

Similarity Check The Influence of Mother's Characteristics and Self-Determination on Stunting Toddler Care Behavior Using Partial Least Square (PLS) Model

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Submission date: 23-Oct-2023 10:59AM (UTC+0800)

Submission ID: 2204108808

File name: mdrsjrns-v11n3p1001-en.pdf (433.55K)

Word count: 5616

Character count: 33158

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Abstract

Aims. The objective of this research is to examine whether there exists a correlation between certain attributes pertaining to a mother (such as age, number of previous children, financial situation, educational background, and level of awareness) and her determination to make decisions independently (both intrinsically and extrinsically motivated, as well as amotivated), and how these factors impact her actions (specifically in terms of education, nurturing, and providing care) towards stunted toddlers at the Manuju Health Center in Gowa Regency.

Method. The research methodology employed in this study involves observational research with a quantitative analysis approach, utilizing a cross-sectional study design and implementing the Partial Least Square (PLS) model. The sample size consists of 102 mothers who have toddlers experiencing stunted growth. Simple random sampling was utilized to select the participants.

Findings: The findings from the study reveal the statistical significance of various factors. The P -values for Age (0.241), parity (0.371), Economic Status (1.000), Education (0.300), Knowledge (0.001), Intrinsic Motivation (0.001), Extrinsic Motivation (0.001), and Amotivation (0.027) were analyzed. Among these variables, it is evident that Intrinsic Motivation and Extrinsic Motivation have the greatest influence on caring behavior, specifically in terms of love and care).

Conclusion: In conclusion, the treatment of stunted toddlers is not affected by any external factors such as age, parity, economic status, or education. However, the way in which caregivers tend to stunted toddlers is influenced by their level of knowledge, intrinsic motivation, extrinsic motivation, and amotivation. It is our sincere hope that mothers will continuously empower themselves to find the motivation needed to modify their caregiving behavior towards their toddlers.

Keywords: Stunting, Knowledge, Self Determination, Toddler Care Behavior

Introduction

The toddler stage is a period of rapid growth and development that occurs within a short span of time. Starting from the first day of pregnancy until the age of 2, this phase is commonly referred to as the "golden period" or "critical period". During this time, toddlers are highly sensitive to their surroundings, necessitating increased attention, particularly in terms of nutritional needs. Failure to meet these needs can impede a child's growth and development. Approximately 144 million children under the age of five are stunted on a global scale. The World Health Organization (WHO) has compiled data on the prevalence of stunting in children under the age of five and determined that Indonesia has the third-greatest prevalence rate in Southeast Asia, with an average prevalence rate of 36.4% between 2005 and 2017. In 2017, 9.8% of infants aged 0 to 59 months in Indonesia were severely underweight, while 19.0% were stunted. Following East Timor and India, Indonesia ranks third in Southeast Asia in terms of the prevalence of stunting. Although the percentage of stunted children in Indonesia has decreased from 37.8% in 2013 to 27.67% in 2019, this figure is still quite significant.¹

According to data from the World Health Organization (WHO) in 2018, the prevalence of diminutive toddlers in Southeast Asia was high between 2005 and 2017. In this region, East Timor ranked first with a prevalence of 50.2%. India came in second with a prevalence of 38.4%, followed closely by Indonesia in third with a prevalence of 36.6%. Observing the 2018 Basic Health Research (Riskesdas), it is evident that the nutritional status of Indonesian infants has improved from 2013 to 2018. The prevalence of stunting has decreased from 37.2% to 30.8% of the global population. It is essential to note, however, that this number remains relatively high, as a prevalence of 20% or higher is considered a serious public health concern. Therefore, the large percentage of short infants in Indonesia continues to be an urgent health concern requiring intervention.²

