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Analysis of the Impact of Inadequate Nutritional Intake on the Risk of Stunting in Early Childhood in Ngadhamana Village

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ABSTRACT

This study aims to identify and understand the impact of inadequate nutritional intake on the risk of stunting in early childhood. The urgency of this research lies in examining how insufficient nutritional intake affects the risk of stunting. The research subjects included children aged 0–6 years, parents, community health volunteers (posyandu cadres), and health workers directly involved in monitoring child growth and development. The research employed a qualitative method using interview, observation, and documentation techniques so that researchers could explore detailed information regarding dietary patterns and other factors influencing children's nutritional status. The data analysis technique used consisted of data collection, data reduction, data presentation, and conclusion drawing. The research instruments used were interview guidelines, observation sheets, and recording tools such as notebooks and voice recorders to ensure the accuracy of the collected data. The

findings revealed that some early childhood children in Ngadhamana Village had not yet received nutritional intake in accordance with the Recommended Dietary Allowance (RDA), particularly low consumption of animal protein, vegetables, and fruits, accompanied by the habit of consuming instant snacks. This condition has an impact on the inhibition of children's growth.

Introduction

Early childhood refers to individuals aged 0–6 years who are in the most rapid period of growth and development across all aspects of life, including physical, cognitive, socio-emotional, language, and moral development. Early childhood is considered unique because this stage is known as the *golden age*, during which each child possesses different abilities and experiences rapid brain development. Experiences during early childhood significantly influence their future development (Juita et al., 2024).

This period is known as the *golden age*, a stage when brain development occurs very rapidly, and the stimulation provided will have long-term impacts on children's lives in the future (Wahidah & Purnamasari, 2024). Based on Law Number 20 of 2003 concerning the National Education System, as cited in (Kalsum, 2023), early childhood education is an educational effort aimed at children from birth to six years old through the provision of educational stimulation to support physical and spiritual growth so that they are prepared to enter further education.

Growth and development are two different processes but cannot be separated from each other. Growth relates to physical changes in body size that can be measured, such as increases in height, weight, and head circumference, which are usually recorded in children's growth monitoring books. Meanwhile, development focuses more on the maturation of organ functions, such as the ability of the legs to walk and jump, the hands to write or hold objects, as well as thinking and language abilities that indicate the progress of children's brain functions (Lima et al., 2021).

Stunting is one of the chronic nutritional problems that remains a serious challenge in Indonesia. Stunting is a condition of growth failure in children caused by long-term nutritional deficiency, characterized by height that is lower than the standard for their age. This condition generally occurs during the **First 1,000 Days of Life (HPK)**, from the fetal period in the womb until the child reaches two years of age, which is considered a critical period in the growth and development process (Rahman, 2023).

Stunting is a situation where children experience nutritional deficiencies, chronic infections, and is generally identified through a child's height-for-age that is below the normal standard for toddlers (Kemenkes, 2018). Malnutrition may occur during the prenatal period and the early days after birth, but its effects may only become visible when the child reaches two years of age, as emphasized by the Indonesian Ministry of Health in 2018 (Kemenkes, 2018). Previous

studies have shown that nutritional problems in children (stunting, overweight, and non-communicable diseases) begin during fetal development in the womb and continue until the child reaches the age of two years (Kuwa et al., 2021). Nutritional deficiency can inhibit growth and development, causing abnormalities in body shape even though the genes within cells are capable of developing normally.

One of the factors causing stunting is inadequate nutritional intake among early childhood children. This is supported by previous research conducted by (Doy et al., 2021), which states that based on interview results, some parents do not understand the importance of nutritional intake during pregnancy and after the child is born, as well as the lack of knowledge about types of nutritious foods. As a result, mothers often pay little attention to the nutritional intake they consume.

Insufficient nutritional intake during pregnancy can lead to **chronic energy deficiency (CED)** in mothers, indicated by a maternal upper arm circumference of less than 23.5 cm. This condition can result in **low birth weight** and infectious diseases in children such as diarrhea. Diarrhea in children can also be caused by insufficient nutritional intake during pregnancy and after birth, as well as irregular immunization during pregnancy and after the child is born. These conditions ultimately hinder the growth and development of children.

Chronic energy deficiency during pregnancy can cause unstable maternal conditions such as anemia and insomnia. Inadequate maternal nutritional intake also affects children's birth weight. Mothers who

frequently experience nausea and vomiting and have a low appetite may give birth to babies who experience weight loss due to protein deficiency. Children with a history of low birth weight are at risk of developing stunting. Many parents assume that the daily food consumed is sufficient for children's growth without paying attention to the nutritional value contained in the food.

