

# *The Influence Of Sociocultural Factors On Stunting Incidents (Qualitative Studies In Rural)*

Lidia Hastuti

Magister of Nursing study program

ITEKES Muhammadiyah Kalimantan Barat Indonesia

Email: [lidya\\_zain@yahoo.com](mailto:lidya_zain@yahoo.com)



## Abstract –

**Introduction:** The problem of stunting that occurs in childhood has an impact on morbidity, mortality, impaired physical growth, impaired mental and cognitive development, and affects motor development. The disturbances that occur tend to be irreversible. The direct causes of stunting include inadequate nutritional intake and infectious diseases. Indirectly stunting can be caused by factors such as family food security, parenting style, inadequate health and environmental health services, education, poverty, and socio-culture. The research aims to determine the influence of social, economic, and cultural factors on the incidence of stunting in Bange village. **Method:** Qualitative study with a phenomenological approach, with a total of 9 participants. Collecting data by conducting in-depth interviews, testing the validity and reliability of the research was carried out using the triangulation method, and analyzing data using thematic analysis. **Result:** This study found several factors causing stunting, namely the use of contraception is not optimal, the spacing of pregnancies is too close, pregnancy at a young age, implementation of a clean and healthy lifestyle that is less than optimal, lack of nutritional supplements in pregnant women and babies and lack of knowledge of mothers about food nutrition during pregnancy and after the child is born. Social factors and community habits are related to the incidence of stunting, namely family economic factors, family parenting patterns that are not optimal, young marriages, young pregnancies, and spacing of pregnancies that are too close, and parenting patterns in the family. There was no specific culture/culture that was suspected of being the direct cause of stunting in toddlers.

**Keywords –** social factors, rural, stunting

## I. INTRODUCTION

WHO data in 2018 stated that Indonesia is one of the countries contributing the third highest stunting rate in Southeast Asia, reaching 36.4% from 2005-2017. The prevalence of stunting under five in Indonesia based on basic health research reports (Riskesdas), has increased from 2016 to 2018, namely 27.5% in 2016, 29% in 2017<sup>1</sup>. The prevalence rate of stunting in Indonesia is 8.7 million or 30.7% of infants under five years old (toddlers), in this case, the figure is still above the target set by the World Health Organization (WHO) of 20%. The Government of Indonesia is very concerned about tackling the problem of stunting, we can see that in the 2020-2024 Medium Term Development Plan (RPJMN), the government is targeting a reduction in the stunting rate to a maximum of 19% in 2024. This condition illustrates the difficult task that still needs to be completed regarding stunting prevention in Indonesia<sup>2</sup>.

Short stature or stunting in toddlers is caused by chronic malnutrition which results in growth failure and is used as an indicator in the long term. Indirectly apart from health workers, the family also influences the nutritional status of children under five, especially the role of the mother from before pregnancy to after delivery. Research reports that the strongest influence on health is the family because the family acts as a provider of economic, social, and psychological resources, tensions that can be protective or a threat to the health of family members<sup>3</sup>.

Stunting problems that occur in childhood have an impact on morbidity, mortality, impaired physical growth, impaired mental and cognitive development, and influence motor development. Disorders that occur tend to be irreversible and influence subsequent developments that can increase the risk of degenerative diseases as adults. Another impact that occurs due to stunting when children have less intelligence which affects learning achievement is not optimal and decreases productivity. If this continues it will hinder the development of a nation's productivity in the future <sup>1</sup>. These problems can damage development and harm health in the long term such as being vulnerable to disease <sup>4</sup>.

The cause of stunting consists of many factors that influence each other and the causes are different for each. The direct causes of stunting include inadequate nutritional intake and infectious diseases. Indirectly, stunting can be caused by factors such as family food security, parenting patterns, and inadequate health and environmental health services including water and sanitation. The basic causes of stunting are related to education, poverty, social culture, government policies, and politics <sup>5</sup>.

Based on SSGI data for 2022, the stunting rate in West Kalimantan Province has reached 27.8%. There has been a decrease of 2% from the SSGI data for 2021. The Provincial Government of West Kalimantan has continued to make maximum efforts to reduce stunting cases in recent years. Meanwhile, the prevalence of stunting in Kab. Bengkayang according to SSGI data for 2022 is at 30.1%. Reducing the stunting rate is considered important. Various strategic efforts have also been made to eliminate the stunting rate.

