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The Relationship between Parental Parenting and the Incidence of Child Stunting in Poor Families in the Working Area of the Limboto Health Center

Adisty Anggrayuni Yunus[1*], Zuriati Muhamad[2], Dewi Modjo[3]
[1]Program Studi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Gorontalo, Adistyanggrayuni325@gmail.com
[2]Program Studi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Gorontalo, zuriatimuhamad@umgo.ac.id
[3]Program Studi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Gorontalo, dewimodjo@umgo.ac.id

***Corresponding author:** Adistyanggrayuni325@gmail.com

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ABSTRACT

Background: Stunting is a condition in which a person is shorter than usual based on his or her age and gender. The impact of long-term stunting is non-optimal posture in adulthood (shorter than in general), increased risk of obesity and other diseases, decreased reproductive health, suboptimal learning and performance capacity, productivity and suboptimal work capacity. Parenting is one of the factors that is closely related to child growth and development. Objective: This study aims to determine the relationship between parental parenting and the incidence of child stunting in poor families. Methods: This study is a quantitative research with an analytical survey approach and using a cross-sectional research design, the number of population, namely the total number of children under five at the Limboto Health Center from December 2024 to January in 2025 as many as 1,296 children under five and the number of samples used is 93 children under five using the Slovin formula. Results: The highest parental parenting style in poor families is democratic parenting as many as 43 people while the highest incidence of child stunting is 54 people with a significant value or Pvalue of 0.000 or <0.05. Conclusion: there is a relationship between parental parenting and the incidence of child stunting in poor families in the working area of the Limboto Health Center in the working area of the Limboto Health Center. Suggestion: For Puskesmas to provide parents with an understanding that parents have an important role in preventing or handling stunting and reviewing in terms of providing PMT so that it is right on target. For parents to provide good parenting to children such as paying attention to children's diet, children's personal hygiene, children's lifestyle patterns and paying attention to the environment where children live.

INTRODUCTION

Stunting is a condition in which a person is shorter than usual based on his or her age and gender. Height is a type of anthropometric survey that shows a person's nutritional status. The presence of growth retardation indicates long-term (chronic) malnutrition. The diagnosis of stunting is made by comparing high-to-age z-scores obtained from growth charts used around the world. In general, problems of growth and development in early childhood are often ignored because they are considered normal as long as the child's weight is within normal limits (Hidayat, 2023).

The World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and The World Bank (2021) reported that globally there were 149.2 million children under 5 years old who suffered from stunting in 2020. Where more than half of children under 5 years old affected by stunting are in Asia and two out of five are

in Africa. The Global Nutrition Report (2020) more specifically states that the Southeast Asian region experiences a stunting prevalence of 24.7%, which makes the region in Asia with the second highest stunting prevalence after South Asia (Dewi, 2022).

Data from the 2021 Indonesian Toddler Nutrition Status Study (SSGBI) shows that the national stunting prevalence is at 27.67% (BPS. 2023). The latest estimates from WHO show that in 2023 Indonesia will be ranked second with a high stunting prevalence category (31.8%) in the Southeast Asian region after Timor Leste (48.8%). Viewed nationally, in 2023, the results of the Ministry of Health's Nutritional Status Study (SSGI) state that 24.40 percent of children under five are sttunted in Indonesia (Ministry of Health of the Republic of Indonesia and SSGI, 2023).

Based on data from the Indonesian Health Survey (SKI) conducted in early 2024 in Gorontalo Province, in 2023, the stunting rate has increased by 3.1%, with this increase, the stunting rate in Gorontalo Province currently reaches 26.9% from the previous figure of 23.8% (Gorontalo Provincial Health Department, 2024). At the Limboto Health Center itself, the incidence rate stunting from January to May in 2024 was 182 cases (39.8%) of 352 children under five (Limboto Health Center, 2024).

