

## IDENTIFICATION OF FACTORS CAUSING NUTRITIONAL STATUS PROBLEMS IN TODDLERS

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### ABSTRAK : IDENTIFIKASI FAKTOR PENYEBAB MASALAH STATUS GIZI PADA BALITA

Latar Belakang: Masalah status gizi pada balita merupakan isu kesehatan masyarakat yang sangat serius di Indonesia, di mana angka prevalensi gizi kurang dan stunting memiliki dampak jangka panjang pada pertumbuhan dan perkembangan anak, serta kualitas sumber daya manusia di masa depan.

Tujuan: untuk mengidentifikasi faktor-faktor yang berhubungan dengan masalah status gizi pada balita, dengan fokus pada umur ibu, pendidikan ibu, asi eksklusif dan penyakit infeksi.

Metode: Metode yang digunakan dalam penelitian ini adalah pendekatan kuantitatif dengan desain cross-sectional. Penelitian ini melibatkan sejumlah responden ibu balita yang diambil melalui teknik simple random sampling, dan data dikumpulkan melalui kuesioner yang dirancang untuk mengetahui faktor penyebab masalah status gizi pada balita

Hasil : Hasil analisis menunjukkan bahwa: Umur ibu tidak berhubungan signifikan dengan status gizi balita ( $p > 0,05$ ). Pendidikan ibu, Pemberian ASI eksklusif dan Riwayat penyakit infeksi juga menunjukkan hubungan signifikan dengan BB/U, TB/U, dan BB/TB.

Kesimpulan : Pendidikan ibu, pemberian ASI eksklusif, dan riwayat penyakit infeksi merupakan faktor yang berhubungan signifikan dengan status gizi balita.

Saran: Intervensi gizi sebaiknya difokuskan pada peningkatan edukasi ibu serta pencegahan penyakit infeksi untuk mendukung pertumbuhan balita secara optimal.

Kata Kunci: Asi Eksklusif, Balita, Status Gizi

### ABSTRACT

Background: The problem of nutritional status in toddlers is a very serious public health issue in Indonesia, where the prevalence of malnutrition and stunting has a long-term impact on the growth and development of children, as well as the quality of human resources in the future.

Purpose: to identify factors related to nutritional status problems in toddlers, with a focus on maternal age, maternal education, exclusive breastfeeding and infectious diseases.

Method: The method used in this study is a quantitative approach with a cross-sectional design. This study involved a number of respondents of mothers of toddlers who were taken through a simple random sampling technique, and data were collected through a questionnaire designed to determine the factors causing nutritional status problems in toddlers

Results: The results of the analysis showed that: Maternal age was not significantly related to the nutritional status of toddlers ( $p > 0.05$ ). Maternal education, exclusive breastfeeding and history of infectious diseases also showed a significant relationship with BB/A, TB/A, and BB/TB.

Conclusion: Maternal education, exclusive breastfeeding, and history of infectious diseases are factors that are significantly related to the nutritional status of toddlers.

Suggestion: Nutrition interventions should be focused on improving maternal education and preventing infectious diseases to support optimal toddler growth.

Keywords: Exclusive Breastfeeding, Toddlers, Nutritional Status

### INTRODUCTION

The nutritional status of children under five is one of the main indicators in assessing public health. Various studies have shown that poor nutritional

status can have a significant impact on children's physical and cognitive development in the future, and can have long-term consequences on public health (Desfita & Priwahyuni, 2014; Pratiwi &

Hasriani, 2023). In Indonesia, the prevalence of nutritional problems among children under five is still quite high, with reports that one in five children under five experience malnutrition or stunting. (Lisca & Pratiwi, 2023; Pratiwi & Hasriani, 2023) This problem is often associated with a number of factors, including maternal knowledge about nutrition, parenting patterns, food intake, and access to health services. (Aziz, 2022; Maharani et al., 2019; Puspasari & Andriani, 2017)

Mothers' knowledge about the importance of balanced nutrition and behavior in feeding children are fundamental in determining the nutritional status of children. (Pujianti & Anggraeni, 2022) In addition, the socio-economic conditions of the family also play a major role in the availability and selection of nutritious food. In this context, this study aims to identify factors that influence nutritional status in toddlers and to provide deeper insight into the interventions needed to improve the situation.

