Case Study of Stunting Toddlers in Paluh Manis Village, Kecamatan Gebang Kabupaten Langkat

Jamilah*, Wisnu Hidayat, Frida L. Tarigan
Magister of Public Health, University of Sari Mutiara Indonesia
jamilah@gmail.com

Abstract

Objective: The purpose of the study was to determine and analyze the factors that cause stunting in children under five (a case study of stunting toddlers in Paluh Manis Village, Gebang District, Langkat District, 2018). Background: Stunting is a failure to grow in toddlers (infants under five years) due to chronic malnutrition so that the child is too short for his age. Factors that cause stunting in children under five include family and household factors, factors of inadequate supplementary feeding, inappropriate breastfeeding practice factors and clinical and subclinical infection factors. Methods: Qualitative research designed with phenomenological study designed by taking 9 informants. Data collection used interview guidelines and the researchers as data collectors conducted from January to July 2018. Results: The results showed that the causes of stunting in toddlers (case study of stunting toddlers in Paluh Manis Village, Gebang District, Langkat District, 2018) were economic factors and factors lack of knowledge. Conclusion: Researchers suggest that local governments should be active in programs to deal with stunting toddlers such as supplementary feeding programs and counseling to stunting mothers of toddlers with home visits and adding nutrition health workers to help with stunting prevention.

Keywords: Stunting, Toddler, Factor Causes

e-ISSN: 2656-1123 (media online)
url: http://prociding.sari-mutiara.ac.id/index.php/samicoh
article submit: Augustus 2018
article revise: September 2018
article publish: November 2018
Introduction

In 2016 the world there were 22.9% of 154.8 million children under five experiencing stunting. One of the factors causing stunting is the first 1,000 days of life and is supported by several other factors including socioeconomic status, nutritional intake, infectious diseases, nutritional status of pregnant women, micronutrient deficiencies and environmental factors. In 2016 there were 87 million stuntig children in Asia, 59 million in Africa and 6 million stunting children in Latin America and the Caribbean (WHO, 2018).

The global target achieved was to reduce stunting by 39.7% from 1990 to 26.7% in 2010. For that it needed a decrease of 3.9% per year. Within a period of 20 years it can be reduced by 1.6% per year. A very small decline occurred in Africa (40% to 38%). A significant decline occurred in Asia (from 49% to 28%), around 2.9% per year. The largest decline was in China, in 1990 by 30% to 10% in 2011 (Trihono, 2015).

Health development in the 2015-2019 period focused on four priority programs namely reducing maternal and infant mortality, decreasing the prevalence of stunting under five, controlling infectious diseases and controlling non-communicable diseases. Efforts to improve the nutritional status of the community, including a decrease in stunting prevalence, became one of the national development priorities. listed in the main targets of the 2015-2019 Medium-term Development Plan. The decline in prevalence targets (short and very short) in children under five years old (under 2 years) is 28% (RPJMN, 2015-2019). Short toddler problems illustrate the existence of chronic nutritional problems, influenced by maternal / prospective maternal conditions, fetal period, and infancy, including diseases suffered during infancy. Stunting is also influenced by various other conditions that indirectly affect health (Ministry of Health of the Republic of Indonesia, 2016).

Stunting is a potential linear growth failure condition that should be achieved and is the impact of a person's poor health and nutritional conditions. At the population level, the high incidence of stunting is associated with low socioeconomic status conditions and an increased risk of exposure to adverse conditions, such as inadequate diseases and feeding practices. The decline in national stunting events indicates an increase in the overall socio-economic conditions of a country. The prevalence of stunting in the world varies between 5% and 65% in developing countries (Fikawati, et al., 2017).

Stunting can still be found in all provinces in Indonesia. Based on the Data and Information Center of the Ministry of Health of the Republic of Indonesia (2017), it is known that the percentage of toddlers aged 0-59 months according to nutritional status with the TB / U index in Indonesia in 2015 was 10.1% very short toddlers and 18.9% short toddlers. In 2016 there were 8.6% of very short-term toddlers and 19.0% of shorter toddlers. North Sumatra is one of the biggest contributing provinces. North Sumatra in 2015 was 13.4% for the category of very short children and 14.4% for the category of short toddlers. In 2016 in North Sumatra there were 8% of very short toddler categories and 11.1% of short toddler categories.