Stunting occurs because there are several causes, namely the direct cause, namely the lack of food consumed and the presence of infections suffered. Indirect causes include inadequate parenting, lack of environmental cleanliness, culture that is not compatible with health, unaffordable health services and lack of food availability. Other indirect causes are the socio-economic conditions of the family which include the amount of family income, the level of parental education, the number of family members and the level of mother's knowledge about nutrition (UNICEF, 2003).

The impact of short-term stunting is non-optimal posture in adulthood (shorter than in general), increased risk of obesity and other diseases, decreased reproductive health, suboptimal learning and performance capacity, productivity and work capacity. Meanwhile, the impact of short-term stunting is an increase in the incidence of pain and death, cognitive, motor and verbal development in children is not optimal and an increase in health costs (Khadijah, 2022).

Various efforts have been made by the government, one of which is assistance for the first 1000 days of birth, namely in the conception phase until the age of two. At that time, child growth was in the most vulnerable condition to nutritional deficiencies and environmental pressure factors. Stunting has adverse functional consequences for children. Some of these consequences include poor cognition. When accompanied by excessive weight gain in childhood, it has the potential to increase the risk of nutrition-related chronic diseases in adulthood until death (Rosuliana, 2022).

Another effort from the government is to prepare a Government Work Plan (RKP) in 2019 focusing on five priority activities, namely (a) improving maternal, child, family planning and reproductive health; (b) accelerating stunting reduction; (c) strengthening the healthy living and disease control movement of the community; (d) improving access and quality of health services and (e) increasing the effectiveness of drug and food supervision. Accelerating stunting reduction needs to be a joint task, not only families who have a share in activities (Ministry of Health of the Republic of Indonesia, 2018).

Parenting is one of the factors that is closely related to children's growth and development. Types of parenting or parental feeding style, according to Diana Baumrind, namely democratic parenting is a parenting style that prioritizes food menus determined by parents and provides opportunities for children to choose their food. Authoritarian parenting is a parenting style that regulates, regulates, intended for portions and meal times, types of food, and eating behavior. Permissive parenting is a parenting style that gives children the freedom to consume various types of food they want and if the child does not want to eat, then parents offer food that the child may like. Meanwhile, neglectful parenting is a parenting style that frees children to choose the food they want and parents do not see whether the child has eaten or not (Hidayat, 2023).

Parenting of children is manifested in several ways in the form of breastfeeding and complementary foods, psychosocial stimulation, hygiene practices and environmental sanitation, care for children in sick conditions in the form of home health practices and patterns of seeking health services. Habits in the family in the form of feeding practices, psychosocial stimuli, hygiene practices, environmental sanitation and the use of health services have a significant relationship with the incidence of stunting in children aged 24-59 months (Bella, 2020).

Parenting has an important role in the incidence of stunting in toddlers. Interaction between children and parents during parenting activities greatly contributes to child growth and development. The nutritional state of children is influenced by the mother's ability to provide enough food as well as family income, education, behavior and the number of siblings. Meanwhile, in Islam, parents have obligations to their children both in their care and in other needs. The parenting style provided by parents can be influenced by several factors, one of which is poverty (Mualifah, 2019).

Poverty is also a factor that causes stunting, poor families will have difficulty accessing or providing food which is nutritious in accordance with the needs of toddlers, while stunting occurs due to malnutrition. Poverty includes primary aspects in the form of poor assets, socio-political organization and knowledge as well as skills and secondary aspects in the form of poverty in social networks, financial resources and information. These dimensions of poverty are manifested in the form of malnutrition, water, healthy housing, poor health care and low

levels of education (Walfajrin, 2018).

