

CULTURAL BARRIERS IN GROWTH AND PARENTING PATTERNS CHILDREN AND POLICY ALTERNATIVES IN EFFORTS STUNTING PREVENTION

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ABSTRACT

Stunting is still a major problem in Indonesia. A culture that is strong enough in children's growth and development and parenting patterns influences health behavior which will have an impact on health status. The aim of this research is to determine cultural barriers to children's growth and development and parenting patterns as well as alternative policies in efforts to prevent stunting in Aceh. This research is a qualitative research with a phenomenological design, data collection using in-depth interviews with seven participants with inclusion criteria mothers with stunted toddlers, able to communicate well, cooperative, willing to be informants in this research. The research was conducted in August-November 2023. Data analysis uses Inductive Content Analysis methods. The results have five themes, namely non-exclusive breastfeeding, not providing immunizations, inappropriate provision of MP-ASI, lack of use of health facilities and policy alternatives. Based on the research results, it is recommended that cultural barriers and parenting styles towards stunting prevention behavior require a multidimensional approach such as the government and the wider community involving families, local communities, health workers and health services to overcome barriers to stunting prevention behavior.

Keywords: Culture; Growth and Development; Parenting Patterns; Stunting

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INTRODUCTION

Stunting is a disruption in the growth and development of children due to chronic malnutrition and recurrent infections, which is characterized by their body length or height being below established standards (Perpres RI, 2021). Based on the results of the Indonesian Nutrition Status Survey (SSGI), the prevalence of stunted toddlers in Indonesia in 2021 is 24.4%, and in 2022 it is 21.6%, this shows that there is a decrease in the stunting rate in Indonesia. However, this figure is still quite high, it needs a reduction of 3.8% per year to reach the target of 14% in 2024 in accordance with the RPJMN target (SSGI, 2022). WHO has set six global nutrition targets, one of which aims to reduce the number of children under the age of

five years will experience stunting of 40% in 2025 (WHO, 2014).

Aceh is the province with the fifth highest prevalence of stunted toddlers in Indonesia. Based on SSGI results, the prevalence of stunted toddlers in Aceh province is 33.2% in 2021, and 31.2% in 2022. Stunting in the highest age group in 2021 is aged 24-35 months (38.71%), in 2022 the highest prevalence will also be at the age of 24-35 months (35.57%). The five districts in Aceh province with the highest prevalence of stunting rates are: Subulussalam City 47.9%, North Aceh District 38.3%, Pidie Jaya District 37.8%, Simelue District 37.2%, and Bener Meriah District 37.0% (SSGI, 2022).

Specific interventions focused on the period before birth and children aged 6-23 months,

starting from anemia screening and consuming blood supplement tablets in adolescents, pregnancy checks (ANC), consuming blood supplement tablets, providing additional food for Chronic Energy Deficiency (KEK), monitoring toddler growth, exclusive breastfeeding, providing MPASI rich in animal protein, management of toddlers with nutritional problems, increasing coverage and expanding immunization, as well as educating teenagers, pregnant women and families including triggering free open defecation (BABS) (SDGI, 2022).

Factors that influence stunting include parental employment status, number of children, age of children, birth spacing, exclusive breastfeeding, vaccination status, and recurrent diarrhea, low food diversity, family size, animal source foods, exclusive breastfeeding, infections and poor nutrition (Danso & Appiah, 2023; Fufa, 2022; Nurjazuli, 2023; Perumal et al, 2023). Interventions to improve the quality and quantity of prenatal and infant food can reduce the risk of stunting (Perumal et al, 2023). Maternal health insurance also affects short and thin children through the use of maternal health services (Kofinti et al, 2022). Children who experience stunting show a decrease in body mass, growth disorders, decreased lung function (Sapartini et al., 2022).

Strategies and programs aimed at reducing and preventing stunting in children under five must be designed to improve the nutritional status of children. Education about improving diets for more diversity and ensuring that children have adequate ASF intake, in addition to education about the need to limit family size would be helpful (Fufa, 2022).

The experience of several countries that have succeeded in reducing the prevalence of stunting is based on a strong commitment from the government in formulating policies and implementing them, sustainable political commitment, a multisectoral approach, organizational regulations at all levels, and increasing access to quality health services (World Bank, 2019). Policy makers must design interventions to reduce stunting in children aged <5 years through access to education for women, implementing economic empowerment strategies,

practices child feeding and environmental factors including climate change (Tamir et al., 2022); Quamme & Iversen, 2022).

