

Factor Predisposition Which Associated with Mother's Behavior in Caring for Stunting Toddlers in Region Work Penengahan Inpatient Health Center, South Lampung 2025

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ABSTRACT

Introduction: The South Lampung Health Office has 462 children identified as being at risk of stunting, the Penengahan Inpatient Health Center has 74 children identified as being at risk of stunting, this number has increased from the previous year, which was 66 children. **Objective:** The purpose of this study was to determine the relationship between predisposing factors and maternal behavior in caring for stunted toddlers. **Method:** quantitative with a cross-sectional design. The population and sample were all mothers who had toddlers recorded as being at risk of stunting at the Penengahan Inpatient Health Center, South Lampung in 2025, totaling 74 people with a total sampling technique. Data analysis in this study used univariate, bivariate (chi square), and multivariate (multiple logistic regression). **Results:** The results of this study indicate that there is a relationship between maternal knowledge ($p=0.001$) with OR: 5.4, maternal attitude ($p=0.001$) with OR: 5.4, maternal belief ($p=0.004$) with OR: 4.3, maternal value ($p=0.001$) with OR: 5.1, maternal perception ($p=0.002$) with OR: 7.9 with maternal behavior in caring for stunted toddlers in the working area of the Penengahan Inpatient Health Center. The most dominant factor is the perception variable. **Conclusion:** The study concluded that knowledge, attitude, belief, and perceived value are factors that influence maternal behavior in caring for stunted toddlers. It is recommended that health workers focus interventions on increasing positive perceptions through education, counseling, and ongoing support.

Introduction

Stunting is a condition defined by evaluating height relative to age, using established growth standards, where measurements between -2 SD and -3 SD (short/stunting) and below -3 SD (very short/severe stunting) indicate the condition (WHO, 2016; Ministry of Health of the Republic of Indonesia, 2020). This persistent nutritional deficit is caused by persistent inadequate nutrient consumption due to poor eating behaviors. Stunting can begin while a baby is still in the womb, but is not apparent until they are two years old (WHO, 2023). If normal growth patterns are not restored, growth will be negatively impacted. A greater focus on stunting is important because it can impact children's well-being into adulthood, particularly increasing the risk of impaired cognitive and physical development if prompt and appropriate interventions are not implemented (Ministry of Health of the Republic of Indonesia, 2024). Stunting can have direct consequences, including decreased cognitive abilities due to poor cognitive development (Ministry of Health of the Republic of Indonesia, 2023). In the long term, this can reduce children's quality of life as adults due to reduced opportunities for education, employment, and higher wages (World Bank, 2023). There is also the potential for obesity later in life, which increases the



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risk of contracting several non-communicable diseases, including cancer, hypertension, and diabetes (Nirmalasa ri, 2020).

All parents should understand the importance of a proper diet for their children. The increased focus on child growth and development during infancy stems from the fact that malnutrition during this crucial period is irreversible and can negatively impact brain development (BKKBN, 2021). A significant number of toddlers worldwide, particularly in Indonesia, experience stunting, a major public health problem (BKPK). According to WHO data from the 2021 Joint Child Nutrition Estimates, nearly 149.2 million children worldwide under the age of five experienced stunting in 2020 (WHO, 2021; UNICEF 2021). The stunting rate in Indonesia remains significantly higher than the government's target. According to the 2024 Indonesian National Nutrition Status Survey (SSGI), the prevalence rate in Indonesia was 19.8%, 0.3% lower than the initial target of 20.1%. Meanwhile, Lampung Province managed to reduce its stunting prevalence rate by 1.3% (Lampung Province Regional Development Planning Agency, 2025). According to data from the South Lampung Regency Health Office, the stunting prevalence in 2024, based on the Indonesian Nutrition Status Survey (SSGI), was 9.9% (Lamsel Health Office, 2023).