According to the data provided by the Central Bureau of Statistics, Indonesia's total population has increased by 32.56 million since 2010. In addition, approximately 70.72 percent of the population is comprised of those who are of productive age. This productive age range is vital to the advancement of the Indonesian economy and presents an opportunity for Indonesia to become a global economic superpower by 2030. Nonetheless, if Indonesia continues to struggle with the problem of stunting, the utilization of this opportunity may be hampered. According to data from the Directorate General of Development, the prevalence of stunting among children in Indonesia continues to be alarmingly high, with 14 million cases reported. According to Balitbangkes, there is a 27.7% national prevalence rate for stunting, which supports this.^{3,4} In 2016, 35.6% of minors in South Sulawesi were found to have stunted growth. In 2017, however, the percentage decreased slightly, falling to 34.8%. Unfortunately, the incidence of stunting rose to 35.7% in 2018 a new high. These statistics demonstrate that the prevalence of stunting in South Sulawesi is still considerably higher than the standards set by the provincial administration (1.2% of the population) and the World Health Organization (20% of the total population). According to the 2017 Nutritional Status Monitoring (PSG), the prevalence of malnutrition in South Sulawesi was 34.8%.

Notably, certain districts within South Sulawesi reported particularly high rates of stunting, including Enrekang District (45.9%), Sinjai (43.7%), Tana Toraja (43%), Pangkajene (41.9%), Maros (41.2%), and Bone (40.1%). Other districts, such as Bantaeng (38.1%), Soppeng (38.7%), Gowa (36.8%), and Takalar (33.3%), were classified as having high prevalence. In terms of progress, Makassar City (25.2%) and East Luwu (22.1%) have almost achieved the target set by the World Health Organization, which is below 20%.^{4,5,6}

According to the aforementioned explanation, the initial data collected from the Manuju Health Center work area is as follows: in 2018, there was a single case of stunted growth in children. This number increased to three children in 2019 and significantly rose to 91 children in 2020. Furthermore, the number of stunted children is projected to increase even more in 2021, reaching a total of 141. As of November 2022, it is estimated that there will be around 102 children who are affected by stunting. In addition to the data, interviews conducted with health workers and the local community in November 2022 revealed various factors that contribute to childhood stunting. Among these factors, maternal characteristics play a significant role. For instance, the age range of mothers during pregnancy is typically between 17-24 years. Moreover, the average number of children per mother is three or more. The economic status of these mothers and their families is characterized by a household income below 3,000,000 rupiah. In terms of education, most mothers have completed

only elementary or junior high school, with only a few having attained a high school education. Tertiary education is even less common among mothers. It is worth noting that there exists a general lack of awareness and knowledge regarding stunting and its treatment among mothers, with some even holding the misconception that it is not a dangerous condition.

Given this background, researchers aim to investigate the influence of maternal characteristics and self-determination on the care behavior towards stunted toddlers at the Manuju Health Center in Gowa Regency. This investigation will be carried out using the Partial Least Square (PLS) model

Methods

In this study, a quantitative approach with a cross-sectional design was utilized. The Partial Least Square (PLS) model was employed as the analysis method. The research took place in the Work Area of the Manuju Health Center, specifically from January 2023 to March 2023. Data was collected from various sources, with primary data being obtained through a questionnaire administered to the respondents. Secondary data, on the other hand, was gathered from the monthly nutrition data report at the Manuju Health Center. The population under study consisted of 102 toddlers who were identified as experiencing stunting between January and November 2022. The rationale for the population in stunting children is because children are in the golden age which is the age of early development in children, so intervention is necessary from an early age. In determining the sample size, researchers used Total Sampling. Total sampling is a sampling technique where the number of samples is equal to the population. The size of the sample in this study was determined based on the total population, totaling 102 stunted toddlers taken as a whole (total sampling). Data was collected using a combination of interviews, observations, and questionnaires. Interviews were conducted with mothers who have babies under the age of two and experience stunting in this case to obtain information on data and other necessary information that is related to the problem under study as well as being object of research. Observations were carried out to observe as a whole the object to be studied, namely direct observation of stunting babies and studying matters related to research directly at the research location, namely related to the characteristics of the Manuju Health Center area. Questionnaire sheets were given to mothers of toddlers to find out and analyze stunting and how to deal with it. Data collection using a questionnaire contains how to ask questions that have been prepared in writing by distributing questionnaires and accompanied by alternative answers that will be given to respondents. The analysis process involved three techniques: univariate analysis to describe the characteristic of the independent and dependent variables, bivariate analysis to determine the relationship between the independent and dependent variables, and multivariate analysis to identify the most influential independent variables on the dependent variable. The study conducted a multivariate test utilizing multiple logistic regression tests due to the categorical nature of the dependent variable. Specifically, the multiple logistic regression test employed predictive modeling, which seeks to establish a model incorporating various independent variables deemed most effective in forecasting dependent events.⁷

