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OVERVIEW OF FAMILY CHARACTERISTICS OF STUNTING TODDLERS

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ABSTRACT

Toddler stunting includes chronic nutritional problems caused by many factors such as socioeconomic conditions, maternal nutrition during pregnancy, morbidity in infants, and lack of nutrition in infants. Family characteristics are one of the causes of stunting. The purpose of this study was to determine the description of the characteristics of families in stunting toddlers. This type of research is a quantitative, descriptive study with cross sectional approach. The sample of this research is 118 parents who have stunting children in the UPTD Patean Puskesmas Kendal City with random sampling technique. The research tools used were questionnaires and midline measuring devices. Data analysis uses univariate analysis of central tendency and frequency distribution. The results showed that the average age of parents: fathers 32.23 years with a range of 20 to 50 years, mothers 29.67 years with a range of 20 to 47 years, education of parents with elementary school education: fathers as much as 56 (47.5%) , 51 (43.2%) mothers, parents work as laborers: 82 fathers (69.5%), and 43 unemployed mothers (36.4%), the average parent's income is Rp. 2.234.755, have 2 children, 64 (54.2%), number of family members in one house: 4 (48.7%), family development stage: with 60 (50.8%) preschoolers, with type family: nuclear family as much as 65 (55.1%), the average age of toddlers 17.25 months with a range of 8 to 24 months, toddler height 68.47 cm, sex of toddler boys as much as 69 (58.5%), a very short category of 90 (76.3%). Stunting in infants will have an impact on the lack of motor skills at school age and low productivity, low school grades, shorter height, and the risk of degenerative diseases in adulthood.

Keyword: family characteristics; stunting; toddler

INTRODUCTION

The incidence of stunting or stunting is one of the nutritional problems experienced by toddlers in the world today. In 2017, stunting children under five experienced a decline of 22.2% or around 150.8 million children under five in the world were stunted, compared to 32.6% in 2000. In 2017, more than half of stunting children in the world came from Asia (55%) while more than a third (39%) lived in Africa. The largest proportion comes from South Asia (58.7%) and the lowest proportion in Central Asia (0.9%) of the 83.6 million stunting children under five in Asia (Ministry of Health, 2018). Despite the prevalence of stunting and underweight in children under five years of age has decreased since 1990, the average progress is insignificant with millions of children still in the risk category (Kesmas, 2015).

Indonesia is ranked 17th among 117 countries in the world that have nutritional problems regarding stunting. The data on the prevalence of children under five which are collected by the World Health Organization (WHO), Indonesia is one of the third countries with the highest prevalence in the Southeast Asia / South-East Asia Regional (SEAR). The average prevalence of

stunting under five in Indonesia in 2005-2017 is 36.4% (Ministry of Health, Republic of Indonesia, 2018). The prevalence of stunting of children under five in Indonesia has decreased by 1.2%, namely 36.8% in 2007 to 35.6% in 2010. However, again, it increased by 1.6% in 2013 with a prevalence of 37.2% (Riskesdas , 2013). The prevalence of stunting in Indonesia is very high, including East Nusa Tenggara (51.7%), West Sulawesi (48.0%) and West Nusa Tenggara (45.3%) while the lowest percentage is DKI Jakarta (27.5%), DI Yogyakarta (27.2%), and Riau Islands Province (26.3%). Central Java is ranked 8th out of 34 provinces in Indonesia, the prevalence of stunting is 19.4% and very short 13.9%, which indicates a higher provincial prevalence rate than the national one (Kemenkes RI, 2018).

The incidence of stunting (short) children is a major nutritional problem facing Indonesia. Based on Nutritional Status Monitoring (PSG) data for the last three years, stunting (short) has the highest prevalence compared to other nutritional problems such as malnutrition, underweight and obesity (Kemenkes RI, 2018). Factors that affect the nutritional status of children, both direct and indirect factors, and the root of the problem. The root of the problem is the economic status which has an impact on the nutritional status of children (Semba & Bloem, 2001).

