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Analysis Of Stunting Incidence Among Toddlers in Rural Areas of Indonesia

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ABSTRACT

Background: According to data from the Ministry of Health, the prevalence of stunting in 2022 was 21.6%, in 2023 was 21.5% and in 2024, it fell significantly to 19.8%. Although the prevalence of stunting has continued to decline over the past three years, this remains a concern that needs to be addressed, given that the target set to reduce the prevalence of stunting has not yet been achieved.
Methods: This study is quantitative in nature and employs a cross-sectional design. The data were analyzed using univariate and bivariate analyses, including the chi-square test and prevalence ratio (PR). This study utilized data from the 2023 Indonesia Health Survey to examine the prevalence of stunting among children under five years of age living in rural areas of Indonesia.
Result: The results of the bivariate analysis indicate that there is a significant association between infectious diarrhea (*p-value*=0.007, PR=1.261, 95% CI=1.074–1.480), low birth weight (*p-value*=0.000, PR=1.960, 95% CI=1.673–2.296), and parity (*p-value*=0.008, PR=1.151, 95% CI=1.038–1.277) and the outcome under study. Meanwhile, respiratory tract infections (*p-value*=0.309), animal protein consumption (*p-value*=0.588), handwashing behavior (*p-value*=0.175), and maternal age at first pregnancy (*p-value*=0.127) did not show a statistically significant association (*p-value*>0.05).
Conclusion: This study examines the factors associated with stunting using data from the 2023 Indonesian Health Survey (SKI). The findings are intended to assist the government and healthcare workers in their efforts to prevent and address stunting, particularly in rural areas of Indonesia.

Keywords: Rural ; Stunting ; Toddler

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Introduction

In 2022, the Ministry of Health defined stunting as a condition in which a child's growth is impaired, resulting in a shorter stature than typical for their age. This condition develops when a mother's body does not get enough nutrients from the time she is pregnant until she is a young kid. The World Health Organization (WHO) classifies a child as severely stunted when their z-score (height-for-age) drops below -3 standard deviations (SD), and as stunted when it goes below -2 SD. A child's growth and development might be negatively impacted by stunting if they are undernourished, suffer from chronic illnesses, or do not get enough psychological and social support.[1]

In the years between 2012 and 2024, the worldwide incidence of stunting fell from 26,4% to 23,2%, as reported by UNICEF. Among the regions with the highest prevalence of stunting are West and Central Africa, where 32,5% of stunting cases occur, followed by East and Southern Africa, where the prevalence of stunting is 32,3%, and South Asia, where the prevalence of stunting is 32,3%. South Asia has shown faster progress in reducing stunting compared to East and Southern Africa, as well as West and Central Africa.[2]

The national stunting prevalence is projected to drop to 18,8% by 2025, according to the government's targets. In 2022, stunting was reported as a prevalence of 21,6% by the Ministry of Health[3], and in 2023, the prevalence of stunting decreased slightly from the previous year to 21,5%, while in 2024, the prevalence of stunting dropped significantly to 19,8%.[4] Although the prevalence of stunting has continued to decline over the past three years, this remains a concern that requires attention, given that established targets for reducing stunting prevalence have not yet been met. Several provinces, including rural areas and regions with limited food access, show relatively high stunting rates. This indicates that efforts to reduce stunting need to be focused on rural areas with higher stunting rates compared to urban areas.

Based on data from the 2024 SSGI, it is evident that stunting rates in rural areas are higher than in urban areas; specifically, the proportion of toddlers in families at risk of stunting as determined by specific characteristics is higher in rural areas than in urban areas, with 9% of toddlers in rural areas belonging to families at risk of stunting, while urban areas have a lower number compared to rural areas, with 8,2% of infants in urban areas belonging to families at risk of stunting. From this data, it can be concluded that rural areas have a higher number of infants in families at risk of stunting, which should be the government's primary focus to reduce stunting rates, the data also shows a 0,8% difference between rural and urban areas.[5]

The findings are supported by a study conducted in 2023 by Astari et al. that revealed that stunting still occurs more in rural areas than in urban areas. The data demonstrates that, although stunting rates have been declining globally, the discrepancy between urban and rural areas remains quite substantial. This study revealed that children in rural areas were 1,3 times more likely to be stunted than children in urban areas. This should also be the focus of the Indonesian government to minimise the stunting rate in rural regions. Factors that contribute to stunting include infectious disorders, dietary intake, low birth weight (LBW), handwashing behaviours, and gestational age of the mother.[6]

Methods

The analysis in this study is based on secondary data from the Indonesian Health Survey (SKI) 2023. This study gives numerical findings based on univariate and bivariate analysis. This study used a cross-sectional design. The purpose of this study is to measure the magnitude of stunting in toddlers in rural areas of Indonesia using the Indonesian Health Survey in 2023. The findings will indicate whether there is a link or not, and if so, how much danger there is that may make stunting fairly prevalent. This investigation was conducted out between March and April 2026 in rural sections of the nation using secondary data acquired from the 2023 Indonesian Health Survey (SKI).

