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PERAN AYAH TERHADAP KEJADIAHPKN STUNTING PADA ANAK USIA 6-23 BULAN DI KECAMATAN KARANGMOJO, KABUPATEN GUNUNGKIDUL
ALWIN DAKHI, Dr. Drs. Abdul Wahab, MPH dan Digna Niken Purwaningrum, S.Gz., MPH., Ph.D
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ABSTRAK

Latar Belakang: *Stunting* masih menjadi masalah kesehatan masyarakat yang serius di Indonesia, termasuk di Kabupaten Gunungkidul. Meskipun berbagai faktor determinan telah banyak diteliti, keterlibatan ayah sebagai faktor kunci dalam pencegahan *stunting* masih kurang mendapat perhatian, khususnya di wilayah pedesaan. Minimnya peran ayah (*fatherless*) diduga berkontribusi terhadap tingginya angka *stunting*.

Tujuan: Penelitian ini bertujuan untuk menganalisis hubungan peran ayah terhadap kejadian *stunting* pada anak usia 6-23 bulan di Kecamatan Karangmojo, Kabupaten Gunungkidul.

Metode: Desain penelitian yang digunakan adalah *case-control* dengan pendekatan kuantitatif. Sampel terdiri dari 172 anak usia 6-23 bulan (86 kasus dan 86 kontrol) yang dipilih melalui *consecutive sampling* berdasarkan data *e-PPGBM*. Kelompok kasus adalah anak stunting (TB/U < -2 SD), sedangkan kelompok kontrol adalah anak dengan status gizi normal (TB/U ≥ -2 SD) yang berasal dari desa yang sama dengan kelompok kasus. Kasus dan kontrol dipadankan (1:1 *individual matching*) berdasarkan usia dan jenis kelamin. Data dikumpulkan melalui wawancara terstruktur menggunakan kuesioner dan pengukuran antropometri. Variabel independen utama adalah peran ayah yang diukur melalui keterlibatan ayah selama masa kehamilan (ANC), persalinan, pascapersalinan, dan pengasuhan anak usia 0-23 bulan. Analisis data menggunakan *conditional logistic regression*

Hasil: Sebagian besar ayah dalam penelitian ini memiliki peran kurang (79,1%), sedangkan 20,9% memiliki peran baik. Peran ayah meliputi keterlibatan selama kehamilan (*ANC*), persalinan, pascapersalinan, dan pengasuhan anak usia 0-23 bulan. Analisis multivariabel menunjukkan bahwa peran ayah berhubungan secara signifikan dengan kejadian *stunting*. Balita yang memiliki ayah dengan peran baik memiliki *odds* mengalami *stunting* lebih rendah dibandingkan balita dengan peran ayah kurang (OR = 0,098; 95% CI: 0,021-0,445; p = 0,003). Indeks kekayaan keluarga juga berhubungan dengan kejadian stunting. Dibandingkan keluarga pada kuintil 1 (termiskin), balita dari keluarga kuintil 2 (OR = 0,013; 95% CI: 0,001-0,182; p = 0,001), kuintil 3 (OR = 0,004; 95% CI: <0,001-0,083; p < 0,001), kuintil 4 (OR = 0,027; 95% CI: 0,002-0,288; p = 0,003), dan kuintil 5 (OR = 0,040; 95% CI: 0,003-0,457; p = 0,010) memiliki *odds stunting* yang lebih rendah. Tinggi badan ayah, lokasi pekerjaan ayah, dan riwayat KEK ibu belum menunjukkan hubungan yang bermakna secara statistik.

Kesimpulan Peran ayah berhubungan dengan kejadian *stunting* pada balita usia 6-23 bulan. Keterlibatan ayah yang baik selama 1000 hari pertama kehidupan berkaitan dengan *odds stunting* yang lebih rendah. Upaya pencegahan stunting perlu mendorong keterlibatan aktif ayah serta didukung oleh peningkatan kesejahteraan keluarga.

Kata Kunci: : stunting, peran ayah, anak usia 6-23 bulan, indeks kekayaan rumah tangga.

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ABSTRACT

Background: Stunting remains a serious public health problem in Indonesia, including in Gunungkidul Regency. Although various determinants have been extensively studied, paternal involvement as a key factor in stunting prevention remains understudied, particularly in rural areas. Fatherlessness is thought to contribute to the high stunting rate.
Objective: This study aims to analyze the relationship between the role of fathers and the incidence of stunting in children aged 6-23 months in Karangmojo District, Gunungkidul Regency.
Methods: The study design used was a case-control study with a quantitative approach. The sample consisted of 172 children aged 6-23 months (86 cases and 86 controls) selected through consecutive sampling based on ePPGBM data. The case group consisted of stunted children (Height/Age <-2 SD), while the control group consisted of children with normal nutritional status (Height/Age ≥ -2 SD) from the same village as the case group. Cases and controls were matched (1:1 individual matching) based on age and sex. Data were collected through structured interviews using questionnaires and anthropometric measurements. The main independent variable was the role of fathers, measured by father involvement during pregnancy (ANC), childbirth, postpartum, and childcare (childcare) aged 0-23 months. Data analysis used conditional logistic regression.
Results: Most fathers in this study had a less active role (79.1%), while 20.9% had a more active role. Fathers' roles included involvement during pregnancy (ANC), childbirth, postpartum, and childcare aged 0-23 months. Multivariable analysis showed that fathers' roles were significantly associated with stunting. Toddlers with fathers with a more active role had lower odds of experiencing stunting compared to toddlers with less active fathers (OR = 0.098; 95% CI: 0.021-0.445; p = 0.003). Family wealth index was also associated with stunting. Compared to families in quintile 1 (the poorest), toddlers from families in quintile 2 (OR = 0.013; 95% CI: 0.001-0.182; p = 0.001), quintile 3 (OR = 0.004; 95% CI: <0.001-0.083; p < 0.001), quintile 4 (OR = 0.027; 95% CI: 0.002-0.288; p = 0.003), and quintile 5 (OR = 0.040; 95% CI: 0.003-0.457; p = 0.010) had lower odds of stunting. Paternal height, paternal employment location, and maternal history of CED did not show a statistically significant association.
Conclusion: Fathers' role is associated with stunting in toddlers aged 6-23 months. Strong paternal involvement during the first 1000 days of life is associated with lower odds of stunting. Stunting prevention efforts need to encourage active paternal involvement and be supported by improved family well-being.
Keywords: stunting, father's role, children aged 6-23 months, household wealth index.