



## Driving and Inhibiting Factors of Stunting Child Care Behavior in Padang Lawas District

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<p><b>Track Record Article</b></p> <p>Accepted: 27 February 2023 Revised: 20 March 2023 Published: 31 March 2023</p> <p><b>How to cite:</b> Harahap, N. A. S., Rochadi, K., &amp; Lubis, Z. (2023). Driving and Inhibiting Factors of Stunting Child Care Behavior in Padang Lawas District. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 5(1), 244–260.</p>	<p style="text-align: center;"><b>Abstract</b></p> <p><i>One of the nutritional problems experienced by children in Indonesia is stunting. Stunting itself is a condition of poor child growth and development. The researcher aims to explore the driving factors and inhibitors of stunting parenting behavior in Padang Lawas Regency. The type of research used in the study was qualitative research with a descriptive phenomenological approach. This research was conducted at three health centers: Sibuhuan Health Center, Tanjung Botung Health Center, and Ujung Batu Health Center in July 2022-January 2023. In this study, the number of participants was ten people consisting of mothers, community leaders, and regional heads. The data analysis in this study was carried out by content analysis immediately after each interview process, namely at the same time as the data transcript was made. The results of interviews about mothers' knowledge in fulfilling children's nutrition found that the majority of mothers have good knowledge in fulfilling nutrition in general, where mothers know about the definition of exclusive breast milk and its benefits, know the right time to give complementary foods for breast milk and the types of foods that must be present in the child's plate in fulfilling their nutrition. This study concludes that positive parenting behavior occurs when there is a driving force for positive behavior; the driving factors found in this study are knowledge, access to information, and support from health workers. At the same time, the mother's parenting behavior is negative if there are restraining forces that prevent her from positive behavior. It is recommended to the Ujung Batu, Tanjung Botung and Sibuhuan Community Health Centers to provide health education on exclusive breastfeeding and appropriate complementary foods for toddlers and to collaborate with cross-sectors in preventing stunting through changing behavior in fulfilling child nutrition.</i></p> <p><b>Keyword: Breast Milk, Behavior, Complementary Foods, Parenting, Stunting</b></p>
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### INTRODUCTION

One of the nutritional problems experienced by children in Indonesia is stunting; even now, it is the biggest problem compared to other nutritional problems. Facts from the Indonesian Nutrition Status Study data show that stunting cases in Indonesia always rank the highest when compared to malnutrition and obesity (SSGI, 2021). According to World Health Organization (WHO) data, Indonesia is the third country with the highest prevalence of stunted toddlers in Southeast Asia (Kemenkes RI, 2018). It can be said that stunting is a description of the condition of children under five who cannot grow and develop as normal (Sutopo, 2021).

Stunting is a global problem that does not only occur in Indonesia; the World Health Organization (WHO) estimates the prevalence of stunting in the world is 22 percent or as many

as 149.2 million toddlers in 2020 Indonesia, which is in the Southeast Asia Region, still has a high prevalence of stunting from the world's stunting prevalence of 24.4 percent (WHO, 2022). The trend of stunting has decreased yearly; in 2019, the prevalence of stunting was 27.67 percent, then in 2020, the prevalence of stunting is estimated at 26.9 percent; and in 2021, the prevalence of stunting is 24.4 percent (SSGI, 2021).

WHO has set stunting thresholds on a scale of good prevalence (<20%), moderate (20%-29%), high (30%-39%), and very high (>40%), while in Indonesia, there are still 27 provinces that are included in the high category (stunting >30%). Based on this scale, it can be concluded that Indonesia still needs special attention even though the trend has decreased the incidence of stunting every year (Kemenkes RI, 2019). According to UNICEF, stunting causes consist of direct and indirect causes. In the description of the theory, indirect causes, namely food security, poor parenting, health services, and sanitation, will affect indirect causes, namely food intake and infectious diseases (UNICEF, 2019).

Based on the results of the study Doy et al., (2021) factors causing stunting related to parenting include lack of parental knowledge about stunting and low nutritional intake during pregnancy. After childbirth, incomplete immunization of children, exclusive breastfeeding and complementary foods after the child is six months old, and access to clean water and sanitation in the family.

