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FAMILY EXPERIENCE IN PARENTING STUNTING TODDLERS

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Abstract

Background: *Stunting cases occur throughout the world, with many toddlers in various countries experiencing stunting and chronic malnutrition. Data from the UNICEF in 2020 shows that 22% of all children in the world, or around 149.2 million children suffer from stunting. The results of the Indonesian Nutritional Status Study (SSGI), the prevalence of stunted toddlers in Indonesia was 24.4% in 2021. In 2021, West Kalimantan was in 7th place nationally with a stunted toddler prevalence of 29.8%. Sambas Regency is one of the districts with the largest stunting rate in West Kalimantan with 5,500 stunted children under five.* ***Aim of research:*** *To find out the families' experiences in caring for stunting toddlers in Sambas Regency.* ***Methods:*** *Qualitative research with phenomenological study approach. The participants involved in this study as many as 5 people were selected with purposive sampling techniques. Data collection using in-depth interview method.* ***Scientific finding results:*** *The results of this research found 7 themes, namely sources of information, feelings, child feeding challenges, parenting support, obstacles to children's eating, selection of children's meal menu and sources of water for consumption.* ***Conclusion:*** *Children's eating problems were one of the most common factors causing stunting in this study. Parenting style is an important factor in a child's growth and development. It is important to apply good parenting patterns to children so that children get the nutrition they need to grow and develop well and avoid stunting.*

Keywords: *Qualitative; Parenting Style; Stunted*

Abstrak

Latar Belakang: Kasus stunting terjadi di seluruh dunia, dengan banyak balita di berbagai negara mengalami kondisi stunting dan malnutrisi kronis. Data UNICEF tahun 2020 menunjukkan bahwa 22% dari seluruh anak di dunia, atau sekitar 149,2 juta anak, mengalami stunting. Berdasarkan hasil *Studi Status Gizi Indonesia (SSGI)* tahun 2021, prevalensi balita stunting di Indonesia mencapai 24,4%. Pada tahun yang sama, Kalimantan Barat menempati peringkat ke-7 nasional dengan prevalensi balita stunting sebesar 29,8%. Kabupaten Sambas merupakan salah satu wilayah dengan angka stunting tertinggi di Kalimantan Barat, dengan sekitar 5.500 balita mengalami stunting. **Tujuan:** Untuk mengetahui pengalaman keluarga dalam merawat anak balita stunting di Kabupaten Sambas. **Metode:** Penelitian ini merupakan penelitian kualitatif dengan pendekatan studi fenomenologi. Partisipan penelitian berjumlah lima orang yang dipilih menggunakan teknik *purposive sampling*. Pengumpulan data dilakukan melalui wawancara mendalam (*in-depth interview*). **Hasil:** Penelitian ini menghasilkan tujuh tema utama, yaitu: sumber informasi, perasaan orang tua, tantangan dalam pemberian makan anak, dukungan pengasuhan, hambatan anak dalam makan, pemilihan menu makanan anak, dan sumber air yang digunakan untuk konsumsi. **Kesimpulan:** Masalah makan pada anak merupakan salah satu faktor paling umum yang menyebabkan stunting dalam penelitian ini. Gaya pengasuhan merupakan faktor penting dalam pertumbuhan dan perkembangan anak. Penerapan pola asuh yang baik sangat diperlukan agar anak memperoleh asupan gizi yang memadai untuk tumbuh dan berkembang secara optimal serta terhindar dari stunting.

Kata Kunci: Kualitatif; Pola Asuh; Stunting

INTRODUCTION

Stunting is a growth disorder (body and brain growth) caused by sustained nutritional deficiencies, which causes children to be shorter than normal children their age and have delays in thinking. Nutritional deficiencies last from the fetus in the womb to the beginning of the child's life (First 1000 Days of Birth). Stunting is defined as being short or very short if body length or height for age is less than 2 standard deviations (SD) on the WHO (World Health Organization) growth curve caused by poor nutritional intake, recurrent or chronic infections within 1000 HPK [1]. One of the impacts of stunting on children's physical development, increases the risk of infection, and plays a significant role in child morbidity and mortality [2].

