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RESEARCH ARTICLE

QUALITATIVE STUDY OF LOCAL CULTURAL WISDOM AND HEALTH SERVICES ON STUNTING EVENTS

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Abstract

Introduction: Stunting is a condition of chronic malnutrition accompanied by complications of the disease. The prevalence of stunting in children under five in Indonesia and the province of Lampung is still high and the highest is in rural areas. Stunting occurs from the initial nutritional status of the mother before pregnancy, during pregnancy and this condition is thought to be influenced by local habits in attitudes and behavior in the care of pregnant women with their babies. Cipadang village is one of the villages formed from immigration from Java to Sumatra, which makes this village inhabited by the majority of the population of Javanese ethnicity with their cultural style. Socio-cultural conditions in general affect the health of mothers during pregnancy and the pattern of child rearing when they are under 2 years old. The purpose of this study is to explain the state of local culture and health services on the incidence of stunting.

Method: This study uses a qualitative approach, to explore in depth the socio-cultural and health services related to the incidence of stunting. Sources of information came from informants, 17 people through focus group discussions.

Results and Discussion: The research location village is inhabited by the majority of the population of Javanese ethnicity with its cultural style, with an agricultural livelihood. The characteristics consist of 14 mothers of toddlers and 2 posyandu cadres in Cipadang village, 1 community leader with an age range of informants between 21 to 45 years with the most education level being Elementary School. The community pays special attention to the period of pregnancy, and there are habits in the care of babies, pregnant women and postpartum mothers with ancestral traditions. However, this habit has begun to shift to health care services. Knowledge of general informants is good but behavior is not in accordance with health standards.

Conclusion: Some cultures still have an influence, there are habits in caring for babies, pregnant women and postpartum mothers. Good knowledge has not been able to describe the desired behavior.

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Introduction:-

Stunting is a condition of chronic malnutrition accompanied by disease complications(Khoeroh and Indriyanti, 2015). The prevalence of stunting in children under five in Indonesia is 29.9% and Lampung province is 27.4% and the highest is in rural areas. The condition of stunting prevalence in Lampung is below the national figure but still above 20% (WHO target is less than 20%). Stunting prevalence below 20% is only in Metro City (19.52%) and Pringsewu District (10.55%) and the highest is in Way Kanan District (36.07%) and Pesawaran District (27.49%)(Balitbangkes RI, 2018), this figure has not met the WHO target, so it is necessary to study the determinants of stunting.

Stunting has a negative impact, both in the short and long term. In the short term, children will be at risk and susceptible to infectious diseases, while in the long term, in adulthood they are at risk of suffering from chronic diseases (Nurbaiti *et al.*, 2014; Prendergast and Humphrey, 2014; Safitri and Nindya, 2017).

Stunting occurs from the initial nutritional status of the mother before pregnancy, during pregnancy(World Health Organization, 2013)and this condition is thought to be influenced by local habits in attitudes and behavior in the care of pregnant women with their babies. Likewise, infectious diseases are directly or indirectly related to the habit of seeking health services(Dangour*et al.*, 2013). With these considerations that attitudes and behavior in seeking health services can affect the incidence of stunting. Maternal socioeconomic status does not only affect the growth of the fetus and baby born but also on good self-care behavior and children (Vir, 2016).

Low income can affect household nutrition(Michaelsen *et al.*, 2015). The incidence of stunting is inseparable from the habits, cultural beliefs, knowledge, and perceptions of local communities in terms of fulfilling family nutrition, these beliefs affect child care (Michaelsen *et al.*, 2015). Women in Indonesia strongly believe that eating fish will make their breast milk smell and taste bad (Agus, Horiuchi and Porter, 2012; Withers, Kharazmi and Lim, 2018).Asian women always practice various cultures and traditional practices during pregnancy, childbirth and during childbirth(Withers, Kharazmi and Lim, 2018). Services using traditional birth attendants (shamans) are related to the ability of economic status, beliefs, traditions, and easy access(Titaley *et al.*, 2010; Agus, Horiuchi and Porter, 2012).

Cipadang village is one of the villages that was formed since the Dutch colonialism immigrated from Java to Sumatra, which made this village inhabited by the majority of the population of Javanese ethnicity with their cultural style. In his daily life, he upholds the cultural norms of his ancestors, both in government life and in the health sector. Problems in the health sector in particular, namely the incidence of stunting as many as 43 out of 205 toddlers (20.9% prevalence)(Bidan Desa, 2020). Socio-cultural conditions in general affect the health of mothers during pregnancy and the pattern of child rearing when they are under 2 years old. Likewise, traditional birth attendants have an important role in assisting in childbirth and postpartum maternal care and infant care during the puerperium. Births carried out by mothers themselves or assisted by traditional birth attendants occur because of the strong role of customs and community culture in several regions in Indonesia(Lestari and Auliyati, 2018).