Caregiving is manifested in several activities commonly performed by mothers, such as feeding practices, sanitation practices, and child health care, that will have a major impact on the child's future health. The research results Nurdin et al., (2019) Showed that toddlers with a history of poor parenting are at 3.9 times more risk of stunting than toddlers with good parenting. Based on research conducted Daracantika et al., (2021) shows that children stunted in the second year of life are likely to have a nonverbal IQ below 89 and a lower IQ of 4.57 times compared to the IQ of children who are not stunted.

The Indonesian government has carried out various programs to reduce stunting, one of which is through the National Movement for the Acceleration of Nutrition Improvement in the Framework of the First Thousand Days of Birth. This effort is also strengthened by the National Strategy for the Acceleration of stunting reduction as stated in Presidential Regulation Number 72 of 2021 concerning the Acceleration of stunting reduction which aims to reduce the prevalence of stunting, improve the quality of family life preparation, ensure the fulfillment of nutritional intake, improve parenting, improve access and quality of health services and increase access to drinking water and sanitation (Perpres RI, 2021).

North Sumatra Province is one of the provinces with a high stunting prevalence rate. The results of the Indonesian Nutrition Status Study in 2021 noted that North Sumatra was ranked 17th out of all provinces in Indonesia, with a prevalence of 26.8 percent. North Sumatra has 13 districts/cities in red states with stunting rates above 30 percent. One of the districts/cities in red status is Padang Lawas Regency, with a stunting prevalence of 42.0 percent (SSGI, 2021). This is a very concerning situation, where improving human quality in Indonesia is one of the missions, as stated in the 2020-2024 National Medium-Term Development Plan with one of the indicators and targets, namely a significant reduction in stunting to 14 percent by 2024.

Based on an initial survey conducted to explore the factors causing the high stunting rate in Padang Lawas Regency, through interviews with the person in charge of stunting at the Padang Lawas Regency Population Control and Family Planning Office said that efforts to reduce stunting have been made as much as possible, guided by the implementation of stunting reduction interventions, namely specific interventions and sensitive interventions. The person in charge of stunting in Padang Lawas Regency also said that the most dominant factors influencing the high stunting rate in the area are the high childbirth rate, the state of sanitation and clean water, and parenting behavior that applies more hereditary or cultural-based parenting.

Researchers also conducted an initial survey of mothers who had stunted children from six mothers who had stunted children in Padang Lawas Regency, especially the highest stunting areas, obtained the results of interviews showed as many as three toddlers were not given colostrum due to parents' thoughts that breast milk that first came out was stale milk and three toddlers had a history of non-exclusive breastfeeding where the child had been given formula milk because the breast milk that came out was still small. The breast milk came out long, and one of the mothers had also given children tajin water to newborn children her grandmother because it had become a hereditary habit. The behavior of mothers who tend to let their children consume food that the child likes. Lack of awareness of mothers in utilizing health services to monitor child growth and health; there are still children who are not fully immunized, and the mindset of mothers who think that short children are not a health problem but rather hereditary and children are brought to health services when the child is already sick.

Based on the above problems, researchers want to explore the driving factors and inhibitors of stunting parenting behavior in the Padang Lawas Regency.

## METHODS

The type of research used in the study is qualitative research with a descriptive phenomenological approach. A descriptive phenomenology design was chosen so that researchers can explore more deeply the experiences of mothers who have stunted children in the parenting process.

This study was conducted in three health centers, namely Public Health Center Sibuhuan, Public Health Center Tanjung Botung, and Public Health Center Ujung Batu, where the prevalence of stunting is categorized as high, medium, and low (Padang Lawas Health Office, 2021). Research time. This research was conducted starting from the preliminary survey in July 2022-January 2023.

The side technique in this qualitative research is the purposive sampling technique. Selection of participants by determining in advance the criteria that will be included in the study, where participants can provide the information the researcher needs. Tentatively, for the research results to be more credible and trustworthy, a minimum of 10-20 participants is needed (Sugiyono, 2018). The criteria for participants in this study are as follows:

1. Participants who have stunted toddlers
2. Participant mothers work and do not work
3. Cadres/midwives in the research area

In this study, the number of participants was ten, consisting of mothers with stunted children, as many as six informants, community leaders with as many as one informants, and cadres with as many as three informants. triangulation of data sources, with supporting informants consisting of 3 midwives and 1 community figure. Data collection tools in this study were demographic data questionnaires, interview guides, and field notes.