Three main phases require optimal maternal role to prevent stunting in children during the golden phase, namely: preconception phase, prenatal phase, and infant-toddler phase. The mother's various roles include fulfilling the nutrition of the mother, fetus, baby, etc child, initiating early breastfeeding, providing exclusive breastfeeding, appropriate MP-ASI, optimizing the environment for child growth and development, optimizing family support, and avoiding various psychosocial factors which can be detrimental during pregnancy, growth and development of children (Saleh et al., 2021).

Aceh is a province in Indonesia. Stunting cases are still a priority for handling at this time where the stunting rate reaches 31.2% (SSGI, 2022). Culture related to growth and development and parenting patterns in the community in Aceh based on previous survey results, it was found that there are still toddlers who are not given immunizations because of beliefs about the bad effects of immunization, not getting exclusive breast milk, giving additional food before 6 months, giving formula milk and honey to children. Newborn. Seeing the importance of efforts to prevent stunting, this research focuses on cultural barriers to growth and development and parenting patterns as well as policy alternatives in efforts to prevent stunting in Aceh.

METHOD

This research is qualitative research with a phenomenological design. The research was conducted in August-September 2023 in Aceh Besar Regency, Aceh. *Key participants* in this study was a nuclear family with the following inclusion criteria: mother with a stunted toddler, able to communicate well, cooperative, willing to be an informant in this study. Exclusion criteria are mothers with stunted toddlers who have comorbidities. Whereas *Associate participant* in this research are village cadres. There were seven participants in this research. data collection using interview guidelines and *field note*. done through *in-dept interview* using an interview guide with

open questions developed by researchers. The questions consist of 9 questions with each question having a question *probing* related to the culture and parenting patterns of society, including culture in breastfeeding, immunization, use of traditional medicine, feeding patterns, food presentation, basic health practices, and use of health services. Data collection also uses *field note*. Data analysis uses methods *Inductive Content Analysis* (Graneheim & Lundman, 2004).

RESULTS

Participants in this study were mothers with stunted children, the mother's age range was 30-37 years, minimum education level was elementary school and maximum high school, the majority worked as housewives. The results of this research produced five themes, namely non-exclusive breastfeeding, not providing immunizations, inappropriate provision of MP-ASI, lack of use of health facilities and alternative policies.

Table 1: Data Analysis

Meaning Unit	Coding	Sub category	Category	He
give food at the age of 5 months Already given pisan before the age of 6 months	Supplements, bananas	Providing food before 6 months of age	Providing food and drink before the age of 6 months	Non-exclusive breastfeeding
Giving water before the age of 6 months	Giving water	Give drinks before the age of 6 months		
Immunization can give a child a fever	Fever	Immunization has an impact on fever	Immunization has negative effects	Does not provide immunizations
Heard rumors that immunization causes paralysis	Paralyzed	belief in the issue	Beliefs regarding immunization	
Give bananas before 6 months of age	Giving bananas	Giving MP-ASI too early	Mother's Attitude in Giving MP-ASI	Giving MP-ASI is not appropriate
Just give instant porridge as MP-ASI	Providing instant porridge	Providing ready-to-eat MP-ASI		
Giving traditional medicine when the child is sick Using spices when sick	Traditional medicine, use of spices	Use of traditional medicine	Providing traditional treatment	Underutilization of health facilities
Never take him to the health center if he is sick During pregnancy, never do a pregnancy check	Health center, pregnancy check	Lack of awareness of health checks	Lack of utilization of community health center services	
Increased provision of understanding and attention, involving village heads, community leaders, cadres	Counseling	Increasing knowledge through counseling	Optimizing extension	Policy alternatives
Making various foods	Food is varied	Making quality complementary foods for breast milk	Assistance in making MP-ASI	
Use food ingredients that are around	Foodstuffs	Use of local food ingredients		

Non-exclusive breastfeeding

Based on the research results, it is known that the culture of society has provided food other than breast milk before children are 6 months old with the assumption that children cry because they feel hungry, giving babies breast milk alone does not meet the nutritional needs of babies. As stated by the following informant:

"When I was 5 months old, I gave him complementary food, because the child felt hungry" (P3)

Some people think that giving water is permissible as long as a child is 6 months old. As stated by the following informant:

"For six months, I didn't give them any extra food, I just gave them water when I was going out" (P1)

Not Providing Immunizations

The belief that giving immunizations can make children sick, such as fever, as well as a lack of knowledge about the benefits of giving immunizations to children.

