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Exploration of Mother's Perception of Toddlers About Stunting: Qualitative Study

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Mother's Perception;
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Stunting;
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ABSTRACT

Introduction: Stunting is a significant health issue in Southeast Asia, commonly resulting from chronic malnutrition. Mothers play a crucial role in their children's growth, development, and stunting prevention. Perceptions shape maternal attitudes and behaviors, influencing care for toddlers. This study aims to explore mothers' perceptions of stunting in the Martapura 1 Health Center work area

Methods: A qualitative study with a descriptive phenomenological approach was conducted. Sixteen mothers of stunted toddlers were selected using purposive sampling. Data were collected through observation, interviews, documentation, and audio recordings. Ethical approval was obtained from the Health Research Ethics Commission of the Stikes Intan Martapura.

Results: Five themes emerged regarding mothers' perceptions of stunting: Definition of Stunting: Mothers associated stunting with genetic conditions, malnutrition, underweight, short stature, stunted growth and small body size; Causes of Stunting: Perceptions included many factors, malnutrition, cultural beliefs like "*buyu*" (a local term), and adequate food intake; Symptoms of Stunting: Mothers identified underweight, short stature, delayed development, small body size, and frequent illness; Prevention of Stunting: Properly fed, regular meal schedules, milk provision, attending posyandu (community health services), and provide vitamins; Handling of Stunting: Mothers mentioned consulting healthcare providers, providing nutritious food, improving dietary patterns, providing vitamins, and ensuring adequate sleep.

Conclusion: The study provides insights into maternal perceptions of stunting, covering definitions, causes, symptoms, prevention, and management. The study highlights the influence of sociocultural beliefs on maternal perceptions of stunting, which may contribute to misunderstandings and ineffective prevention strategies. Findings emphasize the need for culturally tailored health education to correct misconceptions and promote evidence-based stunting prevention practices. Strengthening community engagement and healthcare interventions is crucial for enhancing maternal awareness and ensuring the successful implementation of stunting prevention programs. Future research should explore broader populations to capture diverse sociocultural perspectives and their impact on child health.

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INTRODUCTION

Stunting remains a major multifactorial health problem in Southeast Asia and is one of the most common impacts of chronic malnutrition worldwide (1,2). According to data from the World Health Organization (WHO) in 2022, as many as 22.3% of children in the world experienced stunting (3). In Indonesia, the Indonesian Nutritional Status Survey (SSGI) reported that the prevalence of stunting in 2023 was 21.6%, showing a significant decline from 24.4% in 2021 (4). Meanwhile, data from the Indonesian Health Survey (SKI) indicated that the prevalence of stunting in toddlers was 34.8% (5). Despite the national decline, South Kalimantan Province continues to face challenges, as its stunting prevalence exceeds the national rate, reaching 24.6%. Banjar Regency, one of the regencies in South Kalimantan, experienced a significant increase in stunting cases, from 29.1% in 2018 to 40.2% in 2021. Although it later declined to 20.89% in 2023, stunting remains a persistent health issue in the region (6). A preliminary study conducted in the Martapura 1 Health Center Working Area found 48 toddlers identified as stunted, indicating the ongoing burden of stunting in the local context.

Stunting is caused by chronic malnutrition and recurrent infections during pregnancy and the first two years of life, with consequences extending into childhood and adulthood. Short-term effects include a weakened immune system, impaired physical development, and cognitive delays in children under five. In the long term, stunting can lead to lower academic achievement and an increased risk of chronic diseases in adulthood (7).

The Indonesian government has implemented various preventive measures, including improving maternal nutrition, promoting exclusive breastfeeding, enhancing access to clean water and sanitation, immunization programs, and treatment for infectious diseases (8). Mothers play a critical role in childcare, influencing the nutritional status and overall well-being of their children. Their perceptions about stunting shape their attitudes and behaviors toward child nutrition and health (9).

Perception is a cognitive process where individuals select, organize, and interpret information about people, objects, and events (10). Several studies have explored maternal perceptions of stunting and their association with stunting incidence (11,12). The Health Belief Model (HBM) provides a framework for understanding maternal perceptions of stunting. Key components include perceived susceptibility (whether mothers recognize their child's risk of stunting), perceived severity (understanding the serious impacts of stunting on a child's growth and development), perceived benefits (whether mothers believe that actions such as providing nutritious food or utilizing health services can prevent stunting), and perceived barriers (such as financial constraints or limited access to healthcare) (13).

