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Original Research

Analysis Of Factors Related To Stunting Prevention In Children Aged 2-5 Years

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ABSTRACT

Background: *Nutritional status in Indonesia, especially stunting in toddlers, is still a problem that is influenced by many interrelated factors. This Study aimed to analyze the factors related to prevention of stunting in toddlers.*

Methods: *This study used a cross-sectional design. The population was 131 mothers who have children aged 2-5 years at Timbulharjo village, Sewon, Bantul with number of samples are 57 people using purposive sampling technique. The independent variables were prior related behavior, education level, socio-economic status, perceived benefits to action and perceived barrier to action. Dependent variable was prevention of stunting. Data were collected using questionnaire and analyzed using logistic regression with a significance level α 0.05.*

Results: *The vast majority (54.4%) of maternal education is high school (61.4%) with a family income of <1,790,500, most respondents have the benefit of perceived actions insufficient categories (56.1%). High prior related behavior was 1.26 times better at stunting prevention than low prior related behavior. Any change per 1 unit on the previous behavioral variable and a change per 1 unit on the benefit variable of the perceived action, will increase the likelihood of stunting prevention behavior (4.6%).*

Conclusion: *Factors associated with stunting prevention behavior are prior related behavior and perceived benefit to action. The dominants factor related to stunting prevention behavior is prior related behavior. This research showed that it is able to add information and improve stunting prevention behavior for the community. This can be realized through collaboration with health workers to conduct integrated service program held an activities, training, workshop, and family mentoring related to stunting prevention.*

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INTRODUCTION

Nutritional status in Indonesia, especially stunting in toddlers, is still an important problem. In 2020, based on The World Health Organization (WHO) Indonesia's stunting prevalence is ranked 115th out of 151 countries in the world. Based on the results of the Study of Nutritional Status of Indonesian Toddlers (SSGI) in 2021, the national stunting rate decreased by 1.6 percent per year from 27.7 percent in 2019 to 24.4 percent in 2021 (Studi Status Gizi Indonesia, 2021).

The results of the Basic Health Research (Riskesdas) show that the prevalence of stunting under five in 2016 which is 27,5% has increased to 29,6% in 2017 and has not been able to be handled effectively so that the prevalence of stunting in 2018 increased to 30,8% (Kementerian Kesehatan RI, 2018; Nasikha & Margawati, 2012). The reduction in the prevalence of stunting is one of the four priority health development programs for the 2015-2019 period with a target of reducing 19% in the National Medium Term Development Plan 2020-2024 (Dirjen Gizi & Kesehatan Ibu dan Anak, 2016).

According to WHO stunting is defined as height according to age below minus 2 media standards for a child's growth curve. Stunting affects the growth and development of children and their future. Stunting has a negative impact on children, especially children under the age of two because it interferes with their development, for example cognitive and motor development barriers that affect productivity as adults and increase the risk of suffering from non-communicable diseases such as diabetes, obesity, and heart disease as adults. Stunting will affect the level of intelligence of children and their health status as adults. The consequences of stunting and malnutrition in the first 1.000 days of life are permanent and difficult to repair (Kementerian Kesehatan RI, 2018; Dirjen Gizi & Kesehatan Ibu dan Anak, 2016).

The cause of stunting comes from various factors, one of which is maternal factors. Maternal factors in the form of poor nutrition during preconception, pregnancy, and lactation, low maternal height, history of infection, pregnancy in adolescence, mental health, Intra Uterine Growth Restriction (IUGR), preterm birth, short birth spacing, and hypertension. According to the United Nations Emergency Children's Fund (UNICEF), stunting is caused by two factors, namely direct and indirect.

One of the direct causes of stunting is the provision of exclusive breast milk and incomplete intake that is not optimal, repeated infections, and micronutrient deficiencies. According to WHO, breastfeeding for infants contributes to the nutritional status and health of infants. All nutrients needed by infants in the first six months of life can be met from breast milk, and breast milk can meet half of the nutritional needs of infants aged 7-12 months (UNICEF, 2012).

