

Family perceptions and efforts in preventing malnutrition (stunting) health problems in children in mandailing natal regency

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Abstract. Stunting is a chronic issue of malnutrition in children, caused by prolonged inadequate nutritional intake and the provision of food that does not meet their dietary needs. Family perceptions of stunting are closely related to the treatment approaches and efforts to address the problem. Madina Regency, located in North Sumatra, is one of the regions with a high prevalence of stunting. This study aimed to examine the perceptions of families and communities in the Mandailing Natal district regarding stunting and identify the efforts to prevent stunting in children. The study population consisted of all families in the Madina Regency area with children under five. A total of 265 respondents participated in the study. Data were collected using a questionnaire that included sections on demographic data, family perceptions, and preventive efforts. The data were analyzed using univariate frequency distributions and presented as percentages. The results revealed that 85 respondents (32.07%) had positive perceptions of stunting, while 180 respondents (67.93%) exhibited negative perceptions. Regarding family efforts to prevent stunting, 47 respondents (17.74%) were categorized as making reasonable efforts, 98 respondents (26.98%) as making moderate efforts, and 120 respondents (45.28%) as making insufficient efforts. These findings highlight the need for targeted interventions, such as counselling and educational programs for families, to improve awareness and promote practical actions to prevent stunting. The predominance of negative perceptions and insufficient efforts underscores the importance of health education initiatives in addressing this critical issue.

1 INTRODUCTION

Children who suffer from stunting typically have heights that are below average for their age. Family care has an impact on the prevalence of stunting, particularly on mothers' attitudes and knowledge about the condition. Family nutrition and food fulfillment are linked to prenatal and postpartum care [1]. In line with the Ministry of Health, the factors that cause stunting in children can occur before and during pregnancy and after childbirth [2]. This is congruent with [3], which shows that environmental, maternal, and child variables are the main risk factors for stunting in Indonesia. Stunting can be prevented,

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among other things, by meeting pregnant women's nutritional needs, breastfeeding exclusively until the child is six months old, providing supplemental foods (MPASI) in adequate amounts and quality after that age, keeping an eye on toddlers' development at the posyandu, expanding access to clean water and sanitary facilities, and keeping the environment clean. Therefore, the most effective way to lower the prevalence of stunting is to treat children under five within their first 1,000 days of life (HPK).

Bandar Klippa Tembung Village is one of 20 village loci established by the Deli Serdang Regency government in 2020 as part of a stunting conference aimed at preventing stunting and lowering the percentage of stunting events in the regency. The Nutrition Awareness Movement to Support 1000 HPK, ASI Orientation and Counseling, Cross-Program and Cross-Sector Coordination in Reducing Stunting, Infant and Child Feeding Counseling (PMBA), Cross-Sectoral and Cross-Program Consolidation and Convergence in Efforts, Environmental Health Programs, the Provision of Clean Water and Sanitation Facilities and Infrastructure, and the Prevention of Stunting are some of the initiatives that have been undertaken. The first step in ensuring that newborns and children receive a healthy diet is to provide them with wholesome food, which includes early and exclusive breastfeeding. A child who receives enough nourishment will not experience discomfort or stunting. Community culture is one of the elements that affects how well family nutrition is fulfilled. The degree of knowledge is the primary determinant of an individual's nutritional state. To enhance children's nutritional condition, mothers' understanding of nutrition is crucial [1]. Health professionals must be able to maximize their involvement in educating the public about stunting prevention, particularly for those with young children, in addition to the responsibility of mothers [4]. According to the study by Sari et al. on Help for Families with Children at Risk of Stunting in Muktiharjo Kidul Village, helping families at risk of stunting is a good way to empower the community and increase family members' readiness to prevent the risk of stunting. It also teaches how to care for infants under two years old who are at risk of not being at risk of stunting. Nurses teach families accompanying children at risk of stunting through an example method by providing direct nursing interventions to children at risk of stunting, starting from screening or early detection of stunting risk, monitoring child growth and development, baby spa, baby messages, how to store breast milk, and giving complementary foods. From all these interventions, it is hoped that families will experience an increased understanding of preventing stunting and children achieving optimal growth and development [5].

2 Method

This research utilizes a descriptive design with a quantitative approach to examine collaborative efforts. The study population includes all families with children under five in the Madina Regency area. A total of 265 respondents were selected as the study sample. Data collection was conducted using a questionnaire that included sections on demographic data, knowledge, and attitudes. Data analysis was performed using Spearman's Rho correlation test.

3 Results and Discussion

3.1 Result

3.1.1 Characteristic respondent

The following are the characteristics of pregnant women, as given in table 1:

Table 1. Frequency distribution of characteristics of participants (n=265).