The region with the highest rates of stunting and severe stunting was Tanggamus Regency, with a stunting rate of 19.0% and a severe stunting rate of 5.9%, respectively. South Lampung Regency had the lowest rates, with 8.8% stunting and 1.6% severe stunting (Lampung Health Office, 2025). These figures place South Lampung Regency at the bottom of the stunting prevalence list among local governments. However, this figure is still too high to meet the target of eradicating stunting in South Lampung by 2024 (South Lampung Communication and Information Service, 2025). Data collected by the Electronic Community-Based Nutrition Recording and Reporting (EPGBM) of the South Lampung Health Office shows that 462 children are considered at risk of stunting, while the Penengahan Inpatient Health Center reported 74 children at risk of stunting in February 2025. This figure is up from 66 children at risk of stunting in February 2024 the previous year (Electronic Nutrition Tracking and Reporting for Inpatient Health Facilities in Penengahan, 2024).

The Penengahan Inpatient Community Health Center, located in the Penengahan area of South Lampung Regency, is one of the places still struggling to control stunting. Information from the Community Health Center indicates that many children still experience growth problems, implying that the parenting methods used by parents, especially mothers, are not fully in accordance with recommended health and dietary practices. Stunting appears chronologically through a series of interrelated factors, starting with inadequate maternal nutrition during pregnancy, such as protein deficiency, anemia, or maternal infections, which can inhibit fetal growth and increase the risk of premature birth or low birth weight. Furthermore, inadequate exclusive breastfeeding in the first six months of a baby's life causes early nutritional deficits, followed by poor complementary feeding practices (MPASI), such as low or unbalanced nutritional intake. This condition is further exacerbated by recurrent infections, such as diarrhea or respiratory infections, due to poor environmental hygiene and sanitation, which hinder nutrient absorption and accelerate the cycle of chronic malnutrition. A mother's activities in supporting early childhood, which include providing nutritious food choices, maintaining a hygienic environment, consistently monitoring the child's development and growth, and utilizing health service options such as Posyandu, greatly determine the child's dietary well-being.

The consequences of stunting are not limited to the short term but also have far-reaching long-term impacts, including permanent physical growth impairment, delayed cognitive development leading to learning difficulties and decreased school performance, and decreased immunity that increases the risk of non-communicable diseases such as diabetes, hypertension,



and obesity in adulthood. Furthermore, stunting can have economic impacts such as lost labor productivity, increased public health costs, and decreased lifetime individual earnings, ultimately impacting national economic growth. However, these behaviors are not spontaneous. Many elements are believed to influence these behaviors, including understanding, mindset, beliefs, principles, ethics, and insight (Notoatmodjo, 2012). A strong awareness of stunting serves as an important foundation for mothers when choosing how to care for children affected by stunting. Mindset reflects mothers' positive or negative tendencies regarding methods of preventing and treating stunting. Beliefs influence mothers' confidence that their efforts in caring for young children will yield successful results. Principles determine the priorities and main ideas that guide the care of young children. At the same time, mothers' insights influence their analysis of the dangers and benefits of caring for young children, which includes their opinions about health professionals or health facilities (Lawrence Green, 1980)

The research question underlying this study is: What are the predisposing factors related to maternal actions in providing care to early childhood children experiencing stunting in the operational area of the Penengahan Inpatient Health Center, South Lampung Regency in 2025? This study aims to determine the relationship between predisposing factors and maternal actions in providing care to early childhood children experiencing stunting in the operational area of the Penengahan Inpatient Health Center, South Lampung Regency.

Methods

The study population included all mothers with toddlers recorded as being at risk of stunting in the area, totaling 74 people. The study sample consisted of all subjects (74 mothers) from the working area of the Penengahan Inpatient Community Health Center in South Lampung Regency, using a total sampling technique. This technique was used because the population was relatively small and could be reached entirely, so there was no random sampling. Inclusion criteria for the sample included: mothers who had toddlers aged under 5 years who were recorded as being at risk of stunting based on Community Health Center data, domiciled in the working area of the Penengahan Inpatient Community Health Center, and willing to participate by signing an informed consent. Exclusion criteria included: mothers who were unwilling to participate, mothers with toddlers who were not at risk of stunting, or mothers who had health conditions that prevented them from completing the questionnaire (e.g., cognitive impairment or inability to read/write without assistance). Information was obtained using a specific research instrument, namely a questionnaire that included questions about mothers' knowledge, attitudes, beliefs, values, perceptions, and behaviors in caring for stunted toddlers. Additional instruments included an observation sheet to verify toddler demographic and anthropometric data (such as height/age measurements using WHO standards), as well as a semi-structured interview guide for clarification of answers if needed during data collection.