The problem of stunting is influenced by many interrelated factors. When viewed from the age of toddlers, the incidence of stunting is more common in toddlers aged 24-59 months than toddlers aged 0-23 months (Kemenkes RI, 2018). Some data from Riskesdas also show that stunting occurs mostly in this age range. This is because at the age of 24-59 months/preschool age the growth velocity has slowed (Kemenkes RI, 2018).

The Province of the Special Region of Yogyakarta is also inseparable from stunting cases with a prevalence of 21,4% in 2018 according to Riskesdas data. One of the regencies in Yogyakarta Province, namely Bantul Regency in 2018, had a stunting prevalence of 22,89% with the highest stunting case being in the Sewon 1 Public Health Center at 20,26%. The prevalence shows that Yogyakarta Province, including Bantul

regency, has not been completely free from nonpublic health problems, because according to WHO the limit for stunting is no more than 20% (Kemenkes RI, 2018).

Based on the data that has been obtained, it can be seen that although the prevalence of stunting under five in Bantul Regency is lower than the national prevalence, an analysis of the causes of stunting is still needed, along with efforts to handle it. In 2019 Bantul became one of the 160 regencies and cities in Indonesia, which became a priority location for the special location for stunting prevention for phase 2 from the Ministry of Health (Tim Nasional Percepatan Penanggulangan Kemiskinan, 2018). There are 10 priority stunting villages including Patalan, Canen, Terong, Argodadi, Trihardo, Triwodadi, Trimulyo, Jatimulyo, Timbulharjo and Sendangsari. One of these villages is located in the working area of the Sewon 1 Public Health Center, namely Timbulharjo villages.

In the context of efforts to improve the nutritional status of the community, especially regarding efforts to handle the percentage of malnourished toddlers, which focuses on the incidence of stunting, the Regional Government of Bantul Regency made Regional Regulation Number 11 of 2016 as a program to improve community nutrition, especially handling cases of stunting under five that occurred in Bantul with a target of 11,6% reduction (Dinas Kesehatan Bantul, 2015). Through this study, it will be known that there are factors related to the prevention of stunting in children aged 2-5 years in the working area of the Sewon 1 Health Center.

MATERIALS AND METHOD

This is a study with a cross-sectional design where the researcher only observes the phenomenon at a certain point in time to explain the relationship between one variable and another. The population in this research was 131 respondents, and the sample were 57 mothers with children aged 2 to 5 years in Timbulharjo Village, Sewon, Bantul.

The sampling method is purposive sampling technique. The criteria for research respondents are that they can read and write, the child is in good health and does not have digestive disorders. Respondents who have children with mental disorders, pathological disorders, and chromosomal abnormalities will not be taken as research respondents. Previous related behaviors, education level, socioeconomic status, perceived benefits, and perceived barriers to action are part of the independent variables. While stunting prevention behavior is the dependent variable.

The research instrument used to determine the behavioral factors of stunting prevention used a questionnaire adapted from Ribka Putri Solecha's research with the title "Factor Analysis Related to Stunting Prevention in Children Aged 2-5 Years Based on Health Promotion Model (HPM) Theory" and refers to the theory of Health Promotion Model (HPM). This questionnaire has also been tested for validity and reliability in Ribka Putri Solecha's pre-research in the Galis Health Center working area through the title of this research.

The research was conducted online in June-November 2020 in Timbulharjo village, Sewon, Bantul due to the Covid-19 pandemic. Research data are primary data because it's obtained directly from respondents who are willing to take part in the study and express their agreement. A questionnaire in the form of google forms was distributed via WhatsApp groups to respondents. Researchers included an informed consent page at the beginning of the questionnaire page as evidence of respondent’s willingness to participate in this research.

