

Parents' Participation Experiences In Care Of Stunting Children In The Middle Of The Covid-19 Pandemic In Laha Village, District Ambon Bay Ambon City

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ABSTRACT

Stunting (dwarf / short) is a condition that inhibits growth and development in toddlers. Parents have an important role in caring for children with *stunting* by routinely checking at the Posyandu. The purpose of the study was to identify the experience of parents in caring for children with stunting in the midst of the *Covid-19* pandemic in Laha Village, Teluk Ambon District, Ambon City. This type of research is qualitative with the interview method. The informants of this study were the parents of children suffering from stunting. The results showed that most of the informants said that they came to the posyandu to weigh and measure TB, most of the informants said they had difficulty bringing children to the posyandu by wearing masks and avoiding crowds, while 1 out of 7 informants did not come to the posyandu because children were susceptible to being exposed to *Covid-19*. All of the informants said that in order for children to be monitored for their growth, to receive stunting treatment, to know the lack of children and parenting patterns, almost all of the informants said that in monitoring the growth of children, they had to take their children to the posyandu in order to find out their weight and TB. Only 1 out of 7 mothers bought a TB and BB measuring device. All informants said that the obstacle they experienced was the absence of a tool to measure TB and BB. All of the informants said that the children got enough food, but the fulfillment of protein from fish was still rarely given. Based on the results of the study, most of the informants continued to come to the posyandu, almost all of the informants monitored the growth of children at the posyandu in order to find out their weight and TB, and all of the informants said that the children got enough food. Further research is expected so that informants can provide information in Indonesian so that readers can better understand.

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1. INTRODUCTION

Stunting (dwarf/short) is a condition that inhibits growth and development in toddlers where the role of parents is very important to prevent this problem. In the future, children who experience stunting will find it difficult to achieve optimal physical development as well as their cognitive development. The causes of stunting can come from socio-economic factors, lack of nutritional intake in pregnant women, environmental sanitation conditions, infections experienced by babies or mothers during pregnancy and many other factors.¹

The adverse effects that can be caused by nutritional problems (stunting) in the short term are disruptions to the development of the brain and intelligence, impaired physical growth, and metabolic disorders in the body. Meanwhile, in the long term, the negative consequences that can be caused are decreased cognitive ability and learning achievement, decreased immunity so that you get sick easily, and a high risk of developing diabetes, obesity, heart and blood vessel disease, cancer, stroke, and disability in old age. as well as uncompetitive quality of work which results in low economic productivity²

Based on data from WHO the highest prevalence of stunting under five in Southeast Asia is Timor Leste with an average prevalence of 50.2%, in second place is India with 38.4%. Indonesia is in the third cycle of countries with the highest prevalence of stunting under five of 36.4% in 2005 to 2017, while Thailand has the lowest average prevalence of under five with stunting at only 10.5% in Southeast Asia.³

Indonesia is still experiencing problems in terms of nutrition and child development. UNICEF stated that around 80% of stunted children are found in 24 developing countries in Asia and Africa. Indonesia is the fifth country with the highest prevalence of child stunting after India, China, Nigeria and Pakistan. When the results of Basic Health Research noted that the prevalence of stunting in 2007 was 36.8%, it had fallen to 35.6% in 2010, but increased to 37.2% in 2013. From this prevalence it can be seen that the prevalence of stunting in Indonesia actually increased by 1.6% in the period 2010 – 2013 or 0.4% per year. According to WHO, the prevalence of short toddlers becomes a public health problem if the prevalence is 20% or more. Therefore the percentage of short toddlers in Indonesia is still high and is a health problem that must be addressed⁴

Maluku Province is included in the area of Indonesia with a high number of under-fives suffering from stunting based on the standards set by the World Health Organization (WHO). This status was determined based on the Nutritional Status Monitoring (PSG) regarding the prevalence (number of sufferers in the population) of stunting toddlers in Maluku Province in 2016 which reached 29% and in 2017 it became 30% of stunting toddlers. This shows an increase in Maluku Province.⁵