Based on the results of Riskesdas (2018), it can be seen that of the 82,661 toddlers who were weighed nationally, there was a prevalence of underweight of 19.6%, consisting of 5.7% malnutrition, and 13.9% undernutrition. This data is still far from the expectations of the 2018 SDGs for the prevalence of malnutrition - undernutrition, which is 17%. It is recorded that there are 18 provinces in Indonesia that have a prevalence of malnutrition - undernutrition above 21.2% - 33.1%, some of which are NTB, North Sumatra and Jambi (Mardeyanti et al., 2021). Based on the results of the Indonesian Nutritional Status Survey (SSGI), wasting (malnutrition) was 7.7%, underweight (lack of nutrition) was 17.1%, overweight (excess nutrition) was 3.5%, and stunting in NTB in 2022 was ranked 4th out of 34 provinces with a stunting growth rate of 32%, and the stunting rate in Mataram City was quite high, namely 25.8%. (Kemenkes RI, 2022)

Based on the results of research conducted by Fauzi, (2019) stated that the factors that influence nutritional status and development in toddlers include age, gender, weight, height, maternal education level, and type of work (Fauzi, 2019).

## RESEARCH METHODS

This study used a descriptive approach with a cross-sectional design to identify factors that

influence the nutritional status of toddlers in the Narmada Health Center work area. The study population was mothers of toddlers aged between 12 and 59 months who were registered at the local integrated health post. Sample selection was carried out using the simple random sampling technique. Random sampling. Questionnaires were used as a data collection tool, which included questions about maternal age, maternal education, exclusive breastfeeding and infectious diseases.

The data obtained will be analyzed using appropriate statistical tests, including univariate analysis to describe the characteristics of respondents and bivariate analysis to test the relationship between independent variables (maternal knowledge, parenting patterns, and consumption behavior) with the dependent variable (toddler nutritional status). Nutritional status is measured using anthropometric methods, using weight index according to height (BB/TB) and height according to age (TB/U).

## RESEARCH RESULTS

### Respondent Characteristics

**Table 1**  
**Distribution frequency of nutritional status toddler**

Nutritional Status	Frequency	Percentage (%)
BB/U		
Good Nutrition	77	49.3
Malnutrition	79	50.6
TB/U		
Normal	84	53.8
Short	72	46.2
BB/TB		
Normal	71	45.5
Thin	85	54.5

Table 1 shows that the nutritional status of the research subjects mostly has good and normal nutritional status, but the highest cases are in the BB/TB indicator. The proportion of thin toddlers based on the BB/TB indicator occupies the highest proportion, namely (54.5%) compared to the BB/U and TB/U indicators. This shows the problem of toddler nutritional status that is chronic for a long time and has not been handled properly

**Tabel 2**  
**Bivariate analysis Based on BB/U indicator**

Variable	Good nutrition n (%)	Malnutrition n (%)	P Value
Mother's age			
<35 years	42 (26.9%)	49 (31.4%)	0.412
≥ 35 years	35 (22.4%)	30 (19.2%)	
Mother's education			
> Junior High School	20 (12.8%)	41 (26.3%)	0.013
≤ Junior High School	57 (36.5%)	38 (24.4%)	
History of exclusive breastfeeding			
Exclusive Breastfeeding	50 (32.1%)	30 (19.2%)	0.001
Not Exclusive Breastfeeding	27 (17.3%)	49 (31.4%)	
Infectious disease			
No	25 (16.0%)	31 (19.9%)	0.002
Yes	52 (33.3%)	48 (30.8%)	

Table 2. Variables related to malnutrition in toddlers are maternal education, history of breastfeeding and infectious diseases with ( *p value* < 0.05).

Table 3 Variables related to malnutrition in toddlers are maternal education, history of breastfeeding and infectious diseases with ( *p value* < 0.05).

**Table 3**  
**Bivariate analysis Based on TB/U indicators**

Variables	Normal n (%)	Short n (%)	P Value
Mother's age			
<35 years	38 (24.4%)	53 (34.0%)	0.275
≥ 35 years	33 (21.2%)	32 (20.5%)	
Mother's education			
> Junior High School	53 (34.0%)	45 (28.8%)	0.004
≤ Junior High School	18 (11.5%)	40 (25.6%)	
History of exclusive breastfeeding			
Exclusive Breastfeeding	46 (29.5%)	34 (21.8%)	0.008
Not Exclusive Breastfeeding	25 (16.0%)	51 (32.7%)	
Infectious disease			
No	44 (28.2%)	39 (25.0%)	0.022
Yes	27 (17.3%)	46 (29.5%)	

**Table 4**  
**Bivariate analysis of the relationship between maternal characteristics, nutritional intake and infectious diseases based on BB/TB indicators**