Based on a preliminary study that has been carried out in the working area of the Limboto Health Center in May 2024, it is known that the stunting rate is 182 cases, researchers conducted interviews with nutrition officers, it is known that from the health center providing services does not distinguish between poor families and able families, but when viewed from the economic status, most children with stunting come from low economic status, in addition, the researcher conducted interviews with 10 mothers who have stunted children, it is known that 3 mothers apply authoritarian parenting, it is known from the mother's testimony that they will force their children if they do not want to eat food or vegetables and will punish the child if they do not finish food, 3 mothers said they did not force their children to finish food but gave promises to children such as not buying snacks, or not being invited to go for a walk if they did not take a nap The parenting style applied by mothers is a democratic parenting style. Meanwhile, 4 mothers said that the child would eat if he was hungry where the mother only reminded the child to eat, there was no coercion or given any promise, whatever parenting style applied by the mother was permissive parenting.

RESEARCH METHODS

Research Design

This study is a quantitative research with an analytical survey approach and uses a cross sectional research design used to determine the relationship between free variables and bound variables. The purpose of this study is to determine the parenting style of parents with the incidence of child stunting in poor families in the working area of the Limboto Health Center.

Place and Time of Research

This research has been carried out in the working area of the Limboto Health Center, Gorontalo Regency. The research has been conducted from January 6 to 19, 2025.

Sampling Techniques

The sampling technique is a method used to sample the population to be studied in order to represent the entire population. Based on the number of populations and samples that have been determined, the sampling technique used in the study is cluster random sampling, this technique is used because the research location has a very large area. The characteristics of this study are homogeneous (same), the way the researcher takes samples is by drawing the names of toddlers in each village, each village is drawn as many as 7 to 8 names of toddlers because the working area of the Limboto Health Center of Gorontalo Regency has 13 villages, so the total sample number is 93 toddlers.

Data Analysis Techniques

Univariate Analysis

Univariate analysis is carried out to get an overview by decrypting each variable in the study, namely by looking at the frequency distribution using a formula.

$$P = \frac{f}{n} \text{x } 100\%$$

Remarks:

P : Presentation
F : Number of applications according to the procedure (value 1)
N : Number of observation items
100% : Constant number

Bivariate Analysis

Before conducting bivariate analysis, the data is tested for normality, the data normality test is used to find out whether the data is distributed normally or not, so that later the data that is distributed normally or not can be analyzed with parametric or non-parametric statistics, this depends on the results of the data normality test. If the results of the data normality test are found to be normal, the data can use parametric statistics, if the data is found to be abnormal, it can use non-parametric statistics. The basis for decision-making in the data normality test is:

If the Sig (Significance) or probability value is <0.05, then the data is distributed abnormally.

If the Sig (Significance) or probability value is >0.05, then the data is normally distributed

If the data is abnormally distributed, the test used is a non-parametric statistical test. Non-parametric statistical test is a statistical method to test data with an abnormal distribution by ignoring all assumptions. The

types of non-parametric tests are sign test, Rank sum test (wilcoxon), Rank correlation test (spearman), Fisher propability exact test, Chi-square etc.

RESULTS

Child Characteristics

Table 1. Frequency distribution of child characteristics

Yes	Characteristics	Frequency (n)	Presentation (%)
1.	**Age**		
	25-36 Months	66	71.0
	37-48 Months	22	23.6
	49-60 Months	5	5.4
2.	**Gender**		
	Male	33	35.5
	Women	60	64.5
	Total	**93**	**100**

Source: Primary data 2025

Based on the table above, it shows that the highest age characteristics of children studied at the Limboto Health Center are 66 people (71.0%) at the age of 25-36 months (3 years). The highest gender characteristics are 60 people (64.5%).

