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MOTHERS' PERCEPTION OF TODDLERS ABOUT STUNTING IN THE WORKPLACE OELE HEALTH CENTER, ROTE DISTRICT NDAO

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Abstract

Stunting is a chronic nutritional problem that remains a major public health concern in Indonesia. This study focuses on the perceptions of mothers of toddlers regarding the definition, causes, and prevention of stunting. This study aims to determine the perceptions of mothers of toddlers regarding stunting, its causes, and its prevention in the Oele Community Health Center Work Area, Rote Ndao Regency. This research method uses a qualitative design with a phenomenological approach. Informants were selected using *purposive sampling*. The main informants were mothers of toddlers, key informants were nutrition program holders, and supporting informants were integrated health post (Posyandu) cadres. Data analysis used the Miles and Huberman (1984) model in (Sugiyono, 2010).The results of this study indicate that all mothers of toddlers understand stunting as a condition of shortness of breath due to malnutrition and that stunting is caused by genetic factors. The most frequently cited causes of stunting are inadequate nutritional intake, suboptimal parenting, and environmental hygiene. Preventive measures include exclusive breastfeeding, immunization, nutritious food, and maintaining good hygiene, although economic constraints and misperceptions about heredity remain.In conclusion, mothers of toddlers understand stunting as a condition of short stature due to malnutrition, although some mothers still attribute it to hereditary factors. According to mothers, the main causes of stunting are low nutritional intake, difficulty eating, and suboptimal parenting. Mothers also believe that stunting is caused by hereditary factors. Preventive measures include exclusive breastfeeding, immunization, and nutritious food. The main obstacle to prevention is economic constraints.

Keywords: Stunting, Perception, Causes, Prevention

Introduction

Toddlers worldwide face persistent nutritional challenges, particularly in low-income and developing countries. Stunting is a health concern because it is associated with increased risk of illness and death, impaired brain development, delayed motor development, and stunted mental growth (WHO, 2019).

UNICEF data shows that 22.2%, or 150.8 million, of toddlers worldwide suffer from stunting. However, this figure dropped to 144 million, or 21.3%, in 2019. More than 50% of the world's toddlers are from Asia, while 25% are from Africa (UNICEF et al., 2017).

The prevalence of stunting in Indonesia has consistently declined over the past five years, reaching a 21.6% decline in 2023. However, treatment and prevention efforts are still needed to achieve the target of reducing stunting in children by 2024, which is 14%, in line with the WHO's target of a stunting prevalence rate of less than 20% (SSGI, 2022).

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If left untreated, stunting in toddlers can have devastating consequences, both short-term and long-term. Some short-term impacts of stunting include increased mortality, suboptimal development in toddlers, decreased cognitive function (intelligence), impaired immune function, obesity, and an increased risk of developing non-communicable (degenerative) diseases.

Perception plays a crucial role in influencing behavior because it serves as a predictor or foundation for behavior. Individuals who lack perception or understanding will act aimlessly or even not act at all, even when faced with a stimulus that poses a threat. This is similar to the understanding of stunted toddlers.

East Nusa Tenggara (NTT) is the province with the highest stunting prevalence in Indonesia. SSGI data shows a stunting prevalence rate of 43.8%, and in 2021, the stunting rate in NTT decreased by 37.8% (UNICEF et al., 2017; Izwardy, 2020). Rote Ndao Regency ranks fourth with the highest stunting rate, at 21.68% (BKKBN Rote Ndao Regency, 2023).

The prevalence of stunting in Rote Ndao Regency in the last four years has decreased by 13.07% or an average decrease in stunting per year of 3.3% (BKKBN Rote Ndao Regency & Oele Health Center, 2024).

Referring to the results of data obtained from the National Population and Family Planning Agency of Rote Ndao Regency in March, as many as 12 health centers had stunted toddlers with a total of 162 (15.1%) in all sub-districts and the Oele Health Center had a total of 79 (18.5%) stunted toddlers (BKKBN Rote Ndao Regency, 2024).