In this study, scientists used a questionnaire and evaluation method by distributing it to participants, who then completed it. The questionnaire instrument has been tested for validity and reliability through a pilot study on 20 similar respondents outside the main population, with a Cronbach's Alpha result of 0.82 (indicating good reliability, because the value is >0.70), and an item-total correlation of >0.3 for each item (indicating adequate content validity). Data Analysis: Univariate analysis aims to describe the characteristics of each variable studied in the study, using frequency distributions for categorical and continuous data. The specific type of data determines the method used for univariate analysis. This analysis is useful for determining the distribution of means for each individual variable. Bivariate analysis is used to determine how variables assumed to be related are actually connected or correlated, with the chi-square test for categorical variables (to determine significant relationships with a p-value <0.05). This is done to



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determine how independent variables (knowledge, attitudes, beliefs, values, perceptions) and dependent (mother's behavior in caring for stunted toddlers) relate to or influence each other (Notoatmodjo, 2014). The correlation test evaluates the strength and direction of the relationship between two ordinal variables: attitudes, knowledge, beliefs, values, and perceptions (as independent variables) and how mothers behave regarding caring for stunted toddlers (as dependent variables). Statistical software is used to obtain coefficient scores and how significant the scores are, which are then interpreted to see if there is a real statistical relationship.

Following this, a multivariate analysis is conducted to assess the relationship between multiple independent variables and one or more dependent variables (usually only one), using multiple logistic regression. This will indicate which independent variables have the most substantial influence on the dependent variable, with conclusions based on the highest odds ratio (OR) value and a p-value <0.05 for the dominant variable (e.g., perception as the most dominant factor with an OR of 7.9). Utilizing multiple logistic regression for multivariate analysis involves these steps: Bivariate selection is initially performed for all independent variables relative to the dependent variable. If the p-value is less than 0.25, that specific variable is included in the next stage of the analysis. Independent variables, even those with p-values above 0.25, may still be included in the multivariate analysis if they are deemed significantly relevant. The next step is to model the variables in the multivariate analysis, systematically eliminating variables with p-values above 0.05, starting with the highest p-value and working down. Variable removal is also carefully considered, along with any changes in the OR value. If the OR value shifts by more than 10%, the variable remains in the model as a confounding element during interpretation. The third stage involves conducting interaction tests. Evaluation of interaction tests on independent variables is based on substantive logical reasoning. Interaction measurements are assessed based on the significance of the statistical test. When a variable in the interaction test has a significant value, the interaction variable is included in the model. The next stage involves final modeling, where variables with a p-value <0.05 are entered into the multivariate analysis. The variable with the highest OR value is considered the independent variable that most significantly influences the dependent variable.

Results

Table 1 Characteristics of mothers who have toddlers at risk of *stunting*

No	Characteristics	Amount	Percentage (%)
1	Age:		
-	< 20 Years	6	8.2
-	20-35 Years	42	56.7
-	> 35 Years	26	35.1
2	Education:		
-	Elementary School	15	20.4
-	JUNIOR HIGH SCHOOL	31	42.8
-	High School/Vocational School	28	37.8
3	Work:		
-	housewife	29	39.2
-	Farmer	45	60.8
	Amount	74	100.0

The table above shows that the majority of respondents are aged between 20-35 years, namely 42 respondents (56.7%), 31 respondents (42.8 %) have a junior high school education and 45 respondents (60.8 %) work as farmers and housewives.



Table 2 Relationship between Knowledge and Mothers' Behavior in Caring for *Stunting Toddlers*

Knowledge	Behavior				Total		P-Value	OR
	Negative		Positive		N	%		
Not good	32	43.3	16	21.6	48	64.8	0.001	5.4
Good	7	9.4	19	26.7	26	36.2		
Total	39	52.7	35	48.3	74	100		

Based on table 2 above, it is known that of the 48 mothers caring for *stunted toddlers*, 32 (25.9%) had poor knowledge and 16 (22.1%) had positive behavior. Meanwhile, of the 26 mothers caring for *stunted toddlers* with good knowledge, 7 (9.4%) had negative behavior and 19 (26.7%) had positive behavior.