Characteristics of Parents

Table 2. Frequency distribution of parental characteristics

Yes	Characteristics	Frequency (n)	Presentation (%)
1.	**Mother's Age**		
	20-25 Years	27	29.0
	26-30 Years	32	34.4
	31-35 Years	34	36.6
2.	**Mother's Education**		
	SD	38	40.9
	Junior High School	33	35.4
	High School	22	23.7
3.	**Mother's Work**		
	IRT	62	66.7
	Trade	23	24.7
	As a laundry	2	2.2
	Farmer	6	6.5
4.	**Father's Work**		
	Farmer	27	29.0
	Motorcycle Taxi Driver	29	31.2
	Transport driver	9	9.7
	Builder	8	8.6
	Self-employed	12	12.9
	Trade	6	6.5
	Not working	2	2.2
5.	**Net Income/Month**		
	Very low category a (Rp.500,000 - 900,000)	76	81.7
	Very low category b (>Rp.500,000)	17	18.3
	Total	**93**	**100**

Source: Primary data 2025

Based on the table above, it shows that the highest characteristics of parents' age, namely 31-35 years old, are 34 people (36.6%). The highest educational characteristics are elementary education, 38 people (40.9%). While the highest job is IRT as many as 62 people (66.7%). The highest father's job is motorcycle taxi bentor as many as

29 people (31.2%). For the highest monthly net income, which is very low category a (Rp.500,000 - 900,000), as many as 76 people (81.7%).

Parenting Patterns in the Limboto Health Center Working Area

Table 3. Frequency distribution of parental parenting

Parenting Style	Frequency (n)	Presentation (%)
Democratic parenting	43	46.2
Authoritarian parenting	33	35.5
Permissive parenting	17	18.3
Total	**93**	**100**

Source: Primary data 2025

Based on the table above, it shows that the highest parenting style in poor families studied at the Limboto Health Center is democratic parenting as many as 43 people (46.2%) and the lowest is permissive parenting as many as 17 people (18.3%).

Incidence of Child Stunting in Poor Families in the Working Area of the Limboto Health Center

Table 4. Distribution of the frequency of stunting incidence

Stunting Incidence	Frequency (n)	Presentation (%)
Stunting	54	58.1
Not stunted	39	41.9
Total	**65**	**100**

Source: Primary data 2025

Based on the table above, it shows that the highest incidence of child stunting in poor families studied at the Limboto Health Center is 54 people (58.1%) and the lowest is 39 people (41.9%) who are not stunted.

The relationship between parental parenting and the incidence of child stunting in poor families in the working area of the Limboto Health Center

Table 5. The relationship between parental parenting and the incidence of child stunting in poor families Stunting Incidence

Parenting	Stunting Incidence						P=Value
	Stunting		No S	Edit		TOtal	
	n	%	n	%	n	%	
Democratic parenting	10	10,8	33	35.5	43	46.2	
Authoritarian parenting	27	29,0	6	6,4	33	35.5	
Permissive parenting	17	18.3	0	0	17	18.3	
Total	**54**	**58.1**	**39**	**41.9**	**93**	**100**	

Source: Primary data 2025

Based on the table above, it shows that 10 children with democratic parenting with the incidence of stunting in the stunting category are 10 children (10.8%) and 33 children are not stunted (35.5%), while children with authoritarian parenting with the incidence of stunting in the stunting category are 27 children (29.0%) and 6 children are not stunted (6.4%), in permissive parenting with the incidence of stunting in the stunting category as many as 17 children (18.3%). It is known that the statistical value or pValue = 0.000<0.05, then Ha is accepted, so it can be concluded that there is a relationship between parental parenting and the incidence of child stunting in poor families in the working area of the Limboto Health Center.

DISCUSSION

Pattern Parenting in the Family Poor in the Working Area of the Limboto Health Center

The highest parenting style in poor families studied at the Limboto Health Center was 43 people and the lowest was 17 people with permissive parenting, while parents with authoritarian attitudes were 33 people. Parental parenting is the behavior of parents in raising children under five, parenting includes the ability of families to

provide time, attention and support in meeting the physical, mental and social needs of children who are growing up in the family.

Based on the results of the study, it is known that as many as 43 parents apply a democratic parenting style, as for the democratic parenting style that parents have adopted when reviewed using a questionnaire, it was found that parents strongly agree and agree with statements such as teaching children to wash their hands before and after eating, teaching children to clean their nails or trimming their nails regularly, supporting every positive activity that children do such as finishing food and wearing masks when leaving the house, allowing children to choose their meal times, teaching children before buying snacks to ask permission first, giving understanding to children if they do not want to eat the food provided.

