

## Original Research Article

## Maternal Perceptions and Parental Practices of Stunted Toddlers in Kupang Regency

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**Abstract:** The prevalence of stunting still fluctuates from year to year due to misconceptions that have an impact on childcare. However, when a child's height remains lower than the average, the child is considered common since they still look energetic. This study aimed to analyze the factors of maternal perceptions, parenting patterns, and program barriers in addressing the problem of stunted toddlers in Kupang District. This research used a qualitative approach supported by Focus Group Discussions (FGDs), in-depth interviews, and field observations; that was conducted in Oematnunu Village in June 2024. Informants in this study were 10 mothers of stunted toddlers, a midwives, and 2 cadres. The results found that mother's efforts are only to provide food that the child wants to consume, such as eating rice mixed with oil or only soup without side dishes. All families have gardens planted with various types of vegetables and fruits. Meanwhile, the stunting prevention program carried out in the area has not been able to reach the target. Through this, the results of this study are expected to be the basis for developing stunting programs not only for toddlers but also for mothers who are the main actors in improving children's nutritional status.

**Keyword:** Stunting, toddlers, focus group discussion, maternal perceptions, parenting patterns, program barriers.

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### INTRODUCTION

Indonesia is a middle-income country that currently experiences a triple burden of nutrition problems. This means that the nutritional challenges experienced are not only overweight and undernutrition, but also micronutrient deficiencies (Haddad *et al.*, 2015; Rah *et al.*, 2021). Influencing factors include inadequate maternal nutrition; poor parenting that affects the state of malnutrition; and dietary exposure to cheap sugary drinks and unhealthy foods that are high in sugar, salt and fat but low in essential nutrients (Andriani *et al.*, 2023; Popkin *et al.*, 2020). Various nutrition programs have been implemented to reduce or even solve these nutrition problems. But so far, no program has been able to fully address the problem.

Malnutrition (stunting, wasting and underweight) is one of the burdens of nutrition problems that continues to fluctuate from year to year. Therefore, the government's priority program is to accelerate the reduction of stunting in toddlers as stated in the 2020-2024 RPJMN. Stunting is a condition when children do not reach their maximum height and the brain does not

develop to its full cognitive potential, which is caused by poor nutrition from the womb until early childhood (UNICEF *et al.*, 2023).

A large number of stunting incidents occur due to misunderstandings that have an impact on childcare (Putri & Rong, 2021). For example, children are considered healthy because they still look lively, even though through anthropometric measurements the children are known to be stunted. When parents find out that their child's height is less than their age, they argue that it is influenced by genetic factors. Parenting patterns will indirectly affect children's nutritional status (Putri & Rong, 2021; WHO, 2019).

Indonesia Basic Health Research (Riskesdas) 2018 data shows that the prevalence of stunting among under-fives was highest in East Nusa Tenggara in 2013 at 51.7% and decreased in 2018 to 42.6%. In contrast, the prevalence of stunting in Kupang Regency has not changed (Badan Penelitian dan Pengembangan Kesehatan, 2019). The government data shows that the prevalence of stunting as of February 2023 in West Kupang sub-district is 18% (285 children) and one of the

sub-districts with the highest prevalence. Especially in Oematnunu Village with a stunting prevalence of 15.9% (37 children).

Health workers experience obstacles in inviting parents of toddlers to bring their children to Posyandu. This is influenced by community perceptions that consider stunting is not a problem and considered that the child's height is still below average because generally the child looks lively. This obstacle continues to be felt by health workers, which causes the stunting rate to increase due to the absence of early detection and prevention efforts before it becomes a more serious nutritional problem.

Government programs in efforts to reduce stunting rates have not been able to reach the target because they are not in accordance with local conditions. Therefore, the purpose of this study is to analyze the factors of maternal perceptions, parenting patterns, and program barriers in dealing with the problem of stunting toddlers in Kupang Regency. The results of the study are expected to be the basis for developing stunting programs not only for toddlers but also for mothers who are the main actors in improving children's nutritional status. The stunting program is then expected to reach all groups and have an impact on both rural and urban communities.