Previous research by Noviaming, Takaeb, and Ndun (14) found that mothers' perceptions of stunting were still limited, mainly associating stunting with short stature, thinness, and malnutrition. Meanwhile, Asmuni, Hapzah, and Nurbaya (15) reported that some mothers did not perceive their children as stunted because they exhibited normal developmental milestones such as walking and talking at an appropriate age. These studies highlight differences in maternal perceptions of stunting. However, most existing studies have primarily focused on the biomedical and nutritional aspects of stunting, with limited exploration of the sociocultural dimensions influencing maternal perceptions. Cultural beliefs, traditional practices, family influence, and local healthcare access play a significant role in shaping how mothers perceive and respond to stunting. There is a lack of research examining how these sociocultural factors impact maternal perceptions of stunting, particularly in South Kalimantan, where local traditions and beliefs may shape childcare practices differently than in other regions. To address this gap, this study explores the perceptions of mothers of toddlers regarding stunting within the Martapura 1 Health Center Working Area, emphasizing the sociocultural factors influencing their understanding and responses to stunting. By providing an in-depth exploration of maternal perceptions, this study aims to contribute valuable insights to the global discourse on maternal health, child nutrition, and stunting prevention strategies.

METHOD

This study employed a qualitative phenomenological design to explore, analyze, and describe the perceptions of mothers of toddlers regarding stunting. A purposive sampling technique was used to select 16 mothers of stunted toddlers in the Martapura 1 Health Center Working Area, Banjar Regency, South Kalimantan Province. The sample size was determined based on data saturation, where no new themes emerged from the interviews. While qualitative research prioritizes depth over breadth, it is acknowledged that the limited sample size and localized nature of this study may restrict the generalizability of findings beyond the specific cultural and geographical context. Data were

collected through in-depth semi-structured interviews conducted in person at participants' homes, each lasting approximately 30–60 minutes. A semi-structured interview guide was developed to ensure consistency while allowing flexibility in exploring emergent topics. All interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis with NVivo 12 software. Themes were identified through an iterative process of coding and categorization, ensuring that key patterns in maternal perceptions were systematically explored. To enhance credibility and reliability, several strategies were employed: Member checking (participants were given the opportunity to review summaries of their interviews to confirm accuracy); Triangulation (multiple data sources (interviews, observations, and documentation) were used to validate findings); Researcher reflexivity (to minimize bias, the researchers maintained a reflexive journal throughout the study to document assumptions and reflections that could influence data interpretation).

Ethical approval

Ethical approval was obtained from the Health Research Ethics Committee of Stikes Intan Martapura (Approval Number: 037/KE/YBIP-SI/XII/2024). Informed consent was obtained from all participants prior to data collection, ensuring voluntary participation. Confidentiality and anonymity were strictly maintained throughout the research process.

RESULTS

Participant Characteristics

Participants in this study were mothers with stunted toddlers in Martapura 1 Health Center, Banjar Regency, South Kalimantan Province. There were 16 participants. The ages of the participants varied, with the youngest being 20 years old (P9) and the oldest being 39 years old (P14). The last education of the participants in this study also varied, namely the last education was Elementary School (ES), Junior High School (JHS), and Senior High School (SHS). Most of the participants were Housewives (14 participants) and a small number were traders (2 participants). A total of 4 participants had 1 child, 6 participants had 2 children, 2 participants had 3 children, and 4 participants had 4 children. The monthly family income varied with a range of 1-2 million per month (9 participants), 2-3 million per month (6 participants), and 3-4 million per month (1 participant). Details of participant characteristics are presented in table 1 below.