Each respondent was conducted once to collect data through the questionnaire. The process of data analysis started from editing, coding, univariate analysis, bivariate analysis with chi-square test, and multivariate analysis with logistic regression test (p-value <0,05). This research has obtained an ethical feasibility permit from the Health Research Ethics Commission of Poltekkes Kemenkes Yogyakarta on September 22, 2020, with a number e-KEPK/POLKESYO/0588/IX/2020.

RESULTS

Distribution of Maternal and Child Characteristics were described maternal characterictics and child characteristics.

Table 1. Distribution of Maternal and Child Characteristics

Demographic Characteristics of Respondents	Category	Frequency	Percentage
Maternal Characteristics			
Level of Education	Elementary (SD)	2	3,5
	Junior School (SMP)	12	21,1
	High School (SMA)	31	54,4
	College	12	21,1
Total		57	100
Socio-Economic Status	IDR <1.790.500	35	61,4
	IDR >1.790.500	22	38,6
Total		57	100
Profession	Work	13	22,8
	Does not work	44	77,2
Total		57	100
Number of Children	1	18	31,6
	2	25	43,9
	3	14	24,6
Total		57	100
Child Characteristics			
Child's Age	24-36 months	33	57,9
	37-48 months	18	31,6
	49-60 months	6	10,5
Total		57	100
Gender	Female	24	42,1
	Male	33	57,9
Total		57	100

Most of the mothers had a high school education level of 54,4% with the majority socioeconomic status IDR <1.790.500 (below the district minimum wage) of 61,4%. The majority of mothers also do not work by 77,2% and have 2 children by 43,9%. Most of the children aged 24-36 months were 57,9% and the male was 57,9%. The results of the univariate analysis of independent and dependent variables are as follows:

Table 2. Distribution of Respondents Based on Prior Related Behavior, Perceived Benefits, Perceived Barriers to Action and Preventive Behavior Related to Stunting Prevention in Children Aged 2-5 Years in the Working Area of Sewon 1 Public Health Center

Measured Variables	Category	Frequency	Percentage
Prior Related Behavior	Less	0	0
	Enough	21	36,8
	Good	36	63,2
Total		57	100
Perceived Benefits to Actions	Less	0	0
	Enough	32	56,1
	Good	25	43,9
Total		57	100
Perceived Barriers to Actions	Less	0	0
	Enough	26	45,6
	Good	31	54,4
Total		57	100
Preventive Behavior	Negative	21	36,8
	Positive	36	63,2
Total		57	100

Most of the respondents had good previous behavior of 63,2%, had the benefits of good actions by 43,9%, had good barriers to act by 54,4%, and had positive preventive behavior of 63,3%. Bivariate analysis of independent variables with the dependent variable as follows:

Table 3. The relationship between education level, socioeconomic status, the prior related behavior, perceived benefits, and perceived barriers to act with preventive behavior related to stunting prevention in children aged 2-5 years in the working area of Sewon 1 Public Health Center

Variables	Category	Stunting Prevention Behavior				∑ (%)	p-value
		Negative	%	Positive	%		
Level of Education	Elementary (SD)	1	1,75	1	1,75	2 (3,5)	0,944
	Junior School (SMP)	4	7,02	8	14,04	12 (21,06)	
	High School (SMA)	13	22,9	18	31,57	31 (54,47)	
	College	3	5,27	9	15,79	12 (21,06)	
Total		21	36,85	36	63,15	57 (100)	
Socioeconomic status	IDR <1.790.500	15	26,31	20	35,09	35 (61,4)	0,327
	IDR >1.790.500	6	10,53	16	28,07	22 (38,6)	
Total		21	36,84	36	63,16	57 (100)	
Prior Related to Behavior	Less	0	0	0	0	0 (0)	0,023
	Enough	10	17,54	11	19,30	21 (36,84)	
	Good	11	19,30	25	43,85	36 (63,16)	
Total		21	36,84	36	63,16	57 (100)	
Perceived Benefits to Actions	Less	0	0	0	0	0 (0)	0,039
	Enough	14	24,56	18	31,58	32 (56,14)	
	Good	7	12,28	18	31,58	25 (43,86)	

