



## FOODING PATTERN ON STUNTING TODDLERS

Ni Putu Aryani\*, Baiq Ricca Afrida, Susilia Idyawati, Nurul Hikmah Annisa

Program Studi Kebidanan Jenjang D.3, STIKES Yarsi Mataram, Jl. Lingkar Selatan, Pagutan Barat, Mataram, Kota Mataram, Nusa Tenggara Barat 83361, Indonesia

\*[ary.jegeg99@gmail.com](mailto:ary.jegeg99@gmail.com)

### ABSTRACT

High rate of stunting in Lombok, especially West Lombok can give an impact on health, especially the mothers and their babies. Based on several research results, one factors that causing of high rate of stunting was food pattern. The aim of this research was to determine the barriers of parenting on mothers who have stunting toddlers. Research method used in this research was qualitative using in-depth interviews. The sampling technique used in this research was non-probability sampling with purposive method. The numbers of samples in this research were 8 mothers who have stunting toddlers. Data analysis was carried out with processing transcripts of interview results by providing code (coding) to words or sentences to facilitate the analysis of information obtained from one informant to another. The result of data analysis was presented using narration or descriptions according to the patterns found. The result of the research that have been carried out showed that the eating pattern on stunting toddlers was situational where parents do not apply certain parenting patterns but they were adapted to certain conditions and situations, especially on diet menu, meal schedule, meal portions, and the attitude of the mother when their kids don't want to eat.

Keywords: eating pattern stunting; stunting; toddler

### INTRODUCTION

The global problem of malnutrition was still getting major attention, especially in some developing countries. These nutritional problems include underweight, stunting, wasting, and micronutrient deficiency. The problem of malnutrition is one of the development targets as stated in the Sustainable Development Goals (SDGs) document, the second goal are to eliminating hunger, achieving food security and good nutrition, and promoting sustainable agriculture. The international agreement on target 2.2 SDGs was to eliminate all forms of malnutrition on 2030, including by 2025 to achieving the internationally agreed targets for stunting and underweight toddlers under 5 (five) years of age and meeting the nutritional needs of adolescent girls, pregnant and lactating mothers as well as elderly. The national indicator used to measure the SDGs target is the prevalence of stunting (short and very short) on children under five years old (Ministry of Health, 2019).

Stunting is a condition of failure to thrive on children under five due to chronic malnutrition so that the child is too short for his age. Indonesia is one of the countries with high prevalence of stunting compared to other middle-income countries. The results of the integration of Susenas on March 2019 and Toddler Nutritional Status Study (SSGBI) showed stunting prevalence of 27.67 percent. The stunting rate for children under five in Indonesia was still far from the standard set by WHO, which was 20 percent. The prevalence of stunting among children under five in Indonesia was also only slightly lower than the Southeast Asian region average of 31.9 percent (World Health Statistics data visualizations dashboard, updated in April 2019).

Based on the results of RISKESDAS in 2018, the incidence of stunting in West Lombok was 33.6%. Based on data from the report on the implementation of SUSENAS and SGGBI integration in 2019, the prevalence of stunting in NTB was 37.85%. The districts with the

highest to lowest prevalence of stunting in NTB on 2019 were Central Lombok 45.25%, West Sumbawa 42.73%, Dompu 41.49%, North Lombok 41.36%, East Lombok 39.57%, West Lombok 36, 3%, Bima City 33.6%, Bima 33.56%, Sumbawa 28.99%, Mataram 28.64%. Based on these data, it can be concluded that NTB was still above the national standard. (Ministry of Health RI, 2019)

The results of Basic Health Research on 2018 for toddlers aged 0-59 months showed that the weight-for-age index (BB/U) had malnutrition rate of 29.94%, which means that West Lombok was in the category of nutritionally vulnerable areas. Weight index according to body length (BB/PB) or height (BB/TB), the prevalence of thinness (very thin and thin) was 15.04% which indicates that West Lombok was in the category of vulnerable areas. Similarly, for the index of body length or height according to age (PB/U or TB/U), the prevalence of shortening was 33.61% which indicates that West Lombok was an area with stunting problems. (Risksdas NTB, 2018)

The impact that can be caused by stunting in the short term that stunting can cause an increase of morbidity and mortality, cognitive or intelligence disorders, delay of motor and verbal development, as well as an increase on health costs. The long term impacts of stunting are suboptimal body posture as adults, increased of obesity risk and other degenerative diseases, decreased reproductive health, learning capacity and performance disorders during school years, and not optimal productivity and work capacity.

The efforts to improve community nutrition as stated in Law Number 36 of 2009 concerning Health, that the aim to improve the nutritional quality of individuals and communities, among others through improving food consumption patterns, improving nutrition awareness behavior, increasing access and quality of nutrition and health services in accordance with advances in science and technology (Ministry of Health RI, 2009).