The chi-square test results obtained a p-value of 0.003 < 0.005, which means there is a relationship between maternal knowledge and maternal behavior in caring for *stunted toddlers*. With an OR value of 5.4, it can be concluded that mothers who have poor knowledge will be 5 times more likely to have negative behavior in caring for stunted children.

Table 3 The Relationship Between Mothers' Attitudes and Behavior in Caring for *Stunting Toddlers*

Attitude	Behavior				Total		P-Value	OR
	Negative		Positive		N	%		
Negative	32	43.2	16	21.6	48	64.8	0.001	5.4
Positive	7	9.5	19	25.7	26	35.2		
Total	39	52.7	35	47.3	74	100		

Based on table 3 above, it is known that of the 48 mothers caring for *stunted toddlers*, 32 (43.2%) had negative attitudes and 16 (21.6%) had positive behavior. Meanwhile, of the 26 mothers caring for *stunted toddlers* with positive attitudes, 7 (9.5%) had negative behavior and 19 (25.7%) had positive behavior.

The chi-square test results obtained a p-value of 0.001 < 0.005, which means there is a relationship between maternal attitudes and maternal behavior in caring for *stunted toddlers*. With an OR value of 5.4, it can be concluded that mothers who have negative attitudes are 5 times more likely to have negative behavior in caring for stunted children.

Table 4 The Relationship Between Mothers' Trust and Mothers' Behavior in Caring for *Stunting Toddlers*

Trust	Behavior				Total		P-Value	OR
	Negative		Positive		N	%		
Not good	35	47.3	13	17.6	48	64.9	0.004	4.3
Good	10	13.5	16	21.6	26	35.1		
Total	45	60.8	29	39.2	74	100		

Based on table 4 above, it is known that of the 48 mothers who cared for *stunted toddlers*, 35 (47.3%) had poor beliefs and 13 (17.6%) had good behavior. Meanwhile, of the 26 mothers who cared for *stunted toddlers* with good beliefs, 10 (13.5%) had negative behavior and 16 (21.6%) had positive behavior.

The chi-square test results obtained a p-value of 0.004 < 0.005, which means there is a relationship between maternal beliefs and maternal behavior in caring for *stunted toddlers*. With an OR value of 4.3, it can be concluded that mothers who have poor beliefs will be 4 times more likely to have negative behavior in caring for stunted children.



Table 5 The Relationship Between Mothers' Values and Mothers' Care in Caring for *Stunting Toddlers*

Mark	Behavior				Total	P-Value	OR	
	Negative		Positive					
	N	%	N	%				
Not good	38	51.4	10	13.5	48	64.8	0.001	5.1
Good	11	14.8	15	20.3	26	35.2		
Total	44	66.2	20	33.8	74	100		

Based on table 4.8 above, it is known that of the 48 mothers who cared for *stunted toddlers*, 38 (51.4%) had poor scores with negative behavior and 10 (13.5%) had positive behavior. Meanwhile, of the 26 mothers who cared for *stunted toddlers* with good scores, 11 (14.8%) had negative behavior and 15 (20.3%) had positive behavior.

The chi-square test results obtained a p-value of $0.001 < 0.005$, which means there is a relationship between maternal values and maternal behavior in caring for *stunted toddlers*. With an OR value of 5.1, it can be concluded that mothers who have poor knowledge will be 5 times more likely to have negative behavior in caring for stunted children.

Table 6 Relationship between Mother's Perception and Mother's Behavior in Caring for *Stunting Toddlers*

Perception	Behavior				Total		P-Value	OR
	Negative		Positive					
	N	%	N	%	N	%		
Negative	45	60.8	3	4.1	48	64.9	0.002	7.9
Positive	17	22.9	9	12.2	26	35.1		
Total	61	83.7	13	16.3	74	100		

Based on table 5 above, it is known that of the 45 mothers caring for *stunted toddlers*, 45 (60.8%) had negative perceptions and 3 (4.1%) had positive behavior. Meanwhile, of the 26 mothers caring for *stunted toddlers* with positive perceptions, 17 (22.9%) had negative behavior and 13 (16.3%) had positive behavior.