The results of an initial survey conducted at the Oele Community Health Center (Puskesmas) through interviews with four mothers of stunted toddlers on July 1, 2024, revealed that only one mother knew what stunting was, while the other three mothers had not heard of the term and considered it to be hereditary. Furthermore, one mother of a stunted toddler believed stunting, or short stature, was caused by malnutrition and not by other factors.

This perception is inadequate because stunting is caused by multidimensional factors (having various possibilities), such as poor parenting practices, limited health services including Antenatal Care (ANC) services, (health services for mothers during pregnancy) Post Natal Care and quality early learning, lack of household/family access to nutritious food and lack of access to clean water and sanitation (National Team for the Acceleration of Poverty Reduction, 2017).

Method

This research is a qualitative research that uses a phenomenological approach to understand or explore the reality experienced or certain behavior of individuals or groups of individuals as well as the aspects that underlie feelings, opinions, and events. The population in this study were mothers of toddlers, totaling 79 mothers of toddlers in the Working Area of the Oele Health Center, South Rote District, Rote Ndao Regency. Informants in this study were divided into three: the main informant in this study was the mother of stunted toddlers, the key informant in this study was the nutrition program holder in the Oele Health Center and the supporting informant in this study was the Posyandu cadre. The type of data in this study used primary data, secondary data and method triangulation. The instruments in this study were interview guidelines and the researcher herself as the main instrument. The data collection technique used in this study was an in-depth interview. Data analysis in this study was the Miles and Huberman model (1984) in (Sugiyono, 2010) namely data reduction, data display as well as conclusions and verification.

Results

1. Toddler Mothers' Perceptions of the Definition of Stunting

The research results showed that all informants had heard of the term stunting, obtained through community health centers (Puskesmas) and integrated health posts (Posyandu). The following are quotes from informants:

"Posyandu sis, from the cadres please" (RS)

"Posyandu and Community Health Center" (EK)

Informants perceive stunting as a condition in children characterized by short stature, malnutrition, thinness, weakness, and underweight, with growth that is not appropriate for their age. Informants' perceptions of the impacts of stunting are still very limited and limited to certain impacts. Informants define the impacts of stunting as slow thinking patterns, poor comprehension, low IQ, frequent illnesses, and physical growth problems (underweight and underweight). The following is an excerpt from an interview with an informant:

"Stunting is not only due to nutrition, but perhaps the child is also underweight and tall, which can cause stunting." (MN)

"Stunting is a child who is malnourished, he is thin and weak" (MS)

The above statement is also supported by a key informant who explained that the definition of stunting in mothers of toddlers is only known through physical appearance, even though this information is frequently conveyed through community health centers, PPA (Public Health Service Posts), integrated health posts (Posyandu), village offices, health offices, and the first 1,000 days of service (1,000 days of service) inauguration. This is evident in the key informant's statement:

"At the Oele Community Health Center, most of the children are below the standard height. Regarding knowledge samples, such as weak comprehension, I don't think I've found anything here yet, but most of us know that stunting is only from their height. Being short of height or having low birth weight (LBW) is the only thing." (AI)

Informants' perceptions of the impacts of stunting are still very limited and limited to specific impacts. Informants defined the impacts of stunting as slow thinking, poor comprehension, low IQ, frequent illnesses, and physical growth problems (low height and weight). The following are excerpts from interviews with informants:

"Children have a slower way of thinking, meaning their thought patterns are not appropriate for children their age, their comprehension is lacking" (MP)

"He has that impact, but I have an active child, sis. From what I've read, he has that impact, the child has stunted development and a low IQ, but I have a child who doesn't get sick. A stunted child often gets sick, right, sis? I have a child who doesn't, he just has a cough and a cold, that's all." (RS)