Findings

After analyzing the processed data, the findings of the conducted research are as follows:

Table 1
Effect of Maternal Characteristics Based on Age, Parity, Economic Status, Education, and Knowledge on Behavior Stunting Toddler Treatment at the Manuju Health Center Gowa Regency in 2023

Age	Grooming Behavior						p value
	Not Good		Good		Total		
	n	%	n	%	n	%	
At risk	17	16,7	7	6,9	24	23,5	p= 0,241
No Risk	44	43,1	34	33,3	78	76,5	
Amount	61	59,8	41	40,2	102	100,0	
Parity	Grooming Behavior						p value
	Not Good		Good		Total		
	n	%	n	%	n	%	
Tall	15	14,7	14	13,7	29	28,4	p= 0,371
Low	46	45,1	27	26,5	73	71,6	
Amount	61	59,8	41	40,2	102	100	
Economic Status	Grooming Behavior						p value
	Not Good		Good		Total		
	n	%	n	%	n	%	

Low	16	15,7	11	10,8	27	26,5	$p=1,000$
High	45	44,1	30	29,4	75	73,5	
Amount	61	59,8	41	40,2	102	100	
Education	Grooming Behavior						$p\text{ value}$
	Not Good		Good		Total		
	n	%	n	%	n	%	
Low	52	51,0	31	30,4	83	81,4	$p=0,300$
High	9	8,8	10	9,8	19	18,6	
Amount	61	59,8	41	40,2	102	100	
Knowledge	Grooming Behavior						$p\text{ value}$
	Not Good		Good		Total		
	n	%	n	%	n	%	
Less	43	42,2	8	7,8	51	50,0	$p=0,001$
Enough	18	17,6	33	32,4	51	50,0	
Amount	61	59,8	41	40,2	102	100	

Source: Primary Data, 2023

According to Table 1, there was a noticeable disparity between respondents who exhibited caring behavior and those who did not, as it relates to unfavorable care behavior. Out of the total sample, 44 respondents (43.1%) demonstrated poor care behavior despite not being at risk, whereas only 7 respondents (6.9%) exhibited good care behavior despite being at risk. This disparity in behavior is most evident when contemplating the respondents' age group. In addition, respondents who exhibited caring behavior were more likely to exhibit poor hygiene when they had a high parity, with 46 respondents (45.1%) falling into this category compared to only 14 respondents (13.7%) who exhibited decent caring behavior and a high parity. Similarly, respondents who exhibited caring behavior were more likely to exhibit poor grooming when they had a high socioeconomic status, with 44.1% falling into this category compared to 10.8% who exhibited good grooming when they had a low socioeconomic status. In addition, respondents who exhibited caring behavior were more likely to exhibit poor grooming behavior if they had a low education level, with 52 respondents (51%) falling into this category compared to 10 respondents (9.8%) who exhibited poor nursing behavior and a high education level. Lastly, respondents who exhibited caring behavior were more likely to exhibit poor caring behavior when they lacked knowledge, with 43 respondents (42.2%) falling into this category compared to only 8 respondents (7.8%) who exhibited excellent caring behavior despite their lack of knowledge. In 2023, these results were observed at the Manuju Health Center in the Gowa Regency.

