

Association Between Parenting Style and Stunting Among Under-Five Children in the Service Area of Alalak Selatan Community Health Center, Banjarmasin

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ABSTRACT/ ABSTRAK

ABSTRACT. Stunting is a chronic growth disorder among under-five children caused by chronic undernutrition and recurrent infections. Parenting style has been identified as one of the factors associated with stunting. This study aimed to examine the association between parenting style and stunting among under-five children in the service area of Alalak Selatan Community Health Center, Banjarmasin. A descriptive correlational study with a cross-sectional design was conducted among 60 parents of children aged 24–60 months selected using a total sampling technique. Data were collected using a parenting style questionnaire and children's height measurements and were analyzed using Spearman's rank correlation test. Permissive parenting was the most common parenting style (50.0%), and most under-five children were not stunted (72.0%). A significant association was found between parenting style and stunting ($p < 0.001$; $r = 0.598$), indicating a moderate correlation. Better parenting practices were associated with a lower risk of stunting. Strengthening parental education on appropriate parenting practices may support stunting prevention.

ABSTRAK. Stunting merupakan gangguan pertumbuhan kronis pada balita akibat kekurangan gizi kronis dan infeksi berulang. Pola asuh orang tua merupakan salah satu faktor yang diduga berhubungan dengan kejadian stunting. Penelitian ini bertujuan untuk menganalisis hubungan pola asuh orang tua dengan kejadian stunting pada balita di wilayah kerja Puskesmas Alalak Selatan, Banjarmasin. Penelitian ini menggunakan desain deskriptif korelasional dengan pendekatan *cross-sectional* yang melibatkan 60 orang tua balita usia 24–60 bulan yang dipilih menggunakan teknik *total sampling*. Data dikumpulkan menggunakan kuesioner pola asuh orang tua dan pengukuran tinggi badan balita, kemudian dianalisis menggunakan uji Spearman Rank. Hasil penelitian menunjukkan bahwa sebagian besar responden menerapkan pola asuh permisif (50,0%) dan sebagian besar balita tidak mengalami stunting (72,0%). Terdapat hubungan yang signifikan antara pola asuh orang tua dengan kejadian stunting ($p < 0,001$; $r = 0,598$) dengan kekuatan korelasi sedang. Praktik pengasuhan yang lebih baik berhubungan dengan risiko stunting yang lebih rendah. Peningkatan edukasi kepada orang tua mengenai praktik pengasuhan yang tepat diharapkan dapat mendukung upaya pencegahan stunting.

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INTRODUCTION

Stunting remains a major public health and nutritional challenge, particularly in developing countries. It is characterized by impaired linear growth resulting from chronic undernutrition, causing children to have a height-for-age below the recommended standard. Beyond impaired physical growth, stunting adversely affects cognitive development, learning capacity, immune function, motor development, adult productivity, and overall human capital. Consequently, stunting has become an important indicator of child health and national development (Yuliarni et al., 2023; Akbar et al., 2023; Anggraeni et al., 2025).

According to the World Health Organization (WHO), a stunting prevalence of $\geq 20\%$ constitutes a public health problem (World Health Organization, 2025). The 2023 Indonesian Health Survey reported that the prevalence of stunting among under-five children was 21.5% nationally and 24.7% in South Kalimantan Province, indicating that stunting remains a priority public health issue requiring sustained and comprehensive interventions (Ministry of Health of the Republic of Indonesia, 2024).

Stunting is a multifactorial condition influenced by maternal nutritional status during pregnancy, infant and young child feeding practices, exclusive breastfeeding, infectious diseases, environmental sanitation, household socioeconomic conditions, access to healthcare services, and parenting practices. Therefore, effective prevention requires not only nutritional interventions but also improvements in the broader determinants of child growth and development (Yulika et al., 2024; Ariyanti et al., 2025; Gaio et al., 2025; Prasetyo & Syafi'i, 2024; Wastini et al., 2025).

Among these determinants, parenting style has received considerable attention because it influences how parents meet their children's physical, emotional, and social needs, including feeding practices, health monitoring, utilization of healthcare services, and healthy lifestyle behaviors. Appropriate parenting practices promote optimal growth and development, whereas inadequate parenting may increase the risk of stunting (Akmal et al., 2025; Ilma et al., 2025; S et al., 2025).

Previous studies have demonstrated an association between parenting style and the nutritional status of under-five children. Parents who adopt responsive and consistent parenting with appropriate supervision are more likely to meet their children's nutritional and healthcare needs. In contrast, permissive parenting, characterized by limited supervision of children's feeding and health, has been associated with a higher risk of stunting. However, this association may vary across regions because of differences in socioeconomic, cultural, and environmental characteristics (Aboka et al., 2024; Nursiah et al., 2025; Afrita et al., 2023; Khaira et al., 2025).