Stunting often goes unnoticed where short children are considered normal because height is not measured. Growth failure usually begins in the womb and persists until the age of two. After years of neglect, stunting has now been identified as a top global health priority and is the focus of several high-profile initiatives such as the Nutrition for Growth Summit, Zero Hunger Challenge, and Scaling Up Nutrition (de Onis & Branca, 2016). WHO set stunting as one of the six global nutrition targets for 2025, and it has been proposed as a key indicator in the post-2015 development agenda [3].

The latest data from the United Nations Children's Fund (UNICEF) in 2020 shows that 22% of all children in the world, or around 149.2 million children, suffer from stunting, and the pandemic has worsened this condition. Stunting is one of the 6 goals in the global nutrition targets to be completed by 2025 [4]. Stunting is prevalent around the world, with many children under five in various countries experiencing stunting and chronic malnutrition. In Madagascar, stunting is highest among children under five years of age [5].

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According to data collected by WHO, Indonesia is the third country with the highest prevalence of stunting in the Southeast Asia region (SEAR). The average prevalence of stunting in Indonesia from 2005 to 2017 was 36.4%. According to UNICEF data, Indonesia ranks fifth as the country with the highest number of stunted children in the world. In 2018, almost 3% of children under five years old were stunted [5]

The results of the Indonesian Nutrition Status Study (SSGI), the prevalence of stunted toddlers in Indonesia was 24.4% in 2021 [6]. Meanwhile, the stunting target according to SSGI is 14% in 2024 (the target of the National Medium-Term Development Plan / RPJMN) [6]. In 2021, West Kalimantan ranked 7th nationally with a stunting prevalence of 29.8%. Sambas Regency is the Regency with the 2nd largest stunting rate after Sintang Regency in West Kalimantan with a total of 5,500 stunted toddlers [7]. Stunting does not only occur in poor communities that have difficulty accessing quality, healthy and nutritious food, but can also occur in educated families.

The role of mothers is very important in child development to nurture and educate children to grow and develop into

good children. Maternal behaviour in breastfeeding or feeding, maintaining a healthy diet, providing nutritious food, and controlling the portion of food they consume, will also help children become healthier [8].

Government programs in overcoming nutritional problems in toddlers are numerous and structured. However, cases of stunting are still common in communities with socio-cultural and economic characteristics at any level. This can be attributed to the way people think about health and illness in toddlers, nutrition, and parenting [9]

According to the Kemenkes RI (2018), behavioural aspects also contribute to stunting, especially in terms of poor parenting in terms of infant and toddler feeding. Parenting is the way caregivers (mothers, fathers, grandmothers, or others) look after a child, including providing the food, medical care, and emotional support they need to thrive.

Parenting is the relationship between parents and children that includes the practice of caring for and feeding children. A parent's obligation is to ensure the child's right to high-quality food followed by good parenting, so that the child grows and develops well. Parenting affects nutritional status because growing children need proper nutrition, which will help them grow and develop better. During the golden years, children are in dire need of food to grow. This study found that there was a significant relationship between feeding practices and the level of stunting [11]. Based on this description, the writer is interested in conducting research on family experiences in caring for stunted toddlers in Sambas Regency, West Kalimantan.

MATERIALS AND METHODS

This research uses a qualitative study design with a phenomenological study approach. This research was conducted in Lela Village, Sambas Regency. This research was conducted for 6 days in March 2024. Five participants in the study were selected using purposive sampling method. The writer, as the main research tool. The writer used tools such as interview guidelines, telephone voice recorder, participant data observation sheet, and their consent form. The writer conducted interviews to collect data for this research. The purpose of the interviews was to gain the perspectives of the participants.