The Chi-square test in Table 1 yielded a p-value of >0.05 , which exceeds the established error rate of 5%. This indicates that there is no significant impact of maternal characteristics such as age, parity, economic status, and education on the behavior of stunting toddler treatment at the Manuju Health Center, Gowa Regency in 2023. Conversely, the Chi-square test revealed a p-value of 0.001, which is lower than the 5% error rate. Therefore, it can be concluded that there is indeed a correlation between maternal knowledge and stunting toddler care behavior at the Manuju Health Center, Gowa Regency.

Table 2
The Effect of Mother's Self-Determination Based on Intrinsic Motivation, Extrinsic Motivation, and Amotivation on Stunting Toddler Care Behavior at the Health Center Manuju Gowa Regency in 2023

Feeding Behavior and Grooming Behavior of the Breeds of the Maraja Gorda Registry in 2020							
Intrinsic Motivation	Grooming Behavior						p value
	Not Good		Good		Total		
	n	%	n	%	n	%	
Less	42	41,2	2	2,0	44	43,1	p= 0,001
Enough	19	18,6	39	38,2	58	56,9	
Amount	61	59,8	41	40,2	102	100	
Extrinsic Motivation	Grooming Behavior						p value
	Not Good		Good		Total		
	n	%	n	%	n	%	
Less	44	43,1	5	4,9	49	48,0	p= 0,001
Enough	17	16,7	36	35,3	53	52,0	
Amount	61	59,8	41	40,2	102	100	
Amotivation	Grooming Behavior						p value
	Not Good		Good		Total		
	n	%	n	%	n	%	
Less	35	34,3	14	13,7	49	48,0	

Enough	26	25,5	27	26,5	53	52,0	= 0,027
Amount	61	59,8	41	40,2	102	100	

Source: Primary Data, 2023

The data presented in Table 2 illustrates that individuals displaying caring behavior exhibited a higher incidence of poor grooming behavior when coupled with low intrinsic motivation. Specifically, 42 respondents (41.2%) fell into this category, whereas only 2 respondents (2.0%) with good caring behavior demonstrated poor intrinsic motivation. Additionally, respondents displaying caring behavior were more likely to exhibit poor grooming behavior when paired with low extrinsic motivation, with 44 individuals (43.1%) falling into this group. In contrast, only 5 respondents (4.9%) with good grooming behavior showed poor extrinsic motivation. Furthermore, a total of 35 respondents (34.3%) with caring behavior demonstrated poor grooming behavior due to poor motivation, compared to 5 respondents (4.9%) with good caring behavior who exhibited poor extrinsic motivation. These findings were obtained from the Manuju Health Center in Gowa Regency in 2023.

According to the Chi-square test outcomes presented in Table 2, a p-value of 0.001 was observed, indicating a significant result. This value is lower than the predetermined error rate of 5% (0.05), leading to the conclusion that there exists a correlation between a mother's self-determination, categorized by intrinsic and extrinsic motivation, and amotivation on stunting toddler care behavior at the Manuju Health Center, Gowa Regency.

Multivariate Analysis

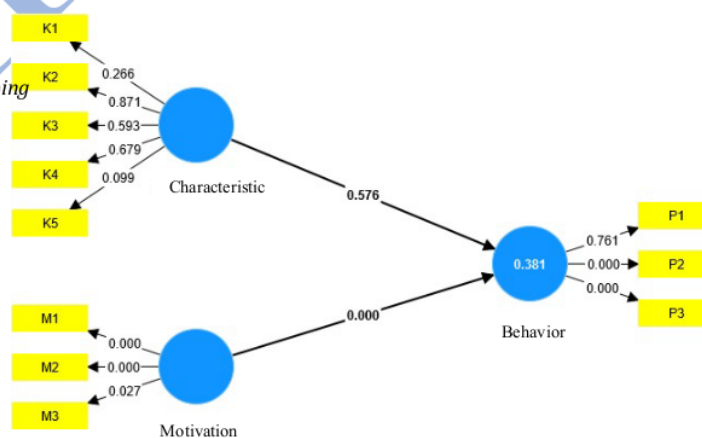
The simultaneous test used the log likelihood ratio where the model results were 83.950 with a chi square distribution with $df = 8$ and p-value < 0.001 less than $\alpha = 5\%$ then H_0 was rejected which means that the independent variables included in the model (Knowledge, Intrinsic Motivation, Motivation Extrinsic and Amotivation) have a significant effect on the variability of Stunting Toddler Care Behavior. The results of other tests using the Homser and Lemeshow