Stunting is one of the outcomes of the efforts to provide maternal and child health services that are not optimal. One of the reasons is the lack of synergy between existing programs and the culture or habits that exist in the community. There are several errors in maternal and child health services related to culture. One of its components is the ability of health workers to carry out early detection of risks to pregnant women and their babies to be born (Arman *et al.*, 2021). When the early stages of risk detection and risk management are not good, it can have a negative impact on the nutritional status and condition of the mother and baby.

The results of several studies show that people with different ethnic and cultural backgrounds have different understandings regarding childbirth. The view of competent health workers also influences the decision where the mother will give birth at the health worker (Lestari and Auliyati, 2018).From the description above, it is necessary to conduct a qualitative study of the determinants of socio-cultural habits related to the health of pregnant women and children under five with stunting. This study analyzes qualitatively about local wisdom with the incidence of stunting. How is the relationship between local cultural wisdom and maternal and child health services to the incidence of stunting in Cipadang Village, Pesawaran Regency. The purpose of this study is to explain the state of local culture and health services on the incidence of stunting.

Method:-

This study uses a qualitative approach, to explore in depth the socio-cultural and health services related to the incidence of stunting in the research location (Cipadang village, GedongTataan District, Pesawaran Regency, Lampung Province).

Sources of information came from informants, pregnant women, mothers of toddlers, village officials, community leaders, health workers and traditional birth attendants with a total of 17 informants. Techniques for determining informants by coordinating and recommending village officials.

Technical data collection, interviews with sources of information (informants), using open-ended questions as an interview guide by means of focus group discussions. Then the researcher used a tape recorder, a mobile phone camera, and a video camera to record the results of the interviews, to make it easier to transcribe the results of the interviews into text..

Results and Discussion:-

Cipadang village is one of the villages that was formed since the Dutch colonialism immigrated from Java to Sumatra island, which makes this village inhabited by the majority of the population of Javanese ethnicity with its cultural style. The lives of the residents of Cipadang Village as an agricultural village are generally rubber trees, cocoa, and a small part of cultivation of secondary crops. In his daily life, he upholds the cultural norms of his ancestors, both in government life and in the health sector. The socio-cultural situation in general has a background of immigrants from the island of Java (West Java and West Java)..

Characteristics of Informants

The characteristics consist of 14 mothers of toddlers and 2 posyandu cadres in Cipadang village, 1 community leader. The activity of conducting in-depth interview research with health cadres and mothers of children under five was carried out at the Hamlet Hall, Sumber Sari Hamlet, Cipadang Village. The identity of the mother of the toddler as an informant in table 1.

Table 1:- Informant Identity.

No	Initial	Age	Education	Address	Information
1	MP	21	SLTA	RT 6	Toddler mother
2	AS	30	SD	RT 6	Toddler mother
3	DP	25	SD	RT 2	Toddler mother
4	IQ	31	SD	RT 3	Toddler mother
5	SR	24	SLTP	RT 3	Toddler mother
6	Ms	33	SD	RT 1	Toddler mother
7	Ls	25	SD	RT 6	Toddler mother
8	SM	26	SLTP	RT 3	Toddler mother
9	Tkh	34	SD	RT 5	Toddler mother
10	EF	22	SLTP	RT 5	Toddler mother
11	SNT	38	SD	RT 5	Toddler mother
12	Kmn	41	SD	RT 4	Toddler mother
13	Rmn	38	SD	RT 2	Toddler mother
14	Slt	35	SD	RT 2	Toddler mother
15	SA	34	SD	RT 6	Posyandu cadres
16	Msh	30	SD	RT 5	Posyandu cadres
17	Ktm	45	SLTP	RT 5	village civil servant

The age range of the informants is between 21 to 45 years with the highest education level being Elementary School and the highest education level being Junior High School. Mothers of toddlers, informants are mostly elementary school education, and education, this situation can affect a person's behavior, increase an active role in behaving, acting, and acting to encourage health behavior(Malelak and Taneo, 2021).

The cultural state of the community

From observations during the research location, the livelihoods of the residents of Cipadang village in general are farmers, with seasonal crop commodities, such as rice, corn and others and work in plantation businesses such as coffee, pepper, rubber, and oil palm plantations, and state-owned enterprises. (PTPN), as well as the private sector.

Some people are Muslim, but there are still those who use the customs that were taught by their ancestors, there are still such as birth ceremonies, in which the ceremony is carried out by installing lights which symbolize that the baby at the time in the womb did not see the slightest light, scissors and brave iron to keep the baby from being disturbed by spirits. Then bathe the baby after 40 days, and there are things that are added to the baby's bathing water, in the form of salt, rice and sugar, each of which is added a little, then this bath is read prayers. Seeing the culture of these ancestors when viewed from the health care of babies, there are habits that are not in accordance with the principles of personal hygiene. Other personal hygiene practices are in the form of bathing in a day using clean water and bath soap(Aisah, Ngaisyah and Rahmuniyati, 2019), The concept of personal hygiene in everyday life is very important and must be considered because the concept of personal hygiene will affect a person's health(Rahmayani, 2018).

