

Malnutrition prevalence among toddlers based on family characteristics: A cross-sectional study in the rural and urban areas of Aceh, Indonesia

*Agus Hendra Al Rahmad¹, Ampera Miko¹, Rahma Labatjo², Fajriansyah³, Yulia Fitri¹, Suryana¹

Sri Lanka Journal of Child Health, 2020; 49(3): 263-268

Abstract

Introduction: Malnutrition among toddlers can be correlated to family characteristics, access to food and the socio-economic background of the family in rural and urban areas. These situations influence the children's nutrition status.

Objectives: To identify the prevalence of malnutrition and the related factors among toddlers in rural and urban areas based on family characteristics in Aceh Province, Indonesia.

Method: A cross-sectional study was performed among 600 households with toddlers in rural and urban areas. A self-administered questionnaire was used to measure family characteristics. The toddlers' height and weight were measured to identify their nutritional status. Data were analysed using Chi-square.

Results: The prevalence of malnutrition among toddlers was higher in urban areas than in rural areas with underweight (59.7% vs. 40.3%), stunting (51.0% vs. 49.0%), and wasting (52.3% vs. 47.7%). There were no differences between underweight and stunting problems in urban and rural areas ($p > 0.05$). However, there were differences between wasting in urban and rural areas, related to mothers' education ($p = 0.031$) and mothers' occupation ($p = 0.014$)

Conclusions: Mothers' education and the mothers' job status were significantly different regarding their effect on the child's wasted status in rural and urban areas ($p < 0.05$). Mother's job status was significantly

different regarding its effect on the child's overweight status in rural and urban areas ($p < 0.05$).

<http://dx.doi.org/10.4038/sljch.v49i3.9145>

(Key words: Family characteristics, malnutrition, rural and urban, toddler)

Introduction

Whilst the child mortality in Indonesia has fallen sharply, the millennium development goal (MDG) was not reached in 2015. This may have an impact on human development 2030^{1,2}. One policy direction that improves nutrition in the national medium-term development plan (NMDP)³, is improving surveillance nutrition, including monitoring of growth through monitoring nutritional status. Basic Health Research⁴ showed that Aceh in 2018 is still troubled with nutritional status of toddlers as shown by the prevalence of 23.5% underweight, 37.1% stunting, 11.9% wasting, and 8.8% overweight.

According to Amosu *et al*⁵, nutritional problems influenced several interacting factors such as poverty, education, food availability in household and low family income. According to Chandran⁶, nutritional problems are also caused by socio-economic factors and low level of maternal education. Mothers who work at home (66.2%) tend to have children with better nutrition than those working outside. Children whose parents had formal education had a 2.9% chance of having malnutrition in rural areas, compared with 5.4% in urban areas⁷. Peng *et al*⁸ concluded that children living in rural areas had a 6.7 times risk of malnutrition due to limited food supply, while parents who work had a 5.1 times risk of malnutrition. Mpora *et al*⁹, showed that there are differences in nutritional status between rural areas and urban areas, According to Labada *et al*¹⁰ the number of family members has an impact on nutritional status, as much as 26.8%.

The prevalence of nutrition problems that occurs in Aceh Besar Regency is higher than Banda Aceh city based on the report from basic health research at 2018, allegedly caused by family characteristics such as education, occupation and living area. Based on Aceh Besar district profile, most of the parents work as farmers with low educational level (28.7%). In addition, the conditions they live in a rural area also contributes to the high prevalence of nutrition

¹Nutrition Department, Health Polytechnic Ministry of Health Aceh, Indonesia

²Nutrition Department, Health Polytechnic Ministry of Health Gorontalo, Indonesia

³Environmental Health Department, Health Polytechnic Ministry of Health Aceh, Indonesia

*Correspondence: 4605.ah@gmail.com



orcid.org/ 0000-0001-8294-4328

(Received on 07 November 2019: Accepted after revision on 20 December 2019)

The authors declare that there are no conflicts of interest

Personal funding was used for the project.

Open Access Article published under the Creative

Commons Attribution CC-BY  License

problems in children. There are very limited studies that compare the situation between regions.