The finding of study showed that the chi-square value is 12,547 with a p-value of 0.128 greater than $\alpha = 5\%$, so H_0 is accepted, which means that the model fits the data. The results of the accuracy of the prediction model show that the level of accuracy in predicting opportunities for stunting toddler care behavior for poor behavior is 100.0% higher than the prediction accuracy of respondents who have good behavior of 0.0%. Nonetheless, the overall prediction accuracy of the model is 59.8% (quite high).

Coefficient of Determination

The coefficient of determination known as Nagelkerke R Square, provides insight into the value of the determination coefficient. In this case, the value of 0.758 indicates that 75.8% of the dependent variable is influenced by all of the independent variables. The PLS Bootstrapping Model yields the following results, as shown in the figure below: the parameter coefficient values are displayed in the value (original sample), the standard error (standard deviation), and the t-statistical values. Additionally, the p-values can be found in the table in Direct Influence.:

Figure 1
Model PLS Bootstrapping



According to the table provided, it is evident that the results with a p-value less than 0.05 confirm that the construct represents the dimension of the variable. The subsequent examination involves assessing the significance of the impact between independent constructs on the dependent variable, and determining whether it aligns with the hypothesized expectations. By conducting a test at a 5% significance level, if the t-statistic value exceeds 1.96. The t-statistical value for the effect coefficient of the latent construct was obtained through PLS Bootstrapping.

Table 3 showed that the Characteristics of Behavior obtained a coefficient value of 0.080 with a p-value (0.576) > 0.05, which means that the characteristics do not have a direct effect on Behavior. Meanwhile, in the motivation for behavior, a coefficient value of 0.580 is obtained with a p-value (0.000) < 0.05, which means that motivation has a direct effect on behavior.

Table 3. Path Coefficients

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Characteristics -> Behavior	0.080	0.101	0.142	0.559	0.576
Motivation -> Behavior	0.580	0.564	0.082	7.045	0.001
	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
K1 <- Characteristics	0.259	0.233	0.233	1.113	0.266
K2 <- Characteristics	-0.052	0.069	0.324	0.162	0.871
K3 <- Characteristics	0.164	0.085	0.306	0.535	0.593
K4 <- Characteristics	0.133	0.170	0.322	0.414	0.679
K5 <- Characteristics	0.991	0.626	0.601	1.649	0.099
M1 <- Motivation	0.855	0.854	0.044	19.614	0.001
M2 <- Motivation	0.812	0.801	0.063	12.946	0.001
M3 <- Motivation	0.356	0.345	0.162	2.206	0.027
P1 <- Behavior	-0.058	-0.073	0.190	0.304	0.761
P2 <- Behavior	0.969	0.961	0.028	34.220	0.001
P3 <- Behavior	0.965	0.961	0.032	29.925	0.001

Source: Primary Data, 2023

Discussion

Mother's self-characteristics based on age, this means the mother's age when they are ready to carry out caring behaviors for their babies. Mothers who are teenagers are still experiencing a period of physical growth, resulting in difficulties for the fetus to get nutrition from the mother because there is competition for nutrients between the mother and the fetus. So that pregnant women have a risk of IUGR, LBW, and short fetuses.^{8,9} Psychologically young mothers have a mindset in the form of immature parenting in terms of child nutrition. Meanwhile, mothers who are too old usually have decreased stamina and enthusiasm to care for their pregnancy. A researcher also said that the more mature a person's level of maturity will be more mature in thinking but as Verner and Davison stated There are six distinct factors that can impede the learning process in adults, resulting in a decline in cognitive capacity at certain moments.¹⁰