According to Dewey & Begum (Anggryni et al., 2021), nutritional deficiencies that cause stunting in children are generally associated with low intake of energy, protein, and important micronutrients such as iron, zinc, and vitamin A. During the growth period, children's bodies require balanced nutrition to support optimal brain and physical development. However, in families with economic limitations or less diverse consumption patterns, children are more at risk of experiencing nutritional deficiencies. Long-term nutritional deficiency can lead to growth retardation, disrupt cognitive development, and negatively affect children's quality of life and future.

Based on the background above, it can be concluded that inadequate nutritional intake in early childhood significantly affects the risk of stunting. Insufficient nutritional intake disrupts children's growth and development, both physically and in terms of brain development. Therefore, it is important to understand children's nutritional intake patterns and identify factors contributing to nutritional deficiencies that lead to stunting in early childhood.

Furthermore, the researchers formulated the research problem as

follows: What is the impact of inadequate nutritional intake on the risk of stunting? The objective of this study is to identify and understand the impact of insufficient nutritional intake on the risk of stunting in early childhood.

Methods

This research employed a **qualitative research approach**. Robert Bogdan and Steven J. Taylor (as cited in Lexy J. Moleong, 2010) explain that qualitative research is a research procedure that produces descriptive data in the form of written or spoken words from people and observable behaviors. This study was conducted to provide an understanding of the background or factors influencing a particular condition without manipulating existing variables.

The data collection methods used in this research were **interviews, observations, and documentation**. The study was conducted in **Ngadhamana Village, Ngada Regency**, an area that, based on local data, has a relatively notable incidence of stunting. The research subjects included **children aged 0–6 years**, **parents or caregivers of children aged 0–6 years**, **posyandu cadres**, and **health workers** who are directly involved in monitoring children's growth and development.

The data collection techniques used in this study consisted of **in-depth interviews, observations, and documentation**. Data analysis in this research applied the **interactive model analysis** developed by Matthew B. Miles and A. Michael Huberman (2009:20). The stages include **data collection, data reduction, data display, and conclusion**

drawing.

Steps of Data Analysis According to Miles and Huberman (2009)

1. Data Collection

At this stage, the researcher conducted interviews, observations, and documentation. Interviews were carried out to explore information related to the factors of inadequate nutritional intake and its risk for stunting in early childhood. The interview subjects were parents of children who experienced stunting. Observations were conducted by directly observing the children's development. Documentation was used to complement the data obtained from the field.

2. Data Reduction

Data reduction was conducted by selecting and focusing on data relevant to the needs of the research.

3. Data Display

Data display was carried out by organizing and presenting the data obtained from interviews, observations, and documentation in the form of simple tables to facilitate interpretation.

4. Conclusion Drawing

Conclusions were drawn by comprehensively understanding the data that had been collected, reduced, and displayed. At this stage, the researcher began to interpret the meaning of the data, identify emerging patterns, compare information from different sources, and summarize them into answers to the research questions.

Result and Discussions

Research Results

a. Nutritional Intake of Early Childhood in Ngadhamana Village

The results of the data collection indicate that:

a) The energy and protein intake of some children has not yet met the Recommended Dietary Allowance (RDA).

b) Children's dietary patterns tend to be less diverse, dominated by carbohydrates (rice and tubers) with low consumption of animal protein.

c) The consumption of vegetables and fruits remains limited, resulting in suboptimal intake of essential vitamins and minerals such as iron, zinc, and vitamin A.

These conditions indicate that children at risk of stunting experience chronic malnutrition, which can affect their height growth. Based on interviews with parents and health workers in Ngadhamana Village, it was found that children's nutritional intake patterns are still not balanced. Generally, children already consume staple foods such as rice and protein-based side dishes such as eggs and fish, but the consumption of vegetables and fruits remains very low. Children also frequently consume instant snacks.

Some parents still have limited understanding of balanced nutrition and assume that daily meals are sufficient to support their children's growth. Health workers and *posyandu* cadres routinely monitor children's growth and development, provide nutrition education, and

distribute supplementary food and milk. Nevertheless, children at risk of stunting are still found due to less varied dietary patterns, snacking habits, parenting challenges, and children's health conditions.

Observational results indicate that the physical growth of children has not yet corresponded with their age, where their height and weight appear lower compared to children of the same age. Regarding eating habits, children are willing to consume staple foods and protein-based side dishes but rarely consume vegetables and fruits, and they frequently consume instant snacks.