Objectives

To identify the prevalence of malnutrition and the related factors among toddlers in rural and urban areas based on family characteristics in Aceh Province, Indonesia.

Method

This study employs a longitudinal study design. This research is using a secondary file from the Nutrition Survey in Aceh province 2018. The survey is a collaboration work between Aceh Health Department and Nutrition Department of Polytechnic Health Ministry of Health Aceh. Research locations include Banda Aceh city (as urban area) and the district of Aceh Besar (as rural area) for research from September - October 2018. Sample in this research comprised families that have toddlers aged 0-59 months 29 days. Those families were chosen by using cluster sampling method. The selection of clusters was done randomly based on Probability Proportional to Size (PPS) assisted by random tables. There were 30 clusters chosen in Aceh Besar district. Total sample was 600 toddlers, consisting of 300 from urban areas and 300 from rural areas. Respondents' addresses, identities, toddlers' nutritional monitoring and evaluation data, anthropometric data such as date of birth, weight, length and height, were obtained from Survey

Research report on monitoring of nutritional Status in 2018 in Aceh.

Statistical analysis was done by using univariate and bivariate analysis. Chi-square test was used to analyse data on nominal scale.

Results

The sample in this research was 600 families, 300 families from Aceh Besar district (rural areas) and 300 families from Banda Aceh city (urban areas). The distribution of toddlers' characteristics is shown in table 1.

Table 1: Toddlers' characteristics

Characteristic	Rural areas No. (%)	Urban areas No.(%)
<i>Age</i>		
0 – 12 months	64 (21.4)	100 (33.3)
13 – 24 months	73 (24.3)	79 (26.3)
25 – 36 months	73 (24.3)	65 (21.7)
37 – 59 months	90 (30.0)	56(18.7)
<i>Gender</i>		
Male	154 (51.3)	155 (51.7)
Female	146 (48.7)	145 (48.3)

The Children's nutritional status was measured by three indices, weight for age (WFA), height for age (HFA) and weight for height (WFH). This is shown in Table 2.

Table 2: Toddlers' nutritional status

Nutritional index	Rural areas Number (%)	Urban areas Number (%)
<i>Weight for Age (WFA)</i>		
Severely underweight	25 (8.3)	14 (4.7)
Underweight	55 (18.3)	40 (13.3)
Normal	218 (72.7)	237 (79.0)
Overweight	2 (0.7)	9 (3.0)
<i>Height for Age (HFA)</i>		
Severely stunted	25 (8.3)	29 (9.7)
Stunted	50 (16.7)	43 (14.3)
Normal	225 (75.0)	228 (76.0)
<i>Weight for Height (WFH)</i>		
Severely wasted	36 (12.0)	29 (9.7)
Wasted	31 (10.3)	32 (10.7)
Normal	222 (74.0)	218 (72.8)
Overweight	11 (3.7)	21 (7.0)

Underweight was more prevalent in rural than urban areas. In contrast, overweight was more prevalent in urban areas. Stunting and wasting were similar in rural and urban areas.

Prevalence of underweight children based on the mothers' characteristics is shown in table 3.

Table 3: Mothers' characteristics and children's underweight status

Characteristic of mother	Underweight		OR (95% CI)	p-value
	Rural areas Number (%)	Urban areas Number (%)		
<i>Mother's education</i>				
Low education	34 (64.2)	19 (35.8)	1.4 (0.67 – 3.00)	0.693
Middle education	31 (56.4)	24 (43.6)		
High education	15 (57.7)	11 (42.3)		
<i>Mother's job status</i>				
Permanent Job	4 (44.4)	5 (55.6)	1.1 (0.15 – 7.82)	0.382
Job not permanent	3 (42.9)	4 (57.1)		
No job	73 (61.9)	45 (38.1)		
<i>Number of family members</i>				
Less than 4	26 (66.7)	13 (33.3)	1.5 (0.69 – 3.31)	0.390
4 or more	54 (56.8)	41 (43.2)		

The mother's education, the mother's job status and the number of family members were not significantly different regarding their effect on the

child's underweight status in rural and urban areas ($p>0.05$). Prevalence of stunted children based on the mothers' characteristics can be seen in table 4.