Socio-economic status in family characteristics such as parental education, maternal knowledge about nutrition, family income, and number of family members can indirectly be related to the incidence of stunting. The incidence of toddler stunting is largely influenced by the low income and education of parents (Riskesdas, 2013). Families with high incomes will have easier access to education and health so that the nutritional status of children can be better (Bishwakarma, 2011).

There is a relationship between the level of mother's education and knowledge of nutrition, there is no relationship between the level of education of the father, the mother's job, the income of the parents and the number of parents with the incidence of stunting (Irviani, 2014). There is a relationship between economic status, protein intake and zinc with the incidence of stunting and all three are risk factors for stunting (Astutik, 2018). The results of research by Nasikhah and Margawati, (2012) in Semarang, stated that the number of family members is a risk factor for stunting in toddlers aged 24-36 months. Rizki's research results (2017) show a relationship between family income and the incidence of toddler stunting. The results of research by Khoirun and Siti (2015) that family income, maternal education, and knowledge of maternal nutrition are factors related to the incidence of stunting in children under five.

Family is a social environment that is very closely related to someone. A person is raised, lives in, interacts with one another, forms values, thought patterns and habits and functions as a witness to all external cultures and mediates the relationship between children and the environment in the family (Bussard & Ball, 1996 in Harnilawati, 2013). The task of the family in health care is to recognize health problems in the family, make appropriate health action decisions, provide care to family members who are sick, maintain or create a healthy home atmosphere, maintain relationships with (use) public health facilities (Friedman, 2002 in Muhlisin, 2012). For children, the family is the first teacher, because the family will introduce the child to social rules and introduce cultural and life values to meet the child's growth and development needs (Mary & Melanie, 2019). According to Stanhope and Lancaster, (2012) in Mary, (2019), family income is a very important factor and must be available in the family.

Factors related to the incidence of stunting in children are mother's education, number of family members and family income. Children who were stunted in the study were found in families with> 4 family members. Family income is one of the important factors in achieving a good nutritional status, because financial inability causes a lack of family ability to fulfill family nutritional intake according to their proper needs. The low economic status of the family will affect the quality and quantity of foodstuffs consumed by the family. The food obtained will usually be less varied and in small amounts, especially in foodstuffs that function for children's growth such as sources of protein, vitamins, and minerals, thereby increasing the risk of malnutrition (Lestari, Rezeki, Siregar, & Manggabari, 2018).

The prevalence of stunting in Kendal Regency in 2016 was 0.7% in 2017 of 0.68%, in 2018 it was 1.3%. There was a decline from 2016 to 2017 and then increased in 2018. In 2019 from 21 Districts and 30 Puskesmas in Kendal Regency, the Patean Community Health Center work area is one of the areas with the incidence of stunting at the third place, namely 192 after Pegandon Health Center amounting to 308 and Puskesmas Patebon II amounting to 309. The working area of Patean Puskesmas with the incidence of children under five with stunting has increased from 2016 to 2019, namely in 2016 it was 42, in 2017 it was 77, in 2018 it was 97, and in 2019 it was 192 (Kendal Health Office, 2019).

The results of a preliminary study conducted on October 24, 2019 in the UPTD area of the Patean Health Center in charge of 14 village areas. Interviews with 6 parents who have stunting children under five, 4 out of 6 mothers said their last education was Elementary School (SD), Junior High School (SMP) 1, and the last education was Bachelor (S1) 1, 3 out of 6 mothers said their husband's last education was School Elementary (SD). With the father's job as a farmer and laborer, the income earned in a month is an average of 800 thousand to 1 million, and the mother is a housewife (IRT) or does not work, with the latest education level and the income results can affect the food given to her child. This study aims to examine the description of the characteristics of families with stunting children in the UPTD Patean Puskesmas, Kendal Regency.