Based on data from 100 districts / cities with relatively high stunting rates (in terms of prevalence or number of stunting cases), North Sumatra has 4 priority districts / cities intervening to reduce stunting, including Langkat, Padang Lawas, North Nias and Gunung Sitoli. Langkat District is number one for stunting intervention. Data in 2013 obtained 55.48%
of stunting toddlers in Langkat, 54.86% of stunting toddlers in Padang Lawas, 54.83% of stunting toddlers in North Nias, and 52.32% of toddler stunting in Gunung Sitoli (National Team for the Acceleration of Poverty Reduction, 2017).

Researchers have conducted preliminary data collection in a preliminary survey found that Langkat District still has stunting events in the region. Based on data from the Langkat District Re-data Collection Report as of January 31, 2018, there were 68 stunting toddlers from 249 toddlers (27.30%) in Paluh Manis Village, in Padang Tualang Village, Padang Tualang District, there were 43 stunting toddlers from 226 toddlers (19.02%), in Pematang Serai Village, Tanjung Pura Subdistrict there were 52 stunting toddlers from 215 toddlers (24.18%), in the Kelapa Kebun Village, Secanggang District there were 32 stunting toddlers from 168 toddlers (19.04%) in Sei Meran Village District Pangkalan Susu has 20 stunting toddlers from 166 toddlers (12.04%), and in Securai Selatan Village, Babalan District there are 52 stunting toddlers from 433 toddlers (12%). Paluh Manis Village has an incidence of stunting in Langkat District. The incidence of stunting in toddlers in Paluh Manis Village was 68 toddlers in stunting, which were found in Hamlet 1 as many as 1 toddler, in Hamlet 2 as many as 1 toddler, in Hamlet 3 as many as 28 toddlers, in Hamlet 4 as many as 5 toddlers, in Hamlet 5 as many as 7 toddlers, in Hamlet 7 there were 14 toddlers, 4 in the Hamlet 8, 6 in the Hamlet 9, and 2 in the Hamlet 10. Parents with stunting toddlers consider that the condition of stunting in their toddler is a strange disease. Parents never know stunting and parents say there are no signs of stunting so they don't realize that their toddler is classified as stunting.

Based on the description of the above problems, the research was carried out by taking the title "Stunting in Toddlers (Case Study of Stunting Toddler in Paluh Manis Village, Gebang District, Langkat District, 2018)".

Methods

The location of this research was carried out in Paluh Manis Village, Gebang District, Langkat Regency on the grounds that based on Langkat District’s Stunting Re-Reporting Report as of 31 January 2018, the data in Paluh Manis Village, Gebang Sub-district had the highest number of stunting toddlers of 68 stunting toddlers from 249 toddlers (27.30%) . This research was conducted from January to July 2018.

In this study, the type of research was qualitative with a case study approached. The case study approached was used because the information to be obtained was directly related to the existing case and attempts to understand the meaning of the event and the interaction with people in certain situations. The case study approach seeks to understand how and what meaning the subject is compiled in their daily lives. In this case, the researcher tries to understand the subject from the point of view of the subject itself, by not ignoring making interpretations and making conceptual schemes.

This study used qualitative research methods, carried out by describing or describing and exploring actual realities that cannot necessarily be explored if only using questionnaires or quantitative studies. This research was conducted to find out information from the informants about the causes of stunting in children under five in Paluh Manis Village, Langkat Regency.
In this study, so that the implementation is directed and systemic, the stages of research are arranged. According to Moleong (2006), there are four stages in the implementation of research, namely as follows:
1. Pre-field stage
2. Stage of field work
3. Data analysis phase
4. Evaluation and reporting phase

The informants of this study include 2 types, namely key informants and ordinary informants (Hendarso in Suyanto, 2005). Researchers use the snowball technique to determine their informants. Research informants are:
1. Key informants are mothers who have stunting toddlers with the characteristics of having more than 2 children, low income families, and mothers with short height in Paluh Manis Village, Gebang District, Langkat District in 2018. The number of key informants in this study were 5 mothers who had toddler stunting.
2. Regular informants, community leaders and health center officials and in the posyandu, Paluh Manis Village, Gebang District, Langkat District in 2018. The number of ordinary informants in this study was 1 community leader, 1 posyandu officer, 1 village midwife, and 1 health center officer.

