



THE ROLE OF THE FAMILY IN HANDLING STUNTING INCIDENTS IN TODDLERS (CASE STUDY IN KARANGANYAR REGENCY)

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ABSTRACT

Stunting is an unresolved problem to date. In fact, there are still many areas in Indonesia that have quite high stunting rates in toddlers, one of which is in Karanganyar Regency. This study aims to determine the study of the role of the family in handling stunting in toddlers. In answering the research objectives, a phenomenological approach was used which is included in one of the qualitative methods. The sampling technique was carried out purposively, namely in Gebyog Village, Mojogedang District. The sample size in the study was 10 parents who had stunted children in Gebyog Village, Mojogedang District. Qualitative analysis of the research results was also presented using the collaizi method by conducting interviews and making field notes with word-for-word transcripts. Based on the results of the study, it can be seen that the role of parents is mostly at a sufficient level. The results of the study also stated that the nutritional status of most children is at a low level. This is due to the limited economic status of the parents' household so that nutritional intake cannot be met optimally. The results of the study also stated that 4 aspects were identified that were suspected of having an influence, namely perspective and experience, psychological response, parental expectations and moral and material support. Parents' experience in preventing stunting, namely the desire and motivation for stunting to occur. Parents are expected to try to access information related to stunting prevention and apply it in everyday life.

KEYWORDS: Karanganyar, Family, Parenting, Stunting

INTRODUCTION

Nutrition remains a major issue, particularly in Indonesia, which ranks sixth in the world in terms of stunted health problems. According to statistics from the 2022 Indonesian Nutritional Status Study (SSGI), the prevalence of stunting in Indonesia has dropped from 24.4% in 2021 to 21.6%. This shows that the figure remains above the World Health Organization's (WHO) objective of 20%. Although the prevalence of stunting has decreased, the prevalence of underweight and wasting has risen. The rate of underweight rose from 17% to 17.1%, while wasting jumped from 7.1% to 7.7%. Stunting has serious long-term and short-term consequences for children (Setiyawati et al., 2024).

Stunting or often known as malnutrition is a disorder due to chronic malnutrition that causes disorders in the growth and development of children which is characterized by height or length below the

standard recording (World Health Organization, 2015). Stunting toddlers with chronic nutritional status are caused by various things, one of which is the condition of the household when the mother is pregnant. In addition, babies who have insufficient nutritional intake and often get sick cause stunting in toddlers. Stunting conditions in toddlers cause less than optimal physical and cognitive development (Ibrahim & Faramita, 2014). Today's society is largely unaware of such conditions so that they do not recognize the symptoms of stunting in children. Many parents consider such conditions to be normal conditions even though in terms of short stature, symptoms of stunting are already visible (Nadhiroh, 2015). Culture influenced by households, the environment, and socio-economics is a step to strengthen strategies to prevent and reduce stunting rates in a region (Stewart, 2013). The prevalence of stunting in children under 5 years of age is the target of SDG'S 2 to achieve good food and nutrition security against malnutrition in toddlers (Haria



et al., 2023).

Children's development and growth are largely determined by nutritional intake factors. The need for balanced nutrition for children is a top priority for parents, especially housewives who know the food intake for their children. Health problems arise when the nutritional intake for children is not balanced. A mother is likely to be a person who has an important role in maintaining the fulfillment of nutrition for children. The knowledge and skills of housewives must be improved at least as capital to fulfill nutrition for children (Yendi et al., 2017). Healthy and nutritious food must be chosen according to the age of the toddler and should be an obligation for parents at home. This selection greatly influences the growth and development of children. Nutrition is actually divided into two parts, namely micro and macro. Macro is related to carbohydrates, proteins and fats while micro is closely related to vitamins and minerals that must be met by the child (Sulistyawati, 2018). There are 6 areas in Central Java province that have a record of toddler stunting trends. Karanganyar Regency is one of the regencies that is still recorded as having a fairly high toddler stunting trend in Central Java Province. In 2018, the prevalence was recorded at 28, in 2019 it reached 23.4, and in 2021 it reached 16.2. (Mustafa and Suhartatik, 2023). In the period of three years, it has indeed decreased, but there are still stunted toddlers, so prevention and anticipation are needed in handling stunting that occurs in Karanganyar Regency. Karanganyar Regency is also still one of the areas recorded as having quite high stunted toddlers compared to several other areas. Based on the description that has been mentioned, this study aims to determine the role of the family in handling stunting studies in toddlers.