This study included 6780 participants. All participants were children living in rural areas

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of Indonesia, aged 0-59 months. The sample of the research consisted of 6780 participants. The rural regions were chosen because the stunting rate was greater than the metropolitan areas. Additionally, toddlers are among the age groups most vulnerable to stunting due to chronic malnutrition, infectious diseases, and environmental factors. This study uses secondary data from the 2023 SKI because the survey has a representative national coverage and includes various health data, including data on the nutritional status of toddlers, infectious diseases, health behaviors, and maternal characteristics. The study location for this research is in rural areas. This is due to disparities in access to healthcare, sanitation, and nutrition, which result in stunting among children under five years of age.

The sources of literature and information used in this study include books and scientific journals on stunting, epidemiology, nutrition, and public health; data from the Ministry of Health of the Republic of Indonesia, such as SKI, SSGI, and Riskesdas, publications associated with international organizations such as WHO and UNICEF, prior research articles detailing the determinants of stunting in children; and guidelines and reports on the nutritional and health status of children and adolescents.

The study was carried out in stages. First, the topic was decided and a research proposal was drafted. Then, a literature review was conducted of journals, books, and official sources that dealt with stunting and its causes. The next step was to request access to the 2023 Indonesian Health Survey (SKI) data from the Ministry of Health of the Republic of Indonesia. Based on the research criteria, data was selected, which included children aged 0-59 months in rural areas of Indonesia. The data was processed, including editing, coding, scoring, data entry, and data cleaning. Finally, univariate and bivariate data analysis using statistical tests was performed using the Chi-square test to asses the association btween varibaels and the Prevalance ratio (PR) a 95% convfidience interval. multivariabel analyiswas not performed.

Finally, the research results, discussion, conclusions, and recommendations were compiled. The 2023 Indonesian Health Survey (SKI) questionnaire, which was created by the Ministry of Health of the Republic of Indonesia, was used for secondary data collection. This questionnaire includes information on population demographics, infant nutritional status, history of infectious diseases, consumption of animal protein, handwashing behavior, history of low birth weight, number of births, and maternal gestational age. A questionnaire created by the Republic of Indonesia's Ministry of Health, the 2023 Indonesian Health Survey (SKI), was used as the instrument in this research. The survey collected information on the participants, their children's nutritional health, their history of infectious illnesses, the amount of animal protein they eat, how often they wash their hands, if they have ever had a baby born with a low weight, how many babies were born, and the mother's gestational age.

Animal protein intake was assessed using with the 2023 Indonesian Health Survey (SKI) questionnaire. Children who ate animal source foods during the previous 24 hours were classified as “consumed” and children who did not consume animal source foods in the past 24 hours were classified as “not consumed”. The data obtained from the 2023 SKI survey was processed through several stages, including editing to verify the completeness and accuracy of the data, coding to assign numerical codes to research variables, scoring to assign scores according to variable categories, data entry to input the data into a statistical analysis software, and data cleaning to double-check for potential errors or duplicate data.

Bivariate analysis using the *chi-square* test and a 95% confidence level ($\alpha = 0.05$) was used to assess the association between the independent and dependent variables, while univariate analysis was used to identify the frequency distribution and percentage of each research variable. Also, to find out how much of a risk the independent factors have on stunting, we used the Prevalence Ratio (PR). After data analysis, the research findings are presented in the following formats, tables to display frequency distributions and statistical analysis results, narrative to provide a

descriptive explanation of the research findings for easier understanding and diagrams or graphs (if necessary) to clarify the distribution of the research data.

This study has received ethical approval from the Health Research Ethics Committee of the Faculty of Health Sciences and Psychology, Universitas Muhammadiyah Pontianak, under approval number 012/KEPK-FikPsi/UM PONTIANAK/2026.