Data collection methods by observation, interview, documentation, and combination / triangulation. In this study researchers used data collection techniques by means of in-depth interviews and documentation studies. After conducting the data collection process, the researchers conducted data analysis. In analyzing research data, researchers used the Colaizzi (1978) approach in Streubert & Carpenter (1995), because this method provides simple, clear, and detailed steps.

Results and Discussion

Gebang District is a sub-district in Langkat Regency. This sub-district capital is located in Gebang Village. The area of Gebang District is 162, 99 km2, with a population of 44,680 people. Gebang District has 10 villages in it, including Air Hitam, Bukit Mengkirai, Dogang, Kwala Gebang, Padang Langkat, Paluh Manis, Pasar Raya, Pasiran, Paya Bengkuang and Sangga Lima Plantation Serap. Paluh Manis Village, which is the location of the study, is one of the villages in Gebang Subdistrict, with a high stunting rate of 68 stunting toddlers from 249 toddlers (27.30%).

Paluh Manis Village consists of 10 hamlets with a population of 5,990 people (1,624 families) with a population density of 296.25 per km. The largest population is in Hamlet VI with 297 households. Most of the population living as farmers is 447 people. The educational background of the community is mostly high school.

This research had been carried out with methods of data collection through in-depth interviews, secondary data searches from puskesmas and posyandu as well as a brief observation to analyze the causes of toddler stunting in Paluh Manis Village. The author had collected data and obtained information that economic factors and maternal knowledge factors are some of the factors that cause toddler stunting in Paluh Manis Village. Researchers approached the mother of a toddler while visiting and weighing her body weight. Some
informants initially did not want to be interviewed because they felt disturbed by their homework. However, the researcher is convinced by asking to talk like a friend by asking about the condition of a toddler everyday.

Table 1. Statement of Key Informants about Family and Household Factors

<table>
<thead>
<tr>
<th>Key Informant</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informant 1</td>
<td>A stunting child is the third child. The age of the mother gives birth to the child 35. The condition of the mother during healthy pregnancy and even childbirth is normal. Both mother and baby are born healthy. Maternal nutritional status during pregnancy and after childbirth is a weight gain of 12 kg. Mother does not have restrictions or allergies during pregnancy and after childbirth, there is no culture in the family to not eat a food or drink. Family members' diet is also simple with side dishes of fish, tempeh and eggs. The food menu is adjusted to the economic conditions of the family that are lacking. Childcare is carried out by the mother assisted by her grandmother and grandfather when the mother goes to the field.</td>
</tr>
<tr>
<td>Informant 2</td>
<td>The stunting child is the third child. The mother's age during childbirth is 27. Maternal conditions during pregnancy do not have complaints and nutritional status during pregnancy and after childbirth under normal conditions or no complaints. This is because the mother has no restrictions or allergies during pregnancy and after childbirth. Families do not have a culture that prohibits eating a food or drink. Family members' diet is in the form of vegetables and side dishes, which are adjusted to the family's financial condition from the husband's income. The mother who usually cared for the child was helped by her grandmother.</td>
</tr>
<tr>
<td>Informant 3</td>
<td>The stunting child was the third of three siblings. Mother's age gives birth to the child 32 years. The condition of the mother during pregnancy does not have an appetite at 1 month of pregnancy until 4 months. The mother has no restrictions or allergies during pregnancy and after childbirth. Families do not have a culture to not consume a food or drink. The eating pattern of members of a family of four is five perfectly healthy. Children are cared for by mothers.</td>
</tr>
</tbody>
</table>
| Informant 4   | The stunting child is the fourth child. The mother's age at childbirth at the age of 27 years. The condition of the mother during pregnancy does not experience complaints. Maternal nutritional status during pregnancy and after normal childbirth because the mother has restrictions or allergies during pregnancy and after childbirth. Families also do not have a culture and should not consume a food or drink. Family members' diet with occasional rice and vegetables is served. The usual breakfast is given bread and tea. Only mother cares
Informant 5  The stunting child is the third child. The age of the mother giving birth to this child is 31 years. The condition of the mother during pregnancy experiences nausea and vomiting so that the mother has anemia. The mother has no restrictions or allergies during pregnancy and after childbirth. Families do not have a culture to not consume a food or drink. Family members' diet is in the form of vegetables and there are occasional fruits. The food menu for children is the same as the parents adjusted to the income of parents. Mother is the one who takes care of children.