METHOD

This type of research is a quantitative study with a descriptive survey design. The approach used is cross sectional. The sample in this study was 118 parents who had stunting in the UPTD Patean Puskesmas, Kendal Regency. The sampling technique in this study is to use random sampling. This research tool uses a respondent characteristic questionnaire and a stunting toddler examination sheet. Data analysis using univariate.

RESULTS AND DISCUSSION

Table 1.
Central Tendency of Characteristics of Respondents Based on Age of People with Stunting Toddlers (n=118)

Variable Age	Mean	SD	Min-Maks	95% CI
Father (years)	32,13	5,789	20-50	31,07-33,18
Mother (years)	29,67	5,818	20-47	28,61-30,73

Table 1, it is found that the average age of the father with stunting is 32.13 years (95% CI: 31.07-33.18), the standard deviation is 5.789 years, the youngest age is 20 years to the oldest age is 50 years. From the results of the interval estimation, it can be concluded that 95% of the time it is believed that the mean age of stunting fathers is between 31.07 and 33.18 years. The mean age of stunting under-five mothers was 29.67 years (95% CI: 28.61-30.73), standard deviation was 5.818 years, the youngest age was 20 years until the oldest was 47 years old. From the results of the interval estimation, it can be concluded that 95% of the time it is believed that the mean age of stunting under five is between 28.61 and 30.73 years.

Table 2.
Frequency Distribution of Respondent Characteristics Based on Parents 'Education Level, Parents' Work Status, Family Income with Stunting Toddlers (n=118)

Respondent Characteristics	f	%
Father		
Level of education		
Elementary school	56	47,5
Junior High school	31	26,3
Senior high school	27	22,9
College	4	3,4
Job status		
Labor	82	69,5
Civil servants	3	2,5
Entrepreneur	33	28,0
Mother		
Level of education		
Elementary school	51	43,2
Junior High	45	38,1
Senior high school	15	12,7
College	7	5,9
Job status		
Labor	37	31,4
Civil servants	1	,8
Entrepreneur	27	22,9
Housewife	10	8,5
Does not work	43	36.4
Total	118	100

Table 2, it shows the characteristics of the father, the majority of education level is primary education level as many as 56 (47.5%) respondents, laborers are 82 (69.5%) respondents. Based on the characteristics of the mother, the majority of the education level is elementary school education as many as 51 (43.2%) respondents, the mother's job is to take care of the child at home and do not work as many as 43 (36.4%) respondents.

Table 3.
Central Tendency of Respondents' Economic Status of Parents of Toddlers with Stunting

Variable	Mean	SD	Min-Maks
Family Income	2234755	997356	1200000-6000000

Table 3 shows the average income of parents of children under five with stunting is Rp. 2,234,755 per month, standard deviation of Rp. 997,356 per month, minimum income of Rp. 1,200,000 per month and maximum income of Rp. 6,000,000 per month.

Table 4.
Frequency Distribution of Respondents Characteristics Based on the Number of Children with Stunting Toddlers (n=118)

Variable: Number of children	f	%
1 person	44	37,3
2 persons	64	54,2
3 people	9	7,6
4 people	1	0,8

Table 4, it shows that the majority of children with stunting under five in the Patean Health Center area were 2 children as many as 64 (54.2%) respondents.

Table 5.
Frequency Distribution of Respondent Characteristics Based on Number of Family Members, Family Development Stage, and Family Types with Stunting Toddlers (n=118)

Variable	f	%
The number of family members living in one house		
3	11	9,3
4	48	40,7
5	43	36,4
6	16	13,6
Family Development Stage		
Families with preschool aged children	60	50,9
Families with school age children	47	39,8
Families with teenagers	9	7,6
Families release young adults	2	1,7
Family Type		
Main family	65	55,1
Extended family	53	44,9

Table 5, it shows that the majority of family members in one house are 4 as many as 48 (40.7%) of respondents, the majority of family development stages in stunting toddlers are families with preschool children as many as 60 (50.8%) respondents, the majority type of family is nuclear family as many as 65 (55.5%) of respondents.