Table 4: Mothers' characteristics and children's stunting status

Characteristic of mother	Stunting		OR (95% CI)	p-value
	Rural areas Number (%)	Urban areas Number (%)		
<i>Mother's education</i>				
Low education	32 (57.1)	24 (42.9)	2.1 (1.02 – 4.50)	0.118
Middle education	23 (38.3)	37 (61.7)		
High education	12 (52.2)	11 (47.8)		
<i>Mother's job status</i>				
Permanent Job	8 (72.7)	3 (27.3)	1.8 (0.19 – 16.49)	0.228
Job not permanent	3 (60.0)	2 (40.0)		
No job	64 (48.9)	67 (51.1)		
<i>Number of family members</i>				
Less than 4	43 (47.3)	48 (52.7)	0.7 (0.34 – 1.31)	0.320
4 or more	32 (57.1)	24 (42.9)		

The mother's education, the mother's job status and the number of family members were not significantly different regarding their effect on the

child's stunted status in rural and urban areas ($p>0.05$). Prevalence of wasted children based on the mothers' characteristics can be seen in table 5.

Table 5: Mothers' characteristics and children's wasting status

Characteristic of mother	Wasting		OR (95% CI)	p-value
	Rural areas Number (%)	Urban areas Number (%)		
<i>Mother's education</i>				
Low education	28 (68.3)	13 (31.7)	2.2 (1.96 – 5.32)	0.031
Middle education	24 (49.0)	25 (51.0)		
High education	15 (39.5)	23 (60.5)		
<i>Mother's job status</i>				
Permanent Job	4 (28.6)	10 (71.4)	1.8 (1.31 – 2.51)	0.014
Job not permanent	1 (18.3)	6 (85.7)		
No job	62 (57.9)	45 (42.1)		
<i>Number of family members</i>				
Less than 4	45 (49.5)	46 (50.5)	0.7 (0.31 – 1.45)	0.405
4 or more	22 (59.5)	15 (40.5)		

The number of family members was not significantly different regarding its effect on the child's wasted status in rural and urban areas

($p>0.05$). However, the mother's education and the mother's job status were significantly different regarding their effect on the child's wasted status in

rural and urban areas ($p < 0.05$). Prevalence of overweight children based on the mothers' characteristics can be seen in table 6.

Table 6. Mothers' characteristics and children's overweight status

Characteristic of mother	Overweight		OR (95% CI)	p-value
	Rural areas Number (%)	Urban areas Number (%)		
<i>Mother's education</i>				
Low education	6 (60.0)	4 (40.0)	0.5 (0.10 – 2.29)	0.251
Middle education	3 (25.0)	9 (75.0)		
High education	9 (40.9)	13 (59.1)		
<i>Mother's job status</i>				
Permanent Job	4 (22.2)	14 (72.8)	1.6 (1.04 – 2.73)	0.031
Job not permanent	2 (28.6)	5 (71.4)		
No job	12 (63.2)	7 (36.8)		
<i>Number of family members</i>				
Less than 4	10 (47.6)	11 (52.4)	1.7 (0.51 – 5.73)	0.577
4 or more	8 (38.4)	15 (65.2)		

The mother's education and the number of family members were not significantly different regarding their effect on the child's overweight status in rural and urban areas ($p > 0.05$). However, the mother's job status was significantly different regarding its effect on the child's overweight status in rural and urban areas ($p < 0.05$).

Discussion

Prevalence of underweight and stunting between rural and urban areas showed no statistically significant differences based on mothers' occupation, mothers' education or the number of family members. However, the prevalence of wasting between rural and urban areas showed statistically significant differences based on mothers' education and mothers' occupation. Interestingly, the proportion reflected a tendency that prevalence of toddlers underweight occurring in rural areas was higher than that in urban areas. Prevalence of toddlers underweight is an indication of an acute nutritional problem which can be associated with poverty, unhealthy lifestyle, and inadequate food intake over a long time¹¹. A study by Malina *et al*¹² compared the changes of school-aged children's growth status between urban and rural areas and showed that boys and girls in urban areas have normal linear and weight dimensions in comparison to rural areas.