This research combines semi-structured interview methods with in-depth interviews. Data analysis was preceded by the process of transcribing the interviews verbatim. Each transcript was identified, checked and analyzed. The author used the Colaizzi method which included reading the transcripts repeatedly to integrate them with the data, extracting specific statements, making meaning of specific statements, creating themes and clusters of themes, creating a full description of the phenomenon, and verifying the full description by providing the description to the participants. This research has gone through the Ethics Committee of the Faculty of Medicine, Tanjungpura University. The Ethics Test was submitted on February 13, 2024 then on February 20, 2024 the Ethics Committee of the Faculty of Medicine, Tanjungpura University issued a certificate of passing ethical clearance with Number 1567 /UN22.9/PG/2024

Table 1. Participant Characteristic

Participant Code	Initials	Age (years old)	Occupation	Family Type
P1	Mrs. S	38	Farmer	Nuclear Family
P2	Mrs. I	41	Housewife	Nuclear Family
P3	Mrs. N	26	Housewife	Extended Family
P4	Mrs. M	20	Housewife	Extended Family
P5	Mrs. E	23	Housewife	Extended Family

RESULTS

The participants in this study were 5 people who live in Lela Village, Sambas Regency. The 5 participants participated voluntarily in in-depth interviews conducted during the in-depth interviews conducted during the research process. The writing of participants in this chapter uses the initials P and a number as the participant's sequence number. The thematic analysis used by the researcher identified 7 major themes, namely: 1. Source of information. 2. Feelings. 3. Parenting obstacles. 4. Parenting support. 5. Child feeding constraints. 6. Selection of children's meal menu. 7. Source of water for consumption.

Theme 1: Source of Information

The findings on this theme show that there is 1 (one) category, namely where is the source of information on stunting. The findings of the category results show that the sources of information about stunting are electronic media, health services and humanitarian organizations. Two (2) out of five (5) participants said they heard about stunting from the electronic media TV, as in the following quote:

“Used to watch it on TV” (P1)

“From the TV at that time” (P2)

Three (3) out of five (5) participants said they heard about stunting from local health workers, as in the following quote:

“I first heard about stunting from Sekura Hospital.” (P3)

“From the midwife here” (P4)

“Usually from the integrated healthcare center meeting” (P5)

Participant 1 also said that she got information about stunting from humanitarian organizations, as quoted below:

“There was a gathering of us discussing stunting from Wahana Visi”

Theme 2: Feelings

The findings on this theme show that there are 2 (two) categories, namely sadness and fear. In choosing categories in this theme, researchers used the emotion chart found by Robert Plutchik in Putri (2021). Two (2) out of five (5) participants said they were sad when their children were diagnosed with stunting, as in the following quote:

“I feel sad, what else can I do, she was born so small.” (P1)

“It's also sad even though she wants to eat, she still wants to eat even if it's a little bit.” (P4)

Participant 5 said she was disappointed when her child was diagnosed with stunting, as quoted below:

“I don't know what to do, because we've been trying to increase his weight and suddenly, he's still in the stunting category, so it feels a bit down.” (P5)

Three (3) out of five (5) participants said they were worried when their children were diagnosed with stunting, as in the following quote:

“that's the feeling of unconsciousness, right, I feel weak or uncomfortable, it feels bad. ” (P3)

“Anxious and sad too even though he wants to eat, he still wants to eat even a little.” (P4)

“It's hard and it makes me worry” (P2)

Theme 3: Parenting Obstacles

The findings on this theme show that there are 2 (two) categories, namely obstacles from the family and obstacles from the child. Participant 2 said that there were obstacles in caring for children, namely being busy working, as quoted below:

“At that time, I was busy working, so I didn't give him enough attention.” (P2)

Participant 3 said there were obstacles in caring for children, namely no money, as quoted below:

“The difficulty in caring for children is that

when the child wants to eat something, I don't have the money to buy it, I want to buy it from people who sell it, I can't buy it." (P3)

Participant 4 said that there are obstacles in parenting, namely children getting sick easily, as quoted below:
"He is prone to fever" (P4)

Participant 5 said that there were obstacles in parenting, namely the child doing the shut-up movement, as quoted below:
"There are no obstacles but the child does the mouth shut movement" (P5)

Theme 4: Parenting Support

The findings on this theme show that there is 1 category, namely support from family. The findings of the first category in this study are support from family.
All participants said that the support provided by the family was to give advice and help in caring for children, as in the following quote:
"Oh of course from parents too, with the surrounding family too. giving advice that should be so, you can't give that kind of snack, want to help take care too" (P4)
"There are older siblings and parents at home" (P5)
"Yes, my husband and family" (P2)
"Support in caring for children, my husband said, be careful, don't go anywhere, your husband is abroad." (P3)
Participant 1 said that the support from her husband was by accompanying the child from birth until now, as quoted below:
"There is, of course, my husband who accompanies me from the birth of my child until now." (P1)

