicken eggs and fish to their toddlers because mothers believe that if their toddlers are given these foods it can cause allergies and mothers' habits of persuading children to eat by giving snacks such as instant noodles and crackers that make toddlers feel full before consuming the main food. An attitude is not always manifested in an action, this is in accordance with the fact that a positive attitude towards health values is not always manifested in real action and it is proven that there are still mothers' actions that are still very lacking in paying attention to toddler nutrition so that it will have an impact on nutritional status [18–21]

5. Conclusions

The conclusion of the research results is: factors of exclusive breastfeeding history, LBW, maternal knowledge, maternal attitudes and actions are related to the incidence of stunting in the working area of the Oekabiti Health Center, Kupang Regency.

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7. Conflicts of Interest

The authors declare no conflict of interest.

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