The chi-square test results obtained a p-value of $0.002 < 0.005$, which means there is a relationship between maternal perceptions and maternal behavior in caring for *stunted toddlers*. With an OR value of 7.9, it can be concluded that mothers who have negative perceptions will be 7 times more likely to have negative behavior in caring for stunted children.

Table 7 multivariate analysis

		B	SE	Wald	Df	Sig.	Exp(B)	95% CI for EXP(B)	
								Lower	Upper
Step 1 ^a	knowledge(1)	1,634	.679	5,791	1	.016	5.124	1,354	19,393
	attitude(1)	1,466	.711	4,248	1	.039	4,330	1,075	17,449
	trust(1)	1,927	.896	4,626	1	.031	6,866	1,187	39,732
	perception(1)	3,015	.896	11,332	1	<.001	20,395	3,524	118,023
	Constant	-2,987	.692	18,626	1	<.001	.050		

The variables of knowledge, attitude, and perception remained significant in the multivariate analysis test with an adjusted OR value of >1 and a p-value of <0.05 . The perception variable is the dominant variable because it has the highest OR (16.038) with CI (2.893-88.920). AOR = 16.038. This means that respondents with positive perceptions are 16 times more likely to behave positively than those with negative perceptions.

Discussion



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The Relationship Between Mothers' Knowledge and Mothers' Behavior in Caring for Stunting Toddlers

The p-value is 0.001 (<0.05), indicating a correlation between maternal knowledge and maternal behavior in the care of stunted toddlers at the Penengahan Inpatient Health Center Work Area, Penengahan District, South Lampung Regency in 2025. The OR value of 5.4 suggests that mothers with strong knowledge are 5.4 times more likely to exhibit positive behavior towards caring for stunted children.

Consistent with the theory proposed by Puspitasari, Hendrayana (2021), the participants' comprehension in this research, which impacted knowledge, pertained to nutrition that affects the incidence of stunting in children.

Researchers state that knowledge encompasses all that an individual or participant understands about health and illness, such as stunting, including its causes, features, effects, prevention strategies, nutritional conditions, hygiene, and additional factors. The greater a person's knowledge, the more constructive their behavior is likely to be. A mother's understanding of nutrition can be affected by her age, level of education, job, and financial status. Consequently, when a mother lacks adequate nutritional knowledge, the dietary choices provided to her toddler will likely be unsuitable and may impact the toddler's well-being.

The researchers' analysis indicates that the greater a person's understanding of health, the more probable they are to implement it in their everyday activities. Consequently, sufficient understanding serves as a crucial basis for cultivating healthy habits

The Relationship Between Mother's Attitude and Mother's Behavior in Caring for Stunting Toddlers

A p-value of 0.001, which is less than 0.05, indicates a significant relationship between maternal mindset and strategies used in caring for toddlers with stunted growth. With an Odds Ratio of 5.4, this indicates that mothers who exhibit a more positive outlook are five times less likely to exhibit unfavorable actions when caring for children affected by stunting. Reflecting the perspective highlighted by Harikatang et al. in 2020, a mother's optimistic outlook is related to the knowledge she possesses, which is considered beneficial, consequently fostering a favorable mindset or assessment regarding the problem of stunting. Many factors influence attitudes, which include not only knowledge but also personal experiences, the influence of others, cultural impacts, media exposure, educational structures, religious institutions, and emotional aspects. Challenging economic conditions, even if a mother has extensive knowledge, can hinder her capacity to uphold a healthy lifestyle. As shown by the research by Mutingah et al., there is a significant correlation between mothers' perceptions of a particular issue and their actions in preventing stunting, as indicated by a p-value of 0.001 (below 0.05).