MATERIALS AND METHODS

In answering the research objectives, a phenomenological approach is used which is included in one of the qualitative methods. The sampling technique was carried out purposively, namely in Gebyog Village, Mojogedang District. This location was chosen based on the village with the greatest proportion of stunted toddlers in Karanganyar Regency. The research was conducted out from October to November 2024. The sample size in the qualitative study was adjusted to achieve the completeness of the information

needed by the researcher, with the criteria for respondents being households with toddlers in Gebyog Village, Mojogedang District, as many as 10 parents who have stunted children at the research location. The sample criteria in this study were mothers who had children classified as stunting with a birth weight of less than 2800 grams. In addition, the sample criteria in this study were respondents with a productive age or less than 64 years. The use of purposive sampling was carried out in selecting respondents who could provide comprehensive and comprehensive information for researchers. In order to collect information, researchers conducted in-depth interviews and took field notes regarding several things such as respondent characteristics. Recording aids were used by the research team to collect as much information as possible and transcribe the interview results as additional information. The length of time for each respondent's interview lasted approximately 1.5 to 2 hours. Qualitative analysis of the research results is also presented using the Colaizzi method by conducting interviews and making filed notes with verbatim transcripts. The researcher used the Colaizzi method, which is one of the approaches in qualitative data analysis that is often used in phenomenological research. This method is designed to understand the subjective experiences of participants and organize data into meaningful themes. The first step taken by the researcher is to describe the phenomenon. The researcher begins by describing the phenomenon being studied, understanding its context through literature or previous research. Second, the researcher begins collecting data. Data is collected through in-depth interviews with participants, which are then transcribed verbatim to ensure accuracy. The third concrete step taken by the researcher is to read the transcript of the data collection results. The researcher reads the interview transcript several times to understand the meaning contained in it and look for significant statements. The fourth step is to identify important statements, especially those related to stunting and the role of parents. Statements that are considered important are separated from the transcript and recorded for further analysis. The last step is to describe the analysis from the participant's perspective (Creswell, 2013).

In simple terms, researchers will conduct research steps with four steps. The first step,



researchers will present in table 1 and table 2 which contain the identity of respondents and the identity of toddlers at the research location. The second step, researchers will review the results of interview transcripts with research respondents followed by the third step, researchers will present two additional tables in the form of categories. The first category, researchers will break down the role of the family into three main categories, namely less, enough and good. The good category is when the role of the family really carries out five roles as the main point, namely maintaining nutritional needs, monitoring/checking children regularly at the integrated health post, implementing a healthy lifestyle, meeting children's nutritional needs and interacting with physical activities at home. The role is said to be enough if it carries out three of the five activities, while the role is said to be weak if the family carries out one of the five existing roles. Meanwhile, categorize the child's nutrition which will be presented in table four containing recommendations for body weight according to the categories stated by WHO. There are four categories if normal body weight: -2 SD to +1 SD, if underweight: -3 SD to <-2 SD, if very underweight: <-3 SD and if the risk of overweight: >+1 SD. The assessment in order to answer the first objective was carried out by concluding the experiences and perspectives of parents in dealing with stunted children, psychological responses and parental expectations. In addition, there is also moral and material support that the households of the research respondents have received.

RESULT

The characteristics of parents and toddlers need to be known to measure the extent of the influence of various components on stunting prevention and the fulfillment of the child's nutrition. Respondent characteristics are described by gender, age, education, occupation, parental role and nutritional status in children. The following are the characteristics of respondents based on age, education and parental occupation.