According to Labada *et al*¹⁰, working mothers tended to have children with normal nutrition status. Astuti *et al*. concluded that there was no significant correlation between mothers' education status and children's nutritional status¹³. Gurung *et al*. showed that the number of children in a family was unconnected with wasting¹⁴. Khotimah *et al*. reported that the number of family members does not have a significant correlation with malnutrition¹⁵. Mothers' characteristics play an

important role in the onset of wasting in toddlers¹⁶. Ewusie *et al*¹⁷ reported that economic gap in a family impacts on the difficulty of the family to access the health services and the food supply and if this condition persists for a long period of time, the children's growth can be affected negatively. According to Amosu *et al*⁵, difficulties on employment opportunities would have an impact on low-income family making it difficult for the family to meet their nutritional needs. In our study the mother's education, the mother's job status and the number of family members were not significantly different regarding their effect on the child's underweight status, stunting status or wasting status in rural and urban areas ($p > 0.05$). Similarly, the mother's education and the number of family members were not significantly different regarding their effect on the child's overweight status. However, the mother's job status was significantly different regarding its effect on the child's overweight status in rural and urban areas ($p < 0.05$).

In addition, mothers' educational level relates to their income, as well as the parenting style. Moreover, they have a chance to use of health services for their child⁷. According to Abuya *et al*¹⁸, family income and mothers' educational levels cannot be separated from children's nutritional status. The difficulty of finding a job will cause poverty, all arising from the low level of education. Furthermore, it can be seen that the proportion of wasting higher in the district of Aceh Besar (rural areas) than Banda Aceh (urban areas). Kinyoki *et al*¹⁹ showed that there was a significant correlation between living areas and wasting. The wasting proportion in rural areas was 16.3% and 15% in urban areas; it was associated with decreased risk of wasting (OR=0.96), but was not associated with stunting and underweight. According to Smith *et al*²⁰, the Z-score average (nutritional status

according to weight to high index) was better in urban than rural areas. Underweight, stunting, and wasting in the urban areas were lower than in rural areas. These positive results may be due to the cumulative effect of a series of more favourable social and economic conditions, in the urban areas, such as excellent access to health service, healthier children having more opportunities for higher education.

Conclusions

Mothers' education and the mothers' job status were significantly different regarding their effect on the child's wasted status in rural and urban areas ($p < 0.05$). Mother's job status was significantly different regarding its effect on the child's overweight status in rural and urban areas ($p < 0.05$).