Table 1. Characteristics of research participants

Partisipant Code	Age (Year)	Education	Work	Number of Children	Monthly Family Income (Rp)
P1	37	JHS	Trader	2	2-3 million
P2	26	SHS	Housewife	1	1-2 million
P3	31	JHS	Housewife	4	1-2 million
P4	31	JHS	Housewife	4	1-2 million
P5	29	JHS	Housewife	3	2-3 million
P6	36	JHS	Housewife	4	1-2 million
P7	27	JHS	Housewife	2	1-2 million
P8	28	JHS	Housewife	2	1-2 million
P9	20	JHS	Housewife	1	3-4 million
P10	28	SHS	Housewife	1	2-3 million
P11	26	SHS	Housewife	2	1-2 million
P12	36	ES	Housewife	2	2-3 million
P13	30	SHS	Housewife	2	2-3 million
P14	39	SHS	Berdagang	4	2-3 million
P15	26	SHS	Housewife	1	1-2 million
P16	32	JHS	Trader	3	1-2 million

Source: Primary Data

In-depth interviews conducted on 16 participants obtained results in the form of themes about research problems. The results of data analysis that have been carried out using N-Vivo 12 obtained 5 themes, namely mother's perception of the meaning of stunting, mother's perception of the cause of stunting, mother's perception of the causes

of stunting, mother's perception of preventing stunting and mother's perception of handling stunting. The themes were obtained from the data analysis process using N-Vivo 12 which began with data import, reading, transcribing and categorizing. The results of the data analysis are presented in Figure 1 below.

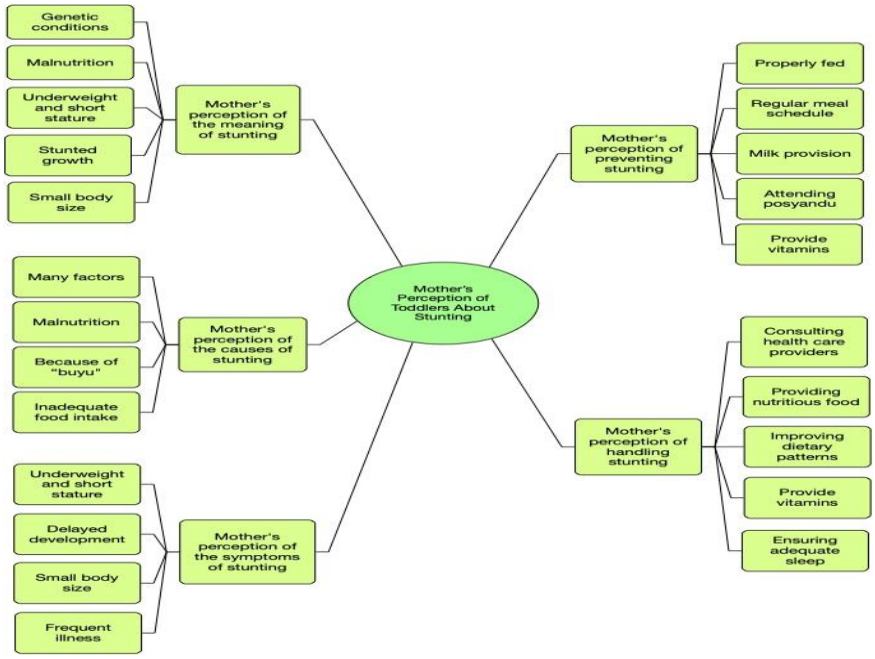

Figure 1. Mind map of mothers' perception of toddlers about stunting

The results of the data analysis presented in the mind map, it is known that there is a lot of important information related to the research topic, namely the perception of mothers of toddlers about stunting in the Martapura 1 Health Center work area. This important information was analyzed and used as a research theme. The research themes obtained were 5 themes, namely: mother's perception of the meaning of stunting, mother's perception of the cause of stunting, mother's perception of the causes of stunting, mother's perception of preventing stunting and mother's perception of handling stunting.

Mother's Perception of The Meaning of Stunting

The findings identified in this study regarding the perceptions of mothers of toddlers regarding the meaning of stunting are genetic conditions, malnutrition, underweight and short stature, stunted growth and small body size. Our findings are outlined in figure 2 below.

