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Original Research

Association of millennial parenting styles, dietary and the incidence of stunting

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ABSTRACT

Background: Stunting, a chronic nutritional issue among toddlers, continues to be a global and national public health concern. It reflects the cumulative effects of inadequate nutrition and poor parenting practices. Millennial parenting styles and dietary habits play a pivotal role in influencing stunting outcomes, particularly in regions like Banjarmasin, Indonesia

Objective: This study aims to analyze the correlation between millennial parenting styles, dietary patterns, and stunting incidence among toddlers in the Pekauman Health Center area.

Methods: A cross-sectional study was conducted in May 2024 involving 127 toddlers aged 2–5 years and their parents. Data were collected using height measurements and validated questionnaires on parenting styles and dietary practices. Chi-square tests were employed to analyze relationships, with a significance level of $\alpha = 0.05$.

Results: The study revealed that 64.6% of toddlers were stunted. Among parents, 61.4% exhibited a "less" effective parenting style, and 61.4% provided diets that did not meet nutritional recommendations. Significant associations were found between parenting styles, dietary patterns, and stunting incidence ($p < 0.001$). Poor parenting practices and inadequate diets were identified as critical factors contributing to stunting.

Conclusion: Millennial parenting styles and dietary practices significantly influence stunting incidence. Interventions to improve parental knowledge and dietary practices are essential for addressing stunting in toddlers. Future research should explore innovative strategies, including digital platforms, to enhance parental engagement and nutrition education.

1. Introduction

Stunting remains a significant nutritional issue among toddlers that has yet to be fully addressed. Stunting is a condition defined by a height-for-age Z-score below –2SD (Standard Deviation) based on the World Health Organization (WHO) growth standards (WHO, 2015). This condition reflects chronic malnutrition during critical periods of growth and development, which has lasting impacts on cognitive and physical health. The long-term consequences of stunting include reduced school performance, lower productivity in adulthood, and an

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increased risk of chronic diseases. Despite global efforts, stunting remains prevalent in many regions, necessitating a deeper exploration of its underlying causes and contributing factors (Hidayah & Fariana, 2024; Lathifah et al., 2024; Yuliantie et al., 2024).

Parents play a crucial role in shaping children's growth and development. Enhanced parental knowledge and effective parenting practices for infants and toddlers are critical in stunting prevention (Putri et al., 2021). However, many parents prioritize their personal interests over meeting their children's needs, neglecting their responsibilities to educate and nurture their children. Busy schedules often lead parents to pay less attention to their children's daily diets (Hafifah, 2022). This lack of attention is particularly problematic in the modern era, where convenience foods and fast food have become more accessible, contributing to poor dietary habits. These habits, such as irregular eating patterns and a preference for food outside the home, can result in inadequate intake of essential nutrients like carbohydrates, proteins, and fats (Lebuan et al., 2023).

A shift in parenting practices is evident among today's young mothers, who increasingly rely on social media for information about parenting. The previously offline parenting information ecosystem has transitioned into the digital realm (Saman & Hidayati, 2023). While access to online information can provide valuable insights, it may also expose parents to misinformation or unverified practices. Research indicates that poor maternal knowledge correlates with higher rates of stunting. For instance, 74.1% of children with poorly informed mothers are classified as retarded, while only 2.4% of children with knowledgeable mothers fall into the stunted category (Dwijayanti et al., 2024; (Fitriani & Adawiyah, 2018)). This highlights the importance of equipping mothers with accurate knowledge and skills to protect their children from stunted growth.

Globally, the prevalence of stunting among children under five is estimated at 22% (149.2 million) as of 2020, with the Asian continent showing a prevalence of 30.7%, followed by Africa at 32.6%, and Southeast Asia at 27.4% (UNICEF-WHO-World Bank, 2021). In Indonesia, the stunting rate decreased from 24.4% in 2021 to 21.6% in 2022 (Ministri of Health – Republik of Indonesia, 2022). Despite this progress, certain regions continue to face high stunting rates. East Nusa Tenggara (35.3%), West Sulawesi (35.0%), and Papua (34.6%) are among the provinces with the highest prevalence. South Kalimantan ranks 15th nationally, with a prevalence of 24.6% in 2022. The Banjarmasin City stunting rate stood at 14.07% in 2023, with a target increase to 17.22% in 2024 (Pemerintah Daerah Provinsi Kalimantan Selatan, 2023).