Variables	Normal n (%)	Thin n (%)	P Value
Mother's age			
<35 years	5 (38.5)	8 (61.5)	0.228
≥ 35 years	49 (56.3)	38 (43.7)	
Mother's education			
> Junior High School	16 (61.5)	10 (38.5)	0.370
≤ Junior High School	38 (51.3)	36 (48.7)	
History of exclusive breastfeeding			
Exclusive Breastfeeding	52 (55.3)	42 (44.7)	0.295

Not Exclusive Breastfeeding	2 (33.3)	4 (66.7)	
Infectious disease			
No	43 (91.5)	4 (8.5)	
Yes	11 (20.8)	42 (79.2)	0,000

Table 4 Variables related to the incidence of thinness in toddlers are maternal education, history of breastfeeding and infectious diseases with ( $p$  value < 0.05).

## DISCUSSION

Nutritional status in toddlers is seen from the BB/U indicator which describes the general condition, the TB/U indicator describes the condition of toddlers due to chronic nutritional status and the BB/TB indicator which describes the condition of toddlers due to nutritional status.

Toddlers with a history of infectious diseases such as diarrhea or ARI show a higher proportion of malnutrition, stunting, and thinness. The results of the analysis show a significant relationship between a history of infectious diseases and all indicators of nutritional status. Infectious diseases can interfere with the absorption of nutrients, increase the body's energy needs, and reduce children's appetite. If it occurs repeatedly, this can cause an energy deficit that has a direct impact on children's growth. Therefore, efforts to prevent and control infectious diseases, including through environmental sanitation and immunization, are very important in the strategy to improve the nutritional status of toddlers.

According to the UNICEF theoretical framework (1998), infectious diseases are a direct cause of malnutrition which is associated with the intake of nutrients consumed. Toddlers who experience infectious diseases will experience reduced appetite or vice versa. Reduced appetite directly affects the weight of the toddler. However, in this study, nutritional intake had no relationship to nutritional status in toddlers. This is because at the time of the recall, the toddlers were in a healthy condition and did not experience infectious diseases. Infectious diseases including ARI and diarrhea are the most common diseases suffered and affect the growth and development of toddlers.

Nutritional status assessed using height-for-age (H/U) indicators can be stated as something that is chronic. Short nutritional status is chronic malnutrition due to insufficient nutrient intake for a long time. Short nutritional status occurs starting from when the fetus is still in the womb and appears at the age of 2 years. Malnutrition in children can increase infant mortality or have a less than optimal body posture as adults.

The results of the study by Hidayat, et al. (2011) explained that infectious diseases, namely ARI, are related to nutritional status based on BB/U and TB/U indicators, while the BB/TB indicator is not related. Infectious diseases, namely ARI and malnutrition (BB/U) often occur together. Symptoms that arise include coughing which causes lack of sleep, decreased appetite and disrupted activities, thus affecting nutritional status. Infectious diseases and the nutritional status of toddlers are two factors that influence each other, creating a complex reciprocal relationship. Infectious diseases, such as diarrhea and acute respiratory infections, can cause significant disruption to the nutritional status of toddlers, especially by reducing appetite and increasing nutrient loss. (Makanlehi & Redjeki, 2020; Rosari et al., 2013). In addition, Puspitasari Puspitasari (2021) stated that infections contribute to decreased nutritional intake, which leads to poor nutritional status.

Furthermore, research by Masnah and Saputri Masnah & Saputri (2020) showed that a history of infectious diseases had a significant relationship with nutritional status, with a  $p$ -value = 0.039. Another study by Sari and Agustin Sari & Agustin (2023) also found that malnutrition increased the risk of infection, indicating that inadequate nutritional status can contribute to susceptibility to infectious diseases. This is in line with the findings of Lubis et al. Lubis et al. (2021) who noted a high prevalence of ARI in toddlers with poor nutritional status (Masnah & Saputri, 2020; Sari & Agustin, 2023).

The importance of attention to nutrition also resulted from research by Namangboling et al. which shows that the history of infectious diseases is a dominant factor in determining the nutritional status of children. The study was conducted using the observational method by Prasetyo et al. (2023) emphasized that nutritional fulfillment in the first 1000 days of life is very crucial, and inadequate nutrition can cause stunted growth and development. (Irwanto et al., 2023; Namangboling et al., 2017)

In conclusion, there is a significant relationship between infectious diseases and nutritional status of toddlers, where infectious diseases can worsen nutritional status and vice versa. Therefore, attention to health and preventive measures against infectious diseases, as well as

fulfilling the nutritional needs of toddlers, are important aspects in maintaining children's health and preventing nutritional problems.