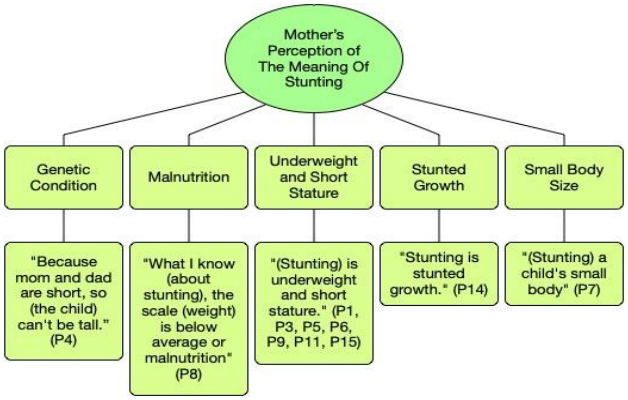

Figure 2. Mind map of mothers' perception of the meaning of stunting

Mother's Perception of the Cause of Stunting

The findings identified in this study regarding the perception of mothers of toddlers regarding the causes of stunting are many factors, malnutrition, because of "Buyu" and inadequate food intake. Our findings are outlined in figure 3 below.

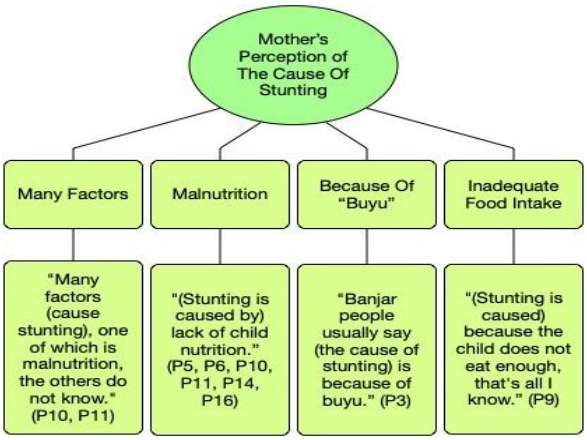

Figure 3. Mind map of mothers' perception of the cause of stunting

Mother's Perception of the Symptoms of Stunting

The findings identified in this study regarding the perceptions of mothers of toddlers regarding the symptoms of stunting are underweight and short stature, delayed development, small body size, and frequent illness. Our findings are outlined in figure 4 below.

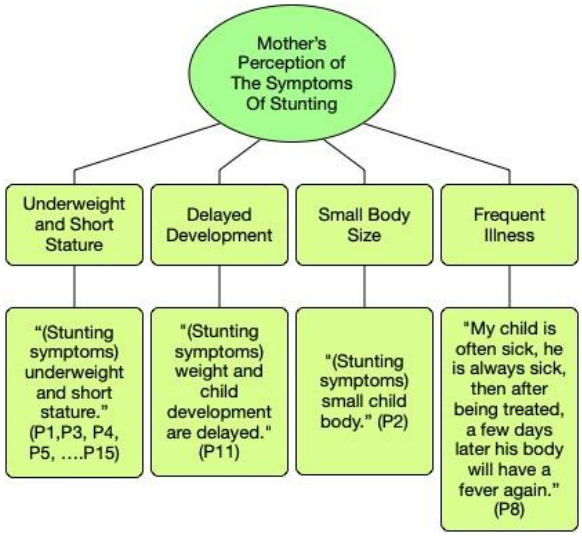

Figure 4. Mind map of mothers' perception of the symptoms of stunting

Mother's Perception of Preventing Stunting

The findings identified in this study regarding the perceptions of mothers of toddlers regarding stunting prevention are properly fed, regular meal schedule, milk provision, attending posyandu, and provide vitamins. Our findings are outlined in figure 5 below.