The results of interviews with health workers alleged that the factors that influence the incidence of stunting in children are the habits and behavior of the mother in the pattern of care during pregnancy and after birth and the role of the family in overcoming stunting. Until now, there has never been a study or research related to the incidence of stunting in Bange village. Researchers are interested in researching whether there is an influence of social, economic, and cultural factors on the incidence of stunting in Bange village.

## II. METHOD

Qualitative research using a phenomenological approach to determine the influence of social, economic, and cultural factors on the incidence of stunting in Bange village. The research location is in Bange village with the population in this study being mothers who live in Bange village. There were 9 participants in this study, namely 3 mothers who had children with stunting, 2 pregnant women, 3 health workers, and 1 community leader. Data collection by conducting in-depth interviews. The research has gone through ethical studies and has obtained ethical clearance with the number Nomor: 35/II.I.AU/KET.ETIK/I/2023. In general, research ethics fulfills the principles of beneficence, justice, and informed consent. Test the validity and reliability of the study was carried out using the triangulation method, and data analysis using thematic analysis.

## III. RESULT AND DISCUSSION

### Results

#### 1. Factors causing stunting

The effectiveness of contraception use in women of childbearing age and the spacing of pregnancies that are too close are risk factors for stunting. Likewise, mothers who are not optimal in breastfeeding their babies also contribute to stunting in children. In the results of the interviews it was identified that there were mothers who did not use contraception, and pregnancy occurred when the baby was still breastfeeding, so the mother stopped breastfeeding the baby, to maintain her pregnancy.

*"When I was still breastfeeding my second child when he was 7 months old, I found out that I was pregnant again, so I stopped breastfeeding. The child I stopped breastfeeding is now experiencing stunting because the distance is close so my child does not get enough attention and affection from me" (participant 2)*

In line with that participant 1 also experienced the same thing. While still breastfeeding her child, the mother is also pregnant, the difference is that the mother does not stop breastfeeding her child. The baby continues to be given breast milk by the mother until it is close to the time of delivery, as explained by the following participant.

*"When I was still breastfeeding my child, it turned out that I was pregnant again, I continued even though I was pregnant." The one who was stunted was my child, who was pregnant with me, His brother is a healthy mom" (Participant 1)*

Young marriage is also thought to be a factor that can influence the incidence of stunting because biologically the reproductive organs are not ready to accept pregnancy. Young marriages occur due to pregnancies experienced by teenagers, which causes them to be forced to marry.

*"Some of the cases found were children born from young marriages because there had been pregnancies before marriage" (Participant 4).*

*"From the several cases, I found stunting occurred in young marriages, Young marriages can be caused by pregnancy or because teenagers drop out of school/do not continue their education to a higher level" (participant 6)*

In families that do not apply clean and healthy lifestyle behaviors, it can cause stunting, as explained by the following informant.

*"The majority of cases of stunting in our area are in families with poor sanitation, families that do not have healthy latrines, in families whose father smokes and eats a diet that is not high in protein (Participant 5)*

Another factor that causes stunting that has been identified is the lack of micro supplements, namely iron in pregnant women, and not all pregnant women have been detected for hemoglobin levels in the blood. Even though it was suggested to examine the Puskesmas, as explained by the following participant.

*"Not all pregnant women have their hemoglobin levels checked, even though it has been suggested to examine the Puskesmas, but we have not yet carried out a follow-up to look for the causes of the factors that influence it" (Participant 5)*

Insufficient knowledge of nutrition in mothers during pregnancy is also a cause of stunting. Pregnant women do not know about nutrition during pregnancy that is sufficient for the needs of the mother and fetus.

*"I eat as long as I'm full..." (Participant 9)*

*"I don't understand about nutrition during pregnancy, just eat until you feel full" (Participant 8)*

## 2. An overview of the social, economic, and behavioral factors associated with stunting

The results of the study found that socio-economic factors influenced food intake in children, but mothers tried to keep feeding their children 2-3 times a day, according to the relatively small family income to meet family needs, as explained by the following informants.

