

ARTIKEL PENELITIAN

Perception and Senditivity of Stunting Toddler Families at Solok Regency in 2023

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Abstrak

Tujuan: penelitian ini bertujuan untuk mengkaji (menggali dan mengungkapkan) makna, arti dan nilai stunting bagi keluarga di Kabupaten Solok. **Metode:** desain penelitian kualitatif dengan pendekatan penomenologis. Penelitian ini dilakukan di Kabupaten Solok, pada bulan September – November 2022. Informan yaitu keluarga balita stunting (Ibu dan ayah), Bidan, Kader, Bagian Gizi dan Wali Nagari dengan tehnik penentuan informan menggunakan metode Snowball. **Hasil:** Hasil penelitian ditemukan tentang persepsi keluarga memaknai stunting sebagai anak pendek dan kurang gizi. keluarga menyadari kondisi anaknya yang pendek, tapi menganggap anaknya yang pendek ini bukan karena stunting melainkan karena faktor keturunan. Keluarga belum mengetahui penyebab dan dampak stunting dan masih ada perilaku negatif keluarga dalam memutuskan pilihan berobat. Hasil penelitian megenai kepekaan keluarga, terdapat orang tua yang menyadari bahwa anak nya pendek namun tidak mengetahui bahwa anaknya stunting. **Kesimpulan:** Kesimpulan penelitian ini yaitu persepsi keluarga yang kurang tepat tentang stunting dan kepekaan keluarga mengenai Stunting di Kabupaten Solok Tahun 2023.

Kata kunci: Stunting; Persepsi; Kepekaan

Abstract

Objectives: this research purpose is to study (observe and identify) meaning, means and value of stunting for family in Solok Regency. **Method:** the research design is qualitative with phenomenology approach. This research conducted at Solok regency, Nagari Aia Batumbuak on September to November in 2022, the informant consists of stunting toddlers' families (Mothers and Fathers), Midwives, cadres, nutritional units and Wali Nagari (Village Head). Informant are determined by using Snowball method. **Result:** from the research, it shows that the family perceptions in understanding stunting as short children and lack of nutrition. Family realized that their children are shorts, but they didn't think it as stunting but as hereditary factor. Families don't know the causes and effects of stunting and still have negative behavior in deciding where they want to get treatment. From the research about the sensitivity, there are stunting toddler's parent who realize that their toddlers are short but don't know if they toddlers have stunting condition. **Conclusion:** the purpose of this research are the perceptions and sensitivities of family are not correct about stunting at Solok Regency in 2023.

Keywords: Stunting; Perceptions; Sensitivities

INTRODUCTION

Indonesia society have natural resources and can be obtained easily. People can catch fish at river or plant vegetables at garden even if the yard is narrow, it is managed well, it can be used to plant by using polybag. It can be used to fulfill the daily nutrition for their families. But there are a lot of family who aren't able to fulfill their daily nutrition. It can be seen from the number of malnutrition incident like chronic lack of energy such as stunting is still high. Solok regency is one of a regency which is in three highest of high stunting prevalence at West Sumatra for last three years.¹

In fact, society is not really sensitive toward the height of children. Short children considered as normal and genetically factor so many people can just accept it without doing something to prevent it. Genetics is a determinant factor with the lowest influence with behavior factors and health service. It means, stunting is the real problems which can be prevented.²

Insensitive people toward high or short the children height cause by lack of knowledge about stunting itself. If people know the impact of this stunting which can cause failure in growing, the growth of the cognitive and motoric is late. Moreover, if people know the impact for the long term, stunting can decrease the intellectual capacity and lower the ability to absorb the lesson at school age which influence their productivity when they become adult . Most parent want their children get achievements, success and good health when they become adult so parent can take care their children for not suffered from stunting. Because of that, the concept of health for people and

stunting concept it self must be understood deeper.

The direct cause of the stunting problem is inadequate nutritional intake and health status. Meanwhile, indirect causes of stunting problems include food security, social environment, health environment, residential environmen.³ Parenting patterns such as eating patterns, healthy parenting patterns, clean parenting patterns and psychosocial stimulation.⁴ For this reason, it is important to explore whether parents understand about parenting patterns and realizing the meaning, meaning and value of their child's health (in this case stunting).

The prevention of stunting must be done as early as possible starting from 1000 HPK. A woman who will become a mother later for her children needs to realize the importance of the meaning and significance of health as well as the value of health itself, so that health becomes a necessity for her so that she can create intelligent, physically and psychologically healthy humans. According to Salam⁵, if something become a need for a person, then the efforts arise to maintain that thing (in this case, health) because it is considered valuable for him. However, considering that humans are creatures who always interact with other humans, a woman must live in a family as the closest person and always interact with them.

