



Family Perceptions on Linear Growth in Stunted Children in Wonorejo Village, Malang District

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ABSTRACT

Introduction Indonesia is ranked fifth among countries with the highest burden of stunting children. The role of families becomes very important in understanding and responding to the nutritional status of children from the various risks of nutritional problems. This study was aimed to understand caregiver perceptions of a child's stunting.

Methods: A qualitative phenomenological approach was conducted. Eleven primary caregivers of stunted children aged 24-60 months were interviewed individually. The recorded interviews were transcribed verbatim and were analyzed using thematic analysis.

Results: Two major themes were identified: (i) family perceptions of children's linear growth; and (ii) family responses in dealing with the growth status

Conclusion: Families perceive stunting as a condition of failure to thrive which is characterized by short stature compared to other children of the same age. Families also reported emotional and attitude responses upon learning the growth status of toddlers identified as experiencing stunting. The role of health workers is to provide emotional and informational support to families in trying to fulfil nutrition in stunting children

Keywords: Caregiver Perceptions, Linear Growth Faltering, Nutrition fulfilment, Stunting

INTRODUCTION

Malnutrition remains a significant public health problem in developing countries including Indonesia, despite improvements in the health status of children under five years of age (Arini et al., 2022). Stunting is a global problem faced by every country and generally reflects poor parenting (Vaughn et al., 2016). The first thousand days of a child's life, which

covers the period from gestation to the first two years of life, is a crucial period because during this phase there is rapid brain growth (Martorell, 2017). Stunting is an indicator of growth failure in the first thousand days. It has a lifelong impact on children and can lead to poor physical development and learning capacity, increased risk of infections and chronic diseases in adulthood, increased morbidity and mortality, and reduced

productivity and economic well-being, and can even continue from one generation to the next if left untreated (WHO, 2014).

During the COVID-19 pandemic, WHO noted an increase of 0.7 million children suffering from stunting every time there was a 1% decrease in Gross Domestic Product. This finding is in line with the research of Robertson et al (2020) which states that acute malnutrition in children under five years old is expected to increase between 10-50% due to the Covid-19 pandemic. Based on the results of the Indonesian Nutrition Status Survey (SSGI), the stunting rate is 21.6%, with a target of reducing it to 14% by 2024. The *WHO Conceptual Framework on Childhood Stunting* (2014) explains that many factors influence the incidence of stunting in children. The most crucial factor is household and family factors, which Torlesse et al. (2016) mentioned in their study if family factors can make children 3 times more likely to experience stunting followed by inadequate complementary feeding. Lack of parental knowledge and information often leads to poor feeding practices. This involves the inability of families or caregivers to provide age-appropriate diverse diets, early solid feeding, and irregular feeding (World Bank, 2018). Family involvement, especially mothers as caregivers, and recognition of the father's role as head of the household have an important role in determining nutritional practices in children under five years of age so that better anthropometric outcomes can be obtained (Abate & Belachew, 2017).

Family perceptions of stunting have important relevance because stunting is a global problem that affects children's growth and development, caused by inadequate nutrition, frequent infections and insufficient psychosocial stimulation (Putri & Rong, 2021). Parental function is crucial in stunting prevention, which involves knowledge, competence, responsibility, attention, and nurturing (Rachmawati et al., 2021). A study by Hossain & Khan (2018) showed a correlation between the higher the level of parental education, the lower the risk of stunting in children under 5 years of age. Family perceptions can provide insight into the factors that contribute to stunting. Family knowledge and perceptions can be used to develop communication materials and

strategies that promote healthy parenting practices, such as good nutrition, hygiene, and psychosocial stimulation, to reduce the prevalence of stunting (Saleh et al., 2021).

A study of the unique and subjective experiences of families is needed to gain information and understanding of the phenomenon of stunting so that researchers can gain new insights into the phenomenon of focus and interpret it. By understanding these factors, health workers and policymakers can develop targeted interventions to address this issue. In summary, studies on family perceptions of stunting are critical to understanding the causes and risk factors associated with this global issue, identifying vulnerable populations, evaluating the effectiveness of interventions, promoting behaviour change, and informing the development of policies and programmes to reduce the burden of stunting in society. Therefore, this study aims to understand family or caregiver perceptions of stunting in children under five years old.

METHODS

This study uses a qualitative research design with a phenomenological approach. The sample was selected using the purposive sampling method. This research was conducted in Wonorejo Village, Singosari Sub-district, Malang District, which is included in the 22 priority villages for stunting 2020 in Malang District. The inclusion criteria in this study were mothers or primary caregivers of children aged 24-59 months who experienced stunting. The number of informants who participated in this study was 11. The data collection process was conducted from October 2022 to July 2023. The researchers conducted in-depth interviews with semi-structured questions covering family perceptions of stunting. Eleven individual interviews were recorded, transcribed and analysed using thematic analysis. This study was approved by the Ethics Committee (certificate number: SK-85/UN2.F12.D1.2.1/Etik 2021).