Variables	Category	Stunting Prevention Behavior				∑ (%)	p-value
		Negative	%	Positive	%		
Total		21	36,84	36	63,16	57 (100)	
Perceived Barriers to Actions	Less	0	0	0	0	0 (0)	0,305
	Enough	11	19,30	15	26,31	26 (45,61)	
	Good	10	17,54	21	36,84	31 (54,39)	
Total		21	36,84	36	63,16	57 (100)	

The results of the hypothesis test analysis showed that the level of education (p=0,944), socioeconomic status (p=0,327), and perceived barriers to action (p=0,305) were not related to stunting prevention behavior. On the other side, the results of the hypothesis test analysis showed that previous behavior (p=0,023) and the perceived benefits of the action (p=0,039) were related to stunting prevention behavior. The multivariate analysis of factors related to stunting prevention behavior is as follows:

Table 4. The results of a multivariate analysis of factors related to stunting prevention behavior in children aged 2-5 years in the working area of Sewon 1 Public Health Center

Variables	Sig	Exp (B)	95% C. I for EXP (B)	
			Lower	Upper
Level of Education	0,944	0,968	0,387	2,421
Socioeconomic status	0,327	1,948	0,513	7,391
Prior Related Behavior	0,023	1,260	1,032	1,537
Perceived Benefits to Action	0,039	1,075	1,004	1,151
Perceived Barriers to Action	0,305	0,890	0,713	1,112

The results of multivariate analysis showed that previous behavior and perceived benefits of action showed significant results (p<0,05) and education level, socioeconomic status, barriers to action didn't show significant results (p>0,1). The results of the previous behavior variables that were good had 1,26 times better in carrying out preventive behavior with a significance level of 0,023. So, previous behaviors that were better tended to be better at performing stunts prevention behavior compared to previous behaviors that were lacking.

The results of the analysis on the perceived benefits of the action are 1,075 times better in carrying out preventive behavior with a significance level of 0,039. The results of the analysis of the factors that most influence stunting children aged 2-5 years are as follows:

Table 5. The results of the analysis of the most influential factors with stunting prevention behavior in children aged 2-5 years in the working area of Sewon 1 Public Health Center

Prevention of Stunting in Children Aged 2-5 Years								
Variables	B	S.E	Wald	df	Sig.	Exp (B)	95%CI for Exp (B)	
							Lower	Upper
Prior Related to Behavior	0,147	0,058	6,387	1	0,011	1,158	1,034	1,298
Perceived Benefits to Action	0,079	0,035	5,187	1	0,023	1,082	1,011	1,159
Constant	-17,117	6,024	8,075	1	0,004	0,000		

Note: *p-value <0,25

The previous behavior variable (X1) with a p-value (sig) <0,011, means that the previous behavior variable (X1) has a significant influence on Y in the model. X1 or previous behavior has a significant value of 0,011<0,05 so that it rejects H0 or which means that previous behavior has a significant influence on stunting prevention in children aged 2-5 years. The action benefit variable (X2) with a p-value (sig) <0,023, means that the action benefits variable 9X2) has a significant influence on Y in the model. X2 or the benefit of the action has a significant value of 0,023<0,05 so that it rejects H0 or which means the perceived benefits of the action have a significant effect on preventing stunting in children aged 2-5 years.

Test the significance of the parameters using the 95% confidence interval value. Value 95,0% C.I. for EXP (B) on the previous behavior variable is 1,034 (lower) and 1,298 (upper), it can be concluded that previous behavior has a significant effect on stunting prevention. The magnitude of the effect is indicated by the value of EXP (B) or also called the ODDS RATIO (OR).