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Further analysis at the local level reveals significant challenges. Data from the Banjarmasin City Health Office in 2022 showed that the Pekauman Health Center oversees 252 toddlers, the Basirih Baru Health Center 96 toddlers, and the Gadang Hanyar Health Center 84 toddlers. A preliminary study conducted at the Pekauman Health Center identified 15 stunted toddlers in Pekauman Village, 24 in West Kelayan, and 25 in South Kelayan in 2023. These figures underscore the need for targeted interventions that address the unique challenges faced by families in these areas.

Millennial parents, characterized by their reliance on technology and changing lifestyles, play a pivotal role in influencing child nutrition and growth. Their parenting styles, often shaped by digital media and social trends, can have both positive and negative impacts on child health. For example, while digital platforms provide easy access to nutritional advice and parenting tips, they may also contribute to unrealistic standards or conflicting information. These dynamics make it imperative to understand how millennial parenting styles interact with dietary habits to influence stunting outcomes.

Stunting prevention requires a comprehensive approach that addresses both direct and indirect factors. Direct factors include the availability and accessibility of nutritious food, while indirect factors encompass parental education, cultural norms, and socioeconomic conditions. Effective interventions must integrate these elements to create sustainable solutions. For example, community-based programs that educate parents about balanced nutrition and healthy feeding practices have shown promising results in reducing stunting rates.

Moreover, government initiatives play a crucial role in addressing stunting at a systemic level. Policies aimed at improving maternal and child health, enhancing access to healthcare services, and promoting food security are essential for tackling the root causes of stunting. Collaboration between government agencies, healthcare providers, and community organizations is necessary to implement these policies effectively. In Banjarmasin, ongoing efforts to monitor and reduce stunting rates highlight the importance of localized strategies tailored to the specific needs of the community.

2. Method

Research design

This study employed a qualitative design to investigate the relationship between millennial parenting styles, dietary practices, and the incidence of stunting among toddlers. The research adopted a cross-sectional approach, where independent variables (millennial

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parenting styles and dietary practices) and the dependent variable (stunting incidence) were measured simultaneously. The study was conducted in the working area of the Pekauman Health Center, Banjarmasin, in May 2024.

Respondents

The study population consisted of 186 toddlers aged 2–5 years and their parents residing in the Pekauman Health Center's jurisdiction. The sample size of 127 respondents was determined using Slovin's formula with a margin of error of 5%. Respondents were selected through purposive sampling based on inclusion criteria: mothers aged 20–39 years, residing in Pekauman, Kelayan Barat, or Kelayan Selatan, able to read and write in Indonesian, and willing to participate. Exclusion criteria included mothers under 20 or over 39 years, those not living with their toddlers, toddlers with chronic illnesses, and respondents unwilling to provide consent.

Data collection

Data were collected using two primary instruments: a microtoise to measure toddlers' height and standardized questionnaires to assess millennial parenting styles and dietary practices. The height measurements were analyzed using the Z-score for height-for-age based on WHO standards. The millennial parenting style questionnaire comprised 20 items covering media use, parenting objectives, health education, decision-making, and nutritional practices. Dietary practices were assessed using a 15-item Child Feeding Questionnaire (CFQ) with Likert-scale responses ranging from 1 (never) to 4 (very often).

Data analysis

Data were processed through editing, coding, and tabulating before analysis. Categorical data were analyzed and presented as frequency distributions and percentages. The relationship between variables was examined using the Chi-square test, with data processing conducted using SPSS version 26. A significance level of $\alpha = 0.05$ was applied.

Ethical considerations

Ethical clearance was obtained from the Research Ethics Committee at Universitas Sari Mulia (No. 203/KEP-UNISM/V/2024). Permission for data collection was granted by the Banjarmasin Health Office and Pekauman Health Center. Informed consent was obtained from all participants, who were assured of confidentiality and their right to withdraw at any time. Data were anonymized, and findings were presented in aggregate to ensure privacy.

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3. Result

Demographic profil

Table 1 illustrates the demographic and socioeconomic characteristics of the respondents. The majority of parents are aged 20–30 years (69.3%), and most have a high school education (60.6%). In terms of employment, 66.9% of respondents are not working, and the majority have two or fewer children (74.8%). Regarding the toddlers' age distribution, the largest group is aged 48–60 months (61.4%). Gender is nearly evenly distributed between men (49.6%) and women (60.4%).