Based on table 1, it can be seen that the five informants stated that the economic condition in the form of income from parents affected the mother to provide food served for the family. Low income causes mothers not to provide special menus for children according to their nutritional needs. The children's food menu is the same as the parents and there are even families that do not provide a complete menu of four perfect five healthy.

The family's economic status is influenced by several factors, including the work of parents, the level of education of parents and the number of family members. The family's economic status will affect the ability to fulfill family nutrition and the ability to obtain health services. Children in families with low economic levels are more at risk of stunting because of their low nutrient fulfillment ability, increasing the risk of malnutrition. Low education level of parents is also allegedly increasing the risk of malnutrition in children. The level of education of parents will influence knowledge (Kusuma and Nuryanto, 2013).

Food intake can be met if supported by a good economic level. In the interview results obtained information that the reason informants cannot provide food that meets the nutritional needs of children under five so that stunting is an economic factor. Low parental income with high household needs causes parents to be unable to meet the nutritional intake of toddlers. This is as stated by informant 5, namely:

"With his father salary, we has to be unable to provide special food for your child. His food is the same as us "

Based on interviews that have been conducted, researchers can draw conclusions that the cause of stunting toddlers is their economic condition so that the nutritional intake of infants does not match the needs. This is as revealed by informant 1:

"Yes, I feel pine, ma'am. It's called an economic situation ... Eee ... Yes, I don't know what my situation is like. So that's what my child is like. I am also concerned about the condition of my child, Mother. So what is the solution like? What kind of? So that my child is not malnourished, Mom? "

The results of interviews conducted by researchers with informants can be seen that informants prioritize work rather than bringing children to posyandu or puskesmas. Low economic factors cause families to prefer to prioritize work rather than monitoring their child's nutritional status regularly. Based on the results of interviews and observations of researchers during interviews, it can be seen that low income causes families to eat cheaper
food and less varied menus. This is in accordance with information from informant 4 who revealed:

"No, it's better to his father work than don't have money to eat."

"Yes, eat rice, what are ready. Vegetable, you can't say it too."

Table 2. Key Informant Statement about Inadequate Supplementary Feeding Factors

<table>
<thead>
<tr>
<th>Key Informant</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informant 1</td>
<td>Mother's condition during healthy pregnancy and childbirth is normal, both mothers and those born are healthy. Children do not have food or drink allergies. Food or drinks that are usually given to rice and vegetable children are cooked by themselves. Vegetables that are usually cooked in spinach, kale and long beans. The side dishes are fish, eggs, tempeh almost every day. Mothers who usually feed their children are helped by their grandfather and grandmother if the mother goes to the fields.</td>
</tr>
<tr>
<td>Informant 2</td>
<td>Mother's condition during pregnancy has no complaints. Children do not have food or drink allergies. Food or drink usually given to children in the form of rice. Even milk drinks do not want to. The vegetables are often refined, which is often processed. Mothers and grandmothers of toddlers who usually provide food.</td>
</tr>
<tr>
<td>Informant 3</td>
<td>Condition of the mother during pregnancy and does not experience changes in appetite. Children do not have food or drink allergies. Food or drink usually given to children are the same as those consumed by parents.</td>
</tr>
<tr>
<td>Informant 4</td>
<td>The condition of the mother during pregnancy does not experience complaints. Children do not have food or drink allergies. Food or drink that is usually given to children in the form of makeshift rice and vegetables is not necessarily every day. Breakfast is usually tea and bread. Mothers who usually feed their children.</td>
</tr>
<tr>
<td>Informant 5</td>
<td>The condition of the mother during pregnancy experiences nausea and vomiting. Children do not have food or drink allergies. Food or drink that is usually given to children in the form of formula milk, water, sweet tea. Mothers who usually feed their children.</td>
</tr>
</tbody>
</table>