Result

Tables 1. Univariable

Variabel	Category	Frequency	Percentage
Respiratory Tract Infections	Yes	1391	20,8
	No	5285	79,2
Infectious Diarrheal Diseases	Yes	589	8,8
	No	6087	91,2
Consumption of Animal Protein	Not consume	3491	52,3
	Consume	3185	47,7
Low Birth Weight	Yes	341	5,1
	No	6335	94,9
Handwashing	Not Good	4992	74,8
	Good	1684	25,2
Mother's Age at First Pregnancy	Ideal	4955	74,2
	Old	1721	25,8
Number of births	Too many	2354	38,0
	Ideal	4142	62,0

Based on Table 1, it was found that the majority of respondents did not experience respiratory tract infections (79,2%) or infectious diarrhea (91,2%). In addition, the majority of respondents did not consume animal protein (52,3%) and did not experience low birth weight (94,9%). Regarding handwashing behavior, the majority of respondents had poor handwashing habits (74,8%). Meanwhile, the majority of respondents had a mother's age at first pregnancy within the ideal range (74,2%) and an ideal number of births (62,0%).

Table 2. Bivariate

Variabel	Risk Category	PR (95%)	*p-value*	Description
Respiratory Tract Infections	Yes	1,060 (0,943-1,206)	0,309	Not Related

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Infectious Diarrheal Diseases	Yes	1,261 (1,074-1,480)	0,007	Related
Consumption of Animal Protein	Not Consume	0,030 (0,930-1,141)	0,588	Not Related
Low Birth Weight	Yes	1,960 (1,673-2,296)	0,000	Related
Handwashing	Not Good	1,089 (0,965-1,229)	0,175	Not Related
Mother's Age at First Pregnancy	Not Ideal	0,913 (0,815-1,023)	0,127	Not Related
Number of births (Parity)	Too Many	1,151 (1,038-1,277)	0,008	Related

Based on Table 2, the results of the bivariate analysis indicate that there is a significant association between infectious diarrhea (*p-value*=0,007, PR=1,261, 95% CI=1,074–1,480), low birth weight (*p-value*=0.000, PR=1.960, 95% CI=1,673–2,296), and parity (*p-value*=0.008, PR=1,151, 95% CI=1,038–1,277) and the outcome under study. Meanwhile, respiratory tract infections (*p-value*=0,309), animal protein consumption (*p-value*=0,588), handwashing behavior (*p-value*=0,175), and maternal age at first pregnancy (*p-value*=0,127) did not show a statistically significant association (*p-value*>0,05).

Discussion

A. The Relationship Between Acute Respiratory Infections and Stunting in Toddlers

According to Putra et al. in 2019, respiratory tract infections are acute inflammations of the upper or lower respiratory tract caused by microbial infections such as bacteria or viruses with or without involvement of the lung parenchyma.[7] With a *p-value* of 0,309 (*p-value* > 0,309), the chi-square test yielded statistically significant findings. This suggests that stunting is not more common in rural regions when respiratory tract infections are present.

This lines up with the findings of a 2020 research by Ernia Haris Himawati et al., who used multivariate logistic regression to determine that stunting was not significantly associated with respiratory tract infections (*p-value*>0,05).[8] Pasalina et al. (2023) discovered a substantial correlation between toddlers' height and acute respiratory infections (*p-value*=0,000) and a significant association between body weight and acute respiratory infections (*p-value*=0,000), and our study contradicts their findings.[9]

B. The Relationship Between Diarrhea and Stunting in Toddlers

Three or more episodes of loose or watery poops in a 24-hour period constitutes diarrhea.[10] The chi-square test yielded statistical data with a *p-value* of 0,007, which is more than the significance level of 0,007. The correlation between diarrhea and stunting in rural regions is rather strong, as this data shows.

Specifically, a history of diarrhea was linked to the incidence of stunting among toddlers at the Cipadung Community Health Center in Bandung[11], which is in line with the

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current study's findings that a history of diarrhea is a significantly associated variable with stunting (*p-value*=0,018, OR=2,8). In 2022, Atik Nurhayati's research showed no association between a history of diarrhea and stunting (*p-value*=1,000, *p-value*>0,05), which is at odds with the results of this study.[12]

C. The Relationship Between Protein Intake and the Incidence of Stunting in Toddlers

Animal protein is considered effective in preventing stunting in children. Animal-based foods contain a complete range of nutrients, are rich in animal protein and vitamins, and are essential for supporting growth and development.[13] A *p-value* of 0,588 (*p-value* > 0,588) was produced by the statistical study that made use of the chi-square test. This suggests that the frequency of stunting is not significantly related to protein consumption in rural regions.