No	Karakteristik	f	%
1	Age of Mother		
	a. Risk Age	178	67,2
	b. Productive Age	87	32,8
2	Number of Child		
	a. Primi	90	34
	b. 1-2 Children	73	27,5
	c. >2 Children	102	38,5
3.	Father Graduated		
	a. SD	76	28,7
	b. SMP	94	35,8
	c. SMA	67	25,3
	d. PT (D3. S1)	28	10,6
4.	Mother Graduated		
	a. SD	91	34,3
	b. SMP	90	34
	c. SMA	65	24,5
	d. PT (D3. S1)	19	7,2
5	Father's occupation		
	a. Wiraswasta	77	29
	b. PNS	42	15,8
	c. Petani	121	45,7
	d. Nelayan	25	9,5
6	Mother's occupation		
	a. Ibu Rumah Tangga	118	44,5
	b. Wiraswasta	45	16,9
	c. PNS	20	7,5
	d. Petani	76	28,7
	e. Nelayan	6	2,4
7	Income According Minimum Wage		
	a. Sesuai UMR	100	37,7
	b. Tidak sesuai	165	62,3
8	Religion		
	a. Islam	202	76,2
	b. Kristen	63	23,8
9	Health Educatuin Stunting		
	a. Yes	238	89,8
	b. No	27	10,2
	Total	265	100

Based on characteristic data, in general, mothers are in the high-risk age category, the number of children is more than 2, the education of fathers and mothers is low, namely

junior and senior high schools, farmers and self-employed jobs, Islam, income is still below the minimum wage and has never received health education related to stunting.

The family's perception of stunting is:

Table 2. Frequency distribution of respondents based on perceptions of child health problems: stunting in Madina district (n=265).

Perseption	Frekuensi (f)	Persentasi (%)
Positif	85	32,07
Negatif	180	67.93
Total	265	100

Based on the above, it shows that, in general, family perceptions of stunting health problems are still negative. 180 respondents (67.93%). Stunting prevention efforts carried out by the community can be seen as follows:

Table 3. Frequency distribution of respondents based on stunting prevention efforts by the community.

Efforts in Preventing	Frekuensi (f)	Persentasi
Good	47	17.74
Enough	98	26.98
Bad	120	45.28
Total	256	100

Based on Table 3, family efforts to overcome stunting health problems in children are generally in the lower category.

Overall, the study's findings suggest a sociocultural connection between the prevalence of stunting and the community. According to the researcher's findings, 97.9% of respondents agreed. This is based on the current school curriculum, which includes biology classes that address reproductive health, thus, the respondents' understanding of genital hygiene is also high. Mothers' awareness of stunting, family income, fathers' and mothers' education, and environmental cleanliness are all related to sociocultural influences. This is consistent with the idea that bad parenting habits, such as a mother's ignorance of nutrition and health issues both before and during pregnancy and after giving birth, are factors that contribute to stunting [2][6][7].

According to specific data, 60% of infants between the ages of 0 and 6 months do not receive breast milk (ASI) exclusively, although breast milk is the ideal food source for infants and can strengthen and grow the immune system. According to the Secanggang community, particularly mothers in general, children older than one year were not offered a variety of complementary foods for breastfeeding since they were unwilling to eat. When the child is six months old, the mother or family should begin introducing more meals. In addition to introducing babies to new foods, solid food can satisfy the body's nutritional requirements that aren't met by breast milk. Meeting the baby's dietary demands is greatly aided by the mother's role and breastfeeding expertise. The success of the initial decision to breastfeed from birth determines the success of breastfeeding mothers. The economic situation of families is poor, and the cost of wholesome food remains high in Indonesia [2][8]. In Langkat district, Secanggang district, many people are still classified as deficient or earning less than the UMR (average minimum wage), making it impossible to provide for the dietary needs of young children and babies. In the family, there is a culture of food abstinence. For example, children are not permitted to eat fish or eggs because it is believed that these foods will cause intestinal worms and itching, which will leave them lacking in protein and lead to chronic malnutrition and stunting [3] [9].

Stunting is linked to poor environmental conditions, sanitation, and a lack of access to potable water. A lot of people still get their home water from wells. The residence has no ventilation, the healthy water is in poor condition, and some families keep cattle near their homes. The water also appears dirty and brown. Several family members continue to lead hazardous lifestyles, such as smoking frequently and being around infants and children while smoking, exposing other family members to cigarette smoke. This illness will impact children that grow up in an unfavorable environment [1] [2] [4].

This is consistent with studies demonstrating that the family's hygienic and environmental conditions will impact newborns' and children's health, development, and growth [1] [3]. Stunting incidence is correlated with family education and awareness, particularly among mothers. Education will be related to knowledge. A mother who is well-versed in nutrition will try to meet her child's nutritional demands. To satisfy the components of dietary needs, mothers will attempt to provide a range of foods for their children [2] [6] [9].

As caregivers for children, parents—mothers in particular—will be impacted by their health education and awareness. This supports the idea that knowledge can improve a client's emotional regulation, independence, self-worth, and endurance and assist them cope with issues or illnesses, all of which can improve their overall health [1] [3] [4] [10].