Data analysis in this study consisted of reading and transcribing all interview descriptions expressed by participants, extracting significant statements (statements that directly relate to the phenomenon under study), deciphering the meanings contained in significant statements, combining the formulated meanings into theme groups, developing a complete theme description (a comprehensive description of the experiences expressed by the participants), identifying the structural basis of the phenomenon and validating the data.

The data analysis process in this study was carried out by content analysis immediately after the completion of each interview process, namely at the same time as the data transcript was made. In conducting content analysis, researchers used computer software. This program allows all data to be entered into the computer, and each data part will be coded. Then other texts that match the code are grouped and then analyzed.

## RESULTS

Informants in this study are informants who have met the research criteria, namely mothers who have stunted children based on measurement data at the Sibuhuan Health Center, Tanjung Botung Health Center, and Ujung Batu Market Health Center with restrictions on having children aged 6-24 months. To obtain information about the factors that encourage and inhibit mothers to behave in providing exclusive breastfeeding, appropriate complementary foods, and complete immunization in preventing stunting in children, researchers conducted in-depth interviews with six main informants who met the criteria and lived in the working areas of the Sibuhuan Health Center, Tanjung Botung Health Center and Ujung Batu Market Health Center. The main informants consisted of 3 working mothers and three non-working mothers. The identities of the main informants are:

**Table 1. Characteristics of research informants**

Code	Age	Education	Jobs	Income	Number of Births
I	30	College	Teacher	± Rp.2.000.000	3
II	29	High school	self-employed	± Rp. 2.500.000	3
III	32	Elementary school	Housewife	Rp. 600.000	4
IV	28	College	Office staff	± Rp.2.500.000	1
V	35	Junior high school	Housewife	± Rp. 500.000	2
VI	30	Elementary school	Housewife	± Rp.750.000	3

Based on table 1. above, six mother informants have stunted children consisting of 3 working mothers and three non-working mothers with age variations between 28 to 35 years. The mother's education level is elementary, junior high, high, and college. The three mothers do not work or are homemakers, while the non-working mothers work as teachers or are self-employed. The family income level ranges from Rp. 500,000,- to Rp. 2,500,000,- per month.

### Factors driving parenting behavior

**Knowledge-exclusive breastfeeding.** Based on the results of interviews with informants about the definition and benefits of exclusive breastfeeding, it was found that informants had sufficient knowledge about exclusive breastfeeding. The interview results show that the majority of informants have sufficient knowledge about the definition and benefits of exclusive breastfeeding, as the following interview excerpts show:

**Table 1. Exclusive breastfeeding knowledge**

<b>Informant</b>	<b>Information</b>
Informant I	"...Air Susu Ibu na pajolo kaluar sampek 6 bulan ASI sajo di lehen i dei kan dek... untuk menjaga kekebalan tubuh bayi..." (The first breast milk that comes out is given until six months without any other food...to maintain immunity)
Informant II	"...Air Susu Ibu sajo di lehen sampek onom bulan ia..." (Breast milk only for up to six months)...anso sehat ia..." (so that children are healthy)
Informant III	"...anggo sapambinotoonku dek Air Susu Ibu sajo sampek 6 bulan baru baru di lehen panganon,... manfaatna deges tu kesehatan nia..." (I was given breast milk only until six months and then I was given other food...for my health)
Informant IV	"...Air Susu Ibu sajo sampek ia onom bulan..." (Breast milk only for up to six months)...buat kesehatan nia,..heheh..." (for health)
Informant V	"...aha dei dek i na unjung u bege i..." (I don't seem to have heard of it)...aha dei maksutni,..heheh..." (What does that mean?)
Informant VI	"...Air Susu Ibu sampai onom bulan..." (Breast milk only for up to six months)...degas tu pertumbuhan nia so ulang sakit-sakit ia..." (good for growth and so that the child does not get sick)

The results of interviews with informant groups about the definition and benefits of colostrum showed that only 2 out of 6 informants had sufficient knowledge about the definition and benefits of colostrum for infants. In contrast, the other informants claimed to have never heard of or had a misunderstanding about colostrum, as in the following interview excerpt:

**Table 2. Colostrum Knowledge**

<b>Informant</b>	<b>Information</b>
Informant I	"...Air susu ibu na warna kuning i? Manjago kekebalan tubuh nia kan?...anggo na salah sampek 3 hari i, sebelum kaluar air susu na pertama..." (Yellow mother's milk...keeps her immunity out for up to three days)
Informant II	"...inda uboto i dek..." (I don't seem to know what colostrum is)
Informant III	"...Kolestrol? Kolestrum? Oo panyakit pala dung matobang i dei kan?... (Cholesterol? Cholestrums? Is that the disease of the parents in question?)
Informant IV	"...kolostrum na u boto i dek..." (don't know)
Informant V	"...strum? Strok?heem, nda unjung ubege i..." (don't know)
Informant VI	"...which is the first breast-feeding?..."

The results of the interviews also showed that only three informants gave colostrum to their babies, as described in the following interview:

**Table 3. Colostrum Feeding**

<b>Informant</b>	<b>Information</b>
Informant I	"...ulehen harana i kan deges tu pertumbuhan nia... (Given because it is good for the child's growth)"
Informant II	"...Air Susu Ibu na pertama i... ulehen dek, harana diarankon bidan nai dilehen (I gave it, because it was suggested by the midwife to give it)..."
Informant III	"...ooo susu na pertama i...na kuning i, inda u lehen i dek, harana pandokon nalak susu na basi dei.. (No, because it's stale milk)..."
Informant IV	"...ooo Air Susu Ibu na pertama i... inda ulehen dek..." (The first breast milk is not given)
Informant V	"...ASI na pertama i... inda ulehen dek ..." (First breast milk is not given)
Informant VI	"...ooo Air Susu Ibu na pertama i... ulehen dek, harana diarankon bidan nai dilehen (I gave it, because it was suggested by the midwife to give it)..."

Knowledge about complementary feeding. The interviews with this group of informants showed that informants were aware of the types of complementary foods commonly given to babies, such as Sun porridge, brown rice porridge, green bean porridge, and rice porridge mixed with pureed vegetables. All informants from this group said that complementary foods should be given after six months of age or older, as in the following interview excerpt:

**Table 4. Complementary Food Knowledge for Breast Milk**

<b>Informant</b>	<b>Information</b>
Informant I	"...ooo indahan, ikan, rap sayur mattong na di haluskon so tarpangan ia, kadang sun,, panganon na halus matong? Bubur kacang ijo bege,...dung umur onom bulan ma,..." (Rice, fish, and vegetables that are pureed, sometimes sun, mung bean porridge, after six months old)
Informant II	"...biasana indahan i di haluskon pake ikan rap sayur kadang pake manuk son ima,..." (Usually rice mashed with fish and vegetables or other side dishes)
Informant III	"...Bubur, bubur na halus mattong, na di baen sendiri di saring ia, dong ma si indahanna, sayurna rap laukna. Kan biasana anak-anak napebisa manguyah makana di haluskon, jadi disaring bege ma so halus dingon sun ndi tabusi i. Tapi kalo au lebih menung u baen sendiri jd bisa dicampur sayur, wortel... degesna umur 6 bulan pi..." (Porridge, fine porridge, which is made by myself, such as from rice, vegetables

	<i>and side dishes, because children cannot chew so they are given pureed food, sometimes filtered so that it is smooth like the sun bought, but if I make it myself more often so it can be mixed with vegetables such as carrots. Good after six months of age)</i>
Informant IV	<i>"...Bubur sun,ee biskuit...labu, wortel, sayur bayam, telur, bisana telur puyuh...6 bulan baru dilehen i..." (sun porridge, biscuits, pumpkin, carrots, spinach vegetables, quail egg-like eggs,, after six months)</i>
Informant V	<i>"indahanna, sayurna, lauk paukna, bubur son bubur kacang ijo, rap buah buahan"(rice, vegetables, side dishes, bubus such as mung bean porridge, and fruits)</i>
Informant VI	<i>"lengkap adong sayurna, masina, ikan atau ayam na, kacang-kacanganna rap buahna"(Complete there are vegetables, rice, fish or chicken, nuts and fruit)</i>

Based on information obtained from informants, all informants know enough about immunization and the benefits of immunization in general, as follows:

**Table 5. Immunization Knowledge**

<b>Informant</b>	<b>Information</b>
Informant I	<i>"na uboto imunisasi i dilehen tu anak niba anso sehat ia terhindar sion penyakit so kebal" (As far as I know, immunization is given so that children are healthy and avoid disease)</i>
Informant II	<i>"imunisasi i untuk mencegah sion penyakit songon campak" (Immunization to prevent children from diseases such as measles)</i>
Informant III	<i>"imunisasi i na di suntikkon tu anak niba so sehat kalai so kebal tu penyakit na marbahaya (Immunization is given to children so that children have immunity and avoid dangerous diseases)</i>
Informant IV	<i>"na uboto so sehat ia" (agar anak sehat)</i>
Informant V	<i>"imunisasi na di suntikkon i so sehat anak niba" (Immunizations that are injected into children so that children are healthy)</i>
Informant VI	<i>"imunisasi i ubat na di suntikkon ni bidak i tu anak niba so sehat kalai"(Immunization injected by midwives for child health)</i>

Based on the results of interviews about mothers' knowledge in fulfilling child nutrition, it is found that the majority of mothers have good knowledge in fulfilling nutrition in general, where mothers know about the definition of exclusive breast milk and its benefits, know the right time to give complementary foods for breast milk and the types of foods that must be present in the child's plate in fulfilling their nutrition.

Access to information. Based on the results of interviews with informants, it was found that there are several sources of information for informants to obtain information about stunting



prevention related to exclusive breastfeeding until six months, provision of complementary foods and immunizations such as from health workers, especially midwives, health media as excerpted from the following interview results:

**Table 6. Access Information**

<b>Informant</b>	<b>Information</b>
Informant I	<i>Biasa na sion bidan di posyandu, pala sion buku KIA i disuru di baca baca...</i> (usually midwives at Integrated Healthcare Center or read children's identity card books)
Informant II	<i>"...biasa na sion interne u jalaki sendiri..."</i> (Usually through the internet I look for myself)
Informant III	<i>".... unjung adong penyuluhan tentang gizi seimbang di posyandu sion bidan puskes..."</i> (There was once counseling on balanced nutrition at the Integrated Healthcare Center from the midwives of the puskes)
Informant IV	<i>".... biasa na sion bidan i dei manganjurkon anso i lehen Air susu Ibu sajo selama 6 bula rap manganjurkon tu posyandu imunisasi... kalo MPASI dapot inormasi nai waktu penyuluhan juo ma sion bidan i juo"</i>
Informant V	<i>"sion bidan i ma dek..."</i> (Usually, the midwife recommends being breastfed for six months and going to the immunization Integrated Healthcare Center; if complementary foods for breast milk, get information through counseling from the midwife)
Informant VI	<i>"Sion bidan..."</i>

Based on the results of the study, this information is reinforced by information from health workers who say that every mother has been warned to read the Child Identity Card book that has been given because, in the book, there is a lot of health information needed by pregnant women until the period after delivery later, has been given counseling in exclusive breastfeeding and fulfillment of child nutrition.

Based on the observations, the researchers observed that the ease of access to health information for each informant varied. Some informants have easy access to all sources of information, but some have limited access to certain sources of information, and some have simultaneous access. Based on the observations made by researchers, informants' ease of access to health facilities or personnel.

**Table 7 . Access to Health Facilities and Personnel**

<b>Informant Code</b>	<b>Integrated Healthcare</b>	<b>Health center distance</b>	<b>Type of Transportation</b>	<b>Road conditions</b>
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	Center Distance			
I	300 m	5 km	None	Good
II	800 m	17 km	None	Difficult
III	150 m	9 km	General	Good
IV	300 m	10 km	General	Good
V	1 km	1 km	Personal	Good
VI	300 m	500 m	Personal	Good

Health worker support. The results of interviews with informants from all informants who claimed to have received advice to give nothing but breast milk, as quoted from the following interview results:

**Table 8. Health Workforce Support**

Informant	Information
Informant I	<i>"...pas tu posyandu adong penyuluhan sion bidan... emmm" Dokon kalai ulang jolo di lehen panganon na lain selain asi dung 6 bulan bari di lehen i ma goar na MPASI... ma len MPASI pe harus lengkap adong sayur lauk makanan pokok rap buah...."</i> (When going to the Integrated Healthcare Center, there is counseling from midwives. The midwife said that in order not to give other foods before the age of the child over six months, giving complementary foods for breast milk must also be free; there are vegetables, side dishes, staple foods, and fruit)
Informant II	<i>"...olo di anjurkon bidan i anso Air Susu Ibu sajo sampek 6 bulan, terus dilehen bidan i roti..."</i> (Yes, it is recommended by the midwife that breast milk only, be given bread also now)
Informant III	<i>"...dung malahirkon i di sapai alai sondia manyusui nai dong do keluhanna..."</i> (After giving birth, she was asked how to breastfeed her if there were any complaints)
Informant IV	<i>"...olo biasona di dokon bidan i..."</i> (Yes, usually given to know the midwife)

The statement of supporting informants about extension activities is supported through observations made by researchers where researchers follow counseling activities carried out by community health centers in commemoration of nutrition day; in these activities, counseling is carried out about the importance of providing exclusive breast milk up to six not without additional food to prevent stunting, in this activity also carried out a balanced nutrition demo activity where the portion of the child's plate must meet four Aspects are stapled foods, side dishes, vegetables, and fruits, fruits, and nuts. Counseling activities also emphasized that maternal behavior in childcare is key to fulfilling child nutrition.

The results of interviews with midwife informants found that the provision of information on exclusive breastfeeding, appropriate complementary foods, and immunization

by health workers was adequate because the information was provided from the time the mother became pregnant, as in the following interview excerpt:

**Tabel 9. Dukungan Tenaga Kesehatan**

<b>Informant</b>	<b>Information</b>
Midwife supporting informant I	<i>"...Often given counseling, often given to see their information in books,... Picked up for Integrated Healthcare Center activities, given additional food for their children, and now there is a program from the Puskesmas to give stunted children nutritious food three times a day is enough effort to provide support because every time the visit is given information about the nutrition of the child, starting from the time of pregnancy, there is an explanation so that the child is given breast milk only, asked to come immunization ..."</i>
Midwife supporting informant II	<i>"...dilehen sajo do halai penyuluhan du dukung do halai so denggan baen kalai tu anak nalai len suru halai manyusu sajo sampek onom bulan bahkan di pantau terus di posyandu, di ajak tu posyandu, tai soni ma leng stunting anak nia, pala dokon stunting anak nia na tarimo ia sehat do anak ku nia do, sion puskes pe on giot mangadaon penyulhan ma tentang pemenuhan gizi ni anak mencegah stunting,..."</i> (Always given counseling is supported continuously so that mothers and children are asked to breastfeed for up to six months, even monitored their growth, invited to join the Integrated Healthcare Center, but their children are still stunting, told their children are stunting their mothers do not accept assuming their children are healthy and not malnourished, from the health center also held counseling on the fulfillment of child nutrition to prevent stunting shortly)
Midwife supporting informant III	<i>"...olo dek, palingan ulehen pandangan palingan u dokon sondia manfaat ni ASI i dot MPASI na lengkap rap tepat i tu kesehatan ni anak nia, di ajak ke giatan posyandu memantau status gizi ni anak nalai, kadang jemput bola doma iba doma ro tubaga nalai inda alai be ro tu posyandu..."</i> (Counseling on the benefits of breast milk and complementary foods Good breast milk must be complete and appropriate so that children's health and nutrition are fulfilled, invited to Integrated Healthcare Center activities, monitor children's growth and nutritional status, sometimes pick up the ball to each house)

### **Inhibiting factors of parenting behavior**

Family support. The results of this study show that most informants who successfully provide exclusive breastfeeding, appropriate complementary foods, and immunizations live with their husbands, while some informants who do not provide exclusive breastfeeding and complementary foods too early and do not immunize live with their husbands and parents. Pressure or advice to give pre-lacteal food or early complementary foods often comes from informants' parents, which thwarts positive behavior, as experienced by three informants in this study; the results of the interviews are as follows:

**Table 10. Family Support**

<b>Informant</b>	<b>Information</b>
Informant III	<i>"...sebenarna anggo au Air Susu Ibu sajo do ia, tapi karna saat i onok so kaluar Air Susu Ibu ku jadi suruh alak uma len susu formula..." (If I just wanted breast milk, but at that time, my breast milk was out long ago, so my mother asked me to give formula milk.)</i>
Informant IV	<i>".... di suruh alak uma di lehen susu formula umur nia 3 bulan, makana ulehen" (My mother told her to give her formula for three months, so I gave her)</i>
Informant V	<i>"di len air tajim harana dokon uma so sehat ia jd i ulehen..." (I was given tajim water because my mother told me to make my son healthy).</i>