The informant's statement above is supported by nutrition program managers and integrated health post (Posyandu) cadres, who stated that stunting impacts children's height, including being underweight, frequently ill, and not washing their hands. The following are excerpts from interviews with key informants and supporting informants:

"What are the impacts? Maybe they have a height that is not appropriate for their age, and there are also those who are unhealthy and often get sick, maybe because they have comorbidities, but for most of them, if they are stunted, we don't intervene, but if they are malnourished, we intervene, but if they are stunted, we only provide education on healthy lifestyles." (AI) "The impact is probably not washing hands." (YM)

The results of this study indicate that informants' attitudes toward stunting in children varied. Some felt anxious and worried. However, others remained calm and accepted their child's condition, citing hereditary factors. The following are excerpts from interviews with informants:

"There's no feeling of anxiety, sis, because he has that body, it's hereditary, sis" (MD)

However, some informants admitted to feeling worried and anxious about their children being stunted. Furthermore, most of them held negative opinions, as in the interview excerpt above. This is supported by a key informant's statement that some parents feel anxious and worried, but many remain indifferent. This can be seen in the key informant's statement:

"Yes, there are some who, when we tell them, are indifferent, some say, 'Oh yeah,' and there are also some who say, 'Hey, when he had an older sibling, he was like this when he was little, but when he grew up, he would have a body and height that was normal.' Andia, we understand these various characters in the field, some mothers respond well, some are indifferent." (AI)

The informant reported the child's condition to her husband and other family members, such as her mother's parents/in-laws. However, the husband and other family members generally did not express anxiety or worry. The husband's response was simply to provide nutritious food, not to take the child to the integrated health post (Posyandu), and to simply know. Other family members were not informed because they did not live with the informant. The following is an excerpt from the interview with the informant:

“Tell me, mom, I’m just a regular dad, I just told you to feed your little brother nutritious food. And if I have parents, I won’t tell you because I live with my dad here.” (MD)

"His father sonde (didn't) want to take him to the integrated health post (posyandu) because the child was stunted, how come this child is stunted? In the past, we sonde (didn't) have that term, we used to have small bodies, sis, and now he has that term too" (FS)

2. Mothers' Perceptions of Toddlers on the Causes of Stunting

The results of this study indicate that informants have varying perceptions regarding the causes of stunting, including inadequate nutritional intake, irregular eating patterns, environmental factors, lack of appetite, breastfeeding, parenting styles, and hereditary factors. The following are excerpts from interviews with informants:

"Malnutrition is why he's always short, maybe it's his genes, because he's short like me" (WT)

"Maybe it's an irregular eating pattern and environmental hygiene too" (MP)

However, one informant did not know the cause of stunting. The following is an excerpt from the interview with the informant:

"I don't really understand the causes of stunting. But malnutrition can also cause stunting in children." (RS)

The informant also reported regular visits to health facilities during and after delivery. The following is an excerpt from the interview with the informant:

"It's important for me to know that my child has development and that I have health" (MP)

The results of this study indicate that the informants had no specific restrictions during pregnancy. The following is an excerpt from an interview with the informants:

"No, sis, if the health center tells us what to eat/drink, I'll definitely follow it. That's it" (EL)

The informant's statement above was confirmed by nutrition program managers and integrated health post (Posyandu) cadres, who stated that there are no special dietary restrictions during pregnancy in their work areas. The following are excerpts from interviews with key informants and supporting informants:

"Oh, no, sis. There aren't any health workers, but from home, there are usually pregnant women who have food restrictions, like from their families, for example, fruit, pineapple, pregnant women are told they can eat it all the time. The others are generally very specific, I don't really know." (AI)

"Most women here are told that octopus is not allowed during pregnancy, as the umbilical cord will wrap around the baby. But we don't know, but we just keep an eye on them. But the cadres are trying to explain that all foods are allowed to be eaten." (YM)

The informant stated that no other food was given to children before they were six months old. The following is an excerpt from the interview with the informant:

"There was no breast milk given to me until I was six months old" (EL)

The informant's statement above was confirmed by the nutrition program manager and Posyandu cadres, who stated that mothers should not give any other fluids or foods before the baby is six months old. The following are excerpts from interviews with key informants and supporting informants:

"There are no (clear) signs, in the field there are, but if it's from the nutritionists, there are no (clear) signs, maybe, in the field there are only some who give food secretly, there are some who are ketong (we) don't know from them, but from neighbors for example or family, there are three-month-olds who are given sun, bananas and things like that" (AI)

"There's no such thing as exclusive breastfeeding. When we, the parents who were ketong (us) weren't yet aware of the cadres' perspective, we didn't even want to give the first colostrum breast milk to our children, we had to express it and throw it away because it was dirty breast milk. But since the cadres have learned, they have the knowledge to explain to the parents that it's allowed because it's immunity for the child. That's the initial immunization for the child." (YM)

The results of this study indicate that most informants frequently provide complementary foods, such as porridge mixed with vegetables and ground into a paste. The following is an excerpt from an interview with the informant:

"Ulik porridge mixed with marungga and carrot vegetables" (RS)

"Breast milk and porridge are finely ground mixed with marungga vegetables, carrots and eggs too" (MS)

The results of this study indicate that the informants have provided their children with complete basic immunizations. Furthermore, the informants stated that providing complete immunizations can improve children's immune systems, making them less susceptible to illness. The following is an excerpt from the interview with the informant:

"Yes, it's complete" (EL)

"So that he is healthy and doesn't get sick easily" (EL)

3. Mothers' Perceptions of Toddlers on Stunting Prevention

The research results showed that informants had implemented stunting prevention measures. These measures included maintaining a balanced diet for children, maintaining environmental hygiene, and maintaining a healthy diet and fluid intake during pregnancy. The following is an excerpt from an interview with the informant:

"Make sure your child has a diet (only) mother. Keep it clean. That's it" (MD)

"The way to prevent stunting, in my opinion, is from the time you are pregnant, we have to monitor what you eat and drink." (RS)

The research results showed that informants were aware of preventive measures during pregnancy and after delivery. The following is an excerpt from an interview with the informant:

"Yes, I found out after giving birth" (MD)

"From pregnant Khastara" (MN)

The informant admitted to having taken preventative measures, but he wasn't sure whether they were appropriate. The following is an excerpt from the interview with the informant:

"Yes, but I don't know if it's appropriate. The problem here is that income is low, so even if we try to eat healthily, we're still struggling. Here, some people have good incomes, some don't, so we just adjust." (MN)

"Yes. But I don't know if it's appropriate yet. Take them to the integrated health post and give them healthy food." (MS)

Discussion

1. Toddler Mothers' Perceptions of the Definition of Stunting

All informants had heard the term stunting through integrated health posts (Posyandu) and community health centers (Puskesmas). Furthermore, their understanding of stunting varied. Some perceive stunting as a condition of short children caused by malnutrition, while others are still influenced by traditional beliefs about heredity. The perception that stunting is solely caused by heredity can diminish mothers' willingness to take preventative measures. Stunting is a condition of growth failure caused by long-term malnutrition and psychosocial stimulation, as well as exposure to repeated infections. It occurs during the First 1,000 Days of Life (HPK), from infancy to age two. Symptoms include lack of eye contact, stunted growth, a face that appears younger than one's age, delayed tooth growth, and poor performance on attention and memory tests (Setwapres, 2019; Ministry of Villages, Development of Disadvantaged Regions, and Transmigration, 2018). These changes cause permanent damage to children's cognitive development, impairing their thinking and learning abilities (Yadika et al., 2019).