Table 6.
The Central Tendency of Characteristics of Respondents by Age of Toddler Stunting (n=118)

Variable	Mean	SD	Min-Maks	95% CI
Toddler age (months)	17,25	4,806	8-24	16,37-18,12
Height (cm)	68,47	4,926	61-79	67,47-69,37

Table 6, it shows that the average age of children under five for stunting is 17.25 months (95% CI: 16.37-18.12), standard deviation is 4.806 months, the youngest age is 8 months to the oldest age is 24 months. From the results of the interval estimation, it can be concluded that 95% is believed that the mean age of children under five with stunting is between 16.37 and 18.12 months. The mean height of children under five with stunting was 68.47cm (95% CI :), standard deviation of 4.926 cm, minimum height of 61cm and maximum height of 79cm. From the results of the interval estimation, it can be concluded that 95% is believed that the mean age of children under five with stunting is between 67.47 and 69.37 cm.

Table 7.
Toddler Frequency Distribution by Gender and Stunting Category (n=118)

Variable	Frequency	Percentage (%)
Gender of Toddler		
Male	69	58,5
Women	49	41,5
Stunting Category		
Short	28	23,7
Very short	90	76,3
Total	118	100.0

Table 7, it shows that the sex of children under five with stunting is mostly male as many as 69 (58.5%) of respondents, and the majority of parents have stunting in the very short category as many as 90 (76.3%) respondents.

Respondent Characteristics

Parents' Age

The results showed that the age of the father with a stunting toddler in the working area of Patean Health Center, Kendal Regency, an average of 32.13 years with an age range of 20 years to 50 years. The average age of mothers with stunting under five in the working area of Patean Health Center, Kendal Regency is an average of 29.67 years with an age range of 20 to 47 years.

Hurlock (2010) which states that the index that places individuals in the developmental category is age. A person's level of knowledge is influenced by age. The older a person gets, the more knowledge and experience one gets. Families with good knowledge will find it easier to recognize and understand existing problems, both those that are potential and those that pose a threat to family health (Friedman, 2010). The nutritional status of children under five is more related to the experience of parents in fulfilling toddler nutrition. Inadequate knowledge, parents with adult age may not be able to care for toddlers to fulfill their nutrition (Jausyan, 2016).

Parents Education Level

Based on the results of the study, the majority of parents with stunting children in the working area of the Patean Community Health Center, Kendal Regency, had the last elementary education. The majority of stunting fathers with primary education are 56 (47.5%) respondents. And the education of stunting mothers with SD education amounted to 51 (43.2%) respondents. Primary education is the level of education for the first 9 years of schooling of children which underlie secondary education, basic education consists of SD and SMP (Ihsan, 2010). A low level of education will affect a person to absorb and understand the nutritional knowledge they get so that they will experience stunting. On the other hand, a high level of education will be better about their child's nutritional knowledge The level of education should determine a lot of attitudes and accept openness to accept updates or new things about primary health for their children (Hindrawati & Rusdiarti, 2018).

The low level of education of fathers in the stunting toddler group is slightly higher than that of the normal toddler group (Niam & Nadhiroh, 2015). Father's education level can affect father's job, and in turn will affect family income. Fathers with higher education tend to have better paying jobs. So that family income to be allocated in purchasing foodstuffs is higher (Hapsari, Windi, 2018).

The results of this study are in line with Rizky's (2017) research which shows that the majority of mothers' education levels are low (elementary school graduation), namely 74.6%. The results of Ni'am and Nadhiroh's research (2015) show that maternal education is a factor related to the incidence of stunting in children under five. Maternal education has a significant relationship with the incidence of stunting in children under five. This can be due to the greater role of parenting mothers than fathers.

This study is also in accordance with the research of Setawan, Machmud and Masrul (2018), there is a significant relationship between the level of mother's education and the incidence of stunting. The same results were obtained from research conducted in the Cempaka Health Center area, Banjarbaru, South Kalimantan. The study concluded that there was a significant relationship between the level of mother's education and the incidence of stunting in children. Based on maternal education, it is the factor that has the most dominant relationship with the incidence of stunting in children. Education level has an influence on health, one of which is nutritional status.