The results of this study also show that 33 parents apply authoritarian parenting to their children, as for the authoritarian parenting style that parents have when reviewed using questionnaires, it is found that parents strongly agree and agree with statements such as giving any commands they want to the child including washing their hands before and after eating, prohibiting children from eating food outside the house by giving explanations to pay attention to their food, applying children to eat vegetables and fruits and will punish children if they do not want to eat vegetables and fruits, always cleaning nails or cutting children's nails regularly, always implementing every positive activity that children will do such as finishing food and using masks when leaving the house, prohibiting children from buying snacks without permission, will punish children if they do not eat the food provided.

While parents who apply permissive parenting are as many as 17 people, as for the permissive parenting style that parents retain, when reviewed using questionnaires, it was found that parents strongly agree and agree with statements such as not forcing children to wash their hands before eating and after eating, allowing children to eat food outside, not forcing children to eat vegetables and fruits, not setting meal times for children, children are free to eat at any time they want, giving freedom to children to buy snacks outside and giving freedom to children if they do not eat the food provided.

Based on the results of the above research, the researcher assumes that parenting is the responsibility of parents even though parents or families have economic limitations, but every parent wants to give the best for their child, one of which is to provide a good parenting style according to the parent.

The research was conducted by Hidayat (2023) with the title Research on the Relationship between Maternal Parenting and the Incidence of Stunting in Children Aged 24-60 Months in Teritih Village, Kalodran Health Center, Serang City, Banten Province. The results of the study showed that almost most mothers who had children aged 24-60 months provided democratic parenting as many as 9 (64.3%), authoritarian parenting as many as 5 (35.7%) and parenting permissive as much as 0 (0%).

Parental parenting is mostly democratic in this study. According to Khadijah (2022), democratic parenting is a parenting style where the interests of children are prioritized but not free from control over children. Rational attitudes underlie parents in parenting where they do not expect excessive from children's abilities. Parents are warm and children can freely make choices. The advantages of implementing democratic parenting are to form children who are happy, can control themselves, are confident, can overcome stress, have a spirit of achievement and can communicate well.

Meanwhile, some respondents apply authoritarian parenting. According to Rosuliana (2022), authoritarian parenting is inversely different from democratic parenting, where authoritarian parenting patterns will tend to use absolute standards and threats, so that the will of parents becomes coercive for their children and children will be ruled and punished. Communication carried out by parents is one-way and does not compromise in parenting. Thus, children become indecisive, have weak personalities and are unable to make decisions.

The results of this study found that no parent applies permissive parenting. According to Naraeni (2022), permissive parenting is a parenting style in which parents actually feel indifferent and tend to give opportunities and freedom widely to their children. Parenting that allows their children to do anything and frees their children to behave according to their own desires. Permissive parenting is too soft, helpless, and gives freedom to children without any norms that must be followed by them. Parents who have warmth and accept it as it is, tend to pamper and obey their wishes. Meanwhile, accepting it as it is will tend to give the child the freedom to do anything.

Based on the results of the above research, the researcher concluded that in this study most parents apply a democratic parenting style and some apply authoritarian parenting and permissive parenting, each parent has their own way of providing parenting to children, such as parents who give children the opportunity to try new things by supervising their children, parents who require children to follow the rules made by parents who are considered good for the child and parents who free their children to do what they want to do.

Incidence of Child Stunting in Poor Families in the Working Area of the Limboto Health Center

The incidence of child stunting in poor families studied at the Limboto Health Center was the highest at 54 people and the lowest was not stunting as many as 39 people. In this study, researchers first measured TB in children under five years old to determine the height of children under five years old and then classified based on anthropometric measurements according to the Ministry of Health of the Republic of Indonesia (2020). The

diagnosis of stunting was made by comparing the high-to-age z score obtained from growth charts used around the world. Indonesia itself diagnosed stunting using a growth chart released in 2019 by WHO.