The previous behavior variable with an OR of 1,158 means that people whose previous behavior is lacking are more at risk of having negative stunting prevention behaviors as much as 1,158 times than people whose previous behavior is good. Value B= Natural Logarithm of Ln (1,158) = 0,147. Because the B value is positive, the previous behavior has a positive relationship with stunting prevention behavior.

Based on the B values in the calculation above, the equation model formed is as follows: Ln P/1P = -17,117 + 0,147 X1 + 0,079 X2. Probability or predicted = EXP (-17,117 + (0,1,47 x 1) + (0,079 x 1))/1 + EXP (-17,117 + (0,147 x 1) + (0,079 x 1)). So probability or predicted = EXP (-17,117 + (0,147) + (0,079)) / (1 + EXP (-17,117 + (0,147) + (0,079))) = 0,04616. The meaning of the logistic regression equation above is that for every 1 unit change in the previous behavior variable and a 1 unit change in the perceived benefits of the action variable, it will increase the likelihood of stunting prevention behavior by 0,04616 (or 4,6%).

DISCUSSION

The results of the analysis in this study indicate that every mother who became the majority of respondents had a high school education level (SMA). From the logistic regression test, the significance and correlation values showed no significant relationship between maternal education level and stunting prevention behavior. This shows that the mother's education level does not affect stunting prevention behavior. According to research in 2012 and 2011, who said that maternal education didn’t have a significant relationship with the incidence of stunting (Kamal, 2011; Nasikha & Margawati, 2012).

Mothers who are highly educated, usually have jobs that will reduce the mother's time in caring for children so that attention to feeding children is reduced and causes children to suffer from malnutrition, which in turn adversely affect the growth and development of children. This contrary to the past research in 2006, which says that the educational status of mothers is an important predictor of stunting in rural Guatemala, but maternal education can also be influenced by health workers who can provide health information to mothers (Sereebutra, 2006).

It’s also different from research in 2018, which says that there is a significant relationship between a mother's education and the incidence of stunting in toddlers

(Wright, 2018). Educated mothers are more likely to make decisions that will improve the nutrition and health of their children. In addition, educated mothers tend to send all their children to school to break the chain of ignorance, and will be better at using strategies for the survival of their children, such as adequate breastfeeding, immunization, oral rehydration therapy, and family planning.

However, other studies also state that exclusive breastfeeding and immunization status are not associated with stunting (Hendraswari et al., 2021). Therefore, educating women will be a useful step in reducing the prevalence of malnutrition, especially stunting. HPM theory states that education level is one of the sociocultural factors where this factor doesn't directly affect stunting prevention behavior, for example, personal factors which include biological factors and psychological factors (Parish et al., 1991).

The results of the analysis in this study indicate that the majority of respondent's socioeconomic status is below IDR 1.790.500 or the district minimum wage and from the logistic regression test it's concluded that there is no relationship between socioeconomic status and preventive behavior. This contradicts the research conducted by Nadhiroh (2015) and Bomela (2007) namely low family income is a factor associated with stunting in toddlers. With a small income, the family will have limitations and difficulties in meeting their daily needs. Manurung, J., and Adler (2009) revealed that family income is the amount of money generated and the amount of money that will be spent to finance household needs for one month. Sufficient family income will support the behavior of family members to get more adequate family health services.

According to Fikawati (2017), the socioeconomic level is related to family purchasing power. The family's ability to buy food depends, among other things, on the size of the family's income, the price of the food itself, and the level of management of land and yard resources. Families with limited income are likely to be less able to meet their food needs, especially to meet the nutritional needs of the child's body. Based on Fikrina, L. T. and Rokhanawati (Fikrina, 2017) the limited family income also determines the quality of the food that is managed every day, both in terms of quality and quantity of food. The poverty that lasts for a long time can result in households not being able to meet their food needs which results in insufficient nutrition for children’s growth.

The number of family members is one of the factors that influence the growth pattern of children and toddlers in a family. The larger the number of family members without being matched by an increase in income will cause the distribution of food consumption to be more unequal (Hapsari, 2018). The low socioeconomic status of the family doesn't mean that the family cannot fulfill their daily food needs.

