

Original Research

Differences in Maternal Care Patterns for Toddlers with Growth Disorders and Normal Growth

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ABSTRACT

Background: Toddler growth reflects nutritional status and health, which are greatly influenced by maternal parenting patterns in meeting children's basic needs. Inappropriate parenting patterns can cause growth disorders such as low weight and below-normal height. This study aims to determine the differences in maternal parenting patterns among toddlers with growth disorders and toddlers with normal growth in Candirejo Village, Ngawen District, Klaten Regency.

Methods: This study used a comparative design with descriptive methods. The study population consisted of all mothers with toddlers aged 0–5 years, with a sample size of 70 respondents selected using purposive sampling. The research instrument was a structured questionnaire that had been tested for validity and reliability. Data analysis was performed using univariate and bivariate analysis with the Kendall Tau test.

Results: The results showed that most mothers were aged 20–35 years, had a high school education, and worked as housewives. Most mothers had good parenting patterns (95.7%), and most toddlers experienced normal growth (67.1%). Statistical test results showed a significant difference between mothers' parenting patterns and toddlers' growth ($p = 0.0012$; $\alpha < 0.05$).

Conclusion: There is a difference in maternal parenting patterns and toddler growth. It is recommended that health workers increase education about the importance of proper nutritional parenting patterns and provide assistance to mothers in monitoring toddler growth and development regularly at health posts.

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INTRODUCTION

Growth is a natural process that shows an increase in physical size and body structure due to cell multiplication and enlargement. Child growth begins from conception to adulthood and is an important indicator of child health. Weight and height are often used to assess growth because they reflect the nutritional status and well-being of children (Indonesian Ministry of Health, 2020; Soetjiningsih & Ranuh, 2015). Based on a report by the World Health Organization (2019), Indonesia is a country with a high rate of malnutrition, with 28.47% of toddlers experiencing malnutrition or severe

malnutrition. This condition shows that growth problems are still a serious public health challenge in Indonesia.

Growth disorders in toddlers can be detected through growth curve monitoring and risk factor examinations. Data from the Indonesian Ministry of Health (2018) shows that from the results of SDIDTK activities in five regions of Central Java, 11.9% of children experienced growth disorders, including malnutrition and developmental delays. Environmental factors and childcare have a major influence on growth because children who do not receive optimal attention and support tend to experience growth failure (Loya & Nuryanto, 2017). Therefore, mothers' understanding of good parenting patterns is an important part of efforts to prevent growth disorders in toddlers.

The toddler stage is known as the golden period that greatly determines a child's future. During this period, children require intensive attention, especially in terms of balanced nutrition and stimulation for growth and development. Good parenting plays a major role in the quality of growth and development, as mothers' behavior in feeding, maintaining hygiene, and caring for children when they are sick can affect children's nutritional status (Armini, Sriasih, & Marhaeni, 2017; Munawaroh, 2017). Failure to thrive due to malnutrition in early childhood has long-term effects on intelligence, immunity, and productivity in adulthood (Indonesian Ministry of Health, 2020). Thus, maternal parenting is an important factor that can determine the optimization of early childhood growth.

Several studies show varying relationships between maternal parenting styles and child growth. Doni's (2020) study found a significant relationship between parental parenting styles and the growth and development of preschool-aged children, while Item (2021) stated that there was no significant relationship between parenting styles and the nutritional status of toddlers. The differences in these research results indicate that parenting styles can be influenced by different social, economic, and cultural factors in each region (Lali Midu, Putri, & Wibowo, 2021). Therefore, it is necessary to conduct research in areas with different social characteristics, such as Candirejo Village, Ngawen District, Klaten Regency, which is one of the stunting loci in Central Java.

Candirejo Village is the focus of attention because there are quite a number of cases of toddlers with malnutrition despite receiving the Supplementary Food Program (PMT). This condition indicates the possibility of other factors besides nutrition, namely differences in parenting styles practiced by mothers. Based on the results of a preliminary study in 2022, most mothers do not pay close attention to their children's eating habits, and some even follow their children's wishes without providing healthy guidance. Therefore, this study aims to analyze the differences in parenting patterns between toddlers with growth disorders and toddlers with normal growth carried out by mothers in Candirejo Village, Ngawen District, Klaten Regency. This study is expected to provide an empirical description and serve as a basis for educational interventions to improve the quality of mothers' parenting patterns towards toddlers.