Society pays special attention to the period of pregnancy, and there are rituals that must be carried out which signify that pregnancy is an extraordinary event, not only in the life of the pregnant woman herself but also her husband and family. There has been a shift in culture during pregnancy and childbirth in some areas, but in others it is still maintained. To ensure the health and safety of the mother and baby, the people of Cipadang Village check their pregnancy with the midwife, however they still use traditional birth attendants to check pregnancy, lead four-monthly and seven-monthly ritual ceremonies and also provide suggestions for the safety of themselves and their babies. Comprehensive efforts (services by the government and the community) can improve the quality of maternal and child health services, as well as prevent stunting(Arman *et al*., 2021). The influence of the family on pregnant women in general is still strong and this is shown by the strong role of the family (not only the husband) in making decisions for antenatal care and delivery decisions. However, the people of Cipadang Village still follow the government's policy in using the MCH handbook which is implemented by the family in determining the selection of health facilities for delivery.

The MCH handbook contains information and materials on maternal health during pregnancy, childbirth and family planning as well as children's health materials on care for newborns to toddlers, daily care for children under five, care for sick children, how to feed children and make MP-ASI, giving complete basic immunizations, cards for pregnant women, Cards for Health (KMS) for toddlers and records of maternal and child health services. (Subiyatun, 2017).

Mother Toddler Knowledge

Knowledge of Stunting, it was shown from the results of group discussions that mothers of toddlers in general have heard the term Stunting, but some comments from mothers of toddlers related to the notion of stunting have an incorrect understanding.

MP's mother thinks"*stunting ituadalahgagal tumbuh, kecil badannya, timbangannya kurang terus gagal tumbuh terus ngomongnyalambat. Terus kalau di sekolah sering tidur, terus sering sakit". (stunting is failure to grow, small body, poor scales and failure to grow and speak slowly. Then if you often sleep at school, you often get sick*). Then the US mother, argues"*Anak berat badannya tidak naik, kurang panjang badannya, juga kurang pertumbuhannya*". (*The child does not gain weight, lacks length, also lacks growth*)

The low level of hygiene and sanitation practices is not due to lack of knowledge but due to personal habits and responses of a person, especially someone who is used to processing food or food handlers (Aisah, Ngaisyah and Rahmuniyati, 2019).

From the opinion of the two information, it is known that the knowledge of mothers of children under five about stunting is still inaccurate, because comments about stunting are characterized by low body weight and thinness.

Basically knowledge is the basis for someone to do something. Starting from knowing someone will want to do something and then being able to do it. It can be seen that the knowledge of mothers in Indonesia about MP-ASI is still very lacking so that there is a phenomenon of giving MP-ASI to infants under the age of 6 months.(Nurzeza, 2013).The level of knowledge of posyandu cadres is getting better, it is hoped that the cadres can apply this

knowledge better so that the assessment of the nutritional status of toddlers will increase(Nomlenia, Nahak and Goa, 2021).

Furthermore, for knowledge about the causes of stunting are:
Mom AND opinion "*penyebab stunting, makan ibunya waktu hamil itu ya sama kurang gizi terus makan, kurang sayur itu juga kurang yang waktu anaknya sudah melahirkan sudah dikasih makanbelum 6 bulan*";*(the cause of stunting, eating the mother while pregnant is the same as being malnourished and continuing to eat, lack of vegetables is also lacking which when the child has given birth has not been fed for 6 months);*IQ mother thinks that "*anak tidak dikasih ASI, dikasihmakanan bubur, dan kurang makansayur*". (*the child is not breastfed, given porridge, and does not eat vegetables*).

From the information above, mothers of toddlers know the direct causes of stunting, so it can be estimated that their children are stunted not because of their knowledge but because of their inappropriate behavior, it can also be caused by low social and economic conditions.

Socio-economic factors that affect nutritional status begin with the type of work that is influenced by the level of education so that the level of education is low and the type of work that is not suitable will directly affect family income(Wulanta, Amisi and Punuh, 2019).
Then the knowledge about the signs and characteristics of stunting on the commenting informants, is:

SR's mother thinks "*beratbadannya tidak naik, kurus, kecilbadannya"(not gaining weight, thin, small)*, then Ms mother thinks "*pendek dan kecilbadannya, dibiarin kasih makan yang tak kasih sayuran*"*(short and small in body, let him feed those who don't give vegetables).*

In general, mothers of children under five already know the characteristics and signs of stunting, so that stunting prevention by the government is easier. Furthermore, the informant mother of toddlers is of the opinion of how to prevent stunting.