In Banjarmasin, stunting remains an important public health concern. According to the Banjarmasin City Health Office, Alalak Selatan reported the highest number of stunting cases in 2023, with 246 under-five children affected (Banjarmasin City Health Office, 2024). Despite the high burden of stunting, evidence regarding the association between parenting style and stunting in this area remains limited. Therefore, this study aimed to examine the association between parenting style and stunting among under-five children in the service area of Alalak Selatan Community Health Center, Banjarmasin.

RESEARCH METHOD

This quantitative study employed a descriptive correlational design with a cross-sectional approach to examine the association between parenting style and stunting among under-five children in the service area of Alalak Selatan Community Health Center, Banjarmasin. The independent variable was parenting style, whereas the dependent variable was stunting.

The study population comprised all parents of under-five children attending the Cendrawasih Integrated Health Post within the service area of Alalak Selatan Community Health Center, totaling 60 respondents based on the Integrated Health Post records. The sample included all parents of children aged 24–60 months and was selected using a total sampling technique.

Data were collected using a parenting style questionnaire and anthropometric measurements of children's height obtained with a stadiometer. Univariate analysis was performed to describe respondents' characteristics, including maternal age, educational level, occupation, child age, child sex, parenting style, and stunting status using frequencies and percentages. Bivariate analysis was conducted using Spearman's rank correlation test to examine the association between parenting style and stunting among under-five children.

RESULTS

A total of 60 parents of under-five children aged 24–60 months attending the Cendrawasih Integrated Health Post in the service area of Alalak Selatan Community Health Center, Banjarmasin, participated in this study. Respondent characteristics included maternal age, educational level, occupation, child age, and child sex.

Respondent Characteristics

Table 1. Distribution of Respondents by Maternal Age

No.	Maternal Age (Years)	N	%
1	20–32	31	51.6
2	33–40	25	41.7
3	41–50	4	6.7
	Total	60	100.0

As shown in Table 1, most respondents were aged 20–32 years (51.6%), followed by those aged 33–40 years (41.7%). Respondents aged 41–50 years accounted for the smallest proportion (6.7%).

Table 2. Distribution of Respondents by Educational Level

No.	Educational Level	N	%
1	Primary School	14	23.3
2	Junior High School	19	31.7
3	Senior High School	22	36.7
4	Higher Education	5	8.3
	Total	60	100.0

Table 2 shows that most respondents had completed senior high school (36.7%), followed by junior high school (31.7%), primary school (23.3%), and higher education (8.3%).

Table 3. Distribution of Respondents by Occupation

No.	Occupation	N	%
1	Homemaker	44	73.3
2	Private Employee	8	13.3
3	Trader	5	8.3
4	Teacher	3	5.0
	Total	60	100.0

As presented in Table 3, most respondents were homemakers (73.3%), while 13.3% were private employees, 8.3% were traders, and 5.0% were teachers.

Table 4. Distribution of Under-Five Children by Age

No.	Child Age (Months)	N	%
1	24–36	33	55.0
2	37–48	24	40.0
3	49–60	3	5.0
	Total	60	100.0

Table 4 indicates that more than half of the under-five children were aged 24–36 months (55.0%), followed by those aged 37–48 months (40.0%). Only 5.0% were aged 49–60 months.

Table 5. Distribution of Under-Five Children by Sex

No.	Sex	N	%
1	Male	27	45.0
2	Female	33	55.0
	Total	60	100.0

Table 5 shows that female children comprised 55.0% of the study population, while male children accounted for 45.0%.

Univariate Analysis

Table 6. Distribution of Parenting Styles

No.	Parenting Style	N	%
1	Authoritative	9	15.0
2	Authoritarian	21	35.0
3	Permissive	30	50.0
	Total	60	100.0

As shown in Table 6, permissive parenting was the most frequently reported parenting style (50.0%), followed by authoritarian parenting (35.0%) and authoritative parenting (15.0%).

Table 7. Distribution of Stunting Status

No.	Stunting Status	N	%
1	Stunted	14	28.0
2	Not Stunted	46	72.0
	Total	60	100.0

Table 7 shows that most under-five children were not stunted (72.0%), whereas 28.0% were classified as stunted.

Bivariate Analysis

Table 8. Association Between Parenting Style and Stunting Among Under-Five Children in the Service Area of Alalak Selatan Community Health Center, Banjarmasin

Variable	N	Spearman's Correlation Coefficient (r)	p-value
Parenting style and stunting among under-five children	60	0.598	<0.001

Spearman's rank correlation analysis revealed a statistically significant association between parenting style and stunting among under-five children ($r = 0.598$, $p < 0.001$). The correlation coefficient indicated a moderate positive association, suggesting that parenting style was significantly associated with stunting among under-five children in the study population.