This can be proven if there is no relationship between socioeconomic status and stunting prevention behavior in the Sewon 1 Public Health Center area. Many families with low socioeconomic status in the Sewon 1 Public Health Center can fulfill their daily food needs by utilizing the vegetables they grow themselves. According to the Ministry of Health (2016) that the consumption of vegetables that contain vitamins, minerals, and fiber is one simple indicator in realizing balanced nutrition (Dirjen Gizi dan Kesehatan Ibu dan Anak, 2016).

Prior behavior is behavior that was often carried out in the past directly or indirectly, which has an impact on the possibility of behavior that improves the health status (Parish et al., 1991). The results of the analysis in this study indicate that the

majority of mothers have sufficient previous behavior in the form of providing additional food to pregnant women, overcoming iron and folic acid deficiencies, overcoming iodine deficiency, providing deworming medicine, providing complete immunization, and preventing and treating diarrhea as many as 36 respondent. From the logistic regression, correlation test, it's shown that there is a relationship between previous behavior and prevention behavior (Parish et al., 1991).

The results of the cross-tabulation showed that there were 11 people whose previous behavior was sufficient but had positive stunting prevention efforts. When viewed from the age distribution of respondents, during this early adult age critical thinking skill increase and the decision-making process are flexible. This is because early adulthood continues to develop and must be involved in changes in the household changes (Perry, 2013) Sukmawati et al, 2018 (Soetjiningsih, 2012) state that nutritional intake during pregnancy and malnutrition are factors that can affect low birth weight.

Low birth weight will affect the child's adulthood and will experience stunting. Based on the research of Swathma, Lestari, and Teguh, 2016 (in Soetjiningsih, 2012) a history of basic immunization is a risk factor for stunting where respondents who have a history of incomplete basic immunization have a risk of experiencing stunting compared to respondents who have a history of complete basic immunization. According to Soetjiningsih (2012) that supplementary feeding for less than 6 months has 5,5 times the significant effect on the incidence of stunting. The research of Hendraswari (2021) also emphasizes that the dominant factor related to stunting in children aged 24-59 months is the energy intake given.

The benefits of the action directly motivate behavior and indirectly determine the plan of action to achieve the benefits as a result. The benefits become a positive mental picture or positive reinforcement for behavior. According to the expected value theory, motivation is important to realize one's results from past experiences through observational lessons from others in behavior (Parish et al., 1991).

Based on the distribution of answers, most respondents have a perceived benefit of the action that is felt to be sufficient, including increasing cognitive, motor, and language functions in children and reducing the cost of treating sick children, and also having positive stunting prevention behavior. From the logistic regression, correlation test, it's shown that there is a relationship between previous behavior and prevention behavior. The perceived benefit of the action is related to stunting prevention behavior, which means that the high perceived benefits of the action make a person perform stunting prevention behavior.

This study is not in line with Ningrum, E. W. and Utami (2017) which shows that there is no relationship between nutritional status and toddler development. The results of this study are different from research conducted by Hanum, N. L. and Khomsan (2012) which states that the task of language and cognitive development in the group of stunted toddlers is lower than normal toddlers and shows a significant relationship between nutritional status index (height/age) and language development in toddlers.

According to research conducted by Hassanpour, S., Langlotz, C. P. and States (2017) that stunting in early childhood doesn't have a relationship with children cognitive performance because there are still many factors that can improve children's cognitive performance, such as length of breastfeeding, the relative size of children at birth, and health problems experienced by children. Based on the description above, the statement about the perceived benefits of an influential action is due to the high

awareness of individuals to maintain their health so that complications from stunting prevention behavior do not occur.