SM's mother thinks "*Apalah kau terus kita kasih yang bergizi itu terus kita kasih susu ya caranya kita ya kita harus rutin ke Posyandu biar kita mantep anaknya itu diukurtinggipanjang badannya, kita kasih makanan yang bergizi, makanan tambahan sampai2 tahun setelah ASI eksklusif"(Do you continue to give us nutritious food, we give milk, how do we do it, we have to go to the Posyandu regularly so that we can keep the child's height measured, we give nutritious food, additional food for up to 2 years after exclusive breastfeeding.").*TKH mother continued "*ibu selalu menyusui Dini, bair bayinya sehat, caranya kita menyusui waktu bayi baru lahir itu baru lahir kita menyusui sampai umur 2 tahun" (mother always breastfeeds early, so that the baby is healthy, how do we breastfeed when the newborn is just born we breastfeed until the age of 2 years*).

In general, mothers of toddlers already know how to prevent stunting comprehensively, in feeding children and visiting posyandu.

Knowledge can be obtained from experience either oneself or others, while trust is often received from parents, grandmothers, grandfathers and so on, trust is accepted based on belief without prior proof(Risa, 2015). The level of education can affect a person's mindset and digestibility. The higher the information that can be absorbed and the higher the information absorbed affects their knowledge, people with higher education are more concerned about health problems (Azzahra, Bujawati and Mallapiang, 2015).

Then comments about the experience of informants related to the practice of early initiation of breastfeeding (IMD) and breastfeeding for their children, can be found in the following interview.

EF's mother shared her experience "*pengalaman-pengalaman saya nggak dibahas, nggak ……. Setahu saya IMD itu menyusui waktu kita baru ngelahirin nyusuin ditaruh di dada sini biar bayinya mencari apa puting sendiri gitu, biar kekebalan tubuh bayi ini dapat dan ya kasih eksklusif itu waktu 0 bulan sampai 6 bulan kita kasih susu kita nggak kasih makan apapun kita kasih tambahan apa itu cuman ASI aja*"*(my experiences are not discussed, no ……. As far as I know, IMD is breastfeeding when we are just giving birth, breastfeeding is placed on the chest here so that the baby looks for the nipple itself, so that the baby's immune system can get it and yes, give it exclusively, from 0 months to 6 months we give milk, we don't give anything to eat, we give extra is it just breast milk*"). Next, Mrs. SNT shared

her experience "*kalau bulan 0 bulan sampai 6 bulan sampai 2 tahun Ibu bayi baru lahir kita kasih susu Sampai nanti, ya tapi hati-hati sampai 6 bulan, setelah 6 bulan itu kita kasih makanan tambahan bubur dikasih sayuran itu ada wortel ada kentang itu*".*("If the month is 0 months to 6 months to 2 years, the mother of a newborn, we give milk. Until later, yes, but be careful, until 6 months, after 6 months, we give additional food, porridge, given vegetables, there are carrots, there are potatoes").*

From the experience above, their child should be stunted, seeing this phenomenon there is a possibility due to other factors that are not directly known to the mother of the toddler. To be able to achieve nutritional balance, everyone, including pregnant women, must consume at least one type of food from each food class, namely carbohydrates, animal and vegetable protein, vegetables, fruit and milk (Lestari, Sulistiawati and Naelasari, 2021).

From the description above there is no information about health conditions, about the frequency of diarrhea or the like, then opinions about habits (local culture related to pregnant women, breastfeeding, baby care) mothers under five have opinions.

Ms. KMN thinks "*kalaupantangan pantangan, pantangan makanan kalau di sini mayoritasnya itu ya katanya pantangannya kalau ibu hamil menurut orang dulu gitu itu nggak boleh makan daun katu, saya itu aja, teruswaktu hamil hamil ya makan So itu terus makan ada yang ada yang bilang ada apa yang amis-amis gitu nggak boleh nanti gitu terus dia nggak ikan-ikan itu loh terus kita abis ngelahirin juga kan nggak boleh makanan ikan gitu katanya pengaruh gitu nanti ke bayinya nanti susuknya air susunya. Ya kami juga gitu baunya nggak ini gitu bisa apa nggak enak saya pengalaman itu*".*("In terms of taboos, food taboos here are the majority, yes, they say the taboo if pregnant women are according to old people, it's not allowed to eat katu leaves, that's just me, then when I'm pregnant I eat So it keeps eating, someone says what's wrong The fishy one can't do that later, then he doesn't have the fish, then after we give birth, we can't eat fish, they say, that will affect the baby later on the milk will be implanted. Yes, we also smell like this or not, can it be bad or not, I experience it ").*RMN mother's opinion"*Iya saya kan ke waktu lahirin kemarin yang kedua itu emang. Saya makan makanan makan ikan gitu lah ya terus ada saudara saya, anak saya kan mau tanya gitu ya itu-itu makan itu tadi kemarin kamu makan ikan itu itu jadinya kayak gitu muntah-muntah terus gitu tadi Kalau kemarin saya kan saya udah tahu gitu ya Pak, ya Makanya karena habis melahirkan itu kan perlu penting makanan yang bergizi gitu. Jadi saya makan ya Makan belum makan apa aja kalau kalau dulu kan nggak boleh".* Pengalaman ibu Slt "*Emang saya waktu pertama lain pertama juga itu setengah bulan itu nggak boleh makan ikan, itu nggak boleh makan juga tradisi tempe terus bening itu*"*("Yes, I was there when I was born the second yesterday. I ate food, I ate fish like that, then there was my brother, my son wanted to ask something like that, did you eat that yesterday, you ate that fish, it turned out like that, and vomited like that yesterday. Sir, yes. That's why after giving birth, it's important to have nutritious food. So I'm eating. I haven't eaten anything, if I wasn't allowed to do it in the past." Slt mother's experience "Indeed, I was not allowed to eat fish for half a month, I was not allowed to eat the tempeh tradition and kept it clear").*