Parity is said to be high when a woman or mother gives birth to 4th or more children. Children with a higher order of parity, such as children fifth, sixth, and so on, are more likely to suffer from nutritional disorders than children 1, 2, 3. The potential risk to a child arises if there is another birth, while the previous child was still drinking breast milk, so that the attention of the mother turns to the newborn child.^{11,12}

This research according with the other research that the group of mothers aged less than 20 years has more toddlers who experience stunting. The chi-square test yielded a p-value of 0.003, which indicates statistical significance (<0.05). Consequently, it was determined that there is a significant correlation between maternal age and the prevalence of stunting. This finding aligns with previous research that demonstrated a noteworthy association between teenage pregnancy and stunting, as opposed to pregnancies at a more mature age. Additionally, another study corroborated these findings by establishing a connection between being too young (below 35 years) and the incidence of stunting, as compared to the optimal maternal age range of 20-35 year.¹⁴

Parity or the number of births is closely related to birth spacing. The higher the parity, the shorter the birth spacing. This is not in line with the opinion who stated that children with a higher order of parity, such as the fifth child and so on, are more likely to suffer from nutritional disorders or children to become stunted than children 1, 2, 3.¹⁵

This research was in line with research which said that respondents with low economic status (income less than the UMK Depok) who had good stunting handling behavior were 12 people (75.0%) and those who had less stunting handling behavior were 4 people (25.0%), while respondents with high economic status (income equal to or above the Depok UMK) who had good stunting handling behavior were 5 people (100%).¹⁵ The chi-square test is not feasible. The Fisher test was employed to assess the given data, yielding a p-value of 0.532. This result indicates that there is no statistically significant correlation between economic status, as it does not meet the required criteria and behavior in handling stunting in mothers who have toddlers in Cimpaeun Village.¹⁶

According to previous studies, there is a correlation between the educational attainment of mothers and the likelihood of their toddlers experiencing stunting ($p=0.000$). It has been found that higher levels of education positively impact both knowledge and income levels (17,18). Having a good level of knowledge enables mothers to make informed and appropriate food choices for their children, as well as treat health problems properly, so that you have a greater chance of knowing a healthy lifestyle and how to keep your body fit which is reflected in implementing a healthy lifestyle such as consuming a nutritious diet. Sufficient income allows for a better quality of life.¹⁹

Similarly, a separate study⁵ demonstrated that there was an absence of a noteworthy correlation between the knowledge of mothers and the prevalence of stunting in children under the age of five (p value = 1.00). Conversely, alternative research demonstrates a connection between a mother's knowledge and her actions in mitigating stunting (p value = 0.007), then research conducted by Yusriani shows that the results of data analysis show that there is an increase in knowledge of the sufficient category in the knowledge of pre-test cadres (57.10%) to post-test (85.70%). This shows that there is a change in knowledge before and after being given education.^{20,21,22}

The risk of poor pregnancy outcomes is caused by, among others, the short gestation interval (< 2 years). Therefore, it is better if the distance between pregnancies is more than 2 years, because it is associated with the incidence of morbidity and mortality of mothers and children under five.²²

Malnutrition, especially stunting, is more influenced by the socio-economic dimension. In addition, according to Doriza, According to Mugianti, the likelihood of a child experiencing stunted growth and being underweight is considerably influenced by the economic condition of their household, et al in their research, which showed¹⁴ that there was a tendency to be stunted.²³

The educational background of parents plays a crucial role in determining the nutritional status of their children. This is due to the fact that well-informed parents have access to valuable external resources that provide guidance on effective parenting practices, particularly in the area of child feeding.²⁴

Parents who possess a solid understanding of child nutrition and effective parenting will prioritize fulfilling their children's nutritional needs and providing appropriate parenting on a daily basis. A comprehensive knowledge base among parents has a beneficial impact on their parenting practices. This knowledge serves as a motivator for parents to offer the necessary guidance and support to their children throughout their growth and development, resulting in optimal outcomes.²⁵