Thus, H1 is confirmed, indicating a substantial relationship between mothers' views and their behavior in addressing stunting in toddlers at the Tunas Mekar 1 Integrated Health Post (Posyandu), located in Krukut Village. Considering the direction and strength of the correlation, the relationship between these two variables is positive (unidirectional) and relatively strong, indicating that the more positive a mother's views about stunting, the more impactful her actions in preventing it. The researchers confirmed that there is a significant relationship between mothers' beliefs and how they care for toddlers with stunted growth. Maternal beliefs, influenced by understanding and experience, are crucial in preventing and addressing stunting in children. Encouraging maternal attitudes, such as recognizing the importance of good nutrition and monitoring child growth, can encourage actions that benefit child health. Conversely, negative maternal attitudes or inadequate knowledge about stunting can hinder treatment efforts and increase the likelihood of stunting. To support optimal growth and progress in children,



especially throughout the toddler years, both parents and health professionals must be involved in preparatory steps. Health care providers begin this preparation even before birth by conducting regular prenatal checkups and identifying pregnancy risks, followed by assistance during labor and postpartum care for both mother and baby.

Their duties include disease prevention, emphasizing primary prevention or health promotion, which improves community well-being through health education and public health counseling. A mother's level of understanding will shape her attitude toward an issue or event. Knowledge is a fundamental part of behavior, as it creates the basis for making choices. Attitudes built on valid information tend to be more enduring than those not based on such information. Solid understanding fosters positive thinking, which, if considered correct, will lead to positive actions. In this situation, maternal knowledge about toddlers is important as a foundation for developing a positive attitude toward the ongoing problem of stunting. Inadequate knowledge can lead to negative perspectives, such as viewing stunting as acceptable or unimportant.

The Relationship Between Mothers' Trust and Mothers in Caring for *Stunting* Toddlers

The p-value is 0.004 (<0.05), indicating a correlation between maternal trust and mothers' care for stunted toddlers in the Penengahan Inpatient Health Center Work Area, Penengahan District, South Lampung Regency in 2025. With an OR value of 4.3, it can be inferred that mothers harboring negative beliefs are 4 times more at risk of exhibiting negative behavior in caring for stunted children.

Musni, Fatimah (2021) states that the knowledge affects maternal self-efficacy in the care of stunted children. A mother's understanding of preventing stunting correlates directly with her self-assurance in decision-making and nurturing stunted children. This confidence in motherhood is referred to as maternal self-efficacy.

Researchers indicate that maternal self-confidence, or a mother's faith in her capacity to nurture stunted toddlers, is closely linked to effective child care outcomes. Mothers with confidence are more inclined to satisfy their children's nutritional requirements, offer suitable stimulation, and pursue professional assistance as necessary, thereby aiding in diminishing the effects of stunting.

Mothers' knowledge and perceptions regarding nutrition and toddler care are vital for preventing stunting. Mothers who possess solid knowledge and confidence in their abilities are more inclined to fulfill their toddlers' nutritional needs effectively and can better navigate different caregiving challenges, like supplying healthy food despite hectic routines. In contrast, mothers who view stunting severity as low or have diminished self-efficacy face an increased risk of having stunted children

The Relationship Between Mothers' Values and Mothers' Care in Caring for *Stunting* Toddlers

The p-value is 0.001 (<0.05), indicating a relationship exists between the mother's values and her attitude in caring for stunted toddlers at the Penengahan Inpatient Health Center Work Area, Penengahan District, South Lampung Regency in 2025. With an OR value of 5.1, it can be inferred that mothers with negative values are 5 times more likely to exhibit negative behavior in caring for stunted children.

Katasurya (2016) "Risk factors for stunting in children aged 12-24 months" Multivariate findings indicate that the risk factors affecting the occurrence of stunting in children aged 12-24 months in Brebes District include low energy sufficiency OR=7.71 (95%CI:3.63-16.3 p=0.001); low protein OR=7.65 (95%CI:3.67-15.9 p=0.001); low zinc OR=8.78 (95%CI:3.53-21.5; p=0.001),



low birth weight OR=3.63 (95%CI:1.65-7.96 p=0.002), and high pesticide exposure OR=8.48; (95%CI:3.93-18.28 p=0.001).

Sofiah (2021) notes that the connection between maternal values and the care of stunted toddlers is quite strong. The beliefs and practices of mothers, including their knowledge and attitudes, significantly impact the way they nurture their children, particularly in preventing and addressing stunting.

Researchers indicate that maternal values are strongly associated with the care of stunted toddlers. Maternal values, including recognizing the significance of balanced nutrition, effective parenting methods, and access to health services, greatly impact children's nutritional health, particularly the likelihood of stunting. Mothers who possess positive knowledge and attitudes about child care are likely to focus more on fulfilling their children's nutritional requirements, fostering a supportive environment for development, and taking advantage of accessible health services.