*"Enough, ma'am, we eat as little as we can, 2 to 3 times a day to give my child food, such as rice, vegetables, and side dishes, but maybe the nutrition is still lacking" (Participant 1)*

Mother's education level also influences how mothers care for and understand the importance of nutritious food for babies and the lack of knowledge about nutrition and food variety for children.

*"What we eat is also what our children eat, ma'am, cassava leaf vegetables, spinach, rice, eggs, sometimes fish, what do you have?" (participant 2)*

The results of the study also found that one of the social factors that were thought to be related to the incidence of stunting was community behavior that was not optimal in parenting patterns, children were cared for by grandmothers or immature older siblings, as told by informant 3 below

*"Children's care is still carried out by immature brothers or sisters when the parents are not at home" (participant 3)*

*"When I work, my child is usually looked after by my grandmother or older brother"*

*(Participant 1)*

*"In certain areas in the village, there are husbands who take care of their children and their wives work in the fields, although most of them are the mothers who take care of the children at home and the husbands are the*

*ones who make a living. If they are both busy, usually parents or grandmothers take care of their grandchildren” (Participant 4)*

Socioeconomic factors are one of the causes of stunting. What needs to be understood is that cases of stunting do not only come from poor socioeconomic status. In well-to-do families, children with stunting are also found. Like the following participant's statement.

*“There are many cases from poor families, but there are also wealthy families, the problem is because they do not understand food processing, lack of variety of food and parenting patterns” (participant 5)*

Social phenomena that occur in society also contribute to the incidence of stunting, namely pregnancy at a young age. Biologically, the reproductive organs of adolescents are not ready to accept pregnancy, and psychologically, adolescents are not ready to foster family relationships and healthy parenting. But because of the problem of accountability for the pregnancy, they got married, as the following informant explained:

*“If a teenager is found to be pregnant before marriage, even though it is not permissible administratively in the country, but because of the pregnancy even though they are both subject to customary sanctions, it is still permissible by custom to marry at a young age as a form of accountability” (participant 7)*

## **Discussion**

### **Factors that cause stunting**

Stunting is a developmental disorder in children caused by malnutrition, repeated infections, and inadequate psychosocial stimulation. Adequacy and fulfillment of nutritional needs are needed to achieve optimal growth and development for physical, psychomotor, psychological, mental, and social development. The higher the risk factors for malnutrition, the greater the possibility of nutritional disorders <sup>6</sup>.

Stunting occurs when the fetus is still in the womb. Stunting is a nutritional problem that harms the quality of life of children in achieving optimal growth and development according to their genetic potential. Stunting can hinder the process of growth and development in toddlers <sup>5</sup>.

There are many causes associated with the incidence of stunting, from maternal factors including poor nutritional status of the mother during pregnancy, maternal stature which is also short, and poor parenting, especially in the behavior and practices of feeding children. Other factors that cause stunting are infections in mothers, teenage pregnancies, short birth spacing, infections in toddlers such as diarrhea, economic conditions, and work and family livelihoods. In addition, low access to health services, including access to sanitation and clean water, is one of the factors that greatly affect the growth of children <sup>1</sup>.

Factors that influence the incidence of stunting are inadequate water and sanitation factors including sources of drinking water, inappropriate water treatment, sanitary use of latrine facilities, toilet ownership, and under-five defecating not in the latrine, associated with an increase in the incidence of stunting in under five in Indonesia <sup>7</sup>. Other research states that the causes of stunting occur since pregnancy due to lack of nutrition, not initiating early breastfeeding, stopping breastfeeding at 12 months, the food given does not vary with frequency and texture that is not age appropriate <sup>8</sup>.

Inadequate energy and protein intake, poor mother knowledge, low mother education, and low family income are risk factors for stunting in toddlers aged 24-59 months <sup>9</sup>. Factors that influence the incidence of stunting in early childhood are energy intake, birth weight, mother's education level, family income level, parenting style, and food diversity.