References

1. Beard JR, de Carvalho IA, Sumi Y, Officer A, Thiyagarajan JA. Healthy ageing: moving forward. *Bulletin of the World Health Organization* 2017; **95**(11):730. <https://doi.org/10.2471/BLT.17.203745> PMID: 29147049 PMCID: PMC5677619
2. Howden-Chapman P, Siri J, Chisholm E, Chapman R, Doll CNH, Capon A. SDG3: Ensure healthy lives and promote well-being for all at all ages. A guide to SDG interactions: from science to implementation Int Counc Sci, Paris. 2017: 81-124. <https://doi.org/10.24948/2017.01.03>
3. National Development Plan Board. The 2015-2019 National MidTerm Development Plan. In: 1st ed. Jakarta: Indonesian Ministry of National Development Planning; 2014:6-74.
4. Health Research and Development Board. National Report on Basic Health Research in 2018. Indonesian Ministry of Health. Jakarta; 2018.
5. Amosu AM, Degun AM, Atulomah NOS, Olanrewju MF. A study of the nutritional status of under-5 children of low-income earners in a South-Western Nigerian Community. *Current Research Journal of Biological Sciences* 2011; **3**(6):578-85.
6. Chandran V. Nutritional status of preschool children: a socio-economic study of rural areas of Kasaragod District in Kerala. *Journal of Shodhganga*. 2009;X(December 2009):163.
7. Semba R, De PS, Sun K, Sari M, Akhter N, Bloem M. Effect of parental formal education on risk of child stunting in Indonesia and Bangladesh: A cross-sectional study. *Lancet* 2008; **371**(9609): 322-8. [https://doi.org/10.1016/S01406736\(08\)60169-5](https://doi.org/10.1016/S01406736(08)60169-5)
8. Peng X-C, Luo J-Y, Yao K-B, Hu R-S, Du Q-Y, Zhu M-Y. The status on care and nutrition of 774 children staying in rural areas while parents were in towns. *Zhonghua Liu Xing Bing Xue Za Zhi* 2008; **29**(9):860-4.
9. Mpora BO, Piloya T, Awor S, Ngwiri T, Laigong P, Mworozzi EA, Hochberg Z. Age at menarche in relation to nutritional status and critical life events among rural and urban secondary school girls in post-conflict Northern Uganda. *BMC Women's Health* 2014; **14**(1):66. <https://doi.org/10.1186/1472-6874-14-66> PMID: 24885913 PMCID: PMC4021025
10. Labada A, Ismanto A, Kundre R. Relationship between maternal characteristics and nutritional status of toddlers visiting of the Bahu public health center, Manado. *eJournal of Nursing*. 2016; **4**(1): 184-192.
11. Bisai S, Ghosh T, Bose K. Prevalence of underweight, stunting and wasting among urban poor children aged 1-5 years of West Bengal, India. *International Journal of Current Research* 2010; **6**:39-44.
12. Longkumer T. Physical growth and nutritional status among Ao Naga children of Nagaland, Northeast India. *Journal of Anthropology* 2013; **201** 3:6. <https://doi.org/10.1155/2013/291239>
13. Astuti FD, Sulistyowati TF. The relationship between mother's education and family income with the nutritional status of preschool children and elementary schools in Godean District. *Journal of Public Health* 2013; **7**(1):15-20.
14. Gurung CK, Sapkota VP. Prevalence and predictors of underweight, stunting and wasting in under-five children. *Journal of Nepal Health Research Council* 2009; **7**(15):120-6. <https://doi.org/10.3126/jnhrc.v7i2.3020>

15. Khotimah H, Sutedjo A. Study of mother's level of knowledge, family income level, educational level and number of family members related the nutritional status of children in Sub-district of Sedati and Sub-district of Wonoayu Sidoarjo. *Swara Bhumi* 2016; **1**(1):1-10.
16. Ahmadi D, Amarnani E, Sen A, Ebadi N, Cortbaoui P, Melgar-Quiñonez H. Determinants of child anthropometric indicators in Ethiopia. *BMC Public Health*. 2018; **18**(1):626.
<https://doi.org/10.1186/s12889-018-5541-3>
PMid: 29764397 PMCID: PMC5952601
17. Ewusie JE, Beyene J, Ahiadeke C, Hamid JS. Malnutrition in pre-school children across different geographic areas and socio-demographic groups in Ghana. *Maternal and Child Health Journal* 2017; **21**(4):797-808.
<https://doi.org/10.1007/s10995-016-2173-z>
PMid: 27520556
18. Abuya BA, Ciera J, Kimani-Murage E. Effect of mother's education on child's nutritional status in the slums of Nairobi. *BMC Pediatrics* 2012; **12**(1):80.
<https://doi.org/10.1186/1471-2431-12-80>
PMid: 22721431 PMCID: PMC3444953
19. Kinyoki DK, Kandala N-B, Manda SO, Krainski ET, Fuglstad G-A, Moloney GM, Berkley JA, Noor AM. Assessing comorbidity and correlates of wasting and stunting among children in Somalia using cross-sectional household surveys: 2007 to 2010. *BMJ Open* 2016; **6**(3):1-9.
<https://doi.org/10.1136/bmjopen-2015-009854>
PMid: 26962034 PMCID: PMC4785320
20. Smith LC, Ruel MT, Ndiaye A. Why is child malnutrition lower in urban than in rural areas? Evidence from 36 developing countries. *World Development* 2005; **33**(8): 1285-305.
<https://doi.org/10.1016/j.worlddev.2005.03.002>