Parents' job

The results showed that the majority of parents with stunting toddlers in the Patean Public Health Center, Kendal Regency, were laborers or farmers. The majority of fathers work as laborers or farmers as many as 82 (69.5%) of respondents and the majority of mothers with stunting children who do not work, only taking care of their children and housework as many as 42 (36.4%) of respondents.

Work greatly affects a person's economic ability, for that work is a necessity for every individual because work contains two aspects, the fulfillment of life's needs and physical satisfaction (Friedman in Suparyanto, 2010). There is a significant relationship between dietary care and maternal work. Mothers who work outside the home can cause their children to be less cared for,

besides that mothers who work outside the home tend to have less time to carry out household tasks than mothers who do not work, therefore the parenting patterns will be affected (Rizki, 2017).

Parents' Income

The results showed that the majority of stunting parents of children under five in the working area of Patean Health Center, Kendal Regency, were classified as low economic best status. Average monthly income of Rp. 2,234,755 below the UMK Kendal Regency (Rp. 2,261,775).

Families with high incomes will have easier access to education and health so that the nutritional status of children can be better (Bishwakana, 2011). Economic conditions can be used as a measuring tool to assess the level of fulfillment of basic needs (Notoadmojo, 2012). Socioeconomic status in family characteristics such as family income can indirectly be related to the incidence of stunting. The incidence of toddler stunting is largely influenced by the low income of parents (Riskesdas, 2013).

Family income is one of the important factors in achieving a good nutritional status, because financial inability causes a lack of family ability to fulfill family nutritional intake according to their proper needs. The low economic status of the family will affect the quality and quantity of foodstuffs consumed by the family. The food obtained will usually be less varied and in small amounts, especially in foodstuffs that function for children's growth such as sources of protein, vitamins, and minerals so that it increases the risk of malnutrition (Lestari, Rezeki, Siregar, & Manggabari, 2018).

The results of this study are consistent with research conducted by Candra (2011) in Semarang which states that low income levels are a risk factor for the incidence of stunting, where low-income families have a 2.3 times greater risk of having stunted children than families with sufficient income.

Number of Family Members in One House

The results showed the number of family members in one house with children under five with stunting in the work area of the Patean Public Health Center, Kendal Regency, the majority were 4 people, as many as 48 (40.7%) respondents. The number of family members is a risk factor for stunting in children aged 24-36 months (Nasikhah and Margawati, 2012). The number of family members is indirectly related to the incidence of stunting under five (Riskesdas, 2013).

The number of family members affects the supply and distribution of food in the family (Rizki, 2017). In households that have a relatively large number of family members, the quality of food consumption will get worse. Families with less socioeconomic conditions with a large number of children will result in unfulfilled primary needs such as food, clothing and housing (Ariningsih and Rahman, 2008). The factor associated with the incidence of stunting in children is the number of family members. Children who were stunted in the study were found in families with more than 4 family members (Lestari, Rezeki, Siregar, and Manggabari, 2018).

Family Development Stage

The results showed that the majority of families with preschool aged children with stunting were 60 (50.8%) respondents in the working area of Patean Health Center, Kendal Regency. The pre-school period is a golden age where stimulation of all aspects of development plays an important role in the task of further development, where 80% of children's cognitive development has been achieved at preschool age (Apriana, 2009). Development in preschool children includes motor, personal social and language development (Septiani, 2016).

For children, the family is the first teacher, because the family will introduce the child to social rules and introduce cultural and life values to meet the child's growth and development needs (Mary & Melanie, 2019). Inadequate nutrition is directly caused by a lack of food consumption. As children get older, their needs will increase. Food consumption in the family is influenced by the amount and type of food purchased, cooking, distribution within the family and individual eating habits. consumption also depends on income, the education of the family concerned (Almatsier in Handayani, 2017).