Based on table 2, it can be seen that the five informants stated that the supplementary food menu given to their babies did not match the nutritional intake of their toddlers. Economic factors cause mothers to provide toddler food menus that are the same as parents.

Inadequate supplementation of food is due to the lack of knowledge of mothers about stunting and the importance of nutritional intake in infants. The toddler's activeness to the posyandu has a large influence on the monitoring of nutritional status. Posyandu is a routine activity that is carried out monthly, toddlers who are active every month in the posyandu will get weight weighing, health checks if there are problems, providing additional food and nutrition counseling. Toddlers who routinely weigh their weight and height and every month,
will know their nutritional changes. A healthy child is a child whose body weight increases due to height gain. Lack of maternal knowledge is also one of the factors causing stunting in children under five in Paluh Manis Village, Gebang District, Langkat Regency in 2018. This was obtained from the results of interviews with the informants. In the results of interviews with key information 2, it was found that the lack of maternal knowledge was a factor causing stunting in infants. ndu or puskesmas. Low economic factors cause families to prefer to prioritize work rather than monitoring their child’s nutritional status regularly. Based on the results of interviews and observations of researchers during interviews, it can be seen that low income causes families to eat cheaper food and less varied menus. This is in accordance with information from informant 4 who revealed:

"At least understand, Mom."

Posyandu officers also gave the same statement as mothers of toddlers who stated that lack of knowledge about health was a factor causing the occurrence of toddler stunting. The statement of the posyandu officers is:

"There is. That's what he doesn't understand about health."

The village midwife also stated the same thing that the occurrence of toddler stunting was caused by a lack of knowledge of the mother. The statement of the village midwife is:

"Because of the lack of knowledge of his mother to give nutrition to his children."

The researcher obtained additional information from interviews with community leaders in Paluh Manis Village. The low knowledge of mothers about stunting is caused by mothers who do not have formal education. Information is only obtained from regular health center and posyandu officers.

"Some of them know, some don't know. Some of them are uneducated."

<table>
<thead>
<tr>
<th>Key Informant</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informant 1</td>
<td>The informant still did not know whether the initiation of breastfeeding was early but the researcher had explained it to the informant. Toddlers get exclusive breastfeeding even toddlers get ages up to the age of 14 months. After that, toddlers get breast milk and formula milk.</td>
</tr>
<tr>
<td>Informant 2</td>
<td>Mothers do not understand early initiation of breastfeeding during childbirth so the researcher explains to the informant. Toddlers stunting get breast milk until the age of 1 year 2 months. But toddlers do not get exclusive breastfeeding because toddlers have been shown to eat about three months of age.</td>
</tr>
<tr>
<td>Informant 3</td>
<td>Mother does not understand the term initiation of early breastfeeding during childbirth. Stunting toddlers still get ASI until now.</td>
</tr>
</tbody>
</table>
Informant 4 The mother initiates early breastfeeding during childbirth, where the baby is placed on the mother's chest. Toddlers get exclusive breastfeeding even toddlers still consume breast milk until the age of 2 years.

Informant 5 Mothers initiate early breastfeeding during childbirth. Toddlers get breast milk until more than 1 year of age.

Based on table 3, it can be seen that the five informants stated that mothers lacked information about early breastfeeding initiation. Some toddlers get exclusive breastfeeding.

Meilyasari and Muflihah (2014) based on the results of the research they had done with the title Risk Factors for Stunting Events on Toddlers Aged 12 Months in Purwokerto Village, Patebon Subdistrict, Kendal District obtained the results of bivariate analysis showing risk factors affecting the incidence of stunting in 12 month old toddlers in Purwokerto Village is a low birth length, prematurity and age of first meal. Low birth weight, length of exclusive breastfeeding, and MP-ASI score were not risk factors for stunting in this study. Risk factors for stunting in children aged 12 months are low birth length (short), prematurity and age of first meal.