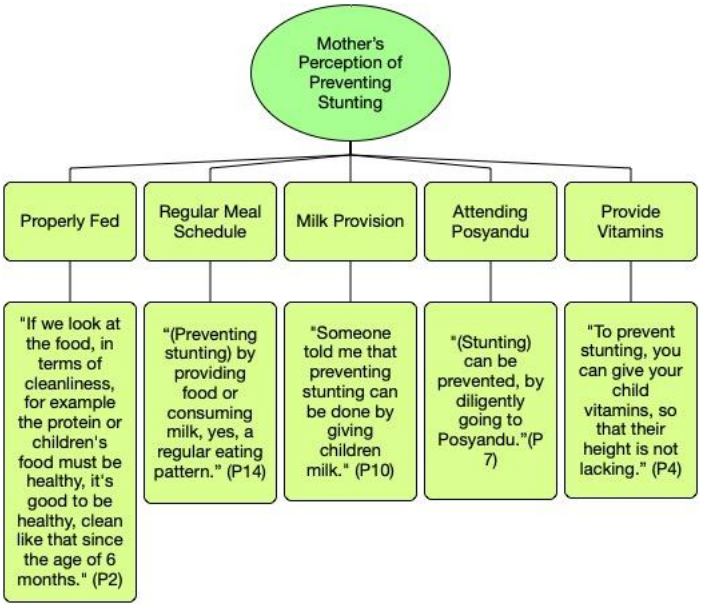

Figure 5. Mind map of mothers' perception of preventing stunting

Mother's Perception of Handling Stunting

The findings identified in this study regarding the perceptions of mothers of toddlers regarding handling stunting are consulting healthcare providers, providing nutritious food, improving dietary patterns, providing vitamins and ensuring adequate sleep. Our findings are outlined in figure 6 below.

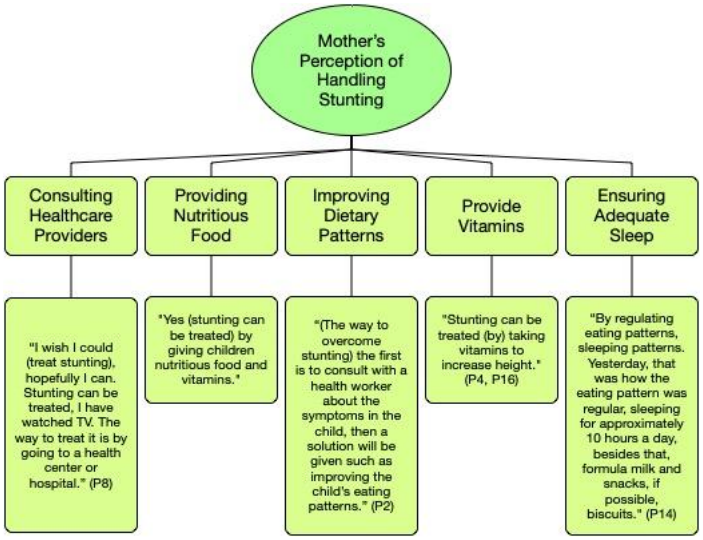

Figure 6. Mind map of mothers' perception of handling stunting

DISCUSSION

Our findings identify the perception of mothers of toddlers about stunting as their understanding of its definition, causes, symptoms, prevention, and treatment. The discussion based on these findings is elaborated as follows.

Toddler Mothers' Perception of the Definition of Stunting

The results of our study indicate that mothers of toddlers with stunting perceive stunting as a genetic condition, malnutrition, underweight and short stature, stunted growth, and small body size. These perceptions align with studies by Noviaming (14) and Sutrio et al. (16), which found that mothers' understanding of stunting focuses primarily on physical characteristics, such as small stature, slow growth, thin body, weakness, and malnutrition. Similarly, research by Samba (17) and Hapzah et al. (15) revealed that mothers perceive stunting as a condition where a child's height does not match their weight and age, reinforcing the physical aspect of stunting perception. However, one distinctive finding in our study is that some mothers perceive stunting as a genetic condition due to their observations of short stature within their families. This perception is inconsistent with the World Health Organization's (WHO) definition of stunting, which states that stunting results from chronic or repeated malnutrition (18). Integrating the Health Belief Model (HBM) into this analysis provides insight into how perceived susceptibility and perceived severity influence mothers' understanding of stunting. If mothers believe stunting is purely genetic, they may not perceive it as preventable, reducing their likelihood of engaging in preventive behaviors (19). This highlights the need for targeted health education interventions that emphasize the modifiable nature of stunting.