Table 1. Characteristics of Respondents

Characteristic	Frequency (n)	Percentage (%)
Parents' age (years)		
20 – 30	88	69.3
31 – 39	39	30.7
Education		
Elementary school	14	11.0
Junior high school	16	12.6
High School	77	60.6
Diploma	5	3.9
Bachelor 's degree	15	11.8
Employment		
Not working	85	66.9
Private	21	16.5
Self employed	13	10.2
Civil	8	6.3
Number of children		
≤ 2	95	74.8
≥ 3	32	25.2
Toddler age (months)		
24 – 35	22	17.3
36 – 47	27	21.3
48 – 60	78	61.4
Toodler gender		
Male	63	49.6
Female	64	60.4

Parenting, diet, and stunting analysis

The data in Table 2 highlights the distribution of parenting styles, dietary patterns, and the prevalence of stunting among the respondents. The majority of parents (61.4%) were categorized as having a "less" effective parenting style, suggesting significant limitations in nurturing practices that could influence their children's growth and development. Meanwhile,

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24.4% of respondents demonstrated a parenting style classified as "enough," and only a small proportion (14.2%) exhibited a "good" parenting style. This distribution underscores the necessity of targeted interventions to improve parenting knowledge and skills, particularly in promoting optimal child development. Regarding dietary patterns, the findings show that 61.4% of parents do not provide a diet that aligns with nutritional recommendations, while only 38.6% offer an "appropriate" diet. This imbalance reflects challenges such as limited nutritional knowledge, accessibility, and prioritization of dietary quality. Poor dietary practices are a critical concern because they directly contribute to adverse health outcomes in children, including malnutrition and stunting. The data also reveal a significant prevalence of stunting, with 64.6% of toddlers identified as stunted and only 35.4% classified as not stunted. These findings suggest that both inadequate parenting styles and poor dietary patterns contribute to the high incidence of stunting observed in the study population. Table 2 underscores the interconnectedness of these variables and the urgent need for programs and policies aimed at improving parental practices and nutritional awareness to reduce stunting rates.

Table 2. Parenting styles, diet quality, and stunting incidence

Variable		Frequency (n)	Percentage (%)
Millennial parenting style			
	Good	18	14.2
	Enough	31	24.4
	Less	78	61.4
	Total	127	100
Dietary			
	Appropriate	49	38.6
	Not	78	61.4
	Entire	127	100
Stunting incidence		Frequency (n)	Percentage (%)
	Stunting	82	64.6
	Not	45	35.4
	Total	127	100

Parenting styles, dietary practices, and stunting incidence relatiohship

The Table 3 presents the relationship between millennial parenting style and dietary practices with the incidence of stunting among children. It categorizes data into "stunting" and "not stunting" groups, highlighting the frequencies and percentages of each variable. For parenting styles, children with a "good" parenting style accounted for 11.6% of stunting cases and 6.4% in the non-stunting group. Meanwhile, an "enough" parenting style was associated

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with 20% of stunting cases and 11% in the non-stunting group. The "less" parenting style had the highest proportion of stunting cases (50.4%) compared to 27.6% in the non-stunting group.

Regarding dietary practices, 31.6% of children with stunting had appropriate dietary practices, while the majority (50.4%) had inappropriate practices. In the non-stunting group, 17.4% followed appropriate dietary practices, whereas 27.6% did not. The Chi-square analysis shows significant associations between both variables (parenting style and dietary practices) and the incidence of stunting, with p-values of <0.001. This underscores the critical role of parenting and proper nutrition in reducing stunting among children.

Table 3. Relationship between parenting style, dietary practices, and stunting incidence

Variable	Stunting incidence				Total		p-value
	Stunting		Not				
	Frequency (person)	Percentage (%)	Frequency (person)	Percentage (%)	Frequency (person)	Percentage (%)	
Millennial parenting style							<0.001
Good	3	11.6	15	6.4	18	18	
Enough	6	20	25	11	31	31	
Less	73	50.4	5	27.6	78	78	
Total	82	82	45	45	127	12	
Dietary							<0.001
Appropriate	7	31.6	42	17.4	49	49	
Not	75	50.4	3	27.6	78	78	
Entire	82	82	45	45	127	127	

4. Discussion

Characteristics of mother

This study aligns with the findings of Suryani et al., (2023), who reported that the highest frequency of respondents fell within the adult category (26–35 years old). At this stage, mothers generally possess a more mature understanding and mindset. As mothers age, their increasing experience and exposure to information enhance their ability to seek, absorb, and apply knowledge effectively. This process positively influences their parenting practices and their understanding of child development, including strategies for stunting prevention. Furthermore, research by Qolbi et al. (2020) ighlights that the majority of respondents had a high school education (59.3%). Educational background significantly impacts maternal knowledge, as higher levels of education enable mothers to access and comprehend information more effectively. This knowledge equips them to adopt preventive measures against stunting, as noted by Sari et al. (2023).