From the experience of several mothers of toddlers, they have obtained some information from the condition of intake and the influence of the behavior of those around them during pregnancy. It turns out that the experience of mothers during pregnancy is influenced by the people around them, especially when they are still with their parents and in-laws. From the experiences of these mothers, existing cultural habits still do not support the improvement of nutrition for pregnant women in order to prevent stunting.

Chronic energy deficiency (CED) is a lack of energy intake in mothers that lasts for a long time, one of the most common causes found in pregnant women, due to picky eating habits(Lestari, Sulistiawati and Naelasari, 2021).

The following is the experience of mothers of children under five in health services carried out at the Posyandu.

MD's mother's experience, "*KalaukePosyandu ya ada yang di Posyandu ada yang ke bidan, itu pelayanannya ya kan kita kan orang hamil terus kasih vaksin itu terus makanan tambahan terus ada juga yang kalau apa mau suntik KB ada juga sekarang nggak sih katanya nggak boleh katanya udah nggak boleh dari Puskes terus ada juga yang kalau mau berobat itu kalau mau berobat kita Telepon dulu ke bidannya ada yang mau berobat sakitnya ini ini gitu kemarin juga ada*"*("KalaukePosyanduyaada yang di Posyanduada yang kebidan, itupelayanannyayakankitakan orang hamilteruskasihvaksinituterusmakanantambahanterusada juga yang kalauapamausuntik KB ada juga sekarangnggaksihkatanyanggakbolehkatanyaudahnggakbolehdariPuskesterusada juga yang kalaumauberobatitukalaumauberobatkitaTelepondulukebidannyaada yang mauberobatsakitnyainiinigitukemarin*

juga ada").. Then the experience of the US mother, "*bulan ini kadernya WA dulu, mau adapelayanan kesehatan, kasihan dia itu ya itu melayani orang hamil, melayani balita menimbang, mengukur berat badan ngasih itu tambahan makanan itu aja karena saya baru pak di dalam lingkup itu iya iya cari ngelahirin masihSMP""("This month the cadres were WA first, wanted health services, sorry for that, yes, it serves pregnant people, serves toddlers weighing, measuring weight, giving them extra food, because I'm new, sir, in that scope, yes, I'm looking for childbirth, I'm still in junior high school").*

From the description of the experience, the level of health services provided by the posyandu has been carried out well. Information from these 2 (two) cadres, it can be explained that the PSoyandu activities are running normally, in the form of recording posynadu participants, detecting growth and development (measuring weight and height), providing additional food for toddlers aged over 6 months and counseling is carried out by cadres regularly. personal. The frequency of visits to posyandu is the most dominant factor in the incidence of stunting. (Destiadi, Susila and Sumarmi, 2013). The role of the community in providing health services independently by optimizing the resources and potential available in the community(Susanto, Claramita and Handayani, 2017). Posyandu is a community-based health effort that makes it easy for the community to get basic health services for posyandu, nutrition recovery, and immunization. It aims to increase the improvement of nutritional status (Destiadi, Susila and Sumarmi, 2013).

According toDestiadi, Susila and Sumarmi, 2013, Low public education causes most people to be open to health information and still adhere to customary/cultural values in community groups which often do not support health behavior (Destiadi, Susila and Sumarmi, 2013). The most dominant factor in the incidence of stunting is the frequency of posyandu visits to the posyandu, which has a low risk of 3.1 times to grow stunting when compared to children who regularly attend the posyandu(Destiadi, Susila and Sumarmi, 2013).

The results of in-depth interviews with the civil servant, the condition of village government activities in participating in stunting prevention.