Cultural practices. It was found that some informants' families still have a tradition or cultural practice of giving pre-lacteal food to newborns, as in the following interview excerpt:

**Table 11. Cultural Practices**

<b>Informant</b>	<b>Information</b>
<b>Informant I</b>	<i>"...najolo martuaku di lehen ia madu harana kakak iparku pe len ia dei madu anggo tujuanna inda uboto..." (In the past, my in-laws gave honey, my sister-in-law was also her son in honey, for purposes I don't know)</i>
<b>Informant II</b>	<i>"...anggo tradisi ni keluarga biasana di len air tajim, tapi kalo au inda ulehen, harana ASI do ia giotku sampek 6 bulan son anjuran ni bidan i, orang tua giot i lehen ia tapi ularang,, inda u boto tujuanna..." (If the tradition in the family is usually to give tajim water, but I do not give it because I desire that my child only breastfeed for six months as recommended by the midwife, parents ask to be given it, but I forbid it, and purpose I do not know)</i>

From the interviews with informants, it is known that water and tajim water is the most commonly given pre-lacteal foods in the tradition or cultural practice of pre-lacteal feeding. As the following interview excerpt:

**Table 12. Cultural Practices**

<b>Informant</b>	<b>Information</b>
Public figure informants	<i>"...kalo menurut kepercayaan ni halak di son di len daganak i air tajim so sehat dei, ma dung jadi kebiasaan ni orang tua na jolo, tapi anggo sannari ma jarang dei paling sebagian halak mia malehen i.."(Based on people's beliefs here, children are given tajim water so that children are healthy, so it has become a habit of parents first, but if for now it is rare for people to do it, at least only some people give it)</i>

## DISCUSSION

Based on the results of interviews about mothers' knowledge in fulfilling child nutrition, it is found that the majority of mothers have good knowledge in fulfilling nutrition in general, where mothers know about the definition of exclusive breast milk and its benefits, know the right time to give complementary foods for breast milk and the types of foods that must be present in the child's plate in fulfilling their nutrition.

The results of this study are in line with research Husnaniyah et al., (2020) Showed that there is a significant relationship between the level of knowledge and maternal behavior in meeting nutritional needs, as well as research Murti et al., (2020) Showed that there is a significant relationship between the level of maternal knowledge about nutrition and the behavior of caring for toddlers. Parents based on good knowledge about child nutrition caring for their children will pay attention to the behavior of meeting nutritional needs in their daily lives. The high level of knowledge of parents will have a positive effect on childcare behavior. Knowledge can encourage parents to provide adequate care for their children in the process of growth and development to be optimal (Syarfani, 2014). Good parenting patterns are needed by children in order to achieve optimal growth and development; this cannot be separated from the level of maternal knowledge of the correct parenting behavior in toddlers during growth and development (Maryam, 2017). The mother's level of knowledge and awareness greatly affects a child's nutrition (Tanjung et al., 2022).

Based on the observations of community health centers, researchers found that all community health centers commonly accessed by informants are equipped with information media such as posters, leaflets, booklets, and others. In community health centers that informants often access, researchers found many health information media in the form of posters and leaflets that informants can access.

The information media ranges from information about health in general to specific information about parenting in stunting prevention related to exclusive breastfeeding, fulfillment of child nutrition, and immunization. From the observations in health facilities such

as Integrated Healthcare Center, auxiliary community health centers, and parent community health centers where informants get health services, the availability of Communication, Information, and Education media such as posters and leaflets can be illustrated.

Like family support, health worker support is equally important for children's health. Research results Kusumaningrum et al., (2022) There was a significant relationship between family support in preventing stunting and the behavior of pregnant women in preventing stunting ( $p = 0.001$ ). Pregnant women with less family support will have a three times greater risk of negative behavior in preventing stunting. According to Syam (2020), toddlers who suffer from stunting are not only toddlers who do not have a history of incomplete immunization because they are influenced by several factors of education and parenting patterns, and eating patterns in toddlers.