"There's no immunization, because usually when children are immunized they have a fever, so there's no immunization," (P2)

"From the start I never gave immunizations, because I was afraid of getting a fever, my husband didn't give me either" (P1)

"Immunization is not complete, we don't have any immunizations with us, because we heard about people who were paralyzed after immunization, so we are afraid" (P6)

Inappropriate MP-ASI Provision

Providing additional food such as bananas and instant porridge is still a culture in society. The reason for giving this food is so that the baby is not hungry.

"You should give him bananas before he is 6 months old so he won't be hungry and won't cry" (P2)

"give porridge, instant porridge" (P7)

Some informants gave MP-ASI too early, namely before the child was 6 months old. As explained by the following informant:

"When I was 5 months old I gave him complementary food" (P3)

Underutilization of health facilities

The use of traditional medicines is still a priority in society, there is a lack of utilization of health services in treatment and monitoring children's growth and development and examinations during pregnancy.

"If you're sick, just take care of it at home, use traditional medicines, never go to the health center if you're sick, just stay at home" (P3)

"If I'm sick, I usually give them village medicine, if I have a fever, I give them coconut oil. So far, if I'm sick, I never take them to the health center" (P2)

"I didn't have any pregnancy checks from the start of my pregnancy, because I was healthy" (P7)

"If you are sick, use traditional medicine, you will recover faster, for example, use cacao leaves for fever, if you cough, use peacock leaves, apply to your head" (P5)

Policy Alternatives

Based on the results of interviews with mothers with stunted children and village cadres, there are several alternative policies in efforts to prevent stunting, including optimizing education about stunting to the community by involving village heads, community leaders and cadres, increasing community participation and empowerment regarding parenting patterns for children through training in making quality complementary foods for breast milk, implementation and prevention of stunting by utilizing local food ingredients. The following is the participant's statement:

"Hopefully we will continue to give you understanding, get more attention" (P7)

Furthermore, based on the results of interviews with village cadres, they said that community knowledge about stunting was still low.

"Many parents don't understand about stunting, sometimes some say stunting is hereditary, and there are also many who don't want to take their children for immunization, that's the most common thing here. "So we need to provide frequent counseling, we also involve village heads, community leaders, our cadres"

"Food making still needs to be improved so that mothers at home can make a variety of

foods that make their children appetite, especially since we can use existing ingredients that are easy to get, not difficult."

DISCUSSION

In this study, most of the participants provided food and drink before the child reached six months of age so that exclusive breastfeeding was not achieved. A culture in society that does not provide exclusive breastfeeding to children is one of the factors causing stunting in children. Breast milk has a nutritional composition that suits a child's nutritional needs and is believed to be able to have a positive influence on the baby's growth and development. Practice breastfeedingThe truth is that it is the most effective way to meet children's nutritional needs, as well as the practice of breastfeeding effectively preventing stunting in children (Sirajuddin et al, 2020).

Previous research results indicate that exclusive breastfeeding is significantly associated with the risk of stunting. Exclusive breastfeeding can reduce the risk of stunting. toddlers who are not given exclusive breastfeeding are 61 times more likely to experience stunting than toddlers who are exclusively breastfed (Louis et al., 2022). Research conducted by Danso and Appiah (2023); Sirajuddin et al (2020), show that children who are not exclusively breastfed are more likely to experience stunting than children who are exclusively breastfed.

The results of research conducted by Aridiyah et al (2015) revealed that there are several factors that influence the incidence of stunting, including those related to the mother's education level, mother's knowledge about nutrition, exclusive breastfeeding and the age at which complementary foods are given. Prelacteal feeding is a major barrier to exclusive breastfeeding. The practice of giving other substances (pre-lacteal feeding) to newborn babies even before lactation is a common cultural practice in Indonesia and this practice also delays the initiation of breastfeeding which can hinder exclusive breastfeeding (Tekaly et al., 2018; Nurbaya, 2021).

The World Health Organization and the United Nations Children's Fund (WHO/UNICEF)

have recommended early initiation of breastfeeding within the first hour after birth and exclusive breastfeeding for the first six months followed by the introduction of safe, age-appropriate and complementary foods. nutritionally adequate. accompanied by continuous breastfeeding until the child is 2 years old.