Toddler Mothers' Perceptions of the Causes of Stunting

Mothers in our study identified multiple perceived causes of stunting, including malnutrition, inadequate food intake, and a cultural belief in "buyu." The multifactorial nature of stunting is well documented in the UNICEF conceptual framework, which outlines both direct and indirect causes, such as inadequate nutritional intake, frequent infections, poor food security, and suboptimal childcare practices (20,21). Our findings align with previous studies by Noviaming (14) Hapzah et al. (15), and Sutrio et al. (16), which found that mothers attribute stunting to factors such as lack of breastfeeding, inappropriate complementary feeding, and maternal nutritional deficiencies during pregnancy. However, a unique finding in our study is the belief that stunting is caused by "buyu," a supernatural entity thought to suck a child's blood, leading to malnutrition. This belief is deeply rooted in Banjar culture, where violations of pregnancy-related taboos (pamali) are thought to result in harm to the child (22,23). While cultural beliefs play a crucial role in shaping health perceptions, it is essential to distinguish scientifically validated causes of stunting from cultural misconceptions. Drawing from cultural relativism theory, health education programs should adopt a culturally sensitive approach that respects traditional beliefs while providing scientifically accurate information (24). Community-based interventions, such as participatory education programs involving local religious and cultural leaders, could help bridge this gap

Toddler Mothers' Perceptions of Stunting Symptoms

Mothers in our study identified several symptoms of stunting, including underweight, short stature, delayed development, small body size, and frequent illness. These perceptions align with the WHO definition of stunting, which emphasizes short stature relative to age as the primary indicator (18). The results of a study conducted by Mustakim, Irwanto, Irawan, Irmawati, and Setyoboedi (25) on the impact of stunting on the development of children aged 1-3 years showed that there was a significant relationship between stunting and the development of children aged 1-3 years. This is because children experience malnutrition from an early age. The intrauterine period is the first stage and critical period of child development, during this period nutritional factors are very important in the process of maturation of the central nervous system. The developments that are delayed include gross motor and fine motor development, but not infrequently children also experience developmental delays in the language sector (25). Our findings also found that mothers mentioned that the symptoms of stunting were that children often got sick. In our opinion, children with stunting can experience frequent illnesses due to poor nutrition which affects the body's immune system which tends to decrease so that children are susceptible to infectious diseases. This assumption is also supported by the statement of Hasanah, Aryani and Effendi (26) who stated in their scientific article that children with stunting have characteristics, one of which is frequent illness. Our assumption is also reinforced by the findings of Ikasari, Maria, Chrisnawati, Anugrah, Abdillah, Kirana and Wirandi (27) who stated in their study results that one of the experiences of mothers in caring for stunted children is dealing with conditions where children are often sick. The findings in this study, not all mothers' perceptions are correct regarding the symptoms of stunting. There are still mothers who perceive that the symptoms of stunting are being underweight and small. In fact, the symptoms of stunting themselves include a child's height being shorter than the child's height should be at that age, and developmental delays in children. However, the emergence of the perception that the symptoms of stunting are being

underweight and having a small body may be caused by stunting occurring together with other forms of malnutrition such as wasting, so that the symptoms that appear in children are not only being underweight, but also being underweight and having a small body (28).

Perception of Toddler Mothers on Stunting Prevention and Handling

Mothers in our study believed that stunting prevention involves ensuring proper feeding, maintaining regular meal schedules, providing milk and vitamins, and attending posyandu (integrated health posts). These perceptions are consistent with previous research by Sutrio et al. (16) and Samba (17), which found that mothers view stunting prevention as requiring good nutrition, exclusive breastfeeding, and regular antenatal care. For stunting management, mothers emphasized consulting healthcare providers, improving dietary intake, and ensuring adequate sleep. This aligns with existing public health recommendations that advocate for a multi-sectoral approach, including nutritional counseling, growth monitoring, and immunization (29). To strengthen prevention efforts, it is essential to integrate these perceptions with evidence-based public health strategies. The Socio-Ecological Model (SEM) suggests that effective stunting interventions should address multiple levels, from individual knowledge to family practices, community support, and policy implementation (30). Government programs, such as the Gerakan Nasional Percepatan Pencegahan Stunting (National Movement for Stunting Prevention), should incorporate culturally relevant messages to ensure higher acceptance and adherence among mothers.

Limitations and Cautions

This study provides valuable insights into mothers' perceptions of stunting, but several limitations must be acknowledged. First, the phenomenological approach with a limited sample size restricts generalizability to broader populations. Future studies should employ quantitative or mixed-method designs to enhance external validity. Second, potential response bias may have influenced mothers' answers, as they may have provided socially desirable responses. Third, our study focused on a specific cultural setting (Martapura 1 Health Center), limiting applicability to other regions with different cultural and economic contexts. Furthermore, while this study highlights cultural influences on stunting perceptions, a more in-depth ethnographic exploration is needed to understand how deeply ingrained beliefs shape childcare practices. Lastly, our study primarily considered maternal perspectives, excluding the views of fathers and other caregivers, who may also significantly impact child nutrition. Future research should adopt a family-centered approach to provide a more comprehensive understanding of stunting prevention and management.