From an environmental perspective, the cleanliness of food served is relatively good, and the availability of healthy food at home is fairly adequate. In general, children appear active and able to interact with their surroundings. However, some physical signs of malnutrition are still observed, such as thin body conditions and body weight that does not correspond to their age.

Table 1. Indicators Used for Observation

Child Name	**Child Height**	**Hygiene**	**Eating Habits**	**Environment**	**Child Condition**
I.T	97.7 cm	Personal hygiene is fairly good, but children	Foods frequently consumed include rice, eggs,	Home environment is fairly clean.	The child appears thin and less active.

		still need to be accustomed to maintaining cleanliness.	tempeh, tofu, and limited vegetables.		
C.K	92.2 cm	Personal hygiene is very good.	Foods frequently consumed include protein sources such as rice, eggs, and fish.	Home environment is clean.	The child appears active, but height is not appropriate for age.
K.M	92.2 cm	Personal hygiene is fairly good, but bathing	Foods frequently consumed include rice,	Home environment is less clean.	The child appears weak and growth is less optimal.

		habits are irregular.	vegetables, and instant foods.		
N.A	93.5 cm	Personal hygiene is fairly good.	Foods frequently consumed include rice, fish, and vegetables.	Home environment is fairly clean.	The child appears fairly active, but height is not appropriate for age.

b. Incidence of Stunting in Early Childhood

Based on anthropometric measurements (height-for-age/HFA), several children were identified in the following categories:

a) Stunted

Anthropometric Table (Height-for-Age/HFA)

Child Name	Age	Height	HFA Category
I.T	4 years 6 months	97.7 cm	Stunted
K.M	3 years 2 months	92.2 cm	Stunted
N.A	3 years 9 months	93.5 cm	Stunted

b) Severely Stunted

Anthropometric Table (Height-for-Age/HFA)

Child Name	Age	Height	HFA Category
C.K	4 years 6 months	92.2 cm	Severely Stunted

Children who experience stunting generally come from families with unbalanced nutritional consumption patterns and a history of recurrent infectious diseases. The anthropometric measurements of height-for-age (HFA) indicate that several children fall into the categories of stunted and severely stunted. This condition indicates that the children's height growth is not appropriate for their age.

c. Relationship Between Nutritional Intake and Stunting Risk

The results of the analysis indicate that children with insufficient nutritional intake have a higher risk of experiencing stunting compared to children with adequate nutritional intake. Long-term nutritional deficiencies cause inhibition of children's linear growth.

The relationship between children's nutritional intake and the incidence of stunting shows a strong association. This relationship reflects behavioral patterns related to meeting nutritional needs and the occurrence of stunting. Stunting is a chronic malnutrition problem during the growth period caused by imbalanced nutritional intake.

Stunting can also occur due to long-term inadequacy of nutrient intake, which leads to insufficient nutritional fulfillment. Stunting has long-term effects on individuals and society, including decreased cognitive and physical development (Fauziah et al., 2024).

Discussion

a. The Impact of Inadequate Nutritional Intake on Child Growth

The impact of insufficient nutritional intake on the risk of stunting among early childhood children in Ngadhamana Village can be observed from slower physical growth compared to children of the same age. In addition to affecting height, nutritional deficiencies can also influence children's immune systems and overall development.

Children who experience malnutrition are more susceptible to diseases such as diarrhea, coughs, and fever. Frequent illness can disrupt the absorption of nutrients in the child's body. As a result, the nutrients consumed cannot be optimally utilized for growth, thereby increasing the risk of stunting among early childhood children in Ngadhamana Village.

This finding is consistent with research conducted by Fauziyah et al. (2025), which states that children who do not receive adequate nutritional intake from an early age are at risk of growth disorders, decreased immunity, and delays in cognitive and socio-emotional development, due to the lack of essential nutrients required to support optimal organ and body system functions.

A lack of balanced nutrition in early childhood also negatively affects motor development, language skills, social abilities, and learning capacity, because deficiencies in energy and protein can hinder brain growth and body tissue development (Meo Maku et al., 2025).

b. The Role of Protein, Iron, and Zinc in Stunting

Protein, iron, and zinc play a very important role in preventing stunting among children in Ngadhamana Village. Protein is required for

tissue growth, muscle formation, and cell development. Long-term protein deficiency can result in inhibited child growth and height that does not correspond to age.

This is consistent with research conducted by Siringoringo et al. (2020), which found that protein adequacy levels are the variable most strongly associated with stunting among toddlers. Children with low protein intake were found to have 6.495 times greater risk of experiencing stunting.