Family Type

The results showed that the majority of families with stunting under five in the working area of Patean Public Health Center, Kendal Regency, were the majority with a nuclear family consisting of father, mother, and child as many as 65 (55.1%) respondents. The results of Rizki's research (2017) stated that the majority of the types of balitastunting families are small families (consisting of ≤ 4 people), namely 56.6%.

Friedman in Muhlisin (2012) states that the family's duty in health care is to recognize health problems in the family, make appropriate health action decisions, provide care to family members who are sick, maintain or create a healthy home atmosphere, maintain relationships with (using) health facilities Public.

The family as a group of individuals in the family can cause, prevent, ignore, or improve health problems in their own group. Almost every individual health problem in the family from start to finish will be affected by the family. The family has a major role in maintaining the health of all family members and not the individual itself who is trying to achieve the desired level of health (Ali, 2010).

Characteristics of Toddler Stunting

Toddler Height

The results showed that the height of stunting toddlers in the working area of Patean Public Health Center, Kendal Regency, an average of 68.47 cm. the minimum height of the respondents was 61 cm and the maximum height was 79 cm. Birth length is a risk factor for stunting, which is 16.43 times greater than toddlers with normal birth length (Meilyasari and Isnawati, 2014). The results of this study are supported by previous research by Nimah and Nadhiroh (2015) which states that there is a significant relationship between body length at birth and the incidence of stunting in children under five normal.

This study is in line with research by Anugraheni (2012) in Pati which showed that the risk of stunting is higher for children under five with low birth length (<48cm). The risk for growth

faltering is greater in infants who have experienced previous falter, namely conditions during pregnancy and prematurity. This means that the length of the body which is far below the average birth rate is caused by experiencing growth retardation while in the womb. Growth retardation while still in the womb indicates a lack of nutritional status and maternal health during pregnancy, causing children to be born with less body length (Kusharisupeni, in Nimah & Nadhiroh, 2015).

Toddler age

The results showed that the age of stunting toddlers in the Patean Health Center, Kendal Regency, on average was 17.25 months with an age range of 8 months to 24 months which were classified as toddlers. Toddler age is the time to achieve significant growth and development of toddlers (Hagan, 2008). Toddler age children are one of the groups that are vulnerable to nutrition in addition to the school age group, adolescents, the elderly, pregnant and lactating mothers. A group in society that is most prone to health problems or is prone to malnutrition is a group that is vulnerable to nutrition. This age group means that they are in a developmental and growth cycle that requires nutrients in greater amounts than other age groups. Delays in children's growth are caused by lack of nutritious food. Excessive food is also not good because it can cause obesity (Hidayat, 2009).

One of the factors that determine a person's nutritional needs is age. The higher the age, the higher a person's ability to carry out activities so that it requires greater energy. This can be seen from the recommended nutritional adequacy ratio (RDA) where the nutritional needs are differentiated by age and sex (Marsetyo, 2008). Age is one of the internal factors of children that influence the incidence of stunting. Impaired growth in height lasts for quite a long time, from several months to several years. Therefore, the TB / U indicator provides an indication of chronic nutritional problems (Soegianto in Rizki, 2017).

The results of this study are in line with research conducted by Rahayu and Darmawan (2019) which states that the characteristics of toddlers with stunting nutritional status are mostly 12-24 months old, namely 73.7%. The results of the research by Aini, Nugraheni, and Pradigdo (2018) also stated that the factors that influence the incidence of stunting in children 24-59 months show that in the 24-35 month age group the percentage is more stunting. Age 24 months and over is the age of children who are often found with stunting (Sutomo and Anggraeni, 2010).