## **METHOD**

Qualitative research was conducted with in-depth interviews on mothers who have toddlers with stunting. Informants were selected using a purposive sampling procedure based on list of parents whose toddlers were stunting and resided in Batu Mekar Village. The samples were selected based on the characteristics and criteria of the population that previously known. Inclusion criteria were where the research subjects who met the requirements as samples, namely: mothers who had toddlers with stunting, eating patterns problem. Informants stayed in Batu Mekar Village and were willing become informants. The exclusion criteria were the research subject could not represent the samples because it did not meet the requirements as the research sample, namely: informant moved, did not have a history of infectious disease.

Interviews were conducted by first author using in-depth interview guidelines which were divided into several main themes according to the research objectives. The interview process was recorded with a tape recorder, then the transcript was made and combined with the researcher's notes during data collection in the field in a single document on the computer. Data analysis was carried out by processing transcripts of interview results by providing code (coding) to words or sentences to facilitate the analysis of information obtained from one informant to another. The results of data analysis presented using narration or descriptions according to the patterns found. The presentation of the results of the analysis was carried out using an inductive and deductive process. Validity checks were carried out using triangulation of sources for families of children under five and nutrition workers at each health facilities that was the location of the research.

## RESULTS

The result of the research that have been carried out showed that the eating pattern on stunting toddlers was situational where the parents do not apply certain parenting patterns but they were adapted certain conditions and situations, especially in diet menu, eating schedule, meal portions, and the attitude of mother when their kids do not want to eat.

### Toddler menu

Based on the result of the research, it was found that most of mothers did not give diverse menu, the menu that was given consisted of vegetables, rice and side dishes depending on what was available and liked by the child, as stated by the informant below.

*"I tried to give other foods but they didn't like it, so I went back to giving vegetables and eggs because if they eat with that, the portions will be bigger, so I just give them on that"(BL1)*

*The menu, usually I give sprouts, tempeh, tofu, shredded meat, but the abon is bought, the menu was different when they eat, what's on the menu too.(BL3)*

### Portion and frequency of eating

Based on the results of the research, all mothers fed one tablespoon of rice and ate 2-3 times a day, most of the mothers stated that they gave food according to the time, morning, afternoon, evening or night without any other additional food. As stated by the following informant.

*"Sometimes 2 times a day sometimes 3 times a day because he will rarely eat"*

*"2 to 3 times a day, they were like it to eat with their uncle even though just eat with salt"*

### Responsive Feeding

Based on the result of research conducted, most of the mothers do to toddlers who don't want to eat, mothers tend to let even though they persuade toddlers, mother only asks to eat without explaining the benefits of food, besides that the informant also said that she was a bit angry and annoyed if her child did not want to eat.

*"I force them but if they don't want to eat, let it go"*

*"A bit angry sometimes annoyed"*

## DISCUSSION

Stunting is chronic malnutrition problem caused by inadequate nutritional intake for a long time due to feeding that not in accordance with nutritional needs. Malnutrition in early age can increase of mortality rate of infants due to illness and poor posture as adults (MCA Indonesia. Stunting and the Future of Indonesia., n.d.). The most dominant factor in the incidence of stunting was parenting and feeding (p value = 0,000; oods ratio = 6,496; 95% CI = 2,486 16,974). Toddlers who receive low-feeding parenting were at risk 6 (six) times greater incidence of stunting than toddlers who receive good feeding parenting (Permatasari, 2021). The results of research that have been carried out found that there was significant correlation between the diversity of the diet and the incidence of stunting (Nirmala Sari & Ratnawati, 2018). Research was conducted in China and Negeria obtained that food diversity score of 6.8 and 6.04 (Okafor et al., 2020), these results are higher than in Indonesia, this can happen due to differences in the eating patterns of the socioeconomic conditions of each country. The result of the research in Bangladesh showed of lack of dietary diversity as a strong predictor of stunting (Rah et al., 2010). In addition, the cause of stunting is also caused by infectious diseases. The results of research conducted in Egypt found the inadequate nutritional intake

where the recommended protein intake was not met as recommended (Mahfouz et al., 2021). Other studies that support the results of this research indicate that there is a significant correlation between protein consumption and the incidence of stunting (Permatasari, 2021), in line with research showing that toddlers with low protein intake have a 1.87 times risk of stunting compared to toddlers with enough protein intake. (Sari, E. M; Juffrie, M; Nuraini, N; Sitaresmi, 2016)

Responsive feeding is the ability of caregivers to feed actively and responsively, including how to provide age-appropriate food, encouraging children to eat when their appetite reduced and using positive interactions (Ruel & Arimond, 2003). Research in developing countries on responsive feeding and malnutrition has shown that verbal interactions between mother and child can increase children's acceptance of food. A research in Bangladesh showed that active feeding can increase a child's ability to self-feed. Based on the results of this research, it shows that responsive feeding is important because it can help stunting toddlers to increase food acceptance so that they can achieve good nutrition. (Countries, 2011)

## CONCLUSION

Feeding parenting for stunting toddlers is a situational parenting pattern where parents do not apply certain parenting patterns but adapted to certain conditions and situations, especially in setting the diet menu, frequency and portion of eating, and mother's attitude when toddlers don't want to eat.

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