Information from the village official, Mr. KTM, "*kegiatanwargaadaduakelompokperikanandi Dusun Sumbersariaja ini tapi kan hanya sekedar itu pembekalandariwargasendirian. Mata pencaharianwarga di sini sebagai petaniperkebunanperkebunanKakao, lahan yang sempit paling seperapat. Adajugaternakikanlelemenggunakanplastik,anggota-anggotaternakperikanan itu kemudiandiberi bantuandaripihakpemerintahkambing sekarang, juga lumayanaja. Kalau menurutsaya, Dusun ini sudah harus Mekar, syaratnyapenduduknyadi atas 200-an, kalau kita sendiri ini di sini 381. Di sini juga adakelompokarisan rumah, dalam satu tahun ini ada 8 rumah baru dari 68 itu yang masuk kelompokarisan rumah.Keaadankesehatan, sekianbanyakpenyakit ini kayaknya koksetiaptahun tidakada yang sakit. Di sini juga adakegiatanpenyuluhankesehatan, secarapribadisih belum itu belum ada" (There are two fishing groups in the Sumbersari Hamlet, but that's just a briefing from the residents alone. The livelihoods of the residents here are cocoa plantation farmers, the most narrow of which is the land. There is also catfish farming using plastic, the members of the fishery livestock are then given assistance from the goat government now, which is also not bad. In my opinion, this hamlet has to bloom, the condition is that the population is above 200, if we ourselves are here 381. There is also a house arisan group, in one year there are 8 new houses out of 68 that are included in the house arisan group. In terms of health, there are so many of these diseases, how come no one gets sick every year. There are also health education activities here, personally, there is no such thing yet.")*.

From the description of the village officials, it can be illustrated that the condition of the Cipadang village is very active in government activities in development programs to improve the economy of the residents in the form of various farmer groups and social gatherings for self-help development, indirectly playing a role in preventing stunting. Implementation of integrated interventions with priority target groups in stunting locations is the key to successful nutrition improvement, child development and stunting prevention(Sekretariat Wakil Presiden Republik Indonesia, 2018).

Health services

The description of the health services provided by the posyandu for mothers and toddlers can be illustrated from the descriptions of 2 health cadres in Sumber Sari hamlet, Cipadang village. The results of the interview are as follows:

Description of SA cadres and MSH cadres., "*pelayananposyandukitalakukanpenyuluhangizi itu, terus pemberianmakanantambahan, kita kasih susu, ya caranya kita ya rutin oleh Posyandu biar kita mantep, terus*

anaknya itu panjang badannya kita kekontrol. Jadi kita kan bisa ngasih penyuluhanmakanan yang bergizi, mengasih makanan tambahan Ibu kalau yang di atas 2 tahun itu dikasih ASI eksklusif itu kalau itu menyusui Dini itu maksudnya itu biar bayinya sehat itu biar, kita memanfaatkan ya itu yang kita ada itu loh Itu ASI biar keluar caranya caranya kita menyusui waktu bayi baru lahir itu dan kita susui sampai umur 2 tahun. Pengalaman saya menyusui menjadi bahan ceritasaya, waktu sayabaru ngelahirin nyusuin ditaruh di dada sini biar bayinya mencari putting sendiri gitu biar, nanti kekebalan tubuh bayi ini dapat, terusASI eksklusif itu waktu 0 bulan sampai 6 bulan kita kasih susu kita nggak kasih makan apapun. Pelayanan posyandu ya ada, di Posyandu ada bidan untukpelayanannya orang hamil terus dikasih vaksin dan terus makanan tambahan terus ada juga yang kalau apa mau suntik KB. Kalau mau berobat telepon dulu ke bidannya ada yang mau berobat sakitnya ini ini gitu kemarin juga ada,tiap wargabulan ini tentang pelayanan pengambilan pemberian vitamin pada ibu hamil. Kegiatanposyandumelayani balita menimbang mengukur berat badan ngasih itu tambahan makanan itu" ("Our posyandu service does nutrition counseling, we continue to provide additional food, we give milk, yes, we do it regularly by Posyandu so that we can stay strong, and we control the child's body length. So, we can provide counseling on nutritious food, give additional food to mothers, if those who are over 2 years old are exclusively breastfed, if it's early breastfeeding, that means so that the baby is healthy, let's take advantage of what we have, that's breast milk. out the way we breastfeed when the newborn and we breastfeed until the age of 2 years. My experience of breastfeeding is the subject of my story, when I was just giving birth, I put it on my chest so that the baby could find the nipple on its own, so that later the baby's immune system would get, then exclusive breastfeeding is 0 months to 6 months, we give milk, we don't give anything to eat. . Posyandu services do exist, at Posyandu there are midwives for services, pregnant people are given vaccines and then additional food is added and there are also those who want to inject family planning. If you want treatment, call the midwife first, someone who wants to take treatment for this illness, there was also yesterday, every resident this month about the service of taking vitamins for pregnant women. Posyandu activities serve toddlers, measure their weight and give them extra food.").