Ambon City has 46 active Puskesmas. The area with the highest number of stunted toddlers is in the working area of the Tawiri Health Center in 2019 reaching 23 stunted toddlers, increasing in 2021 to 76 stunted toddlers.⁶

In the COVID-19 pandemic, parents must maintain cleanliness, adopt a healthy life to ensure the health of their children. According to Kurniati, Alfaeni and Andriani (2020), parents tend to feel worried about their child's health. In order for parents to maintain the health of their children, parents teach their children to follow health protocols. When teaching healthy living practices, parents need to set an example of living healthy, neat and always comply with protocols as a form of educating children.⁷

Children tend to learn faster by imitating their environment, so it is important to implement healthy living in everyday life. Education about healthy living can be conveyed by giving examples of always washing hands with soap and running water and wearing a mask if you have to leave the house. In addition, parents also need to ensure regular and nutritious food intake. This is in line with the Positive Parenting Program. (Triple P) namely building self-regulation. Self-regulation programs aim to teach skills to individuals to be able to change behavior and make solutions in a social environment related to parenting and family.⁸

Based on preliminary studies at the Tawiri Health Center, it was found that stunting data in Laha Village in 2019 totaled 2 people, in 2020 there was 1 person and in 2021 until April there were 48 people. According to the nutrition officer, the increase in stunting occurred due to the absence of growth and development checks during the pandemic. By knowing these facts, further research will be conducted on "Experience of Parent Participation in Caring for Children with Stunting in the Middle of the Covid-19 Pandemic in Laha Village, Teluk Ambon District, Ambon City."

2. METHOD

This study uses a qualitative research design with a phenomenological approach. The place for this research is Laha Village, Teluk Ambon District, Ambon City, which will be conducted in September 2021. The data analysis technique used in this study is qualitative data analysis based on data obtained from interviews. Respondents in this study consisted of the main participants, namely the parents of children suffering from stunting, totaling 7 people and supporting participants, namely nutrition officers at the Tawiri Health Center.

3. RESULTS AND DISCUSSION

Based on the results of research on the experience of parents' participation in caring for children with stunting amid the Covid-19 pandemic in Laha Village, Teluk Ambon District, Ambon City, by interviewing 7 parents of children suffering from stunting and supporting participants, namely nutrition officers at the Tawiri Health Center, the results obtained as follows:

Main Informant Characteristics

Table 1. Main Caregiver Characteristics of Toddlers Age 13-59 Months who are Stunted

Characteristics of Mother							
Age	28	29	28	27	26	28	28
Education	SD	SD	SD	SD	SD	SD	SD
Work	IRT	IRT	IRT	IRT	Pedagang Sayuran	IRT	penjual ikan keliling
Characteristics Of Toddlers Stunting							
Gender	Female	Female	Female	Male	Female	Male	Male
Age	36	20	24	15	48	24	36

Based on the table it is known that most of the main informants are 28 years old, the age of the oldest informant is 29 years old and the youngest is 26 years old, they all have an elementary school level of education. The main informants in this study are mostly housewives. also has a job as a vegetable trader and itinerant fish seller

Toddlers in this study have gender, namely male and female. Most of the toddlers are 36 months and 24 months old, the oldest toddler is 48 months old, while the youngest toddler is 15 months old

Overview of Parental Participation

Posyandu visit

From the interview results, it was found that 6 out of 7 informants brought their children to the posyandu to measure their height and weight. Meanwhile, 1 informant said that he rarely brought his child to the posyandu because he thought that children were vulnerable to exposure to COVID-19. Here's the quote:

"During this pandemic, we rarely have visits for goods, because if the children are wealthy, this child is very vulnerable to getting the corona virus, especially if you have to go to the Posyandu. There are a lot of people there" (Informant Nv)

However, most of the informants still came to the posyandu because they thought that by coming to the posyandu they could find out their child's growth through weighing and measuring their height. Here's the quote:

"My experience is coming to the posyandu to check the beta of a child with high weight by complying with health protocols" (Informant Ma)

"There must be a lot of experience weighing, immunizing, then monitoring the nutritional status of the children and getting information about breastfeeding from the mothers in the field, so during a pandemic, you usually have to be diligent in keeping your children clean at home" (Informant Li)

In addition, the response from health workers also influenced the posyandu visits. A friendly and kind response will bring a feeling of comfort. Here's the quote:

"The experience at the posyandu was responded very well by the officers there who were given directions during this pandemic, you have to be diligent to watch the cleanliness of the children around you" (Informant Rs)

The results of the interviews found that there were several obstacles experienced by mothers during visits to Posyandu such as wearing masks that children did not like and the posyandu schedule which coincided with work time or being busy at home. Here's the quote:

"If the problem is when you want to go to the posyandu, you are busy at home or you have a mother or if you don't have a mask, it's difficult for the posyandu to do that" (Informant Rs)

"The problem is that the usual schedule is that if you go to the Posyandu on that date, the Posyandu will usually be on its way, so I usually go straight to the Puskesmas" (Informant Li)

"This obstacle is difficult to bring children during Corona for us because we are afraid if the crowd is crowded" (Informant Ma)

Strong motivation from within the informant that keeps the informant coming to the posyandu. All informants hope that by coming to Posyandu they can find out the growth and development of children. Apart from that, the informants also hoped that their children would recover from stunting and know what had to be improved in the parenting style they were given. Here's the quote:

"The motivation when bringing the child to the posyandu is that hopefully the child can be monitored and he or she is growing well" (Informant Wa)

"Let me know that this child is still growing, so if there is anything, the midwife will take care of it immediately" (Informant Mi)

"Motivation for beta pung underprivileged is really needed during a pandemic for this because I really want beta pung underprivileged to be brought to the weighing at the posyandu to monitor him as he is floating his growth rate is weighed by watching him progress every month eee so" (Informant WI)

Based on the results of the interviews, most of the informants said they still came to the posyandu to weigh and measure their height even though there was a pandemic. They did this to find out the development and growth of their children. In addition, there were also informants who thought that by coming to the posyandu they would receive services in the form of additional food and new knowledge about good parenting for stunted children. This is in line with research conducted by Sudarti, (2008) that mothers who use Posyandu feel the need for Posyandu services because there is a strong desire from mothers to know and understand about their child's nutritional development.⁹

However, there was 1 informant who rarely came to the posyandu. He thought that there would be a lot of people congregating at the posyandu while children were very vulnerable to exposure to COVID-19. This is in line with research conducted by Alvara (2020) which concluded that during this pandemic the public will experience panic and high anxiety and with anxiety it will affect public behavior, especially behavior related to health, there are several health behaviors that have increased, such as wearing masks, washing hands, exercising, but there are also a number of declining health behaviors, such as fear of going to health services, fear of seeking treatment or fear of leaving the house to do posyandu because they feel worried about contracting Covid-19 from health workers or from visitors to other health services.¹⁰

According to the researchers' assumptions, during the Covid-19 pandemic the awareness of mothers to have their children checked at posyandu and other health services decreased, this was because mothers had feelings of worry if their children were infected with the Covid-19 virus so this resulted in a decrease in public health behavior .

Routine Monitoring of Child Development

From the interview results, it was found that 2 out of 7 informants brought their children to the posyandu directly to measure height and weight as a form of monitoring. Here's the quote:

"The experience of monitoring the growth of children during the pandemic is difficult for me, it's difficult because the growth and development of these children is different, so you have to measure it once every 2 weeks, make sure that this child has no disturbances during the growth period, while at home it is often there is a measuring device weighing e. (Informant Wa)

"Well, if it's not from the household, then the health workers will do that, then if you bring the children to be weighed, they'll probably have some that are sophisticated enough to check the child's beta-weight and then they can monitor your nutritional beta. lack of nutrition gamu" (Informant WI)