Based on the results of the study, it was obtained that as many as 54 children were stunted, from the results of TB/U measurements, it was obtained that toddlers who were stunting had an average standard score or z-score, namely -3 elementary school to <-2 elementary school or short category height and some children under five had a standard score or z-score, namely <-3 elementary school or very short category height. While 39 children did not experience stunting, based on the results of the examination, it was known that the average standard score or z-score was --2 SD to +3 elementary school or normal category height.

The research was conducted by Hidayat (2023) with the title Research on the Relationship between Maternal Parenting and the Incidence of Stunting in Children Aged 24-60 Months in Teritih Village, Kalodran Health Center, Serang City, Banten Province. The results of the study showed that almost all stunted respondents were short in size as many as 10 (71.4%) and very short as 4 (28.6%).

Each child has a different age and a different gender, so the measurement results obtained are also different. TB/U describes the growth of a child's height or height based on his or her age. This index can identify children who are short (stunted) or very short (severely stunted), caused by malnutrition for a long time or often sick.

The impact of short-term stunting is non-optimal posture in adulthood (shorter than in general), increased risk of obesity and other diseases, decreased reproductive health, suboptimal learning and performance capacity, productivity and work capacity. Meanwhile, the impact of short-term stunting is an increase in the incidence of pain and death, cognitive, motor and verbal development in children is not optimal and an increase in health costs (Khadijah, 2022).

According to UNICEF, there are several factors that can affect stunting in toddlers, including direct and indirect factors. The direct factors are poor nutritional status and poor nutritional status caused by limited nutritional intake in the body of toddlers who do not contain nutrients that are in accordance with the body's needs. So that the incidence of stunting is based on nutritional intake in the form of a diet covering the type of food and frequency where diet is the main foundation to prevent various diseases (Qolbi, 2020).

According to the Ministry of Agriculture (2017), stunting is caused by multi-dimensional factors. The most decisive interventions in 1,000 HPK (First 1000 Days of Life) are poor parenting practices, limited health services including ANC (ante natal care) services, quality post-natal and early learning, lack of access to nutritious food and lack of access to clean water and sanitation.

Based on the results of the above research, the researcher concluded that most children under five who experience stunting have a short height and some are very short, while children who do not experience stunting on average have a normal category height, based on the theory that has been presented, it is known that stunting has a bad impact on children both in the short and long term so that it requires immediate treatment and proper handling as well.

The relationship between parental parenting and the incidence of child stunting in poor families in the working area of the Limboto Health Center

Based on the results of the study, it was shown that children with democratic parenting with stunting incidence in the stunting category were 10 children and 33 children were not stunted, while children with authoritarian parenting with stunting incidence in the stunting category were 27 children and 6 children were not stunted, in permissive parenting with stunting incidence in the stunting category as many as 17 children. It is known that the statistical value or pValue = 0.000<0.05, then Ha is accepted, so it can be concluded that there is a relationship between parental parenting and the incidence of child stunting in poor families in the working area of the Limboto Health Center.

The results of the study show that children with democratic parenting with stunting incidence in the stunting category are as many as 10 children, the incidence of stunting is known from the results of TB measurements, in addition to that, based on the information of parents when measuring height, it is known that there are some toddlers who are not given exclusive breastfeeding from birth to the age of 6 months, this is because the milk that comes out does not go smoothly and parents, especially mothers who work as traders (most of the mothers who trade in this study sell food) so it takes a lot of time to prepare their merchandise and does not have time to exclusively breastfeed their children, while according to Kurniawani (2023) babies with exclusive breastfeeding will get natural antibodies and nutrients needed for growth and development, including infant intelligence, so that the nutritional status of toddlers who are exclusively breastfed will be good. Nutritional status can also be influenced by the practice of nutritional parenting carried out in the household which is manifested by the availability of food and health care and other sources for survival, this is also related to the incidence of stunting experienced by children under five.