A family is known as two or more individuals who live in one household under one roof due to blood relations, marriage, or adoption. Families can make a big contribution (as initiators, coordinators, drivers) but can also act as distractors in meeting their children's nutritional needs. For this reason, families need to be aware the meaning of health itself, and assess health as an important

thing in maintaining and improving the quality of life. Starting from this, the author is interested in carrying out a qualitative study on stunting children for families in Solok Regency in 2022.

METHODS

This research is qualitative research with a phenomenological approach conducted in Solok Regency in September to November in 2022. The technique for determining informants uses the Snowball method, by selecting sources of information starting from a few and then increased over time the number of information, until in the end it is truly can be known something that wants to be known in its context.

The researcher's own research instrument. Data collection was done by using in-depth interviews using semi-structured techniques, using recording media, digital cameras and field notes. Field notes were used to record the subject's appearance, behavior, description of the physical setting and reconstruction of conversations. Notes are in the form of paraphrases and conversation summaries but the subject's own words are not reduced. Data analysis by a) Data reduction through the stages of making interview transcripts which are written in field notes, unit identification, coding, categorization, labeling, synthesis, developing hypotheses b). Data presentation c). Making conclusions to find the main problem.

RESULT AND DISCUSSION

1. Stunted Family Perception about the Definition of Stunting

About the definition of stunting for families of stunted toddlers. It was found in the first family, the mother

thought that children shorter than their age were stunted, stunted children were characterized as malnourished children, according to the toddler's father. The definition of stunting for the second family, Mother said that a child short of her age was stunted, but she said she did not understand what stunting actually meant. For the third family, the toddler's father believes that stunting may mean that the child's development is not good. Furthermore, for the fourth family, the mother and father of toddlers think that children who are shorter than their age are stunted children. For mothers and fathers of fifth toddlers, children who do not grow taller are stunted. In the sixth family. According to Mother, stunting is chronic malnutrition.

From the findings above, it can be seen that parents do not know the actual definition of stunting, this has an impact on parents' perceptions, where considering a short child is not an indicator of stunting. Because parents who have short children think that their short children are not due to stunting but due to hereditary factors. So that parents do not feel worried about the condition of their short child. In line with Sutarto's research, the knowledge of mothers of stunted toddlers regarding the definition of stunting is inaccurate. The definition of stunting itself is a condition of failure to grow in children under five due to chronic malnutrition, especially at 1,000 HPK.

2. The Family Perception About the Cause of Stunting

About family perceptions about the causes of stunting. According to the family of the first stunted toddler, the mother and father said they did not

know the cause of the stunting, but they thought their child's condition was short due to hereditary factors. Likewise, according to the second family, Mother believes that short children depend on their parents, because Mother is also short, so it is impossible for her child to be tall. Meanwhile, according to the father, a short child is the destiny of the Almighty. The perception is the same for the third, fourth and fifth families, mothers and fathers agree that short children are born from short parents and poor nutrition. The sixth family was convinced that their child's shortness came from his mother and father being also short, not due to nutritional problems.

From the findings above, it can be concluded that parents of the stunted toddlers think that stunting is caused by hereditary factors, while those who think that children are short are due to nutritional factors, but this cannot be separated from hereditary factors. In general, parents of stunted toddlers do not know the direct causes of stunting. Basically, knowledge is the basis for someone to do something. Starting from knowing someone will want to do something and then trying to be able to do that thing. Stunting is a chronic nutritional problem caused by basic causes, underlying causes and direct causes. Immediate causes are the accumulation of underlying causes and basic causes that play a direct role in the incidence of stunting. The direct causes are insufficient food intake (energy and protein intake) and infection status such as diarrhea, ARI and worms.⁶

3. Family Perception about the impact of Stunting

The Findings about family perceptions of the impact of stunting, according to the family of the first stunted toddler, according to the father, if the child is short, he will be bullied at school. According to the second family, father and mother agreed that short children had no impact. Meanwhile, according to the third family. The mother said that stunting had an impact on the child's development and the father said that the child's growth was hampered. In the fourth family, according to the mother, stunting has an impact on hampering the child's development and will affect the ability to learn lessons at school, whereas according to the father, there is no impact on the child's development but has an impact on future employment opportunities due to the child's inadequate height, for example when the child is about to entered military school. In the fifth family, the mother and father of the toddler agreed that stunting would not have any impact in the future, perhaps the impact after the child was an adult would remain in the short category. Furthermore, the sixth family, the mother and father of a toddler, said they did not know the impact of stunting.