RESULTS

Eleven primary caregivers consisting of 10 mothers and 1 grandmother participated

in this study. There were two themes reported by the informants, including (1) Family Perceptions of Linear Growth in Toddlers and (2) Family Reactions in Dealing with Toddlers' Growth Status. An overview of these themes can be seen in Table 1.

Theme 1. Family Perceptions of Linear Growth in Toddlers

The theme of family perceptions of linear growth in toddlers consists of sub-themes of family knowledge about stunting and family judgements about good growth. Four participants stated that stunting experienced by toddlers is a condition of failure to grow which is reflected in the child's lack of height. Among 2 of the 4 participants also assessed that in addition to lack of height, children can also be underweight and appear thin as in the statement below:

"Kalau yang saya tahu stunting adalah anak yang kurang berat badan atau tinggi badan..."(P01).

"From what I know, stunting is a child who lacks weight or height..." (P01)

"Iyaa (tahu), gagal tumbuh itu kan? Kayak kecil gitu anaknya. Anaknya kurus terus pertumbuhannya gak stabil" (P11).

"Yes, failure to thrive, right? Like a small child. The child is thin and the growth is not stable" (P11).

In addition, stunting is also defined as a condition of malnutrition experienced by toddlers due to their growth status that is not by their age as expressed by the following participant:

"Yaa tentang gizinya terose (katanya) kurang" (P06)

"Yes about the nutrition (he said) less" (P06).

Another sub-theme expressed by participants was the family's assessment of good growth. Participants argued that good growth can be identified by the child's physical signs that can be measured such as weight and height increase. This is reflected in the following participants' statements:

"Yaa kalau perkembangan yang baik yaa beratnya naik, tingginya naik, makannya juga rutin" (P09)

"Yes, if the development is good, the weight goes up, the height goes up, the food is also routine"(P09).

"...yaa berat badannya naik, tinggi badannya naik..." (P11)

"...yes, her weight went up, her height went up..." (P11).

However, the family's opinion about good growth is not only judged by physical signs, but also by the achievement of child development (developmental milestone) according to their age. Families consider it does not matter if the growth is not by the average age as long as the child is still active. This is reflected in the following participants' statements:

"Kalau saya sih untuk respon nggakpapa mbak ya... Saya fokusnya bukan dari untuk anaknya kurang tinggi badan atau nggak, saya kok yang penting anaknya masih aktif..." (P01)

"For me, the response is okay... I focus not on whether the child is less tall or not, the important thing is that the child is still active..." (P01)

"...anaknya pancet (tetap) kecil, tapi anaknya aktif ngomongnya banyak..." (P08)

"...the child is still small, but the child is active and talks a lot..." (P08).

Theme 2. Family Reactions in the Face of Toddler Growth Status

The second sub-theme about some family reactions in dealing with toddlers' growth status in this study is illustrated in 2 sub-sub themes, namely emotional responses and attitudinal responses. Families when knowing the growth status of toddlers identified as stunted responded emotionally by expressing feelings of shock, fear, panic, worry, confusion, pity, and even curiosity. This response is described through the following participants' expressions:

"Agak kaget.. tapi mau bagaimana lagi.." (P02)

"A bit shocked... but what can I do?" (P02)

"Nggih takute kan lek sudah wes besare kan gitu, nggak kayak teman-temane (Ya takutnya kan ketika sudah besarnya kan gitu, tidak sama dengan teman-temannya)" (P02)

"I'm afraid that when I grow up I will be like that, not like my friends" (P02).

"Nggih.. wedi nggih.. takut kan ini tinggi badannya kurang" (P06)

"Yes... afraid too... afraid that his height will be less" (P06).

"Panik! Ya iya katanya bu bidan ini "kurang.. kurang.." gitu kan.. Ya kan ibunya kan panik!" (P03)

"Panic! Yes, the midwife said "less... less..." like that, right? Yes, the mother is panicking!" (P03)

"Waktu pertama tahu ya khawatir ya sedih mau gimana mbak..." (P04)

"When I first found out, I was worried, sad, what to do..." (P04)

"... kepikiran... Wayahe areke umur sakmene kok pancet mbak (waktunya anak umur sudah sekian tetapi kok tetap mbak (posturnya))" (P08)

"... the thought... when the child is this age but still has the posture" (P08).

"...Yaaa gini saya penasaran... Kok umurnya segini tapi kok bobotnya segini, tingginya cuma segini, gitu saya penasaran..." (P06)

"...Yes, I'm curious... How come he is this age but how come he weighs this much, his height is only this much, so I'm curious..." (P06)

"...bingung... yo yokpo mbak de'e gak gelem makan iku.. (bingung ya gimana mbak dianya nggak mau makan itu)" (P07)

I'm confused, mum. he doesn't want to eat it. (P07)

"...kalau saya kasian kalau nggak sama kayak temennya gitu, pendek sendiri gitu kan kasian..." (P11)

"...if I feel bad if I'm not with my friends, I feel bad if I'm short..." (P11).