Recommendations for Future Research

Future research should employ a mixed-methods approach that not only combines qualitative and quantitative methods but also explicitly examines how misperceptions about stunting are distributed among different population groups. For instance, a quantitative survey could measure the prevalence of certain misconceptions (e.g., stunting being caused by genetics or cultural beliefs like buyu), while qualitative interviews could explore the underlying reasons for these misconceptions and how they shape maternal decision-making. A larger and more diverse sample, geographically, socioeconomically, and culturally, should be included to enhance the generalizability of findings. Future studies can employ stratified sampling methods to ensure the representation of different community settings, including rural and urban populations, indigenous communities, and groups with varying levels of health literacy. Longitudinal research is recommended to track changes in maternal perceptions of stunting over time, particularly following health interventions or policy changes. This would provide insights into the long-term effectiveness of community education programs and identify persistent gaps in knowledge. A prospective cohort study, for example, could assess whether participation in health education programs at posyandu leads to improved maternal knowledge and changes in child nutrition outcomes. Further research should explore the role of fathers, grandmothers, and other caregivers in shaping child nutrition and health practices. Investigating how different family members influence maternal perceptions and decision-making could lead to more comprehensive intervention strategies. A cultural lens should be incorporated into future studies by conducting ethnographic research on local beliefs about child growth and nutrition. This would help contextualize how cultural norms, traditions, and language impact maternal understanding of stunting and inform culturally sensitive health promotion strategies. Developing and validating a standardized measurement tool for maternal perceptions of stunting is crucial. Such a tool would enable cross-

regional comparisons and facilitate meta-analyses of studies conducted in different cultural and socioeconomic contexts. A psychometric study could test the reliability and validity of a perception scale that measures maternal knowledge, attitudes, and beliefs about stunting. By implementing these recommendations, future research can bridge existing knowledge gaps, refine intervention strategies, and contribute to more effective stunting prevention programs.

CONCLUSION

This study explored maternal perceptions of stunting among mothers of toddlers, identifying five key themes: (1) definitions of stunting, (2) perceived causes, (3) perceived symptoms, (4) prevention strategies, and (5) management approaches. The findings revealed that many mothers associate stunting with genetic factors, malnutrition, low weight, and short stature. Misconceptions such as stunting being caused solely by genetics or cultural beliefs like buyu highlight the urgent need for targeted health education interventions. The study's findings emphasize the role of posyandu as a trusted source of information, presenting an opportunity for strengthening its role in delivering accurate, community-based education on stunting. Additionally, the identification of malnutrition and inadequate dietary intake as primary concerns suggests that nutrition-focused interventions, such as the provision of supplementary feeding programs (*Pemberian Makanan Tambahan* or PMT), should be expanded. From a policy perspective, integrating culturally sensitive educational materials into health campaigns can improve maternal knowledge and acceptance of scientific explanations for stunting. Training posyandu cadres and community health workers to address misconceptions and deliver evidence-based guidance is crucial. Policymakers should consider embedding culturally adapted health messages into existing maternal and child health programs. This study contributes uniquely to the literature by highlighting how cultural beliefs shape maternal perceptions of stunting and the role of posyandu as a pivotal community resource. The insights gained can inform stunting prevention strategies not only in Indonesia but also in similar socio-cultural contexts globally. Future interventions should be designed with a participatory approach, involving local leaders and health workers to enhance trust and effectiveness. By addressing the identified misconceptions, strengthening community-based health education, and refining policy frameworks, public health initiatives can be more effective in reducing stunting prevalence and improving child health outcomes.

AUTHOR'S CONTRIBUTION STATEMENT

All authors confirm their contributions to the article as follows: conception and design of the study—FSI & IP. Data collection—FSN, ARA, CIAK, & MW; analysis and interpretation of results—FSI. Drafting of the manuscript—FSI. All authors reviewed the results and approved the final version of the manuscript.

CONFLICTS OF INTEREST

The author(s) declare no conflicts of interest.

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