Based on table 1, it can be seen the characteristics of respondents based on age where the average parents who have children and are used as research respondents are mostly 30-40 years old. This is followed by the age of parents less than 30 years and there

are a few parents who have an age range of more than 40 years. This indicates that the age of parents who are used as research respondents is a productive age. In terms of education, it can be seen that the average education of parents of research respondents is at junior high school level. Meanwhile, the rest are parents who have an elementary school education level of 10% and a high school education level of 20%. This indicates that the average education of parents in this study is still low. The profession of parents who are used as research respondents is on average farmers. Meanwhile, the second largest is with the profession as a housewife. The characteristics of respondents based on gender and age of children can be seen in the following table.

Table 1. Respondent characteristics based on age, education and mother's occupation

Variable	Percentage (%)
Age	
20-30 years	30,00
30-40 years	60,00
40-50 years	10,00
Total	100,00
Education	
Primary School	10,00
Junior High School	70,00
High School	20,00
Total	100,00
Profession	
Farmer	50,00
Private	10,00
Self-Employed	10,00
Housewife	30,00
Total	100,00

Table 2. Respondent characteristics based on gender and age of child

Variable	Percentage (%)
Gender	
Male	30,00
Female	70,00
Total	100,00
Age	
3 Years	20,00
4 Years	70,00
5 Years	10,00

Based on table 2, it can be seen that the gender of the children is mostly female with a percentage of 70%. However, there are also



children with male gender as much as 30%. This indicates that the dominance of women in children really occurs at the research location. The age of children in this study is in the range of 3 to 5 years. Most of the children's ages are at the 4 year level as much as 70%. While the rest are in the age range of 3 years as much as 20% and 5 years as much as 10%.

Table 3. The role of parents in fulfilling children's nutritional needs

Role of Parents	Percentage (%)
Less	20,00
Enough	50,00
Good	30,00
Total	100,00

Based on table 3, it can be seen that the role of parents is mostly at a sufficient level. This is indeed an indication of the standard of education of parents which is still at a minimal level and their young age. These two indications also indicate a lack of information, knowledge and experience possessed by respondents, especially in preventing stunting. In addition to the role of parents, it is also important to see the nutritional status of children which can be seen in the following table.

Table 4. Nutritional status of children

Nutritional Status	Percentage (%)
Very Poor	10,00
Less	50,00
Normal	30,00
More	10,00
Total	100,00

Table 4 describes the nutritional status of children in the research area. It can be seen that the nutritional status of most children is at a low level. This is due to the limited economic status of the parents' households so that nutritional intake cannot be met optimally. However, there are also 30 percent with normal nutritional status and more with a percentage of 10%. This also indicates that there are parents who try their best to meet their children's food needs. For example, parents with the profession of farmers are certainly more able to produce food by cultivating plants according to their children's food needs.

DISCUSSION

The condition of toddlers at a certain age with inadequate height is a condition of stunting in toddlers. The condition of height or length measurements exceeding minus two standard deviations of the child growth standard media set by WHO is a symptom of stunting (Kemenkes, 2018). This problem also concerns chronic nutrition caused by household conditions such as inappropriate parenting methods and childcare practices. Parenting practices have an important effectiveness or role in helping to improve child development with active and responsive interactions between parents and children so as to help children provide stimulation to improve their development (Primasari and Keliat, 2020).

Parenting education and practices are strategic, systematic and regular steps that must be implemented by someone in the household to influence children to have good habits and behaviors. If this can be done properly and correctly, stunting prevention can be done well (Hangestiningsih et al., 2015). Parenting practices by getting children used to consuming nutritious food compared to junk food are important steps that can be applied informally. Gradually, the right parenting pattern will make children's self-competence also develop, especially in this case it is closely related to health effects (Aditianti et al., 2016). Health knowledge greatly influences a person's healthy behavior because a person's healthy behavior is influenced by health knowledge (Adriani and Wijatmadi, 2016).