The inappropriate breastfeeding in the community is caused by a lack of knowledge about the content and benefits of mother's milk for their children. Breastfeeding begins when the baby is born and is known as early breastfeeding initiation. This was conveyed by informant 1 in the interview

P: "His grandmother. Have you ever heard the language of Early Breastfeeding Initiation?"
IB1: "Is that Early Breastfeeding Initiation?"
P: "Never heard of it. The intention is to give breast milk when the mother giving birth is helped by the midwife then the child will be placed on the mother's breast to suckle early."
IB1: "Yes, that."
P: "Have you ever heard this, huh?"
IB1: "Yes."
P: "But don't understand?"
IB1: "Yes you don't understand and don't understand."

This is in line with interviews conducted with key informant 2:
P: "Do you know the language of early breastfeeding initiation?"
IB2: "Hmmm ..."

<table>
<thead>
<tr>
<th>Key Informant</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Informant 1 The child has no history of illness from birth. The child experienced coughing a go. During illness there is weight loss due to decreased appetite.

Informant 2 The child has no history of illness from birth. The child had a cold a few moments hen sick, there is no weight loss because of decreased appetite.

Informant 3 The child has no history of illness from birth. Since the age of 1 month the body
Based on Table 4, it can be seen that the five informants stated that children under five did not have a disease from birth. Common diseases experienced by toddlers are coughing and fever. But most toddlers experience weight loss when they are sick because their appetite decreases.

Aridiyah, et al. (2015) conducted a study of factors that influence the incidence of stunting in children under five in rural and urban areas. The results of the study stated that one of the factors that influence the occurrence of stunting in children under five in rural and urban areas is a history of infectious diseases. In the history of infectious diseases stunting toddlers both in the village and in the city most have a history of infectious diseases with a percentage of 100% in both regions. Based on the test results it is known that the history of infectious diseases with the incidence of stunting in children under five who are in rural and urban areas have a significant relationship.

The results of interviews with informants obtained information that one of the factors causing the occurrence of toddler stunting can be caused by diseases that exist in the toddler. The pain experienced by a toddler causes less appetite and has an impact on the child's weight loss. This was revealed by key informant 1:

P: "Did he lose his weight when he was sick or did he cough?"
IB1: "Yes."

Key informant 3 also stated that one of the causes of toddler weight is not in accordance with the age of the toddler is the disease experienced by the toddler. This was revealed in the interview:

IB3: "But never brought him to a pediatrician, he didn't get bad nutrition. There's only a little weak nerves."
P: "The nerves are rather weak."
IB3: "In the head"

This is not in accordance with key informant 5 who stated that the cause of underweight children is not in accordance with the age of the toddler is not a disease experienced by the toddler. Ballita's body weight does not decrease because food intake is maintained. This was revealed in the interview:

| Informant 4 | The child has no history of illness from birth. Children do not experience pain a while ago or healthy. Just a few months ago, a febrile toddler didn't even want to be fussy or eat. |
| Informant 5 | The child has no history of illness from birth. Children experience pain some time ago, such as fever. Weight loss has never been but appetite is reduced |

Table 4. Key Informant Statement about Clinical and Sub-Clinical Infection Factors
P: "Was there any change in body weight or decreased appetite when he was sick?"
IB5: "Weight loss has never been but appetite is reduced."

Conclusions
1. Economic factors and the low knowledge of mothers about the importance of paying attention to the nutritional intake of infants and toddlers as well as periodic health checks at posyandu or puskesmas are the causes of toddler stunting, Paluh Manis Village, Gebang District, Langkat District, 2018.
2. Puskesmas officers, community leaders, village midwives and posyandu officers have tried to get residents to examine the health condition of infants or toddlers. But citizens do not care about the assumption that they are always healthy.

References
Republic of Indonesia Minister of Health Regulation Number 25 of 2014 concerning Child Health Efforts.