Most of the informants in this study did not immunize their children for various reasons, such as fear of the child having a fever and lack of knowledge regarding immunization. Child vaccination status is significantly related to wasting and stunting. Previous research shows that immunization status is a risk factor for stunting (Brahima et al., 2020). Partially vaccinated children are more likely to experience stunting than those who are fully vaccinated (Danso & Appiah, 2023). Higher levels of malnutrition among unvaccinated children may be partly attributed to the fact that unvaccinated children are at risk of vaccine-preventable diseases such as diarrhea and respiratory infections, which can result in depletion of nutrients from the body.

Mothers who have lower knowledge about immunization are 4.6 times less likely to provide immunizations to their children (Atnafu Gebeyehu et al., 2023). Health promotion activities such as empowering women and child care providers through health education about children's health should be emphasized. Where possible, door-to-door outreach and immunization services should be strengthened to increase immunization coverage (Dlamini et al., 2023).

Several informants gave their babies food such as porridge and bananas when the child was less than six months old with the assumption that a crying baby was interpreted as hunger and the baby needed food intake as well as providing inappropriate MP-ASI such as instant porridge and a lack of menu diversity. when giving MP-ASI. The results of research by Triratnawati & Yuniati, (2023) show that the habit of feeding babies early has been in effect for generations, the underlying reason why people give porridge to their babies is because the babies keep crying. For them, it is believed that the baby's cry is a feeling of hunger that they are experiencing. By giving porridge, the baby will stop crying and sleep more soundly.

Research results by Argaw et al (2022), Stunting is significantly related to educational status, dietary diversity, child age, family size, and family type.

Interventions to improve the quality and quantity of prenatal and infant food can reduce the risk of stunting (Perumal, 2023). The importance of providing education about improving diets for more diversity and ensuring that children have adequate ASF intake is necessary (Fufa, 2022). Apart from exclusive breastfeeding, stunting is also associated with feeding practices (MP-ASI) including frequency, quantity, consistency and variety of food, as well as whether feeding is responsive to the child's needs; frequency of infectious diseases due to poor hygiene and lack of access to improved sanitation; and inadequate psychosocial stimulation (West et al., 2018; Yudianti et al., 2022).

In this study, informants showed that there was a lack of utilization of health facilities. The results of research conducted by Hugo dan Hapsari (2023) the use of health facilities affects the incidence of stunting, toddlers who underuse health services have the highest proportion of stunting with a total of 199 toddlers. While toddlers who adequately utilize health facilities have the highest proportion of not experiencing stunting with a total of 39 toddlers. The lack of families using health facilities is the distance of location and culture of some people in Acen who still believe in traditional medicine.

Health services are access or affordability of children and families to efforts to prevent disease and maintain health such as immunizations, pregnancy checks, birth assistance, weighing children, counseling. health and nutrition, as well as health facilities good ones such as posyandu, community health center, midwife or doctor's practice and hospital. Inaccessibility of health services, lack of education and knowledge are obstacles for communities and families to make good use of available health services. This can also have an impact on children's nutritional status (Suriani et al., 2020).

Policy alternatives in efforts to prevent stunting need to be carried out by involving various parties so that government programs to reduce the acceleration of stunting can run well, such as

optimizing education about stunting to the community by involving village heads, community leaders and cadres, increasing community participation and empowerment regarding parenting patterns for children. through training in making quality complementary foods for breast milk, implementing and overcoming stunting by using local food ingredients.

Research conducted by Media and Elfemi (2021) shows several alternative policy directions and action plans in efforts to prevent stunting in toddlers, namely: 1. Optimizing increasing knowledge about preventing and controlling stunting. Several alternative activities are proposed, namely increasing socialization by educating about the clean and healthy living movement through the implementation of posyandu activities, optimizing education about stunting directly to the community, increasing socialization about the risk of stunting children on intelligence to the community; 2. Increasing community participation and empowerment as well as utilizing local socio-cultural potential that supports nutrition-conscious behavior.

CONCLUSIONS

Based on the results of interviews regarding culture in child growth and development and parenting patterns as well as policy alternatives in efforts to prevent stunting, five themes were obtained, namely providing non-exclusive breastfeeding, not providing immunizations, inappropriate provision of MP-ASI, lack of use of health facilities and policy alternatives. Various cultural barriers and parenting styles towards stunting prevention behavior require a multidimensional approach such as the government and the wider community involving families, local communities, health workers and health services to overcome these barriers to stunting prevention behavior.

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