Another sub-theme expressed by families in dealing with the growth status of toddlers is the attitudinal response, which is shown by families realising the nutritional problems experienced by toddlers characterised by less height compared to age. This is as stated in the following statement:

"...(dari) ketiga anak itu, yang terakhir ini yang memang kurang tingginya, dan badannya memang kecil..." (P01)

"...(of) the three children, the last one is the one who lacks height, and his body is small..." (P01)

"...Iyaa..sudah menyadari (kondisinya)..." (P02)

"...Yes...already realised (his condition)..." (P02)

From the family's attitude of being aware of the toddler's nutritional status, Participant One also revealed that she accepted and was not ashamed even though the toddler's height was inappropriate and smaller than her peers as shown below:

"...mungkin kalau orang lain bisa minder... Kalau saya nggak mbak, ya memang itu anak saya!" (P01)

"...maybe other people might be insecure... I'm not, it's my child!" (P01)

Table 1. Themes in the Research

Theme	Category
Family Perceptions of Linear Growth in Toddlers	<ul style="list-style-type: none">Family knowledge of circumcisionFamily assessment of good growth
Family Reactions to Toddler Growth Status	<ul style="list-style-type: none">Emotional ResponseAttitude Response

DISCUSSION

The ability of families to understand and respond to the nutritional status of under-fives can increase awareness of the risks of nutritional problems that the under-five

population is vulnerable to. This study identified 2 (two) themes about family perceptions of stunting. This theme consists of 4 (four) sub-themes, namely family knowledge about stunting, family judgements about good growth, emotional responses and attitudinal responses of families who have stunted toddlers.

Perception is defined as the way an individual perceives or interprets something which makes it a strong motivating factor for action (McDonald, 2011). Family perceptions of toddlers' linear growth will influence their perceived severity of stunting, which will impact their efforts to address early signs of stunting (Hossain & Khan, 2018). The results of this study show that the majority of families define stunting as a condition of growth failure characterised by short body posture. The family's statement about the definition of stunting is considered to be less specific. The extent to which families understand linear growth and whether they can recognise early signs of stunting is unclear. According to Kliegman (2016), there is a difference between the terms short stature and stunting, which is very important for families with toddlers to understand. Children who are stunted have short body characteristics, but not all those with short stature are stunted. Stunting is caused by chronic malnutrition, recurrent infections, or inadequate psychosocial stimulus caused by socioeconomic conditions (WHO, 2014).

It is also important to understand family assessments of good growth in addition to family knowledge of stunting. Families describe good growth in toddlers through observable physical signs and developmental achievements. The results of this study show that families consider it does not matter if the toddler's growth is not following the average age as long as the child is still active, but based on the concept of stunting by WHO (2015), it is said that stunting is an irreversible condition, especially in children's brain development. The role of nutrition is very

important in the development of optimal brain function, especially in the first 1000 days of life. 80% of the human brain develops and forms at the age of 2 years or 1000 HPK (Likhar & Patil, 2022). If the fulfilment of nutrition and intake is not optimal at this age, then this can have an impact on decreased cognitive function, learning achievement at school, and loss of child development potential (Perkins et al., 2017).

Stunting not only affects the child, but also the family or caregiver, especially the mother. Stunting conditions can cause various responses from families or caregivers (Giyaningtyas et al., 2019). In this study, the reaction of family response in dealing with stunted toddlers was described by the majority of participants with emotional responses such as feelings of worry, fear, panic, and confusion. According to Mertens et al. (2020), the main function of feelings of anxiety and fear is to signal danger, threat, and motivational conflict, which can trigger appropriate adaptive responses. The same is the case with the experience expressed by participants when they found out that their child was classified as stunted. This situation actually motivates the majority of families to seek efforts to improve toddlers' nutritional intake so that they can achieve good nutritional status again. In addition to emotional responses, understanding the attitude of families or caregivers of toddlers towards stunting is an important factor related to the behaviour of fulfilling nutrition in toddlers. A study by Rachmawati et al. (2021) supports this statement by proving that family knowledge and attitudes determine the nutritional status of stunted toddlers.

CONCLUSIONS

Family views on stunting consist of family perceptions of linear growth and family reactions in dealing with stunted children consisting of emotional responses and attitudinal responses. Family perceptions of

toddler growth and development are an important key in overcoming nutritional problems such as stunting. Parents' limited understanding of linear growth in children in this study can affect parenting patterns in fulfilling nutrition in children. Therefore, the role of health workers is to provide emotional and informational support to families to fulfil the nutritional needs of stunted children.

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