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In addition, Anggraeni et al. (2021) emphasize that housewives typically have more time to care for their children. However, poor parenting practices, such as neglecting a child's dietary needs, can result in nutritional deficiencies. On the other hand, working mothers often have greater exposure to information through social and professional interactions, potentially enhancing their knowledge of childcare. In contrast, housewives with limited external exposure may face challenges in obtaining information, which can lead to inadequate parenting practices (Suryani et al., 2023).

This research is in line with Darmini et al. (2022), who revealed that 50% of respondents had two family members. The number of children in a household influences food availability and distribution. Mothers in families with an adequate economic status can generally fulfill their children's nutritional needs, even with multiple dependents. However, families with limited economic resources may struggle to provide sufficient nutrition, which can exacerbate stunting risks.

Characteristics of toddlers

Based on Table 1, the majority of toddlers in this study were aged 48–60 months, accounting for 78 respondents (61.4%). This finding aligns with the research by Ice (2022), which highlights that stunting incidence is influenced by age, with children aged 12–59 months showing a stunting prevalence of 37.8%. During this critical period, the quality of food provided and the parenting style adopted by mothers play a significant role in determining the child's nutritional status and overall development.

Sekarini (2022), further elaborates that malnutrition in children often results from inadequate intake of macronutrients, such as carbohydrates and fats, which serve as essential energy sources. An imbalance in these nutrients, whether in the form of deficiencies or excesses, can lead to health issues, including stunting and obesity. For toddlers aged 48–60 months, increased mobility and outdoor exposure make them more vulnerable to infectious diseases, such as intestinal worm infections. Preventive measures, including practicing proper handwashing as part of clean and healthy living habits, are essential to reduce such risks and support better nutritional outcomes.

Millennial parenting style

This study aligns with the findings of (Darmawi & Mouliza, 2022), who highlighted the relevance of democratic and authoritative parenting styles among millennial parents. These parenting styles are characterized by a balance of responsiveness and control, which are critical

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for promoting healthy child development. According to Fajrur & Febriana (2022), the role of parents, family, and the environment is significant in shaping a child's development, with each child experiencing developmental progress at different rates. Consequently, parenting practices must be tailored to the specific stages of a child's development, as also emphasized by Permatasari (2021).

However, the researchers observed that many millennial mothers fail to participate in counseling sessions at community health posts (posyandu), leading to gaps in knowledge about proper childcare and nutrition. Despite the wealth of information available through modern sources, including social media, which provides diverse and extensive content on child growth and development, some parents still lack the initiative to apply appropriate parenting styles and provide adequate nutrition for their children. The accessibility of information through social media should, in theory, make it easier for parents to adopt effective parenting strategies to prevent stunting. Additionally, this study supports the findings of Salma Zulfa et al. (2024), which revealed that dietary habits among stunted children fall largely into the deficiency category (55.9%). Dietary recalls over a 4x24-hour period showed that children typically eat only two meals per day, consisting primarily of staple foods combined with either vegetables or protein sources, but rarely both. Stunted children often consume meals such as plain rice or rice with vegetables, indicating a lack of dietary diversity and balance, which contributes to inadequate nutritional intake and stunting.

Stunting incidence

The findings of this study underscore the critical role of maternal feeding patterns and the quality of nutritional intake in preventing stunting among toddlers. During toddlerhood, children are highly dependent on their mothers for nutrition, making it essential for mothers to provide balanced and adequate diets to support their child's growth and development. Nutritional intake must be optimized to meet the child’s requirements during this crucial developmental stage. In South Kalimantan, the stunting prevalence remains a significant public health concern, with an overall stunting rate of 30%, categorizing the province in the "red zone" or high-risk category (30–39%). The incidence of stunting is unevenly distributed across districts, with Banjar reporting the highest prevalence at 40.2% and Tanah Bumbu the lowest at 14.7% (Yuwanti et al., 2021). This variability highlights the need for targeted interventions in high-prevalence areas to address specific regional factors contributing to stunting.

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Similarly, Rahmawati (2022) found that in Lok Buntar Village, Banjar Regency, the stunting rate is alarmingly high at 38.7%. The study identified several contributing factors, including maternal gestational age, maternal height, birth spacing, nutritional status, and anemia. These findings emphasize the multifactorial nature of stunting, where maternal health, pre- and postnatal care, and socioeconomic conditions collectively influence child growth outcomes.

Relationship of millennial parenting style with stunting incidence

This study aligns with findings by Toriq (2023), which demonstrated a significant relationship between Millennial Parenting Style and early detection in preventing stunting among toddlers, with a p-value of <0.001 and a correlation coefficient of 0.447. Early detection plays a crucial role in mitigating stunting, emphasizing the importance of parental involvement and awareness. According to Rahmawati (2022), parents who lack an understanding of their child's developmental milestones and personality often fail to provide adequate care and education. Effective parenting includes instilling an understanding of acceptable and unacceptable behaviors, such as discouraging speaking with food in the mouth or using inappropriate language. This process requires active parental guidance and involvement in nurturing and teaching their children.