While some children under five who receive democratic parenting but experience stunting have a family history of short height, this is based on the observation of researchers when measuring TB in children where parents (mothers) are present, according to Hasibuan (2022) there are several causes of stunting in toddlers, one of which is familial stunting or short stature can be caused by genetic factors from parents and family. Short stature caused

by genetics is known as familial short stature . Family short stature is characterized by growth that is always below the 3rd percentile, normal growth rate, normal bone age, the height of the parent or one of the parents is short and height below the 3rd percentile.

The results of the study found that children with authoritarian parenting with stunting incidence in the stunting category as many as 27 children, based on information from some parents, it is known that parents who apply authoritarian parenting or force children to follow parental rules after getting information from health workers that children have a low height that is not in accordance with the child's age so that parents force children to consume food that is considered nutritious by the mother or on the advice of health workers, moreover, parents always strive for nutritious food for children so that children are forced to eat and should not refuse food that has been sought by parents, this is because of the economic limitations experienced by parents so that to provide nutritious food, parents must strive first. According to Nuraeni (2022), authoritarian parenting has a good purpose, namely to regulate children, but if forced on children, it will have a bad impact as well, children who are given authoritarian parenting will become indecisive, have weak personalities and not be able to make decisions, this is not good for children's mental health, so that children who have psychological or mental problems will be difficult to regulate, including difficulty in regulating children's diet, this causes nutritional intake in children to be difficult to fulfill.

The results of the study show that parents with permissive parenting with the incidence of stunting in the stunting category of children as many as 17 children, based on information from parents it is known that parents do not know what kind of good parenting of children is besides that some parents are busy trading and some work as clothes washers at home so as to free children to do their own activities such as letting children eat themselves (parents think children will eat if they are hungry) or allowing children to eat food that is not cooked by parents, it is not forbidden if children eat not washing their hands and even eating from the same place (container) from other people (people who live together at home), according to Hasibuan (2022) one of the causes of stunting is infection, some examples of infections that are often experienced are enteric infections such as diarrhea, enteropathy and worms, can also be caused by respiratory infections (ARI), malaria, reduced appetite due to infection and inflammatory attacks. Infection will cause decreased food intake, impaired nutrient absorption, direct loss of micronutrients, increased metabolism, loss of nutrients due to increased catabolism, disruption of nutrient transport to tissues. In addition to the causes of stunting, namely children not getting balanced nutrition, poor food quality including poor micronutrient quality, lack of diversity and intake of food sourced from animal foods, unnutritious content and low energy content in complementary foods.

In permissive parenting, when viewed from the average education, parents who apply permissive parenting have an elementary and junior high school education level, this is related to parental knowledge in providing good parenting to children under five, according to Prakhasita (2018) the mother's education factor in fulfilling nutrition will determine the nutritional status of her child. This can affect the parenting style provided by parents as well as the selection of food ingredients and the fulfillment of nutritional needs. The education obtained will provide knowledge about nutrition and risk factors that can affect nutritional problems in children. The level of formal education is a factor that helps determine mothers in absorbing and understanding the nutritional information obtained.

Parenting is one of the factors that is closely related to children's growth and development. Types of parenting or parental feeding style, according to Diana Baumrind, namely democratic parenting is a parenting style that prioritizes food menus determined by parents and provides opportunities for children to choose their food. Authoritarian parenting is a parenting style that regulates, regulates, intended for portions and meal times, types of food, and eating behavior. Permissive parenting is a parenting style that gives children the freedom to consume various types of food they want and if the child does not want to eat, then parents offer food that the child may like. Meanwhile, neglectful parenting is a parenting style that frees children to choose the food they want and parents do not see whether the child has eaten or not (Hidayat, 2023).