Stunting can have an impact in the short and long term. In the short term, stunting causes failure to grow, obstacles to cognitive development and suboptimal physical body size and motor disorders. In the long term, stunting causes a decrease in intellectual capacity, permanent disruption of the structure and function of nerves and brain cells and causes a decrease in the ability to absorb lessons at school age which will affect

productivity as an adult, increasing the risk of non-communicable diseases.

From the explanation above, parents generally focus on the impact of the child's height, not on the child's development. It can be assumed that parents do not really care about their children's height because parents generally do not know the true impact of stunting.

4. Family Perception about healthy Parenting Related with Treatment Behavior

The Findings about healthy parenting patterns related to treatment habits for stunted toddlers showed that there were parents who chose to go to a shaman for treatment first, or there were also those who treated their children themselves using traditional methods. There are also parents who believe that according to the custom from previous parents' experience, if the child has a fever for just one day, immediately take him to a health worker, making the child's fever even higher, so if the child's body temperature has gone down, the second option is to take the child to the Puskesmas or to the Midwife. There is also a parental behavior, if within a day or two the child's condition does not improve, then the child is taken to the midwife for treatment. Parents will take their children for treatment to a specialist pediatrician's practice or to the hospital if the child is seriously ill.

The process of educating children since birth to adulthood is a concept of parenting. Child rearing patterns are an indirect cause of stunting, one of the parenting patterns is healthy parenting. Healthy parenting includes preventive aspects consisting of forming and instilling healthy

lifestyle habits in children and curative aspects consisting of providing children with health needs such as the habit of seeking treatment if the child is sick.⁷

5. Family Sensitivity in Measuring their Children Height

Researchers' findings about the reasons why parents of stunted toddlers interpret their child's height. According to the first family, the mother was aware that her child was short, but thought that her child's shortness was a normal condition and considered that her child's height was not a problem, because according to her, many children were shorter, smaller and thinner, compared to children who were short but fatter. Likewise, according to the father who thinks that his child's height is not a problem because according to him his child develops according to age. In his experience when he was small (elementary school, middle school) his body was short, but when he was in high school his height increased. The father of this stunted toddler casually said that there were parents who their child was called stunted, and the parents became angry. He himself did not realize that his child was also stunted. In the third family, it was found that the mother of a toddler objected to having her child designated as stunted, because the mother said that there were several children who were older than the age of her child that she met, but the child's height was taller. In the fourth family, the mother did not know that her child was stunted, the mother was not interested in finding out about stunting because she felt that her own child was not stunted. Likewise, the fifth family did not realize that their child was stunted,

where the mother said that perhaps there were no cases of stunting in the area where she lived.

In the sixth family. It was found that the mother objected to her child being called stunted, because according to the mother, she had met her child's nutritional needs. The mother was of the opinion that her child's shortness was a hereditary factor between her and her husband. The toddler's father also said he felt sad when the team from Puskesmas came to his house to explain about his child's stunting. The condition of the parents not accepting it was because they felt there was special treatment between their child and other children from the health team. Where the homes of toddlers' parents are visited more often by health workers to monitor the child's growth and provide additional food. So, parents feel embarrassed about their child's condition. This makes parents of toddlers who are diagnosed with stunting reluctant to take their children to Posyandu and there are also parents of toddlers who are angry with the midwife because their child is said to be stunted.

Every parent wants their child to be healthy, grow and develop well. Parents need to have provisions in raising their children, not only preparing material and all the children's economic needs, but mental readiness also needs to be taken into account when the child's growth and development is not as expected, so that parents can still provide good care for their children. Psychological well-being is important for parents to achieve. Psychological well-being describes a healthy mental state that

influences other aspects of life. As a parent, especially a mother, who is more intense in taking care of her children, psychological well-being will influence the mother's confidence in caring for and educating so that she can increase the positive development of her children. Apsaryanthi's⁸ research shows that psychological well-being influences parenting self-efficacy. In line with the results of research by Saripah⁹, parents who have stunted children tend to close themselves off from the surrounding environment, have irregular eating patterns, are stressed and easily emotional when asked about their child's nutritional status.

about parents who realize that their child is short but do not know that their child is a stunted child. Parents think that health workers come to their homes only to provide counseling, not to monitor their child's growth. The implementation received by parents of toddlers is in the form of education about fulfilling children's nutritional needs such as eating healthy food, a clean and healthy lifestyle. There are also those who receive an explanation about stunting but do not understand what is being said. It's like the saying "like eating simalakama fruit", because they know how difficult it is for society to accept it if their child is diagnosed with stunting. To avoid parents' closed attitudes, such as no longer wanting to take their children to Posyandu, health workers do not explain to parents about the child's actual nutritional status. Health workers only provide interventions in the form of education about fulfilling good nutrition, providing PMT and monitoring children's growth. This also

has an impact on parents' understanding of the definition of stunting itself.