Most mothers of toddlers recognize stunting as physical characteristics, such as thinness, poor weight gain, and shorter height compared to children of the same age. However, some mothers describe non-physical characteristics, such as slow comprehension and less active behavior at school. Therefore, this emphasizes the importance of more comprehensive knowledge as it can encourage mothers to take preventive measures. This study aligns with previous research that explains that most mothers only know the characteristics of stunting in terms of physical growth, meaning they may be late in recognizing its impact on cognitive development (Handayani et al., 2020). Other research also explains that mothers' lack of knowledge about non-physical signs of stunting leads to less effective preventive interventions. Furthermore, mothers' knowledge about the characteristics of stunting is still limited. Further education should be provided to mothers to understand stunting from the physical, cognitive, and behavioral aspects of children (Sari, 2021).

Mothers of toddlers also defined stunting in terms of its impact. They defined the impact of stunting on children's intellectual development, endurance, and self-confidence. However, some mothers of toddlers considered the impact of stunting normal because short stature was considered hereditary. This finding aligns with previous research, which found that most mothers in rural areas only understand stunting from a physical perspective and do not understand its long-term impacts, such as reduced productivity and cognitive impairment (Rahayu et al., 2021). Another study also found that forty percent of those surveyed still believe genetic factors are the sole cause of stunting (Putri et al., 2020).

Mothers of toddlers believe that stunted children are at risk of developing low self-confidence, slow learning, and susceptibility to illness. This will encourage mothers to take preventative measures. Conversely, if mothers perceive the condition as normal or hereditary, they will not be motivated to prevent it. The results of this study align with previous research, which explains that mothers who understand the impact of stunting are more proactive in taking their children to integrated health posts (Posyandu) and paying attention to their nutritional intake (Fitriani, 2020). Other research also explains that most parents still view stunting as merely physical. As a result, they are unaware of the long-term consequences for their children's intelligence and future productivity. Mothers' understanding of the impact of stunting also varies. Mothers who are aware of the long-term impacts tend to be more anxious and seek solutions, while mothers who resign themselves to hereditary factors are less motivated to take preventative measures (Wibowo, 2019).

Educational background, experience, and family support influence differences in the attitudes of husbands, parents, and in-laws. In health behavior theory, a person's knowledge, beliefs, and social environment influence their attitudes toward health issues (Notoatmodjo, 2012).

2. Mothers' Perceptions of Toddlers on the Causes of Stunting

Informants' perceptions encompassed nutritional and parenting factors, but the misconception that stunting is solely genetically determined persists. Mothers' understanding of the causes of stunting is considered a predisposing factor, while access to nutritious food, sanitation, and health services are supporting factors in PRECEDE. This study aligns with previous research that explains that nutrition, parenting, sanitation, and environmental health are some of the factors influencing stunting (Ministry of Health, 2018). Other research also suggests that blaming heredity tends to inhibit critical thinking in reviewing, examining, and proving or refuting potential causes of stunting (Liem et al., 2019).

All eight informants acknowledged that during their pregnancies, mothers of toddlers frequently visited health care centers for pregnancy and maternal health checks. Based on evidence from the pregnant mothers' health records in their health records (KMS) books, the informants had made nine routine visits during their pregnancies. Maternal and child health is highly dependent on proper prenatal care. In Health Ministerial Regulation No. 25 of 2014, Article 6, paragraph 1 B, the Ministry of Health emphasizes the importance of regular prenatal check-ups. Pregnant women are advised to undergo prenatal check-ups at least four times during pregnancy according to standards. After learning that they are pregnant, they can begin prenatal check-ups. Regulation of the Minister of Health of the Republic of Indonesia No. 25 of 2014 concerning child health efforts states that the results of prenatal check-ups carried out by mothers are better if they are carried out quickly.

The informant exclusively breastfed the baby until it was six months old without any other food or drink. This research aligns with previous research which explains that every ingredient in breast milk has all the good nutrients and helps the baby eat well. In addition, breast milk improves the baby's immunity which reduces the risk of infectious diseases. Babies should only be given exclusive breast milk until the age of six months (Ministry of Health of the Republic of Indonesia, 2016). Government Regulation number 33 of 2012, exclusive breastfeeding is breast milk given to babies

from birth until six months without any additional or replaced with other food or drink (except medicine, vitamins, and minerals).