If the community is not involved in the program and environmental and sociocultural elements are not examined, the public health improvement program will not be able to achieve its goals [1] [11]. Environmental factors impact human behaviour, including physical and sociocultural ones [1]. It is generally impossible to separate the culture and customs of the family and the everyday surroundings of the community from the behavior of elements that can impact the health condition of the community, particularly mothers and infants [2] [6]. This supports the notion that community factors, including education, socioeconomic status, and culture are the indirect causes of maternal and neonatal fatalities. [10] [11].

The role of family function is one of the elements that affect health status, including providing adequate nutrition for the family [5]. Family is the primary factor of character formation because it is the first environment that people are exposed to. Every family member has an extraordinarily intense and close relationship with every other family member [5].

Their families greatly influence children's growth and development because they receive all of their necessities there, from spiritual needs like affection, education, and guidance from others to physical needs like food, clothing, and shelter. Elderly. Children have experienced their parents' love and devotion since they are still in the womb till they are born [1] [4]

In essence, the role of family function is inextricably linked to the survival and well-being of newborns and toddlers. Meeting a child's initial needs should be a priority for the family. Families have a crucial influence on children's growth and development by ensuring that they eat enough food and behave appropriately when feeding [5].

4 Conclusion

The findings highlight that family efforts in addressing stunting among children are generally inadequate, with sociocultural factors playing a significant role in its prevalence. Key contributors to stunting include poor maternal awareness of nutrition, insufficient breastfeeding practices, cultural food taboos, limited family income, inadequate environmental sanitation, and a lack of education among parents. Negative parenting practices, such as insufficient dietary variety for children and exposure to unhealthy environments, exacerbate the problem. The study underscores the need for targeted

interventions addressing environmental and sociocultural factors, emphasizing education and awareness programs for families, particularly mothers. Improved knowledge of nutrition, hygiene, and child-rearing practices can enhance parental efforts to meet children's nutritional needs and foster better growth outcomes. Furthermore, addressing structural issues like economic disparities, access to clean water, and proper sanitation is essential to reducing stunting prevalence. Collaborative community involvement and culturally sensitive public health programs are critical to achieving sustainable child health and development improvements.

References

1. Nasution, S.S. (2018). *Asuhan Keperawatan pada Ibu Hamil Resiko Tinggi: HIV-AIDS (dengan Melibatkan Masyarakat)*. Medan. USU Press
2. Kementerian Kesehatan Republik Indonesia. 2016. *Situasi Balita Pendek*. Jurnal ACM SIGAPL APLQuote Quad. 29 (2). 63-76.
3. Nirmalasari, N. O. (2020). *Stunting Pada Anak: Penyebab Dan Faktor Risiko Stunting Di Indonesia*. Qawwam, 14(1), 19-28.
4. Nasution, S. S., & Girsang, B. M. (2019). *Family Characteristics That Suffer Stunting in the Work Area of The District Health Center Langkat*. Caring: Indonesian Journal of Nursing Science, 1(2), 103-109.
5. Sari, D. W. P. (2021). *Pendampingan pada keluarga dengan anak berisiko stunting di kelurahan muktiharjo kidul semarang*. International Journal of Community Service Learning, 5(4).
6. Astuti, D. D., Adriani, R. B., & Handayani, T. W. (2020). *Pemberdayaan masyarakat dalam rangka stop generasi stunting*. JMM (Jurnal Masyarakat Mandiri), 4(2), 156-162.
7. Kementerian Kesehatan, 2020. *Peraturan Menteri Kesehatan Nomor 2 tahun 2020 tentang Standar Antropometri Anak*
8. Kementrian Kesehatan. 2021. *Buku Saku Hasil Studi Status Gizi Indonesia (SSGI) Tingkat Nasional, Provinsi, dan Kabupaten/Kota Tahun 2021*. Jakarta.
9. Nuzula, F., Oktaviana, M. N., & Anggari, R. S. (2017). *Analisis terhadap faktor-faktor penyebab gizi kurang pada balita di desa banyuanyar kecamatan kalibaru banyuwangi*. Jurnal Ilmiah Kesehatan Rustida, 3(2), 359-364.
10. Salimo H, Nurmayanti R, Dewi YLR. *Effects of maternal nutrition status, maternal education, maternal stress, and family income on birtweight and body length at birth in Klaten, Central Java*. Journal of Maternal and Child Health 2017; 2(4):297-308
11. Mulyanti, S., Setiawan, A., & Zahara, F. (2021). *Faktor-Faktor Yang Berhubungan Dengan Terjadinya Stunting Pada Balita Usia 24-59 Bulan Di Kelurahan Setiawargi Kota Tasikmalaya Tahun 2020*. JIKP Jurnal Ilmiah Kesehatan PENCERAH, 10(1), 99-109.