## METHOD

This research used a qualitative approach supported by Focus Group Discussions (FGDs), in-depth interviews, and field observations. This research was conducted in Oematnunu Village in June 2024. Informants in this study were 10 mothers of stunted toddlers, midwives, and 2 cadres. Triangulation was conducted to test the validity of the data, in-depth interviews with the Polindes midwife and 2 Posyandu cadres. Determination of informants will be determined purposively. Research subjects who became samples were selected based on the inclusion criteria, namely mothers of stunted toddlers who were willing to attend FGDs and were between 25-40 years old; cadres, namely the chairman and one of the active members; and a midwife in charge.

Qualitative data in the form of verbal and nonverbal data that includes perceptions and parenting patterns of mothers of stunted toddlers, and program barriers in dealing with the problem of stunted toddlers. The data sources in this study are primary and secondary data. Primary data is in the form of in-depth interviews and FGD results. Secondary data is in the form of stunting data from anthropometric measurements taken at the Posyandu.

The study received ethical clearance approval from the Research Ethics Commission of FKM UNDANA (Approval ID No: 000749/KEPK FKM UNDANA/2024). The research also requires permission

to conduct research from several related institutions. In addition, the study will also use an informed consent sheet given to participants involved in the study. The researcher guarantees the confidentiality of all interview information and is only used for research purposes.

## RESULT AND DISCUSSION

Batakte Posyandu, especially Boneana Polindes, still faces the problem of stunting. Data from May 2024 shows that out of a total of 1,611 children under five, 231 children (14.33%) were stunted. Meanwhile, in Oematnunu Village, out of 214 toddlers, 24 children (11.21%) were stunted. This number needs to decrease with a more targeted stunting prevention and handling program.

### Mother's Perception

Parental perceptions, especially mothers, are one of the crucial risk factors in handling stunting. The misconception of stunting will affect parenting and eating patterns that are also wrong for children (Suyanto *et al.*, 2024). This makes socialization and even efforts to overcome stunting unchanged, especially for parents who think that thin and short children are due to genetic factors. The study results state that mothers fully understand that stunting affects children's growth and development, namely causing, "slow growth." (R6)

Mother's understanding of the effects of stunting does not necessarily change the wrong habits. According to the midwife, one of the mothers had 4 children who had all experienced stunting. This incident occurred because they thought that thin and short children were due to genetic factors.

*"Her children seem to be hereditary, brothers and sisters are all stunted. From grandmother, father, all stunted. Parenting also affects because maybe they think it is hereditary so the child is stunted so it is okay."* (B1)

According to the study, not all mothers are aware of nutritional problems, especially stunting, and this is only known after an objective assessment with the help of several instruments. If mothers, who are in charge of providing and introducing healthy food to children, do not know about stunting, most likely there will be no action to overcome the problem (Adeomi *et al.*, 2022). Some parents feel that when their children's eating habits are judged to be better than other children, they usually lose motivation to change their existing eating habits for the better, and vice versa (Duncanson *et al.*, 2013).

Parents, especially mothers, lose motivation to provide a better diet to their children, because the habit is considered normal and the same as children of the same age in the neighborhood. Perceptions are also influenced by environmental factors. Mothers will feel that their children do not experience nutritional problems when they see other children in their neighborhood have eating habits and even the same weight and height.

*"My child only wants to eat with salt and fish oil. He doesn't want to eat side dishes. That's what he wants, it's better to eat with fish oil and salt. Most of them here are like that."* (R3)

The Posyandu activity is one of the early detection efforts for infants and toddlers who experience nutritional problems. Every time Posyandu is held, the midwives and cadres must provide an explanation of the child's nutritional status and suggestions that the mother needs to do so that weight and height increase in the following month. Sometimes when the Posyandu schedule arrives, parents say the child has no weight change because they were sick before the Posyandu schedule. So the mother feels that it is normal when the child's weight and height have not changed from the previous month.

*"They will say, 'Mom, yesterday the child was sick or this child is sick when near the Posyandu date. He has a reduced appetite.' Sometimes they say that."* (B1)

Midwives and cadres have made efforts to provide understanding and advice to mothers so that their children experience changes in weight and height, one of which is to *"feed him better."* (R5) However, not all mothers were able to change this perception even after years of the child being declared stunted. Mothers only told cadres that they were also disappointed.

*"(They said) To be honest, we are disappointed, because even though we feed our children, they don't gain weight."* (K1)

### Parental Practices

Children will accept healthy eating habits if parents are able to introduce these habits (Combs & Ickes, 2021). In reality, not all mothers who have learned that their children are stunted are able to change their children's eating habits. Some mothers stated that midwives and cadres must have provided an understanding of stunting and advice to increase children's weight. Some of the suggestions given include feeding vegetables and fruit and reducing the consumption of snacks.