Community institutions in the smallest part, namely households, will of course be greatly influenced by socio-economic factors that will have an impact on parenting patterns and food preparation for children (Rupita, 2020). Childcare patterns are also in line with social construction in handling stunting that appears in society. The direction of communication between parents and children in the household environment will have a direct influence. The level of education of parents also influences childcare patterns. Not only limited to mothers but also to fathers who pay special attention to nutrition for their children. A high correlation of education is certainly expected to be able to realize good food provision. Husbands with sufficient education will usually also demand that their wives are equipped with sufficient knowledge so that when the combination of the two runs,



good childcare will also occur (Saputri & Tumangger, 2019). Parenting patterns that are divided into three parts, namely fostering, caring, and sharpening, are important priorities in handling stunting. Of course, this must be done from when the mother is pregnant until the first thousand days of the child's life which will determine the nutritional performance of the child. Growth disorders in children occur when parenting patterns and interactions between children and parents are not good (Maulidah, et al., 2019).

Perspective of Experience and Psychological Response of Parents

Experience is a process that every parent goes through in paying attention to their child's growth and development, especially in preventing stunting. The results of the study stated that five participants (P1, P3, P4, P5, P6) respondents from a total of 10 participants had done various ways and efforts to prevent stunting by paying attention to the child's nutritional status. This is also coupled with the efforts of parents in providing Exclusive Breastfeeding and fulfilling vitamin needs and providing good complementary foods. There are also participants (P2, P7 and P9) who also routinely bring their children to the integrated health service post stages in order to fulfill complete immunization. Participants who diligently pay attention to their child's growth and development are also provided with information and insights that are not all known through the information available from the integrated health service post cadres. However, there are still two participants, namely P8 and P10, who are still very indifferent to their child's growth and development. In fact, by paying attention to child growth and development and adding information and knowledge about stunting, it can prevent unwanted things from happening.

The child's food consumption determined by parents in this case has a direct impact on the child's nutrition. This inadequate nutritional intake is what causes stunting. The effect of nutrition on the growth period of early childhood will determine how optimally the child will develop. Inadequate nutritional intake will also affect the child's skills and thinking power. This is also supported by research by Akombi et al (2017)) which states that providing sufficient nutrition to children will accelerate the child's growth and vice

versa. Milk consumption does not necessarily meet the needs but also requires complementary foods that are balanced in nutrition. Failure to grow and develop children optimally is also caused by insufficient vitamins and trace elements that are needed. Therefore, it is not surprising that micronutrients are also needed by mothers and young children in certain variations or levels. The availability of food that is not diverse is also a factor in low food intake. The response of parents who have stunted children is also shown with a sense of indifference because society in general thinks that children who do not grow optimally are due to poor genetics of their parents. However, there are also some respondent participants who feel sad and disappointed and afraid when their children are declared in the stunting category. This concern also arises in the minds of parents, especially thinking about the fate of their child's life in the future. The hormone gland that regulates the body's autonomous power is the pituitary gland. This gland regulates all the hormonal glands in the body. In addition, among other glands with very specific biological effects are the adrenal glands. These effects are due to the adrenaline and nonadrenaline hormones it produces.

Hope, Moral and Material Support

Parents always hope and provide the best possible treatment for their child's overall growth and development. This maximum ability sometimes does not match the desired goal so that more motivation is needed in utilizing other channels to optimize the child's growth and development. The hope for various kinds of assistance from the government such as providing additional food is also the desire of several participating parents who have limited income so that their children will grow normally like children their age. The health desired by parents does not only include physical well-being but also mental and social. The creation of healthy child conditions will optimize the child's growth and development (Azzahra et al., 2024).

CONCLUSIONS

Based on the results of the study, it can be seen that the role of parents is mostly at a sufficient level. This is indeed an indication of the standard of education of parents which is still at a minimal level and their young age. These



two indications also indicate a lack of information, knowledge and experience possessed by respondents, especially in preventing stunting. The results of the study also stated that the nutritional status of children in the research area. It can be seen that the nutritional status of most children is at a low level. This is due to the limited economic status of the parents' households so that nutritional intake cannot be met optimally. The results of the study also stated that 4 themes were identified: 1) Perspective and experience, 2) Psychological response, 3) Parental expectations, 4) Moral and material support. The experience of parents in preventing stunting is the desire and motivation for stunting events. Parents are expected to try to access information related to stunting prevention and apply it in everyday life.

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