Monitoring growth, especially height and weight in stunted children, can be done independently by the mother as a way of monitoring during the COVID-19 pandemic. This is supported by the statements of 3 informants, as follows:

"If you monitor him, he's still growing, yes, I can only see that he's getting taller, if you haven't checked on the wall, just line it up, then if you want to measure him, he's heavy with his height, you have to go to another puskesmas, so I'm just like that" (Informant Ma)

"In the experience of monitoring his growth, it's normal to see from him his height and weight, if for that there is a tin bag with a scale that measures height, you can take it to the puskesmas just to see if he is tall and only weighs" (Informant Li)

"As I said earlier, you rarely go to posyandu, so you have to return the scales with a meter, even though I know zinc is as accurate as the one from health, please have it" (Informant Nv)

Apart from that, the food intake given is also one of the things that needs to be considered in monitoring. Proper food intake can help stunted children increase their growth. This is supported by the statements of 2 informants, as follows:

"Take care of him with health, then take care of him with food so he can grow well" (Informant Mi)

"If you monitor beta, you can usually give food that the midwife said, like eating fruit, for this small child, so that when he wants to go to the posyandu, he will have a sadiki change" (Informant Rs)

Based on the results of interviews with 3 of the 7 informants, the obstacle they experienced was that there were no weight and height measuring devices at home, so that monitoring could only be done soberly or brought directly to the posyandu. Here's the quote:

"The problem is that you have a scale to measure the weight and height, so you have to go to another puskesmas" (Informant Wa)

"Yes, the problem is that there is a scale to measure his weight and height ka" (Informant Mi)

"The problem is that there is a measuring device for measuring height and weight, so I'm not used to going to the puskesmas" (Informant Li)

Based on the results of the interviews conducted, it was found that almost all informants said that in monitoring the growth of their children they had to take their children to the posyandu so they could find out their weight and height. This thought process arose due to the absence of a tool to measure the child's weight and height in the informant's house. From the interview results it was found that only 1 out of 7 mothers bought a tool to measure TB and BB so that they were able to take measurements related to BB and TB whether they were progressing or not. No.

In line with the informants' statement regarding the researcher's questions regarding the constraints felt by the informants, namely that all informants said that the constraints they experienced were the lack of tools to measure TB and BB like those at the Posyandu.

Monitoring a child's growth is the key to detecting signs of malnutrition early. That is why children need to have their weight, height and head circumference measured regularly. Malnourished children can experience failure to thrive or stunting, which is marked by their short height.

This is in line with research conducted by Putri and Dewina, 2019 related to maternal factors and poor parenting, especially in the behavior and practice of feeding children, which is also the cause of child stunting if the mother does not provide adequate and good nutrition. Mothers who lack nutrition during their teenage years, even during pregnancy and lactation, will greatly affect the growth of the child's body and brain.¹¹

Toddlerhood is a golden period because during this period growth has increased very rapidly. If a toddler's growth is not monitored properly and is disrupted, it cannot be corrected in the next period. So it is necessary to carry out routine growth monitoring of toddler growth so that it can be detected if there are growth deviations and countermeasures can be carried out as early as possible and prevent disruption to the toddler growth and development process. Stunting not only makes a child's posture short but also hinders the development of his intelligence. That is why a child's nutritional adequacy must be considered from the time he is in the womb.¹²

Provision of Balanced Nutrition Intake

The provision of nutritional intake to stunted children carried out by 7 informants varied according to their respective economic abilities. Most of the informants gave eggs to their children as a fulfillment of protein. In addition, porridge, fruit, clear moringa leaves and green vegetables were also the informants' choices. Here's the quote:

"Beta takes care of feeding the clear cooked Moringa soup while taking care of eating the taror while she is still breastfed" (Informant Noodle)

"The effort is to give food that is still fresh like green soup, fish with taror tarus and usually give it milk to drink so that it also gets bored, these kids, if you eat it, you will get bored later" (Informant Nv)