Theme 5: Child Feeding Challenges

The findings on this theme show that there is 1 category, namely children who are picky eaters. Participant 1 said there are barriers to eating in children, namely the child's mood, as quoted below:
"It depends, sometimes he wants it, sometimes he doesn't want it." (P1)
Three of the five participants said there were barriers to eating in children, namely small portions of food, as quoted below:
"He rarely eats 2 times a day, but in a day, he eats only once, sometimes he eats 2 times a day but the portions are small, unlike other children." (P1)
"It's also sad, even though he wants to eat, he still wants to eat even if it's a little bit." (P4)
"Now usually fruit, rice only a little, fruit, bread, chicken a little bit, if a lot is thrown away, he doesn't like eggs." (P5)
Four out of five participants said there were barriers to eating in children, such as picky eaters, as quoted below:
"If it's fruit like oranges he wants it, like longan, that kind of fruit. But if vegetables are only the type of kale, curly mustard greens, then sweet potato shoots he wants, if the type of spinach he doesn't want, usually we process fried noodles mixed with vegetables, they are rarely eaten, if noodles are processed with vegetables, only noodles are eaten." (P1)
"No, the most difficult thing is eating rice" (P3)
"He doesn't want to eat chicken liver, he's also a vegetable picky eater." (P4)
"He doesn't like eggs so he threw them away." (P5)

Theme 6: Selection of Children's Meal Menu

The findings on this theme show that there is 1 category, namely how to make children want to eat. The findings of the category results found that in order for children to want to eat, all participants have their own ways. Participant 1 said that the selection of the child's daily meal menu by processing food so that it is eaten by the child, as quoted below:
"Well, we have to catch up with him first, but sometimes when processing noodles, the vegetables have to be chopped finely,

stirred into croquettes, right if in croquettes the vegetables are also fine, so the child is given vegetables." (P1)
Three (3) out of five (5) participants said their children were not picky eaters, as in the following quote:
"No, he eats as it is" (P2)
"He also likes to eat vegetables with vegetable soup, eat vegetables too." (P3)
"He wants to eat fruit and vegetables, but sometimes he eats a small amount." (P5)
Participant 4 said that for the selection of children's food menus by choosing foods that children like, as shown in the following quote:
"Chooses what he wants" (P4)

Theme 7: Source of Water for Consumption

The findings on this theme show that there is 1 category, namely the type of water used. The findings of the category found that the source of water for consumption is boiled rainwater. All participants said they used boiled rainwater, as shown in the following quote:
"Rainwater but cooked, cooked first" (P1)
"Boiled rainwater" (P2)
"If he drinks, he drinks boiled water or breast milk" (P3)
"Rainwater directly for cooking, if for drinking it is boiled first" (P4)
"We use rainwater and then boil it" (P5)

DISCUSSION

The findings in this study after passing the revalidation process on one of the participants obtained 7 themes that correlated with the specific objectives of the study, namely (1) Sources of information, (2) Feelings, (3) Parenting challenges, (4) Parenting support, (5) Child feeding challenges, (6) Selection of Children's Meal Menu, (7) Source of water for consumption. The discussion of the above themes is as follows:

Source of Information: The findings on sources of information theme show that there is 1 (one) category, namely where is the source of information on stunting. The findings of the category results show that the sources of information about stunting are electronic media, health services and humanitarian organizations. This is in line with the research of Ramdhani, Handayani and Setiawan, (2020) which states that information sources and technological advances have provided a variety of mass media including television that can influence people's understanding of new information. Kusumawati, Rahardjo and Sari (2015) stated that one of the functions of integrated healthcare center is as a medium for health and nutrition promotion, monitoring the growth of toddlers.