*"We went to weigh the children, sometimes they gained weight, sometimes they lost it. After the weighing, the cadres tell us to feed the children. We feed them fruits and vegetables."* (R4)

*"Sometimes if the child's weight drops, the cadre will ask whether or not I feed the child. I answer that I do, it's just that children are lazy to eat. Sometimes I give too many snacks, so it is recommended to give less snacks to children."* (R1)

Mothers' statements do sound convincing that they understand and accept the advice of midwives and cadres. However, not all mothers were able to change their children's eating habits. Only 2 out of 9 mothers said that they tried to encourage their children to eat

nutritious food. The solution was to change the menu and the way it was processed.

*"He is a picky eater, if he wants to eat well (I) make it. He usually doesn't like clear vegetables, so just stir-fry them. If he asks for eggs, then I give him eggs."* (R4)

*"Sometimes we cut the vegetables into small pieces to make bakwan. He only eats certain vegetables."* (R5)

However, only one mother was actually successful in changing her child's eating habits and making the child pass stunting. The mother who succeeded was R4. This was agreed by a statement from the midwife. The midwife also stated that Mrs. R4 was also diligent in coming to Posyandu.

*"I once asked her, he (her son) is a picky eater. So what he wants to eat, we have to follow him. For example, he doesn't want clear vegetables, so stir-fry. If he doesn't like soup for fish, it must be fried. Adjusting to his diet. She diligently comes to the posyandu."* (B1)

The wrong eating habits were not corrected by the mother due to various factors. The mother feels that as long as the child wants to eat anything, it is okay without looking at the nutritional value. Mothers sometimes persuade their children to eat with snacks or play cellphones. Some mothers try to persuade their children to eat, but sometimes the methods used are not included in healthy eating habits. For example, by giving snacks while eating; eating only noodles as long as the child wants to eat; or giving only vegetable soup without side dishes.

*"If they do not want to eat anymore, I persuade them that if they do not eat, they will not get snacks."* (R5)

*"(If) there are some snacks (I) give them. I give chocolate, candy, just like their favorite snacks. Mama gets angry if the child doesn't want to eat, she will hit them too. I persuade them with my cellphone."* (R1)

Most households in the Boneana Polindes working area have gardens planted with various types of vegetables and fruits. Community gardens generally have tomatoes, broccoli, chili, long beans, moringa leaves, cassava leaves, papaya leaves, papaya fruit, banana blossoms. However, although the community produces a variety of nutritious food items, they may not be able to introduce these foods to their children.

*"Anyway, if I feed them, like fish or vegetables, sometimes I just give them the soup."* (R1)

There are mothers who even say they are lazy to feed their children. This is sometimes influenced by the child's bad mood or the mother who is tired of working so there is no intention to persuade the child to eat.

*"Or we are lazy to feed them."* (R2)

Mothers play the most important role in managing decisions and expenditures for food in the home. This influence can be seen in the availability of food types, roles in diet, snacks, and a healthy eating environment (Combs & Ickes, 2021). Even so, because of the daily gardening work, the mother struggles to take care of the family.

*"Some children don't want to eat vegetables and don't want to try them at all. I have tried to persuade them, but when I feed them, (if) they see vegetables, they will be separated."* (R1)

Occupation is one of the factors that influence a mother's parenting style towards her children. In this case, the mother works on the family farm. This gardening work takes place every day about 600m-1km from their respective homes. The whole family helps, even the youngest child. Sometimes, due to tiredness, the children are not bathed when they return home.

*"There is a garden house, so (they) go home once a night. If they want to pray, they go home early, otherwise they go home at 6/7. Sometimes they're already tired (when they get home), they don't have time to bathe the children."* (B1)

*"In terms of parenting that we see everyday, sometimes the children wake up early and haven't been given anything. They are in a hurry to go to the garden. In the morning, they just give them tea. If there is cake, cake, if not (only fed) tea."* (K2)

This habit is not only done by the villagers, but also by Mrs. Cadre. Therefore, parenting patterns cannot be judged only by occupation and knowledge. Sometimes even when a person has better knowledge, it does not guarantee that he or she will be able to apply it in everyday life. However, the cadre was not present at the time of the research, so the reason behind the incident could not be confirmed.