Information from these 2 (two) cadres, it can be explained that posyandu activities are running normally, in the form of recording participants, detecting growth and development (measuring weight and height), providing additional food for toddlers aged over 6 months. Counseling is carried out by cadres personally, the material is related to the problems of posyandu participants who are assisted by health center workers. Implementation of the Community Nutrition Breeding Program for under-fives with malnutrition status, through routine activities such as posyandu services (Affrian, 2018).

Local wisdom in terms of culture, community habits related to health, is illustrated from the results of the in-depth interview above. As for the habits that exist in dietary taboos for mothers during pregnancy. Foods that become taboos are generally very detrimental to the health of the mother. Then related to the parenting pattern for their toddlers, in practice the experiences conveyed generally have not been able to support the stunting reduction program, although the knowledge of mothers of toddlers is generally very good. This condition illustrates that good knowledge does not guarantee good behavior either, because there are other factors that influence, so that behavior is rejected by their knowledge when the purchasing power of residents is lacking to get nutritious food.

Abstinence for pregnant women in terms of eating fish consumption, and advice from people around pregnant women prohibiting the mother's body odor from becoming fishy, making it uncomfortable.

Conclusion:-

Mothers of toddlers during pregnancy are influenced by the people around them, especially when they are still with their parents and in-laws. From the experience of mothers of children under five, existing cultural habits still do not support the improvement of nutrition for pregnant women in order to prevent stunting. Psoyandu activities run normally, in the form of recording posynadu participants, detecting growth and development (measuring weight and height), providing additional food for toddlers aged over 6 months and personal counseling.

Suggestion:-

Integrated counseling in improving family nutrition food, through cross-programs (convergence). Provision of stimulants for family nutritional food security through the use of house yards.

The posyandu program in service must receive support from the local government so that the posyandu functions as a health service activity at the village level, has an important role in the prevention and reduction of stunting.