6. Family Sensitivity about healthy parenting related with Immunization

About The Healthy Parenting Patterns Regarding Immunization in the family of the first stunted toddler, Mother said that basic immunization is complete, currently her child is 16 months old. Likewise with the second toddler, basic immunization is complete, currently the child is 23 months old. For the third stunted toddler, the mother said that the child's immunization was incomplete because the child had had seizures 3 times. At this moment, the child is 23 months old. Likewise for the fourth stunted toddler, basic immunization is complete, currently the child is 18 months old. The fifth toddler is also complete, currently the child is 19 months old. Likewise, the sixth basic immunization for toddlers is also complete when the child is 24 months old. From these findings, in general the basic immunization status is complete, there are toddlers who are not fully immunized because the child is often sick, which sometimes coincides with the immunization schedule so that the immunization schedule is delayed than it should be and ultimately the child is not immunized.

7. Family Sensitivity in Feeding Parenting Pattern

Researchers' findings regarding the parenting patterns of stunted toddlers are that children receive exclusive breast milk for up to 4-6 months. MPASI is generally given special ingredients and team porridge which is made by yourself. Children's breakfast habits generally include rice,

lontong, bread and cake. Lunch and evening meals generally consist of rice accompanied by side dishes of eggs, fish, and sometimes vegetables. In the evening the child is given formula milk and also breast-fed (ASI).

Children parenting patterns as an indirect cause of stunting are defined as parental parenting behavior, one of which is parenting patterns, consisting of parents preparing food, feeding practices, as well as determining eating schedules, how to serve food, eating situations, how to give food, people's decisions. old in giving breast milk.

Research conducted by Krol explained that 16 stunted children who were raised in state institutions that provided standardized nutrition and adequate health support had a total daily cortisol production that was much higher than 19 stunted children who were raised by families who lived with other people. his biological age. From this research it can be seen that providing good nutrition for children really requires support (psychosocial) from parents.

8. Family Sensitivity about recurrent Infection history on stunting children since born until now

Researchers found that there were stunted toddlers with a history of recurrent infections with symptoms of seizures, fever, coughs, colds and diarrhea. According to Pratama⁶, infections often occur, especially in gastrointestinal infections, ISPA and infections caused by worms. Infectious diseases can reduce food intake, interfere with the absorption of nutrients, cause direct loss of nutrients and increase the need for metabolites. In this condition there is a back-and-forth interaction between nutritional

status and infectious diseases. Malnutrition can increase the risk of infectious diseases while infections can cause malnutrition. If this is not addressed immediately and occurs over a long period of time, it can interfere with the processing of food intake, thereby increasing the risk of stunting in children.

CONCLUSION

1. Family Perception of Stunted Children

From the research results, it can be concluded that the perception of families of stunted toddlers about the definition of stunting is defined as short and malnourished children. However, parents who have short children are aware of the condition of their short children, but think that their short children are not due to stunting but are caused by hereditary factors. So, shortness is not an indicator of stunting. So, parents who find out that their child has been diagnosed with stunting become angry and reluctant to take their child to Posyandu.

About family perceptions about the impact of stunting, in general parents do not know the true impact of stunting. So, parents are not worried about the impact of stunting, but are more worried about the impact on their child's height. Furthermore, regarding the family's perception of healthy parenting patterns related to treatment habits, it was found that there was still negative behavior from parents in deciding on treatment options.

2. Sensitivity of Stunted Toddler Family

About the sensitivity of families of stunted toddlers, there are parents

of stunted toddlers who are aware that their child is short but do not know that their child is stunted. Meanwhile, health workers often come to the homes of stunted toddlers to provide education regarding children's nutritional needs. Parents don't wonder why health workers visit their home more often than other toddlers' homes. Parents already believe that their children are short because of hereditary factors, so people no longer find out whether their short children are stunted.

About healthy parenting patterns related to immunization, generally the basic immunization status of stunted toddlers is complete. Regarding parenting patterns, there are still toddlers who only get breast milk for up to 4 months. About the history of infection from birth until now, a stunted toddler was found with a history of recurrent infections with symptoms of seizures, fever, coughs, colds and diarrhea.

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CONFLICT OF INTEREST

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