Health worker support is more in the form of informational support. This study found that health workers' support was generally in the form of informational support, such as recommendations for breastfeeding, information about exclusive breast milk, its benefits, and advantages, complementary foods for breast milk, balanced nutrition, and immunization recommendations. All informants had received informational support from health workers, especially during postnatal care, pregnant women's classes, and health counseling at Integrated Healthcare Center activities.

Health worker support is also shown by not promoting formula milk to mothers, especially when the baby is 0-6 months old. In this study, the support of health workers as a driving force for appropriate parenting behavior was positive in all informants, including four informants who did not behave exclusively breastfeeding, was too early for complementary feeding, and did not provide immunization. However, health worker support is still in the form of informational support only. In addition to strengthening informational support, health workers should provide other forms of support, such as emotional support and assessment.

The results of this study are in line with the results of research Louis et al., (2022) that the support of health workers significantly influences the fulfillment of child nutrition. The role of close family in the success or failure of informants to fulfill child nutrition is very large. The results of this study show that generally, informants who successfully provide exclusive breastfeeding, appropriate complementary foods, and immunizations are with their husbands. In contrast, some informants who do not provide exclusive breastfeeding and complementary foods too early and do not immunize live with their husbands and parents.

In the results of a study in Klaten Regency, it was stated that the husband's social support had a significant influence on the mother's motivation to fulfill child nutrition (Yunitasari et

al., 2021). This is in line with the research conducted Purnamasari et al., (2021) Using the literature review method from 3 journals analyzed, mothers who get support from their families have more opportunities to provide exclusive breastfeeding, appropriate complementary foods for breastfeeding, and complete immunization of children.

**Newborn pre-lacteal feeding traditions** The results of interviews with groups of informants about whether or not there is a tradition of prelacteal feeding of newborns in the family found that there are still some informants' families who have a tradition or cultural practice of prelacteal feeding of newborns.

Socio-cultural beliefs and practices related to breastfeeding in the community are still common. Some of these cultural beliefs and practices support exclusive breastfeeding behavior, such as the belief that breastfeeding is a mother's nature, which was expressed in a study by Pratiwi et al., (2021), breast milk is medicine for babies, and breastfeeding is a recommendation in religion, as revealed in research (Wanjohi et al., 2017).

Some cultural beliefs and practices do not support exclusive breastfeeding, complementary foods, and immunizations, such as the belief that colostrum is dirty or stale and immunizations contain pig oil (Wanjohi et al., 2017). In addition, some cultural practices may also contribute to the failure of exclusive breastfeeding and appropriate complementary feeding, such as feeding newborns pre-lacteal foods such as water and honey. Although this is not a binding culture, it is a habit often practiced by mothers or their families in the childcare process (Wahyui et al., 2022).

The results of this study found the existence of cultural practices of newborn pre-lacteal feeding in the form of giving water and tajim water in the informant's family. In addition to being a temporary substitute for breast milk, pre-lacteal food also has certain intentions; for example, tajim water is associated with medicine and disease prevention for babies, and water is associated with blessings and goodness. These cultural practices are one of the factors inhibiting the behavior of exclusive breastfeeding and appropriate complementary feeding. This study aligns with the research results in Ghana that sociocultural pressure to introduce water and other pre-lacteal foods is a challenge for mothers to properly fulfill nutrition in their infants. This sociocultural pressure can be caused by a lack of family and community knowledge (Hervilia et al., 2016).

## **CONCLUSIONS**

The conclusions of this study are: positive parenting behavior occurs; there is a driving force for positive behavior; the driving factors found in this study are knowledge, access to information, and support from health workers. At the same time, the mother's parenting behavior is negative if there are restraining forces that prevent her from positive behavior. The inhibiting factors found in this study are the tradition of feeding newborns, the support of the family to provide formula milk, and the prohibition of immunization.

It is recommended to the relevant agencies, namely Ujung Batu Public Health Center, Tanjung Botung Public Health Center, and Sibuhuan Public Health Center, to make the mother's family, especially husbands, and parents, the target of health counseling activities and involve them in Integrated Healthcare Center, to be advised to develop health media according to their needs, to provide health counseling material about the negative aspects of not providing exclusive breast milk and inappropriate complementary foods for mothers of toddlers. Collaborating with cross-sectors in preventing stunting through changes in child nutrition fulfillment behavior is recommended.

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