MATERIALS AND METHODS

This study used a comparative design because it aimed to determine the differences in parenting patterns of mothers of toddlers with growth disorders and toddlers with normal growth in Candirejo Village, Ngawen District, Klaten Regency. A comparative design was chosen because it allowed researchers to compare two different groups based on certain variables without manipulating the variables. This design was relevant to the

research objective, which was to see the relationship and real differences between the two conditions of toddler growth based on maternal parenting patterns.

The study was conducted in Candirejo Village, Ngawen District, Klaten Regency because this area has a large number of toddlers and there is variation in children's growth conditions. The study was conducted from September to December 2022, starting from the preparation stage to the reporting of research results. This location was chosen due to the ease of data access and support from the village and local health workers who acted as enumerators during the data collection process.

The population in this study consisted of all mothers with infants aged 0–5 years in Candirejo Village, totaling 225 people. The sampling technique was purposive sampling, considering the predetermined inclusion and exclusion criteria. The sample size was calculated using the Slovin formula with a 10% margin of error, resulting in a sample size of 70 respondents. The inclusion criteria included mothers who had toddlers under five years of age with KMS and were willing to be respondents. Meanwhile, the exclusion criteria were mothers who did not reside in the study area, toddlers with congenital disabilities, and toddlers who were sick.

The variables in this study consisted of an independent variable, namely maternal parenting patterns, and a dependent variable, namely toddler growth (normal and abnormal). Parenting patterns were measured based on feeding practices, parenting habits, and utilization of health services. Infant growth was measured using anthropometric indicators based on weight and height according to WHO standards. The research instruments used were a parenting questionnaire and a growth observation sheet that had been tested for validity and reliability.

The parenting style questionnaire instrument was adopted from Melisa Trisna Murti's (2022) study and used a Guttman scale with 17 statements with "Yes" and "No" answers. The results of the previous validity test showed a calculated r value between 0.462 and 0.813, which was greater than the table r of 0.444, so it was declared valid. The reliability test results produced a Cronbach's Alpha value of 0.883, which means that the instrument is reliable because it is greater than 0.6. Growth measurements were carried out using a length board for children aged 0–24 months, a standard height measuring device for children aged 25–60 months, and digital scales to measure weight.

The data collection procedure began with the provision of an informed consent form to respondents, followed by the completion of a parenting questionnaire and anthropometric measurements by enumerators. The data were analyzed in several stages, namely editing, coding, scoring, entry, and tabulation, before statistical analysis was performed. Univariate analysis was used to describe the frequency distribution of each variable, while bivariate analysis used the Kendall Tau test to determine differences in parenting patterns between mothers with toddlers with normal growth and those with growth disorders. This study has obtained ethical approval from the Dr. Moewardi Hospital Health Research Ethics Committee with Number 922/XI/HREC/2022 dated November 24, 2022, so that all stages of the study were carried out in accordance with the principles of health research ethics, including respect for human dignity, privacy and confidentiality, anonymity, and justice.

RESULTS

Table 1. Characteristics of Mothers and Infants in Candirejo Village, Ngawen District, Klaten Regency (n=70)

Characteristics	Category	n	
Mother's Age (years)	<20	0	0.0
	20–35	46	65.7
	>35	24	34.3
Mother's education	Elementary	5	7
	Junior High School	12	17.1
	High School	46	65.7
	Higher Education	7	10
Mother's occupation	Housewife	59	84
	Laborer	4	5.7
	Private	4	5.7
	Self-employed	2	2.9
	Civil servant	1	1.4
Infant age (months)	0–12	6	8.6
	13–24	25	35.7
	25–36	19	27.1
	37–48	14	20.0
	49–60	6	8.6
Infant Gender	Male	30	42.9
	Female	40	57.1

Table 1 shows that most mothers are aged 20–35 years (65.7%), have a high school education (65.7%), and most work as housewives (84.3%). This condition indicates that the majority of mothers are of productive age with sufficient time to care for their children. In addition, most toddlers are aged 13–24 months (35.7%) and are female (57.1%), which is the early growth age group that requires intensive attention from mothers.

Table 2. Distribution of Maternal Care Patterns and Infant Growth in Candirejo Village, Ngawen Subdistrict, Klaten District (n=70)

Variable	Category	n	
Maternal Care Patterns	Good	67	95.7
	Not Good	3	4.3
Infant Growth	Normal	47	67.1
	Abnormal	23	32.9

Table 2 shows that most mothers have good parenting patterns (95.7%), while a small number have poor parenting patterns (4.3%). In terms of child growth, 67.1% of toddlers show normal growth, and 32.9% experience abnormal growth. These results

indicate that the majority of mothers have implemented parenting patterns that support optimal child growth and development.