Gender

The results showed that the sex of children under five with stunting in the working area of Patean Public Health Center, Kendal Regency, the majority were male as many as 68 (58.5%) stunting and female as much as 49 (41.5%) stunting. men and women are basically not that different. There is only a slight difference in the growth period between men and women and it is not at all a problem for men and women to experience nearly the same and stable growth in child height and weight. Actually there is no difference that is too far away until they reach the end of elementary school. Usually girls will grow taller faster, although later boys will be able to catch up and surpass them in the next few years (Hangu, 2007). The results of this study are in line with research conducted by Rahayu and Darmawan (2019) which states that the results of the

analysis of the characteristics of toddlers with stunting nutritional status are mostly male, namely 60.5%.

Stunting

The results showed that the majority of children under five with stunting in the working area of Patean Public Health Center, Kendal Regency, were in the very short category as many as 90 (76.3%) under five, the frequency was greater than the short category as many as 28 (23.7%) under five. Stunting is an assessment of nutritional status based on indicators of body length compared to age (PB / U) or height compared to age (TB / U) where the results of anthropometric measurements show a Z-Score <-2 SD to -3 SD (short) and <-3 SD (very short) (Kemenkes RI, 2012).

Stunting (short) is a condition in which children under five are less long or tall than their age. This condition is measured by a length or height that is more than minus two standard deviations from the WHO's median standard for child growth (Kemenkes RI, 2018). Stunting is used as an indicator of chronic malnutrition which describes a child's history of undernutrition in the long term so that stunting shows how the previous nutritional state was (Kartikawati, 2011).

Factors related to the incidence of stunting in children under five include socio-economic factors including parents' education and income, history of toddler infection, history of pregnancy, low birth weight, parental height and maternal knowledge about nutrition, which are also indirectly related to the incidence of under-five stunting (Nasikhah, 2012).

Stunting in toddlers will have an impact on the lack of motor skills at school age as well as low productivity, low school grades, shorter height, and the risk of developing degenerative diseases in adulthood. The fulfillment of nutrition in the toddler years will determine various aspects of life in the future (Hoddinott, 2013). The short-term impact of stunting is an increase in the incidence of morbidity and mortality, increased health costs, cognitive, motor and verbal development in children is not optimal. The long-term impacts are posture that is not optimal as an adult (shorter than usual), decreased reproductive health, increased risk of obesity and other diseases, learning capacity and performance is less than optimal during school, productivity and work capacity are not optimal (WHO in the Indonesian Ministry of Health, 2018).

CONCLUSION

Characteristics of respondents based on the age of parents of children under five with stunting in the Patean Health Center work area, the average father's age is 32.13, the minimum age is 20 years and the maximum age is 50 years, the average maternal age is 29.67 years, the minimum age is 20 years and the maximum age 47 years.

The majority of the education level of stunting parents of children under five in the working area of Patean Puskesmas, Kendal Regency, has an elementary education. Father's primary school education was 56 (47.5%) respondents and mother's primary education was 51 (43.2%) respondents. The majority of fathers work as laborers or farmers as many as 82 (69.5%) of respondents. And mothers who do not work only take care of their children and take care of the house as many as 43 (36.4) respondents. The income of parents averaged Rp. 2,234,755 per month below the Kendal UMK (Rp. 2,261,775).

The majority of children in the family of children under five with stunting, the majority have 2 children, as many as 64 (54.2%) respondents. The majority of family members in one house for stunting toddlers, the majority were 4 people, as many as 48 (40.7%) respondents. The stage of family development with stunting under five is the majority of families with preschool children as many as 60 (50.8%) respondents. The family type of stunting under five is part of the nuclear family consisting of father, mother and child as many as 65 (55.1%) of respondents.

The average age of children under five with stunting in the Patean Public Health Center, Kendal Regency is 17.25 months on average, the minimum age is 8 months and the maximum age is 24 months. The height of stunting toddlers in the working area of Patean Health Center, Kendal Regency is 68.47 cm with an average height of 61 cm and a maximum height of 79 cm. The sex of children under five with stunting in the working area of Patean Health Center, Kendal Regency, the majority were male, as many as 69 (58.5%) of respondents. The majority of stunting categories in the working area of Patean Puskesmas, Kendal Regency, were in the very short category of 90 (76.3%) respondents

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