From the researchers' perspective, the Millennial Parenting Style has not been implemented effectively and optimally, particularly among mothers in the millennial generation. Several factors may contribute to these limitations:

1) Dietary Habits: Parents may provide large food portions to toddlers, neglect breakfast, offer insufficient protein, or force children to finish their meals, potentially leading to poor dietary habits.
2) Psychosocial Factors: Overprotective parenting by millennial mothers may limit toddlers' interaction with peers, thereby hindering their social development.
3) Genetic Factors: Inherited traits can play a role in determining a child's growth and susceptibility to stunting.
4) Parental Habits: Negative behaviors, such as smoking or exposure to kitchen smoke, may adversely affect children's health and development.
5) Environmental Influences: Exposure to pollution, chemicals, and infectious diseases can also contribute to stunting.

These findings underscore the complexity of stunting prevention, where effective parenting styles must address not only dietary and psychosocial factors but also genetic,

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behavioral, and environmental influences. Comprehensive interventions aimed at educating millennial parents and fostering better parenting practices are essential to reducing stunting prevalence among toddlers.

Relationship of toddler's diet with stunting incidence

Research by Mouliza & Darmawi (2022) highlights that feeding patterns significantly influence the incidence of stunting in children. Contributing factors include low feeding frequency, lack of attention to the nutritional quality of meals, inadequate food variety, and improper feeding methods. Poor feeding practices lead to insufficient energy and nutrient intake, which, over time, can impair children's linear growth. Moreover, children who do not receive a balanced intake of energy and nutrients are at a higher risk of experiencing growth disruptions.

Based on the researchers' observations, several issues related to the dietary patterns of stunted toddlers were identified. Many respondents expressed the need for consultations and guidance from nutrition professionals at health centers. Specific dietary practices included feeding toddlers only rice and fish, or eggs mixed with soy sauce. Additionally, some toddlers did not receive dietary supplements, and in certain cases, toddlers aged 8–11 months were exclusively breastfed without the introduction of complementary foods. This limited variety in food preparation, driven by mothers' preference for practical options, reduces the diversity and quality of nutrients consumed by toddlers.

The researchers conclude that diet plays a critical role in the incidence of stunting, particularly due to the lack of high-quality food ingredients and improper food processing methods. Mothers often fail to maintain essential nutrient levels, such as protein, iron, calcium, energy, and zinc, during meal preparation. The timing of food introduction and the methods used for feeding are equally crucial. Addressing these dietary shortcomings through nutrition education and support programs can help improve dietary practices and reduce stunting prevalence in toddlers.

Research limitations

This study has several limitations that need to be acknowledged. First, the cross-sectional design limits the ability to infer causal relationships between parenting styles, dietary patterns, and stunting incidence. The results are based on data collected at a single time point, which may not fully capture the dynamic nature of these factors. Second, the sample size, although adequate for the statistical analyses, was limited to the Pekauman Health Center area, reducing

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the generalizability of the findings to other regions. Third, data on parenting styles and dietary practices were self-reported by parents, which could introduce response bias or inaccuracies due to recall errors. Additionally, the study did not explore other potential confounders, such as socioeconomic status, environmental factors, or genetic predispositions, which might also contribute to stunting.

Suggestions for future research

To address these limitations, future research should consider longitudinal study designs to better understand the temporal relationships and causative pathways between parenting, dietary habits, and stunting. Expanding the study population to include multiple regions or demographic groups would enhance the generalizability of findings. Additionally, incorporating objective measures of dietary intake and parenting practices, such as observational studies or food diaries, could improve data accuracy. Future studies should also explore the role of socioeconomic factors, cultural influences, and community-level interventions to provide a more comprehensive understanding of the determinants of stunting. Leveraging digital tools for nutrition education and parenting support could also be an innovative area for further investigation.

5. Conclusion

Millennial parenting style and diet greatly influence in all aspects of millennial mothers' lives in monitoring and developing children in terms of applied nutrition, support in the family also provides positive energy in a family. The social media used must be used more positively in how to monitor the development of children themselves. This stunting incident is the basis that the quality of nutrition provided by the family must be balanced, complete and apply the right way of feeding. From this study, it can be seen that low feeding practices will result in low energy and nutrient intake so that cumulatively it can have an impact on children's linear growth.

6. Conflicts of Interest

All authors declare no conflict of interest

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