Interventions that can be carried out are: providing sufficient energy intake through a supplementary food program, and providing nutrient intake and iron tablets to pregnant women so that the fetus develops optimally and is born with normal weight. Increase mothers' knowledge about nutrition and health and create employment opportunities for mothers so that they can earn income they can help meet the nutritional needs of the family, provide counseling about parenting and provide counseling about diverse foods, and training in the use of yards as vegetable gardens <sup>10</sup>. While other studies state that several factors have a relationship with the incidence of stunting such as parenting style for children, basic immunization, basic sanitation, history of infectious diseases, smoking habits, and the incidence of respiratory tract infections <sup>11</sup>.

There are many harmful effects caused by stunting. The short-term effects of stunting include disrupting brain development, intelligence, impaired physical growth, and impaired body metabolism, while the long-term effects are decreased cognitive abilities such as learning achievement, decreased immunity (disease susceptibility), high risk of diabetes, obesity, heart and blood vessel disease, cancer, stroke, old age disability, and uncompetitive quality of work <sup>12</sup>.

The results of this qualitative study found several factors causing stunting, namely the use of contraception is not optimal, the spacing of pregnancies is too close, pregnancy at a young age, the implementation of a clean and healthy lifestyle that is less than optimal, lack of nutritional supplements in pregnant women and babies and the mother's lack of knowledge about food nutrition during pregnancy and after the child is born.

In line with previous research, it was found that the factors that influence the occurrence of stunting in children under five in rural and urban areas are the mother's education, family income, mother's knowledge of nutrition, exclusive breastfeeding, age at which MP-ASI is given, zinc and iron adequacy levels, history of infectious diseases and genetic factors. However, the mother's employment status, number of family members, immunization status, energy adequacy level, and LBW status did not affect the occurrence of stunting. The level of protein and calcium adequacy in rural areas showed a significant relationship, while in urban areas there was no relationship. The factors that most influence the occurrence of stunting in children under five in rural and urban areas are zinc adequacy levels <sup>13</sup>. Integrated and multi-sectoral programs to increase family income, mother's education, knowledge of mother's nutrition, and exclusive breastfeeding to tackle stunting in toddlers <sup>14</sup>.

### **Socio-cultural factors that contribute to stunting**

The results of the study show that social factors and people's habits are related to the incidence of stunting. Social factors in question are family economic factors, family parenting patterns that are not yet optimal, young marriages, young pregnancies, and spacing of pregnancies that are too close. The results of this study are in line with research which found that socio-culture can lead to stunting, in addition to that there are other factors such as the spacing of pregnancies that are too close.

Economic factors are social factors that influence the incidence of stunting in toddlers. For families who are unable or have difficulty providing and maintaining food security in the family. The low level of education correlates with the employment of the head of the family. Low income makes it difficult for families to provide nutritious food for their families. In addition to low income, mothers' ability to process nutritious food is also lacking, so the food provided tends to be less varied and does not meet the required nutritional elements. In addition, skills in optimizing the yard to be prepared as a family garden are also lacking. Families who have fairly good economic capacity, are not immune from the risk of stunting in their toddlers. Due to the lack of maternal skills in processing a variety of nutritious foods, as well as the lack of knowledge of mothers about nutritious foods.

Based on the results of in-depth interviews, it was found that there were still many mothers of toddlers who lacked knowledge and married at a young age. This factor then becomes related to the many phenomena of teenagers who are trapped in young marriages, due to the occurrence of unwanted pregnancies in adolescents. So even though the teenager is still at school age, his education must stop because he is married and has children. An unwanted pregnancy is also a contributing factor to stunting in children. In the case of toddlers experiencing stunting, it occurs at a relatively young age compared to mothers of normal toddlers. For mothers at a younger age, the level of knowledge in parenting is usually lacking. This can be a factor for toddlers to become stunted.

Another social factor found is parenting patterns that are not optimal for parents. The results of the study found that grandmothers and older siblings were involved in raising children. Differences in perceptions of parenting and lack of skills in parenting can contribute to the incidence of stunting. Parenting is not just looking after, but more than that the parenting function is the role of the father and mother that must be carried out optimally.

There are still inappropriate parenting practices, such as providing additional food before the baby is 6 months old, not giving exclusive breastfeeding, and food restrictions. This is in line with previous research which found that there were still inappropriate parenting practices of the mother, such as the existence of parenting interventions from the grandmother who might still adhere to certain beliefs about raising toddlers<sup>14</sup>.