Referensi:-

1. Affrian, R. (2018) 'Implementasi Program PerbikanGizi Masyarakat Kategori', As Siyasah, 3(1), pp. 15–21.
2. Agus, Y., Horiuchi, S. and Porter, S. E. (2012) 'Rural Indonesia women ' s traditional beliefs about antenatal care', BMC Research Notes. BMC Research Notes, 5(1), p. 1. doi: 10.1186/1756-0500-5-589.
3. Aisah, S., Ngaisyah, R. D. and Rahmuniyati, M. E. (2019) 'Personal Hygiene Dan SanitasiLingkunganBerhubungan Dengan Kejadian Stunting Di DesaWukirsariKecamatanCangkringan Personal', in Prosiding Seminar Nasional MultidisiplinIlmu, pp. 49–55. Available at: http://prosiding.respati.ac.id/index.php/PSN/article/download/182/176.
4. Arman et al. (2021) 'IntegrasiBudayaLokal dan Program Pelayanan Kesehatan dalam Penanganan Stunting di Wilayah Kerja PuskesmasMaiwaKabupatenEnrekang', JurnalPenelitian Kesehatan SuaraForikes, 12(1), pp. 1–5. doi: DOI: http://dx.doi.org/10.33846/sf12101.
5. Azzahra, S. A., Bujawati, E. and Mallapiang, F. (2015) 'PengetahuanSikap dan Tindakan Masyarakat di KelurahanAntangKec .Manggala RW VI Tentang PenyakitDemamBerdarah Dengue (DBD) Kota Makassar Tahun 2015', Higiene, 2(3), pp. 141–147.
6. Balitbangkes RI (2018) Laporan Nasional Riskesdas 2018. Jakarta.
7. BidanDesa (2020) Laporan rutinpelayanankesehatan ibu dan anak DesaCpadang.
8. Dangour et al. (2013) 'Interventions to improve water quality and supply , sanitation and hygiene practices , and their effects on the nutritional status of children (Review)', Cochrane Public Health Group. Published by John Wiley & Sons, Ltd, 2013(8), pp. 1–73. doi: 10.1002/14651858.CD009382.pub2.
9. Destiadi, A., Susila, T. and Sumarmi, S. (2013) 'FrekuensiKunjunganPosyandu dan RiwayatKenaikanBerat badan sebagai FaktorRisikoKejadian Stunting pada Anak Usia 3-5 Tahun', Media Gizi Indonesia, Vol.10 No., p. hlm.71-75.
10. Khoeroh, H. and Indriyanti, D. (2015) 'Evaluasipenatalaksanaangizibalita stunting di wilayah kerja PuskesmasSirampong', Unnes Journal of Public Health, 4(1), pp. 54–60.
11. Lestari, D., Sulistiawati, F. and Naelasari, D. N. (2021) 'SosialisasiPerilakuHidupBersih dan SehatsertaGiziSeimbang pada Ibu HamiluntukMeningkatkanImunitas pada Masa Pandemi Covid-19', Abdinesia: JurnalPengabdiankepada Masyarakat, 1(1), pp. 20–28.
12. Lestari, W. and Auliyati, Z. (2018) 'Meta-EtnografiBudayaPersalinan Di Indonesia Meta-Ethnography of Delivery Cultures in Indonesia', Jurnal Masyarakat &Budaya, 20(1), pp. 49–60. Available at: http://jmb.lipi.go.id/index.php/jmb/article/view/511.
13. Malelak, E. O. and Taneo, J. (2021) 'Peran Orang TuaTerhadap Anak-Anak Gifted', Journal of social studies, 1(1), pp. 13–24.
14. Michaelsen, K. F. et al. (2015) 'Contextualising complementary feeding in a broader framework for stunting prevention', Maternal & Child Nutrition, 9(Sp2), pp. 27–45. doi: 10.1111/mcn.12088.
15. Nomlenia, D. S., Nahak, M. P. M. and Goa, M. Y. (2021) 'StudiDeskriptif: Pengetahuan Dan Peran Kader Dalam Penilaian Status GiziBalita Di PuskesmasAlak', Applied Scientific Journals, 4(1), pp. 29–40.
16. Nurbaiti, L. et al. (2014) 'Kebiasaanmakanbalita stunting pada masyarakatSukuSasak: Tinjauan 1000 hari pertama kehidupan (HPK)', Masyarakat, Kebudayaan dan Politik, 27(2), pp. 104–112. doi: 10.20473/mkp.V27I22014.104-112.
17. Nurzeza, A. (2013) 'PentingnyaPengetahuan Ibu pada PemberianMakananPendamping ASI (MP-ASI) pada Bayi di Bawah Usia 6 Bulan The Importance of Mother ' s Knowledge about Complementary Feeding for Infants Under 6 Months'.
18. Prendergast, A. J. and Humphrey, J. H. (2014) 'The stunting syndrome in developing countries', Paediatrics and International Child Health, 34(4), pp. 250–265. doi: 10.1179/2046905514Y.0000000158.
19. Rahmayani (2018) 'HubunganPengetahuan ,Sikap Dan Tindakan Hygiene (Relationship between knowledge , attitudes and hygiene measures of street food vendors sanitation)', Aceh Nutrition Journal, 3(2), pp. 172–178. doi: 10.30867/action.v3i2.84.
20. Risa, H. (2015) 'Tingkat Pengetahuan Ibu tentang InisiasiMenyusui Dini dan ASI Eksklusif sebagai Salah Satu FaktorPenentuKeberhasilanPemberian ASI Ekslusif', Agromedicine, 2(4), pp. 456–461.
21. Safitri, C. A. and Nindya, T. S. (2017) 'Hubunganketahananpangan dan penyakitdiare dengan stunting pada balita 13-48 bulan di KelurahanManyarSabrangan, Surabaya', JurnalAmerta Nutrition, 1(2), pp. 52–61. doi: 10.20473/amnt.v1i2.2017.52-61.
22. Sekretariat Wakil PresidenRepublik Indonesia (2018) Strategi Nasional PercepatanPencegahan Stunting Periode 2018-2024. Pertama. Jakarta.
23. Subiyatun, S. (2017) 'Gambaranpemanfaatan buku kesehatan ibu dan anak (kia) oleh ibu hamil', JurnalKebidanan dan Keperawatan, 13(2), pp. 203–209.

24. Susanto, F., Claramita, M. and Handayani, S. (2017) 'Perankaderposyandu dalam memberdayakanmasyarakatBintan', BeritaKedokteran Masyarakat, 33(1), p. 13. doi: 10.22146/bkm.11911.
25. Titaley, C. R. et al. (2010) 'Why do some women still prefer traditional birth attendants and home delivery?: A qualitative study on delivery care services in West Java Province, Indonesia', BMC Pregnancy and Childbirth, 10(43), pp. 2–14. doi: 10.1186/1471-2393-10-43.
26. Vir, S. C. (2016) 'Improving women's nutrition imperative for rapid reduction of childhood stunting in South Asia: Coupling of nutrition specific interventions with nutrition sensitive measures essential', Maternal and Child Nutrition, 12(Suppl. 1), pp. 72–90. doi: 10.1111/mcn.12255.
27. Withers, M., Kharazmi, N. and Lim, E. (2018) 'Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries', Midwifery. Elsevier Ltd, 56(March 2017), pp. 158–170. doi: 10.1016/j.midw.2017.10.019.
World Health Organization (2013) Scalling up nutrition.
28. Wulanta, E., Amisi, M. D. and Punuh, M. I. (2019) 'Hubungan Antara Status SosialEkonomi Dengan Status Gizi Pada Anak Usia 24-59 Bulan Di DesaKima Bajo KecamatanWoriKabupatenMinahasa Utara', Jurnal KESMAS, 8(5), pp. 34–41. Available at: https://ejournal.unsrat.ac.id/index.php/kesmas/article/view/24923/24627.