The Relationship Between Mothers' Perceptions and Mothers' Care in Caring for *Stunting* Toddlers

The p-value is 0.002 (<0.05), indicating a relationship between perception and maternal behavior in caring for stunted toddlers at the Penengahan Inpatient Health Center Work Area, Penengahan District, South Lampung Regency in 2025. With an OR value of 7.9, it can be concluded that mothers with negative perceptions are 7 times more likely to exhibit negative behaviors in caring for stunted children.

According to the theory presented by Olsa et al. (2018), mothers, being the primary figures in children's growth and development, play a crucial role in addressing stunting. Thus, a mother's awareness of the symptoms, effects, and prevention methods for stunting can influence her attitudes and actions toward maintaining health to avoid stunting. Perception influences individuals' attitudes and behaviors and can frequently shift based on the desired change.

The Health Belief Model (HBM) connects individual views on preventive actions and reactions to illness. The HBM is a psychological framework utilized to comprehend and anticipate health behavior based on personal attitudes and beliefs (Setiyaningsih et al., 2016). This framework is additionally utilized in

Consistent with the study performed by Noor (2023) regarding the Connection Between Mothers' Views and the Occurrence of Stunting According to the Health Belief Model Theory Researchers indicate that the connection between maternal perceptions and the care for stunted toddlers is such that negative maternal views (for instance, low assessments of vulnerability, severity, or self-efficacy, or high views of barriers) may elevate the risk of stunting in children. Inaccurate or insufficient maternal understanding of stunting and its management can affect how mothers care for their toddlers appropriately.

Mothers who perceived fewer benefits were more prone to having stunted children, yet those with low perceived benefits were also likely to have non-stunted children. A low perceived benefit indicates that respondents see little to no advantage in adopting preventive measures, as reflected by the lack of change in the mother's view of stunting in their child.

The Most Dominant Factors Influencing Mothers' Behavior in Caring for *Stunting* Toddlers

The multivariate analysis of the logistic regression test indicated that perception was the most influential variable in the care of stunted toddlers, with a 16-fold higher chance of positive behavior. This indicates that the way people view the advantages and dangers of a behavior greatly affects their choices.



This study verifies that the actions of respondents are shaped not just by knowledge, but also by attitudes, beliefs, values, and notably perceptions, in influencing maternal practices for caring for stunted toddlers at the Penengahan Inpatient Health Center Work Area, Penengahan District, South Lampung Regency in 2025. Perception is a mental process that encompasses acquiring, structuring, and making sense of sensory data into significant experiences. In other terms, perception refers to how people interpret and comprehend their surroundings based on sensory information received. Perception enables us to attribute significance to sensory inputs and react suitably to them (Aurelia 2022).

Results from research and data analysis carried out by Ihsan Noor in 2023 indicate that a decreased perception of vulnerability leads to a 2.69 times greater risk of a child facing stunting. Mothers who perceive severity as low will be 3.87 times more likely to cause stunting in their child. Mothers who possess low self-efficacy and a heightened perception of barriers face a 2.87 times greater risk of leading a child to undergo stunting in the Summersari Community Health Center work area.

In this research, perception is the key factor affecting maternal behavior in caring for stunted toddlers, as it significantly influences a mother's views, attitudes, and actions regarding her child's well-being. Favorable views will motivate mothers to recognize the significance of balanced nutrition, health care, and effective use of integrated health service posts (Posyandu) and health facilities. On the other hand, incorrect or narrow viewpoints can obstruct mothers from making the appropriate choices for preventing and treating stunting. This research aims to investigate the connection between maternal perceptions and their behaviors in caring for stunted toddlers, thus offering a foundation for developing more effective public health interventions

Conclusion

It is known that there is a relationship between knowledge, attitudes, beliefs, values, and perceptions of mothers with maternal behavior in caring for *stunted toddlers* in the Penengahan Inpatient Health Center Work Area, Penengahan District, South Lampung Regency in 2025. The multivariate analysis of the logistic regression test above shows that the most dominant variable in the care of *stunted toddlers* is the perception variable.

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