If the risk factors that contribute to stunting are not taken into consideration, the prevalence of stunting will continue to rise. The manner in which toddlers are taught, nurtured, and cared for plays a pivotal role in their growth and development. Any disruptions in the parenting patterns of toddlers can lead to nutritional disorders in their children. Insufficient intake of nutrients can have a detrimental impact on brain development, resulting in impaired cognitive abilities in children. Additionally, factors such as inadequate childcare practices due to busy parents, limited access to nutritious food for families, and a lack of clean water and sanitation also play a significant role in the occurrence of stunting (26,27).^{26,27}

Self-efficacy is a factor from within the mother that influences stunting prevention behavior in toddlers. Good self-efficacy will shape good behavior. Good efficacy will support the formation of good behavior. Mothers who have the understanding that they are capable of doing something good, will support them in behaving well. On the other hand, mothers who feel that their abilities are lacking, then it is likely that their self-efficacy is lower so that they will make their behavior less good. Mother's self-efficacy in preventing toddler stunting can be observed in the way the mother provides

a variety of foods, provides adequate food portions according to the toddler's needs, the mother's confidence in learning to cook nutritious food for toddlers.²⁸

This research showed that the motivation of a mother is very influential in the parenting, compassion, and care for each child that will be given. The incidence of wasting in toddlers is intricately connected to the behavior of mothers in caring for their young ones. Mothers who exhibit positive parenting patterns typically have children with favorable nutritional statuses, while conversely, mothers who employ inadequate nutritional parenting styles often have children with unfavorable nutritional statuses.

According to the researchers' assumptions, it turns out that mothers providing care behavior for their stunted children are not only motivated to get from the family but extrinsic motivation is also obtained by village midwives, health workers, cadres because they provide more extrinsic motivation, especially regarding the development of growth and development. his son who is currently stunting.

According to other research, the various roles of health workers (doctors, midwives, nurses, and others) are as communicators. A communicator is a person who provides information to those who receive it. The role of other health workers is as a motivator, a motivator is a person who motivates other people. The last role is as a facilitator, a facilitator is a person or agency that makes it easy to provide facilities for other people in need. This role influences one's knowledge and attitude.²⁹

Researchers assume that when there is no supportive motivation from the family it also underlies the cause of stunting in children, why? because the mother does not get better attention from support from her own family, or from outsiders. The external parties referred to here are for example midwives and health cadres, posyandu facilities, and the activeness of mothers in checking their children at the posyandu so that they can always know and monitor the child's growth and development.³⁰

Conclusion

The results show that there is no effect of mother's self-characteristics based on age, parity, economic status, and education on stunting toddler care behavior, there is an effect of mother's self-characteristics based on knowledge on stunting toddler care behavior, and there is an effect of self-determination mothers based on intrinsic, extrinsic and amotivation motivation towards stunting toddler care behavior at the Manuju Public Health Center, Gowa Regency. Intrinsic motivation and extrinsic motivation are the most influential variable. It is necessary to provide interventions to increase mother's self-determination through education and training.

Acknowledgements

Our utmost gratitude goes to all the participants who took part in this study conducted in the Gowa district, with a special acknowledgment to the local government of Gowa ⁸ their invaluable support throughout the research process. The author(s) express their sincere appreciation to the Direktorat Riset, Teknologi, dan Pengabdian Kepada Masyarakat. Direktorat Jenderal Pendidikan Tinggi, Riset, dan Teknologi. Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi Republik Indonesia for their generous financial contribution towards the research, authorship, and publication of this article as part of a master thesis research program.

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Conflicts of Interest

The Authors have stated that there are no conflicts of interests to disclose.

Authors Contribution

The conceptualization, design, data collection, analysis, and interpretation of the results were carried out by SNIH. The manuscript submission was approved by YY, and MKA contributed to the analysis, interpretation of the findings, and provided critical feedback for the final draft of the manuscript.

Funding/Support

Financial support for the research, authorship, and publication of this article was provided by the Direktorat Riset, Teknologi, dan Pengabdian Kepada Masyarakat. Direktorat Jenderal Pendidikan Tinggi, Riset, dan Teknologi. Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi Republik Indonesia through a master thesis research scheme ⁹

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