Action barriers are obstacles during stunting prevention behavior, activities starting from pregnancy until the child is 2 years old. Barriers to action in carrying out stunting prevention behaviors include access to clean water and sanitation, provision of food, access to health services and health insurance parenting education, community nutrition education, and social security for underprivileged families. The majority of respondents who feel they have no barriers from (good) action have positive stunting prevention behaviors. In this study, it was also found that respondents felt there were enough barriers to action but positive stunting prevention behavior.

The results of the study of the relationship between perceived barriers to action and stunting prevention behavior showed that there was no relationship between barriers to action and stunting prevention behavior. Poor sanitation can increase the incidence of illnesses such as diarrhea in toddlers. Families with household sanitation that meet the requirements, most have toddlers who are not affected by diarrheas and vice versa, which will affect children, namely being stunted (Mayasari, 2018). Poor sanitation is one of the factors that influence stunting (Hanifah et al, 2018).

The results of research by Maywita (2018) show that the proportion of stunting is more found in respondents who get poor parenting, which is higher than respondents who get good parenting, so there is a significant relationship between nutritional parenting and stunting. In contrast to the research conducted by Has (2012), perceived barriers to action directly affect the behavior of mothers in meeting the nutritional needs of preschool children, which means that the more mothers perceive obstacles in meeting their child's nutritional needs, it will directly improve behavior in meeting the nutritional needs of preschool children by their nutritional adequacy. Perceived barriers are an awareness of action barriers that can cause health problems about health behavior. The perceived barriers can be influenced by many factors, one of which can be due to economic reasons.

A person's awareness of health and health promotion behavior can be hampered by a person's low income so that it will also have an impact on a person's ability to maintain their health status (Parish et al., 1991). The obstacles perceived or perceived by the mother greatly affect her intention or commitment to behave positively in performing stunts prevention behavior. However, several other factors can cause that mothers who have high barriers to action do not affect stunting prevention behavior, for example, mothers try to seek information from electronic media and take advantage of the experiences of other mothers of toddlers to find solutions to the obstacles they face in carrying out preventive behavior stunting.

Multivariate analysis of the variables of education level, socioeconomic status, previous behavior, benefits of action, and barriers to action, 2 variables show a significance value of 0,05 namely the previous behavior variables and the benefits of the action. From these results, it can be concluded that the variable that has a greater tendency to perform preventive behavior is the previous behavior (p-value 0,011). The previous behavior showed that the previous high behavior had 1,26 times better in carrying out preventive behavior with a significance level of 0,023. So, higher previous behavior tends to be better at performing preventive behavior.

This is different from the research conducted by Maywita (2018) where the dominant factor related to stunting is nutritional parenting because it has the largest OR value of 4,571 meaning that toddlers who have poor parenting are likely to be stunted

by 4,5 times compared to toddlers who receive parenting styles the good one. Parenting is one of the factors that play an important role in the nutritional status of toddlers. It's also different from the research in 2014 that states maternal height has the greatest influence on the incidence of stunting with an OR value of 10,31 which means that maternal height is less than 10,31 times the occurrence of stunting. A short mother is one of the factors associated with the incidence of stunting (Nasikha & Margawati, 2012).

One or both parents who are short due to pathological conditions (such as growth hormone deficiency) have genes in their chromosomes that carry short traits, thus increasing the chances of children inheriting these genes and growing up to be stunted. However, if the parents are short due to nutritional deficiencies or disease, the child is likely to grow to a normal height as long as the child is not exposed to other risk factors (Maywita, 2018).

CONCLUSION

Stunting prevention behavior in children aged 2-5 years is influenced by previous (prior related behavior), this is based on the Health Promotion Model (HPM) theory. The previous behavior that was better tended to be better at performing stunts prevention behavior compared to the previous behavior that was less. The dominant factor related to stunting prevention behavior is previous behavior.

The previous high behavior had 1,26 times better in performing stunts prevention behavior compared to the low previous behavior. Each 1 unit change in the previous variable and a 1 unit change in the perceived benefit of the action variable, will increase the likelihood of stunting prevention behavior by 0,04616 (or 4,6%).

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