DISCUSSION

Parenting Style Among Under-Five Children in the Service Area of Alalak Selatan Community Health Center, Banjarmasin

The present study found that permissive parenting was the predominant parenting style among respondents, followed by authoritarian and authoritative parenting. This finding suggests that many parents tend to provide children with considerable autonomy while exercising relatively limited supervision and behavioral control.

This finding is consistent with previous studies by Aboka et al. (2024) and Ningsih et al. (2025), which reported that permissive parenting remains common among families with under-five children. Permissive parenting is characterized by high parental warmth but low levels of monitoring, discipline, and rule enforcement, allowing children greater freedom in their daily activities than authoritative or authoritarian parenting.

Parenting style reflects the interactions between parents and children in meeting children's physical, emotional, and social needs. Authoritative parenting emphasizes a balance between affection, communication, supervision, and age-appropriate discipline, whereas authoritarian parenting is characterized by high parental control and relatively low responsiveness (Dese et al., 2025; Herliawati et al., 2025). These differences highlight the distinct approaches parents adopt in supporting child growth and development.

Overall, the findings indicate that permissive parenting remains the dominant parenting style among families with under-five children in the study area. This pattern provides an important context for understanding its association with stunting.

Stunting Among Under-Five Children in the Service Area of Alalak Selatan Community Health Center, Banjarmasin

Although most under-five children were not stunted, more than one-quarter of the study population experienced stunting, indicating that this condition remains an important public health concern in the study area.

This finding is consistent with previous studies conducted in the same region (Baidah et al., 2025) and with reports indicating that stunting is more common among children older

than two years, when nutritional requirements increase substantially to support linear growth and development (Zulfa et al., 2023; Hatijar, 2023).

Stunting is widely recognized as a multifactorial condition. Maternal education influences caregivers' ability to provide appropriate nutrition and childcare (Rahmah et al., 2025), while poor environmental sanitation increases susceptibility to infectious diseases that may impair child growth (Akbar et al., 2025; Putri & Suraya, 2024). Household socioeconomic conditions also affect families' ability to provide nutritious foods and adequate healthcare for children (Faisal et al., 2025). These findings emphasize that stunting prevention requires comprehensive interventions addressing multiple determinants simultaneously.

Association Between Parenting Style and Stunting Among Under-Five Children

Spearman's rank correlation analysis demonstrated a statistically significant association between parenting style and stunting among under-five children. The observed moderate correlation suggests that parenting style is an important factor associated with children's nutritional and growth outcomes.

The findings are consistent with previous studies reporting significant associations between parenting style and stunting (Aboka et al., 2024; Ningsih et al., 2025). Parents who provide consistent supervision and appropriate caregiving practices are generally better able to meet children's nutritional and healthcare needs. In contrast, permissive parenting, characterized by limited supervision of children's feeding and health, may contribute to suboptimal childcare practices and increase the likelihood of impaired growth.

Parenting practices influence children's nutritional status through appropriate feeding, routine health monitoring, fulfillment of basic needs, and timely utilization of healthcare services (Nursiah et al., 2025). Therefore, parenting style may play an important role in supporting optimal child growth and reducing the risk of stunting.

Nevertheless, the findings should be interpreted cautiously because this study employed a cross-sectional design. Consequently, the observed association does not imply a causal relationship between parenting style and stunting.

Study Limitations

This study has several limitations. First, the cross-sectional design precludes causal inference between parenting style and stunting. Second, the study was conducted at a single Integrated Health Post within the service area of Alalak Selatan Community Health Center, limiting the generalizability of the findings. Third, only parenting style was examined as the independent variable. Other important determinants of stunting, including dietary intake, history of infectious diseases, birth weight, parental education, household socioeconomic status, and environmental sanitation, were not included in the analysis. Future studies should incorporate these variables using longitudinal or prospective designs to provide a more comprehensive understanding of factors associated with stunting.

CONCLUSION

This study demonstrated a significant association between parenting style and stunting among under-five children in the service area of Alalak Selatan Community Health Center, Banjarmasin. The findings suggest that parenting style is an important factor associated with stunting and should be considered in family-based stunting prevention strategies.

Healthcare professionals at Alalak Selatan Community Health Center should strengthen parental education on appropriate parenting practices as part of promotive and preventive efforts to reduce the risk of stunting. Future studies are recommended to employ more robust study designs and include additional determinants, such as dietary intake, infectious diseases, birth weight, parental education, household socioeconomic status, and environmental sanitation, to provide a more comprehensive understanding of factors associated with stunting.

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