Maria Cristy Ridua Don et al. (2026) checked "children in the Godean 1 Community Health Center's service area between the ages of 24 and 59 months for signs of stunting; they discovered no correlation between eating animal protein and the likelihood of stunting (*p-value* = 0,489)".[14] H. P. Sari et al. (2022) found that a *p-value* of 0,024 (*p-value*<0,05) indicates that the incidence of stunting is connected with the variety of animal protein consumption, which is contradicted by this study.[15]

D. The Relationship Between Low Birth Weight and Stunting in Toddlers

Low birth weight is not a direct cause of stunting, but it may indicate growth disturbances during pregnancy that increase a child's vulnerability to malnutrition and infections, thereby contributing to stunting later in life.[16] The statistical study, which used the chi-square test, produced a *p-value* of 0,000, which is greater than 0,000. This suggests that stunting is more common in rural regions and that low birth weight is a major risk factor, This association may be due to the fact that infants born with low birth weight tend to have low nutrient stores, impaired fetal growth, and immature organ function. They are also more susceptible to infections, and often do not achieve optimal catch-up growth in the first 1,000 days of life. These conditions can affect linear growth and increase the risk of stunting in later childhood.

This study aligns with the research done by Murti et al. in 2020. In that study, they found a *p-value* from the chi-square test, which led them to conclude that low birth weight (LBW) is significantly associated with stunting in toddlers in Umbulrejo Village, aged 2-5 years.[17] The results of this research contradict those of Sudarmi et al., who in their investigation of the Gaya Baru Community Health Center's service area in Bone Regency found no correlation between low birth weight and stunting rates (*p-value* = 0,628) [18].

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F. The Relationship Between Handwashing and the Incidence of Stunting in Toddlers

According to the CDC in 2024, handwashing is extremely important because it helps maintain good health and prevent the spread of respiratory infections and diarrhea.[19] With a *p-value* of 0,175 (*p-value* > 0.175), the chi-square test provided statistically significant findings. This suggests that the frequency of stunting in rural regions is not significantly related to the frequency of handwashing.

Finding no correlation between toddlers' soap-washing habits and stunting incidence in the Kebunsari Community Health Center service area (*p-value* = 0,730 > 0,05), this study is in line with a 2021 study by Rahmi Permatasari et al ,[20]. There is a discrepancy between this study and the 2020 study by Syam Mahyudin et al., which indicated a correlation between the use of soap to wash hands and the prevalence of stunting in Central Sulawesi (*p-value* = 0,000).[21]

G. The relationship between maternal age at first pregnancy and the incidence of stunting in toddlers

Pregnant women who are too young often lack the maturity and experience to properly care for their unborn child. Older moms, however, sometimes experience a loss of energy and motivation when it comes to caring for their unborn child. This puts mothers at risk of having a child born with IUGR, a condition characterized by stunted growth during pregnancy.[22] The chi-square test produced a p-value of 0,127 (*p-value* > 0.127) in the statistical analysis. This suggests that the frequency of stunting in rural regions is not significantly related to the variable of age at first pregnancy.

Finding no significant connection between the incidence of stunting and the mother's age at conception (*p-value*=0,727), this study is congruent with that of Yona Desni Sagita et al. (2022).[23] This study contradicts the findings of Inna Regal Wiartin et al. (2025), who in 2023 discovered a correlation between the gestational age of the mother and the prevalence of stunting in babies at the Abang II Community Health Center (UPTD Puskesmas Abang II).[24]

H. The Relationship Between Birth Rate and the Incidence of Stunting in Toddlers

The indication of parity is the number of live births a woman has had or the number of pregnancies that result in them.[25] With a p-value of 0,008 (*p-value*>0,008), the chi-square test provided statistically significant findings. In rural regions, the frequency of stunting is significantly correlated with the number of births.

The results of this research are in line with the results of Wayan Aryawati et al. which found a significant relationship (*p-value*=0,000) between stunting and parity.[26] Dhea Fitria Salsabella et al (2024) did not find a significant relationship (*p-value*>0,05) between stunting and maternal factors, which is in accordance with this research.[27]

Conclusions

Finally, the present research reveals that the frequency of stunting among young children living in rural region of Indonesia is impacted by numerous distinct variables. These include infectious disorders, quantity of animal protein intake, low birth weight, frequency of handwashing, mother’s age at first pregnancy and number of prior births. These are essential for the development and nourishment of young infants. In this work, we used data from the 2023 Indonesian Health Survey (SKI) to analyse the determinants of stunting. The results are expected to be helpful for the government and health personnel in their efforts to prevent and deal with stunting, especially in the rural parts of Indonesia. In addition, more research is needed to study more about other variables related to stunting and use more in-depth research methodologies so that the results obtained are more complete and reliable.

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