"If I take care of my nutritional intake, give him green bean porridge, taror, bread with lemon, if you have money, if you have zinc, just give him bananas with porridge so he can eat nutritiously" (Informant Ma)

The nutritional fulfillment of each informant was influenced by the economic conditions of the family. Informants who have a husband who is a fisherman are usually able to provide nutrition from fish. However, this also does not mean that they can eat fish at any time because their husbands do not come home with fish every day. Here's the quote:

"Eh, I'm happy to share this economy with other people, you can also see that right now, our economy is lacking, especially since the pandemic is for you, while men are still looking for people, especially since this man is a fisherman, so that's enough for children, maybe I just said give the children the food, Moringa leaf pulp, for the clear katok soup with fish too, if you can get it from the results of your fishing trip last night, so that's how much we can give our children with high sufficiency like healthy foods let the greens be the ones that can be fed to the small children" (Informant Wl)

"I have to take care of him while he eats, I can only feed him porridge, sayor kangkong eats fish too, if the male comes home from the sea, if he gets it, if it's zinc, just eat that" (Informant Wa)

In addition to the nutritional intake above, informants also used additional food provided by health workers from the posyandu. Here's the quote:

"Providing this nutritional intake is normal, giving him eating fruit with the usual food he gets from Posyandu, which is rich in additional food for that" (Informant Rs)

"I usually give him additional food from the health center with him still breast-fed, so he usually eats porridge with taror when he eats fish, but he rarely eats soup, he doesn't like it that way" (Informant Li)

Based on the results of the interviews conducted, it was found that all informants said that children received sufficient food, but protein from fish was rarely provided, this was due to economic conditions that were down during the pandemic. So the need for protein is replaced with tempeh, tofu and eggs.

In general, there are many factors that cause a child to suffer from stunting, such as a lack of balanced nutritional intake and living in an environment that is far from clean. Therefore, parents must be actively involved in preventing these factors from happening to their children, one of which is through early detection by routinely checking the baby's health condition at Posyandu, Puskesmas, or the nearest health service. The Indonesian Minister of Health, Nila Farid Moelok (2018) said that there are three things that must be considered in preventing stunting, namely improving diet, parenting, as well as improved sanitation and access to clean water. Often non-health problems are the root of the stunting problem, be it economic, political, social, cultural, poverty, lack of women's empowerment, and environmental degradation problems.¹³

In terms of diet in children aged 0-6 months, it is necessary to carry out exclusive breastfeeding, this is because the milk produced by the mother contains the nutrients needed by the baby for the needs and development of the baby without the need to add other fluids such as formula milk, water tea, water and others.¹⁴

This is in line with research conducted by Anita (2020) explaining that there is a relationship between exclusive breastfeeding and the incidence of stunting in toddlers. This shows that one of the

prevention efforts that can reduce the risk of stunting is to provide exclusive breastfeeding, namely in the first 6 months.¹⁵

According to the researchers' assumptions, when a toddler experiences malnutrition, the risk of a toddler experiencing stunting will be higher. There are many factors causing toddlers to experience stunting including a lack of balanced nutritional intake and living in an environment that is far from clean. The problem of stunting can be overcome by providing adequate nutrition to toddlers. In infants aged 0-6 years, the problem of stunting can be prevented by giving exclusive breastfeeding in the first 6 months. Apart from that, parents must also detect it early by routinely checking the health condition of their baby at Posyandu, Puskesmas, or the nearest health service.

4. CONCLUSION

The conclusion in this study is that most of the informants still come to the posyandu to weigh and measure their height even in the Covid-19 pandemic. Routine monitoring of children's development in the midst of the Covid-19 pandemic was carried out by almost all informants to monitor the growth of children at the posyandu so that they could find out their weight and height. And all informants said that children got enough food, but protein from fish was still rarely given, this was due to economic conditions that were down during the pandemic. So the need for protein is replaced with tempeh, tofu and eggs.

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