In this study, no particular culture was found which was suspected of being the direct cause of stunting in toddlers. Paying attention to children's nutritional intake, monitoring growth and development, paying attention to children's health conditions, meeting food needs, paying attention to children, and various other parental roles. The results of previous research found that

there was a significant relationship between household food security and the incidence of stunting<sup>15</sup>. Infants under the age of 2 years in households with food-insecure conditions are at risk 2.62 times more likely to suffer from stunting than children under the age of two in households with food-insecure conditions.

### IV. CONCLUSION

The results of this study found several factors causing stunting, namely the use of contraceptives was not optimal, the spacing of pregnancies was too close, pregnancy at a young age, the implementation of a clean and healthy lifestyle that was not optimal, lack of nutritional supplements in pregnant women and babies and the lack of knowledge of mothers about nutritious food during pregnancy and after the child is born. The results of the study also show that social factors and people's habits are related to the incidence of stunting. Social factors in question are family economic factors, family parenting patterns that are not optimal, young marriage, young pregnancy, and too close spacing of pregnancies, family knowledge about the nutrition of pregnant women and toddlers, and parenting patterns in the family. In this study, no particular culture was found which was suspected of being the direct cause of stunting in toddlers.

### RECOMMENDATION

Parents and in-laws have a big role in the upbringing of their grandchildren in the family, especially in conditions of socioeconomic status in families that still need financial support from parents and in-laws. It is also known that not all parents or parents-in-law fully understand exclusive breastfeeding or supplementary feeding. So that further research is needed on the role of the family which is not only in the family (mother or husband) but in grandmothers/grandfathers.

Young marriage is one of the factors causing stunting. An integrated program for adolescents for delaying the age of marriage can involve schools with Community Health Centers by including reproductive health material that applies to maintaining reproductive health and preventing pregnancy. Community participation in creating a conducive environment, curfew rules, and monitoring places that are at risk of promiscuity, preventing unwanted pregnancy, and improving the educational status of youth.

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**BADAN KOMITE ETIK  
PUSAT PENELITIAN, PENGABDIAN KEPADA MASYARAKAT & INOVASI  
INSTITUT TEKNOLOGI DAN KESEHATAN MUHAMMADIYAH  
KALIMANTAN BARAT**

Jl. Sungai Raya Dalam Gg. Ceria V Nomor 2, Kubu Raya, Kalimantan Barat 78391  
Telp. (0561) 711837, Web. <https://itekesmukaibar.ac.id>, Email : [admin@itekesmukaibar.ac.id](mailto:admin@itekesmukaibar.ac.id)

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**SURAT KEPUTUSAN KAJI ETIK  
(ETHICAL CLEARANCE DECISION LETTER)**

**Nomor: 35/II.I.AU/KET.ETIK/I/2023**

Dengan ini Komite Etik Penelitian Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat menginformasikan bahwa:

Judul Penelitian : PENGARUH FAKTOR SOSIAL BUDAYA DAN PERAN KELUARGA TERHADAP KEJADIAN STUNTING DI DESA KANDASAN KECAMATAN SANGGAU LEDO  
Nama Peneliti Utama : Lidia Hastuti  
NIM : 1104067502  
Unit/ Institusi : Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat

Telah dievaluasi pada tanggal 24 Januari 2023.

Berdasarkan hasil evaluasi, Komite Etik Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat telah membuat keputusan: penelitian telah memenuhi persyaratan izin etis dengan periode penelitian dari Januari 2023 hingga Juni 2023.

Peneliti tetap berkewajiban untuk:

- Mematuhi protokol kesehatan terkait Pandemi Covid-19 yang berlaku di lokasi penelitian.
- Ajukan aplikasi baru jika ada perubahan desain penelitian atau penelitian subjek.
- Memberikan informasi jika ada perubahan lokasi, waktu penelitian dan/atau penghentian lebih cepat dari jadwal.

Komite Etik Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat berhak melakukan pemantauan selama penelitian.

Kubu Raya, 27 Januari 2023

Ketua Komite Etik Penelitian  
Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat



Ns. Mulyanto, MSN., Ph.D.