There is a significant relationship between maternal education level and child nutritional status. Toddlers raised by mothers with at least high school education have a higher proportion of good, normal, and not thin nutritional status compared to toddlers from mothers with  $\leq$  junior high school education. This shows that the higher a mother's education, the better the knowledge, understanding, and practice in providing nutritional intake and child health care. Mothers with higher education tend to be more responsive to health information, more active in seeking health services, and able to apply parenting patterns that are appropriate to the needs of child growth and development.

In several studies, maternal education and employment have been shown to be important determinants of children's nutritional status. Rahma et al. (2020) showed that maternal characteristics such as occupation, education, and knowledge are closely related to the nutritional status of toddlers. (Hidayat, 2022) This finding is reinforced by Pusparina and Suciati (2022); who found a significant relationship between maternal education level and toddler nutritional status, although parenting patterns related to feeding did not show the same relationship. (Pusparina & Suciati, 2022)

Further, Narishma et al. explored the characteristics of parents and found a relationship between maternal education and nutritional status, while the factors of income and maternal occupation did not show a significant relationship. These results indicate that although maternal occupation plays a role, education may be more decisive in terms of understanding and implementing good eating patterns (Narishma et al., 2022; Pusparina & Suciati, 2022).

Meanwhile, Putri et al. (Putri et al., 2015) identified that both maternal occupation and education are factors related to the nutritional status of toddlers. This emphasizes the importance of the mother's role in caring for and providing good nutrition, especially if they work. Maternal occupation not only reflects the family's socioeconomic status, but can also indicate the extent of time available for child care and supervision, which can often affect children's eating behavior. (Putri & Nuzuliana, 2020)

The nutritional condition of toddlers is not only influenced by work and education, but also by various other factors such as diet, nutritional knowledge, and economic conditions. For example,

Aziz (Aziz, 2022) emphasized the importance of diet and maternal knowledge about nutrition to ensure optimal growth and development of toddlers. With increased knowledge and awareness of nutrition, working mothers can be better at creating healthy diets for their children despite limited time. (Aziz, 2022)

Exclusive breastfeeding has been shown to have a significant relationship with children's nutritional status based on all indicators. Toddlers who receive exclusive breastfeeding have a higher proportion of good nutrition, normal height, and proportional weight than those who are not exclusively breastfed. Breast milk provides essential nutrients needed by babies in the first 6 months of life, as well as providing immunological protection against infection. Inadequate exclusive breastfeeding can lead to the risk of growth disorders and decreased immunity, which ultimately impacts the child's nutritional status. These findings support the importance of promoting and educating mothers regarding the benefits of exclusive breastfeeding, especially in the early stages of a child's life.

Exclusive breastfeeding plays a very important role in creating good nutritional status in toddlers. The results of the study showed that there was a significant relationship between exclusive breastfeeding and the nutritional status of toddlers. For example, in a study conducted at the Warunggunung Health Center, it was found that children who received exclusive breastfeeding had odds ratio of 8.04, which indicates that they are more likely to have good nutritional status when compared to those who do not receive exclusive breastfeeding (Zulmi, 2019). In addition, research by Nilakesuma et al. revealed that exclusive breastfeeding, in addition to the mother's education level and family economic status, functions as an important factor in determining the nutritional status of infants. (Nilakesuma et al., 2015)

The role of exclusive breastfeeding in preventing nutritional problems was also emphasized by Ibrahim and Rahayu, who highlighted the importance of maternal education and knowledge about breastfeeding in supporting continued exclusive breastfeeding. The study emphasized that children at risk of nutritional problems can be helped through good breastfeeding practices during the early stages of their lives (Ibrahim & Rahayu, 2021). This suggests that interventions to increase knowledge and awareness of exclusive breastfeeding among mothers are essential to support the health and nutrition of toddlers.

Furthermore, other research shows that the achievement of exclusive breastfeeding in Indonesia is still below expectations. For example, in Jambi, although the exclusive breastfeeding rate reached 66.9%, other regions showed much lower figures, with a national average of around 46.3% (Ananta et al., 2016)

## CONCLUSION

Based on the results and discussion above, it can be concluded that maternal education, exclusive breastfeeding, and history of infectious diseases are factors that have a significant relationship with the nutritional status of toddlers. Meanwhile, maternal age did not show a significant relationship. These results emphasize the importance of interventions based on education and preventive health in efforts to prevent nutritional problems in early childhood.

## SUGGESTION

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