Participant 1 said that he also received information about stunting from the humanitarian organization Wahana Visi Indonesia. According to the results of Telaumbanua, Purnama and Yanti, (2018) research, stated that one of the functions of Wahana Visi Indonesia facilitators is a resource person. The facilitators provide information in the field with simple communication. They also deliver programs that are in accordance with the needs of the community, especially children.

Feelings: The findings on this theme show that there are 2 (two) categories, namely sadness and fear. In choosing categories in this theme, researchers used the emotion chart found by Robert Plutchik in Putri (2021). The findings of the first category found that what was felt when the child was diagnosed with stunting was sadness and disappointment. This is in line with the results of research conducted by Rahmi, Rikayoni and Putri (2023) which states that parents feel anxious and sad when they find out their child is diagnosed with stunting. Research conducted by Novia Dewanti Fauziah *et al.*, (2022) states the psychological response received that mothers who have

stunted toddlers feel very sad because their children are different from toddlers their age.

The findings of the second category results found that what was felt when the child was diagnosed with stunting was fear. This is supported by Ghufron and Risnawati's research in Sabarisman and Sulubere (2023) which states that when family members experience malnutrition or stunting, families can reduce stress, worry, and anxiety by adjusting to situations and conditions. This can cause stress or anxiety, which can lead to mental health disorders. It is a subjectively unpleasant experience consisting of feelings of anxiety, tension and emotion.

Parenting Challenges

The findings on this theme show that there are 2 (two) categories, namely challenges from the family and challenges from the children. The findings of the first category in this study are about challenges from the family in caring for children. Two (2) out of (5) participants said that the challenges from the family in caring for children are busy working and economic factors.

Participant 2 said that the challenge in caring for her child was because she was busy working. The results of research by Laksono *et al.*, (2022) showed that mothers who work in rural areas have a higher chance of having stunted or severely stunted toddlers. Participant 3 said that the obstacles in caring for her child were due to difficult economic factors. The results of research data conducted by Trihono *et al.*, (2015) stated that the effect of poverty on stunting is undeniable so that various poverty alleviation programs must remain a priority. Research from Sulistyoningsih in Ngaisyah (2015) explains that if income increases there is a possibility to buy food with higher quality and quantity. Conversely, if income falls, there will be a possibility to buy food with lower quality and quantity.

The findings of the second category in this study are constraints from children. Participants 4 and 5 said the obstacles from children are children who are easily sick and children who do GTM. Participant 4 said the obstacle in caring for his child was that the child was often sick. As in Rahmayana's research in Banjarmasin and Asuh (2021), one of the impacts of stunting is that the child's immunity becomes weak due to malnutrition. Participant 5 said that the obstacle in caring for his child was that his child made a shut-up movement. The results of research conducted by Hidayah, Xaverius and Sadewo (2022) found that toddlers are most likely to get stunted because they do GTM. The findings of the second category in this study are that there are no obstacles in parenting.

Parenting Support: The findings on this theme show that there is 1 category, namely support from family. The findings of the first category in this study are support from the family. This is in line with the research of Dewi, Ariski and Kumalasari (2019) namely family and community are sources of family support. Information and instrumental support are forms of support from the family. Research from Amalia (2020) also states that support from husbands is very large in overcoming stunting.

This study is inversely proportional to research conducted by Mentari (2020) which states that family support to mothers is not good. The study showed that the husband paid less attention to the mother, rarely helped the mother in preparing food and did not support integrated healthcare center activities.

All participants said that their families and husbands helped with childcare. Three of the five participants had an extended family type, which means that the family lives with relatives. This shows that

families with extended family types can help mothers of stunted children in terms of energy and information. 2 out of 5 participants belonged to the nuclear family type, which means the nuclear family. In this family type, the husband plays a major role in supporting his wife in caring for children in terms of energy and finance.

Child Feeding Challenges: The findings on this theme show that there is 1 category, namely children who are picky eaters. The findings of the results in this category are 3 out of 5 participants said that children are picky eaters. Participant 1 said the challenges of eating in children are the child's small portion of food, the child's mood and the child who does not like vegetables. Participant 3 said the child's eating challenge was that it was difficult for the child to eat rice. Participant 4 said the child's eating challenges were due to picky eating.