Informants' perceptions of complementary feeding (MP-ASI) for children are still very limited, as children are only given vegetables and rarely protein. This research aligns with previous research that explains that breast milk alone is insufficient to meet the micronutrient and macronutrient needs of infants after six months (Nasar, 2013). Other research also suggests that good MP-ASI foods contain energy, protein, and micronutrients such as iron (Fe), zinc (Zn), and vitamin A (World Health Organization, 2002).

Informants acknowledged that there are no specific dietary restrictions during pregnancy, except for certain fruits and vegetables. This study aligns with previous research that suggests that pregnant women are not advised to adhere to specific dietary restrictions during pregnancy. A balanced diet with balanced nutritional components is essential for pregnant women, with the following breakdown: five parts carbohydrates, two to three parts fat, and two parts protein, fruits and vegetables, as well as water and minerals. Pregnant women require 2,500 calories daily. Furthermore, pregnant women have significant energy needs, which are useful for weight gain, fetal growth, and daily activities (Badriah, 2014).

The informants had provided complete immunizations to their toddlers according to the integrated health post (Posyandu) schedule, as evidenced by the immunization health card (KMS). This study aligns with previous research that explains that immunization is an important way to prevent stunting. Infants who receive complete basic immunizations can be protected from various diseases. However, if infants do not receive complete basic immunizations, they will be more likely to get sick and may develop infections. Furthermore, their growth and development may be disrupted or hampered, potentially leading to stunting (Saputri, 2019).

3. Mothers' Perceptions of Toddlers on Stunting Prevention

Most informants have taken measures to prevent stunting by providing exclusive breastfeeding, vaccinations, nutritious food, and maintaining a clean environment. This study aligns with previous research explaining that there is a possibility of children experiencing stunting in the womb or during pregnancy; mothers with poor nutritional status are at risk of impaired fetal growth, known as stunting, and increase the risk of obesity and degenerative diseases in adulthood. Therefore, stunting prevention must be understood and implemented before and during pregnancy (The Lancet, 2015). Other research also explains the importance of family support (Kurniawati, 2020). Conversely, barriers to prevention stem from economic constraints and misconceptions from parents (Fitriani et al., 2019). Although mothers have made efforts to prevent stunting, their success depends on knowledge, abilities, economic resources, and family support.

An interesting finding in this research focus is the gap between informants' perceptions of prevention and its implementation, with the informants unable to ascertain the correct procedures. Therefore, informants need assistance to ensure proper implementation of stunting prevention. This assistance can be provided by integrated health post (Posyandu) cadres. The assistance is implemented by studying the family's potential and problems, then providing support through discussions, demonstrations, and practice.

Conclusion

The majority of mothers of toddlers understand stunting as a condition of short stature due to malnutrition, although some still attribute it to hereditary factors. The most commonly recognized characteristics of stunting are still limited to physical aspects such as low height and weight, while non-physical characteristics, such as delayed cognitive abilities, are only recognized by a few mothers of toddlers. Mothers' understanding of the impact of stunting also varies; some are aware of its effects on a child's intelligence, endurance, and self-confidence. However, some mothers of toddlers still consider it normal. Family support also varies, from husbands and parents actively helping to those who passively accept their child's condition.

According to mothers, the main causes of stunting are low nutritional intake, children have difficulty eating, less than optimal parenting patterns, and environmental hygiene. Some mothers still believe that the cause of stunting is hereditary factors, so they do not really encourage prevention efforts.

Stunting prevention efforts have been carried out by mothers through exclusive breastfeeding, immunization, providing nutritious food, and maintaining environmental cleanliness. The main obstacles are economic limitations, children having difficulty eating and the wrong perception that stunting is only hereditary.

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