Parenting of children is manifested in several ways in the form of breastfeeding and complementary foods, psychosocial stimulation, hygiene practices and environmental sanitation, care for children in sick conditions in the form of home health practices and patterns of seeking health services. Habits in the family in the form of feeding practices, psychosocial stimuli, hygiene practices, environmental sanitation and the use of health services have a significant relationship with the incidence of stunting in children aged 24-59 months (Bella, 2020).

Parenting has an important role in the incidence of stunting in toddlers. Interaction between children and parents during parenting activities greatly contributes to child growth and development. The nutritional state of children is influenced by the mother's ability to provide enough food as well as family income, education, behavior and the number of siblings. Meanwhile, in Islam, parents have obligations to their children both in their care and in other needs. The parenting style provided by parents can be influenced by several factors, one of which is poverty (Mualifah, 2019).

This research is in line with research conducted by Hidayat (2023) with the title The relationship between maternal parenting and the incidence of stunting in children aged 24-60 months in Teritih Village, Kalodran Health Center Working Area, Serang City, Banten Province. The results of the study showed that there were chi square test results showing P=0.000 which means that there is a significant relationship between parenting and the

incidence of stunting and an OR value of 1,400 shows that democratic parenting is more at risk with 1 stunting incidence than authoritarian parenting in providing food or nutrition to children.

The research was conducted by Adha et al (2021) with the title of research analyzing the relationship between maternal parenting and the incidence of stunting in toddlers in Jeneponto Regency. The results of this research show that there is no link between feeding applications (p=0.945), utilization of health services (p=0.228), family income (p=0. 600) and the occurrence of stunting in infants, and there is a correlation between psychosocial stimuli (p=0.006), hygiene practices (p=0.009), environmental sanitation (p=0.003), parenting (p=0.005) and the occurrence of stunting in infants.

The research was conducted by Rosuliana (2022) with the title The relationship between maternal parenting and stunting cases in children aged 12-59 months. The results of this study show that there is a relationship between maternal parenting in terms of feeding and stunting cases in children aged 12-59 months at one of the Bima Regency Health Centers with a value of p=0.000 (p<0.05).

Based on the results of the above study, the researcher concluded that parenting has an important role in the incidence of stunting in toddlers. Interaction between children and parents during parenting activities greatly contributes to children's growth and development. The nutritional state of children is influenced by exclusive breastfeeding and the ability of mothers to provide food for children, in addition to paying attention to the child's hygiene and the environment, including parenting for their children. In this study, the average parent with a very low income level so that in fulfilling food or other parenting patterns (such as child hygiene, children's diet and others) are often neglected by parents, this is because parents are more focused on work.

CONCLUSION

The highest parental parenting style in poor families studied at the Limboto Health Center was democratic parenting as many as 43 people and the lowest was permissive parenting as many as 17 people and as many as 17 parents with permissive parenting.

The incidence of child stunting in poor families studied at the Limboto Health Center was the highest of 54 people and the lowest was 39 people who were not stunted.

There is a relationship between parental parenting and the incidence of child stunting in poor families in the working area of the Limboto Health Center in the working area of the Limboto Health Center with a Vpalue value = 0.000<0.05.

SUGGESTIONS

The results of this study can be an input for the Limboto Health Center in building a strategy to increase the acceleration of the reduction of stunting rates by providing parents with an understanding that parents have an important role in preventing or handling stunting and reviewing in terms of providing PMT so that it is right on target or prioritizes children under five from families with very low income (poor).

The results of this study can provide information to parents, especially mothers, regarding the nutritional needs of children through parenting provided by parents, besides that parents can provide good parenting to children such as paying attention to children's personal hygiene, children's lifestyle patterns and paying attention to the environment where children live.

This research can increase knowledge in conducting nursing practice and as a source of reference in future research, by adding other variables such as indirect factors such as education, social environment and direct factors such as exclusive breastfeeding and MP-ASI

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