This is in line with Permatasari and Kurniawati (2020) which states that food choice behavior has a negative impact on children's health, such as increasing the risk of underweight, poor development, and the risk of constipation due to lack of healthy food intake. As a result, the adverse health impacts are compounded as children who frequently eat carelessly also show a dislike for healthy foods such as meat and fish, as well as fruits and vegetables, which can lead to nutritional deficiencies in children. Participants two and five said they had no problem choosing food for their children.

Novia Dewanti Fauziah *et al.*, (2022) shows that most parents who have picky eater children are due to entering preschool age so that the child's willingness to try new and different types of food will decrease. This condition also referred to as neophobia is also supported by [26] research which considers food neophobia (aversion to eating or avoiding new foods) as a distinct concept, while still recognizing that these factors are interrelated and contribute to the rejection or acceptance of food, especially vegetables and fruits.

Selection of Children's Meal Menu: The findings on this theme show that there is 1 category, namely how to make children want to eat. The findings of the category results found that in order for children to want to eat, all participants have their own ways. Participant 1 said that in order for her child to eat vegetables, she had to process the vegetables into “bakwan” or croquettes so that her child would eat vegetables. Research by [27] shows that people have the ability to process food in a healthy and creative way to ensure good nutrition.

Participant 4 said that in choosing food for children, she only chooses food that children want. According to research conducted by Yani in Iradhah Azzahrah, Andi Nurlinda and Rezky Aulia Yusuf (2023) children who have picky eating behavior tend to have less weight due to food consumption that is not varied so that intake tends to be inadequate. This is also supported by Kurniasih's research in Lestari, Sari and Daniati (2017), which states that due to the problem of picky eating patterns, the types of food consumed by children do not vary and the nutritional content is not balanced. Participants 2, 3 and 5 said that choosing food was very easy because their children did not choose food.

The results of this theme also show the type of parenting used by the participants. Participants 1, 2, 4 and 5 according to researchers use democratic type parenting where the child is allowed to choose food and parents still direct the child to eat healthy food. According to Mustikasari, Marsito and Ernawati (2019) democratic parenting is a combination of authoritarian parenting and permissive parenting with the aim of balancing the attitudes, thoughts, and actions of children

and parents. Participant 3 according to the researcher uses permissive type parenting where children only want certain types of food and parents only comply. Baumrind's research in Mustikasari, Marsito and Ernawati (2019) states that permissive parenting is parenting that provides non-strict supervision.

Source of Water for Consumption: The findings on this theme show that there is 1 category, namely the type of water used. The findings of the category found that the source of water for consumption is boiled rainwater. All participants said they used boiled rainwater. According to research by Oginawati *et al.*, (2023) The concentration of heavy metals, namely Pb, Cd, and as in drinking water has a significant relationship with the incidence of stunting. Concentrations of As and Cd that exceed the limit are found in some drinking water, one of which is rainwater. The study showed that arsenic and cadmium heavy metal content in drinking water sources had a significant relationship with the incidence of stunting.

The results of Olo, Mediani and Rakhmawati, (2020) research show that water factors including unimproved drinking water sources, drinking water treatment can increase the incidence of stunting in toddlers. Most stunted toddlers live in rural areas that have difficulty accessing safe drinking water sources. The results of Herdinda, (2024) research suggest that families always use clean water and cook or boil water before giving it to children.

CONCLUSIONS

The family experience in this study found 7 major themes related to the specific objectives of the study, namely Sources of information, Feelings, Parenting challenges, Parenting support, Child feeding challenges, Selection of Children's Meal Menu, Source of water for consumption. Child feeding constraints became one of the most factors causing stunting in this study. Parenting is an important factor in the growth and development of children. It is important to apply a good type of parenting to children so that children get the nutrition needed to grow well and avoid stunting.

SUGGESTION

More comprehensive study on family experiences caring for stunted toddlers is required. Future researchers are expected to expand the study by investigating the level of parental education. Future researchers are expected to delve deeper into the family's knowledge of stunting and assess the parents' level of education.

Future researchers are expected to dig deeper onto family knowledge about stunting and determine the level of family knowledge. Future researchers are expected to conduct longer-term studies and use language that researchers and participants can understand.

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