*"Every day they go to the garden. There is one cadre, the child is only three months old and has been taken to the garden. They make swings there, and then mom continues working."* (B1)

The harvest from the garden is considered to be quite a lot, so most of them are for sale. Some will be brought home for consumption, but when the vegetables or fruits are not finished, they will be sell again. The proceeds of the sale will be used to buy other foodstuffs, however, these foods do not have the same or even more nutritional value. For example, by buying instant noodles. The feeding of ready-to-eat food is also influenced by time constraints related to work (Lindberg *et al.*, 2021).

*"Sell to buy something else. If they don't like spinach, sell the spinach to buy something else. (They buy) noodles sometimes."* (R7) *"It's their (children's) favorite food."* (K1)

*"Sometimes they sell it and buy fish."* (R1)

*"Sell half, eat half. The rest at home is still there, (they) sell it again."* (K1)

Mothers play an important role in providing good eating habits to their children by introducing healthy foods. However, mothers sometimes find it difficult to make this happen due to busy work outside the home. Sometimes, moms feel lazy to feed their children because they are tired after work.

*"If they are tired of returning from the garden, then they just cook noodles, which is easy."* (R2)

*"Eat rice with noodles."* (R1)

The role of parents in dealing with child stunting problems can not only be done by mothers, but fathers also have the same role. However, this is not the case. Fathers believe that most meal decisions, children and families and how food is prepared, are made by mothers (Lindsay *et al.*, 2018). Mothers admitted that sometimes fathers did not respond when they found out that their children were stunted, while others only told mothers to pay attention to children's diets without providing any support.

*"Just shut up, no response."* (R6)

*"Just ask and that's it. Father just told me to buy more milk."* (R3)

### **Barriers of Stunting Prevention Program**

The Indonesian government, especially the village government, has made various efforts to accelerate the reduction of stunting. One of the efforts to improve mothers' understanding of children's health is through the monthly Posyandu activities. Posyandu activities and even socialization that are usually carried out also experience several obstacles, for example mothers cannot attend due to various obstacles. Therefore, midwives and Posyandu cadres make various efforts, one of which is by changing the Posyandu date or calling mothers from house to house.

*"If, for example, there is an event the next day that coincides with the posyandu date, we move the date forward. Otherwise we have to pick them up in front of the house, or bring the measurement scale to the houses. Vitamin A is the same, we have to participate."* (B1)

*"If there is socialization, they promise to come."* (K2)

The Oenaek Village Government conducts a supplementary food distribution program for stunting toddlers. As well as the distribution of ready-made food cooked by the wife of the Village Head. This activity is carried out at the Posyandu twice a year. This year the program has not yet been implemented, because it is usually carried out in June when the village program funds are disbursed.

*"Every meeting always discusses about stunting. (Supplementary food provided) Some are food ingredients, some are cooking, the wife*



*of the Village Head cooks and then the cadres distribute it. The program is done at the Posyandu, twice a year. Before stunting, there was supplementary food assistance, but this year has not been. Usually in June, the funds are disbursed and then implemented.” (B1)*

There is also a village program by creating a catfish pond. This pond was made in one family's house of a toddler who was stunted. This situation occurs because this house happens to have a large yard to be used as a catfish pond. Unfortunately, not all children, especially stunted toddlers, want to eat catfish. Hence, only some children enjoy this stunting prevention program.

*“There is a village program that makes catfish ponds, coincidentally, the mother whose child is stunted has a large yard so we can make it at her.” (K2)*

*“Anyway, if the stunted child wants to eat, go get it. If they don't eat, she (the homeowner) just feeds her child herself.” (K1)*

## CONCLUSION

The mother lost motivation to provide a better diet to the child, because the habit was considered normal and the same as children of the same age in the neighborhood. The mother's only effort is to provide food that the child wants to consume, such as eating rice mixed with oil, instant noodles or just vegetable soup without side dishes. This is despite the fact that all families in the Boneana Polindes working area have gardens planted with various types of vegetables and fruits. The village government's efforts have not been able to reduce the stunting rate in this area. One of them is the construction of a catfish pond. Unfortunately, not all children, especially toddlers who are stunted, want to eat catfish. So that only some children enjoy this stunting prevention program.

The results of this study are expected to be the basis for developing stunting programs not only for toddlers but also for mothers who are the main actors in improving children's nutritional status. The stunting program can reach all groups and have an impact on both rural and urban communities.

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