Protein is a macronutrient that functions as a receptor influencing DNA functions that regulate growth processes. Adequate quantity and quality of protein can increase Insulin Growth Factor-1 (IGF-1) levels, which act as mediators of growth hormones and bone matrix formation. Meanwhile, zinc functions to enhance immune system performance, support cell division processes, and promote children's height growth. Zinc deficiency can cause children to become ill more frequently and experience decreased appetite, which ultimately leads to insufficient nutritional intake.

This finding aligns with research conducted by Purwandini & Atmaka (2023), which states that adequate zinc consumption is highly recommended for toddlers to prevent stunting. This research is also supported by Hendrayati et al. (2021), which indicates that polymeric formulas recommended for stunting prevention are formulas containing high levels of zinc and calcium along with adequate iron. These three micronutrients play an important role in supporting bone

growth, tissue development, and optimal enzymatic functions, particularly during childhood growth.

Zinc contributes to the activity of more than 300 enzymes, DNA synthesis, and the production of growth hormones and IGF-1. Calcium supports bone and muscle mineralization, while iron supports oxygen transport and cellular metabolic activities. Therefore, selecting nutritional formulas containing these nutrients is essential, especially for children at high risk of chronic malnutrition, which may lead to stunting.

c. The Influence of Parenting Patterns and Socioeconomic Conditions

Parenting patterns and socioeconomic conditions in Ngadhamana Village significantly influence children's growth and development, particularly due to parents' limited understanding of balanced nutrition.

Many parents are busy working, so childcare responsibilities are often delegated to substitute caregivers such as grandparents, who may not fully understand children's nutritional needs according to their age. Suboptimal parenting practices, such as providing food that does not meet toddlers' nutritional needs, lack of developmental stimulation, and limited parental understanding of child health, increase the risk of stunting (Efendi et al., 2022).

Parents with insufficient knowledge about nutrition often provide low-nutrient foods or pay little attention to appropriate meal frequency, which can lead to growth disorders (Efendi et al., 2022).

Furthermore, limited socioeconomic conditions make it difficult for families to regularly provide nutritious food and restrict access to health services and nutritional information. Lack of knowledge about balanced nutrition leads parents to overlook the importance of food variety, appropriate portion sizes, and food hygiene for children's growth.

Economic limitations also influence parenting quality, as families facing financial challenges tend to prioritize basic needs such as food and clothing, while attention to children's growth and development aspects is often neglected.

Research by Rahayu & Trisnawati (2021) indicates that families with lower levels of education, which are often associated with lower socioeconomic status, tend to have limited understanding of parenting practices that support optimal child development.

d. Infectious Diseases as a Supporting Factor for Stunting

Infectious diseases are one of the supporting factors contributing to stunting among children in Ngadhamana Village, particularly because children frequently experience illnesses. Children who often suffer from infections such as diarrhea, colds, coughs, and fever experience disruptions in nutrient absorption. During illness, children's appetite usually decreases, resulting in insufficient food intake, while the body requires more energy and nutrients to fight disease. Infectious diseases in toddlers increase the risk of stunting by 3–8 times compared to toddlers without a history of infectious diseases (Sumartini, 2022).

A history of infectious disease is therefore an important factor related to stunting. Preventing infections through environmental sanitation and the provision of clean household water can be an effective strategy in stunting prevention. Infections can worsen nutritional status, while malnutrition increases susceptibility to infections. This cycle reduces appetite, interferes with nutrient absorption in the digestive tract, and increases nutritional requirements during illness, ultimately resulting in unmet nutritional needs.

Infections also disrupt normal immune responses and drain the body's energy. Additionally, infectious diseases reduce children's appetite, which decreases food intake needed for growth and development. Therefore, complete immunization can help reduce the incidence of stunting (Afriansyah & Fitriyani, 2023).

Conclusion

Based on the results of the research and discussion regarding nutritional intake and the incidence of stunting among early childhood children in Ngadhamana Village, it can be concluded that there are still children who experience stunting and severe stunting based on the height-for-age (HFA) indicator. This condition is closely related to children's nutritional intake that has not yet met the Recommended Dietary Allowance (RDA), particularly in terms of energy and protein, as well as dietary patterns that lack diversity. Children's consumption patterns tend to be dominated by carbohydrates, while the consumption of animal protein, vegetables, and fruits remains limited. As a result, the

intake of essential nutrients such as protein, iron, and zinc is not yet optimal. In addition to nutritional intake factors, the occurrence of stunting is also influenced by parenting practices, family socioeconomic conditions, and a history of infectious diseases frequently experienced by children. Limited parental understanding of balanced nutrition, the habit of consuming instant snacks, and repeated infectious diseases lead to suboptimal nutrient absorption, which ultimately results in inhibited child growth.

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