Table 3. Differences in Maternal Parenting Styles Among Toddlers with Normal and Abnormal Growth in Candirejo Village, Ngawen Subdistrict, Klaten District (n=70)

Parenting Style	Normal Growth f (%)	Abnormal Growth f (%)	Total f (%)	τ	p-value
Good	47 (67.1)	20 (28.6)	67 (95.7)	0.302	0.012
Poor	0 (0.0)	3 (4.3)	3 (4.3)		
Total	47 (67.1)	23 (32.9)	70 (100)		

Table 3 shows that the Kendall Tau test results obtained a value of $\tau = 0.302$ and $p = 0.012$ ($p < 0.05$), indicating that there is a significant difference between maternal parenting styles and toddler growth. Mothers with good parenting styles tend to have children with normal growth. This relationship is weak but meaningful, so that maternal parenting patterns remain an important factor influencing children's growth.

DISCUSSION

The results of the study show that most mothers have good parenting patterns, and most toddlers experience normal growth. This indicates that mothers' behavior in providing care greatly influences children's growth status. Good parenting reflects mothers' ability to meet their children's basic needs, such as providing nutritious food, emotional attention, and regular health monitoring. These findings reinforce the theory that a positive parenting environment can help achieve optimal growth during infancy (Indonesian Ministry of Health, 2021).

These results are in line with research conducted by Putri et al. (2019), which found that maternal parenting patterns have a significant relationship with toddler growth. The study explains that mothers with good parenting patterns tend to have children with weight and height appropriate for their age. Similarly, a study by Wulandari and Rahmawati (2020) states that mothers' knowledge and attitudes towards parenting play an important role in preventing growth disorders. The similarity of these results reinforces the evidence that parenting factors, particularly in terms of feeding and stimulation, are crucial components in child growth and development.

Social and environmental factors also influence the quality of parenting. Most of the mothers in this study were of productive age and had a secondary education, making it easier for them to understand health information from medical personnel and the media. This is in line with research by Lestari and Hapsari (2020), which states that the mother's level of education influences the implementation of balanced nutrition behaviors in toddlers. Additionally, the fact that most mothers were housewives allowed them to have more time to care for their children, which had a positive impact on toddler growth.

The implications of these findings suggest that public health interventions should focus on improving mothers' ability to practice proper childcare. Efforts such as nutrition counseling, growth monitoring training, and assistance for at-risk families can improve the quality of childcare. This is in line with the recommendations of the World Health Organization (WHO, 2020), which emphasizes the importance of the family's role in the first 1,000 days of a child's life. Thus, strengthening mothers' capacity in childcare will

directly contribute to reducing the incidence of growth disorders (stunting) in the community.

This study has several limitations that need to be considered. Comparative research design with a cross-sectional approach only describes the relationship at a certain point in time, so it cannot explain the cause and effect in depth. In addition, the data was obtained through questionnaires, which had the potential to cause bias in the respondents' answers. Future researchers are advised to use longitudinal design and direct observation methods to strengthen data validity and assess changes in parenting patterns and growth on an ongoing basis.

Based on the results of this study, it is recommended that health workers in the puskesmas working area increase educational activities and assistance for mothers of toddlers in proper parenting practices. The village government is also expected to support family empowerment programs by strengthening integrated health service posts (posyandu) as centers for child growth and development education. In addition, further research can examine other factors such as maternal nutritional status, family income levels, and social support to obtain a more comprehensive picture of the determinants of toddler growth in rural communities.

CONCLUSION

The results of the study show that most mothers in Candirejo Village, Ngawen District, Klaten, have good parenting patterns, and this is related to normal toddler growth. Factors such as productive age, secondary education level, and status as a housewife support the implementation of optimal parenting in meeting children's nutritional, hygiene, and health care needs. Maternal parenting patterns were found to have a significant difference on toddler growth status, thus it can be concluded that parenting patterns play an important role in preventing growth disorders. Based on these findings, it is recommended that health workers and posyandu cadres increase education and guidance for mothers of toddlers on appropriate and sustainable parenting practices, particularly in terms of age-appropriate feeding, growth monitoring, and stunting prevention through basic health services.

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