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Mothers' Experiences in Caring for Stunted Toddlers: A Qualitative Study

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Abstract

Background: Stunting is a condition characterized by the failure to thrive in toddlers, attributed to chronic malnutrition, resulting in shorter stature relative to their age. Mothers play a crucial role in the care of stunted toddlers.

Objective: This study aimed to explore and describe the experiences of mothers in caring for stunted toddlers, employing a qualitative study with a phenomenological approach.

Methods: The participants in this study comprised ten mothers serving as the primary caregivers for stunted toddlers aged between 19 and 36 years. Participants were purposively selected, with criteria including being the primary caregiver and a willingness to participate. Data collection involved interviews and observations, and the analysis was then conducted using the Collaizi technique.

Results: The findings of this study revealed six overarching themes: breastfeeding history, variations in complementary feeding, a spectrum of emotions experienced by mothers, wishes for their children, the need for a robust support system, and barriers to feeding. Mothers' experiences in caring for stunted toddlers can provide valuable insights into their needs so that interventions can be designed to address the problems faced by other mothers of stunted toddlers.

Conclusion: Mothers' experiences in caring for stunted toddlers can provide valuable insights into their needs so that interventions can be designed to address the problems faced by other mothers of stunted toddlers.

Keywords: experience; mothers; caring for; stunted toddlers

INTRODUCTION

Stunting is a condition characterized by impaired growth in toddlers, attributed to chronic malnutrition, resulting in shorter stature relative to their age. Globally, the number of stunted toddlers reached 148.1 million or 22.3%, in 2022 (WHO, 2022). Findings from the Indonesian Nutritional Status Survey (SSGI) in 2021 indicated a stunting prevalence of 24.4% among toddlers, which subsequently decreased to 21.6% in 2022 (SSGI, 2023). Stunting can significantly impact children's future development, leading to a 7% decline in optimal cognitive development compared to non-stunted children (Ekholuetale et al., 2020). Additionally, stunting is associated with delays in gross motor skills, communication, problem-solving, personal-social skills, and fine motor skills (Oumer et al., 2022), emphasizing its profound societal implications on children's futures.

In the care and nurturing of children, the role of mothers is pivotal. Parenting practices closely intertwine with children's growth and development, and poor parenting, particularly in feeding behaviors and practices, is identified as a primary cause of malnutrition and stunting (Iswardy, 2018).

The incidence of stunting in toddlers aged 24-59 months is significantly linked to various factors, including feeding practices, psychosocial stimulation, cleanliness/hygiene practices, environmental sanitation, and utilization of health services (Rahmayana et al., 2014). Moreover, feeding practices, such as food diversity, exclusive breastfeeding, and complementary feeding, are correlated with the incidence of stunting in toddlers (Damanik & Wanda, 2019). The application of pressure or coercion during children's meals is another contributing factor (Dranesia et al., 2019). Considering these factors, it is evident that parents' parenting styles in caring for children are closely associated with the incidence of stunting.

Families with toddlers experiencing malnutrition and stunting exhibit diverse care experiences and responses. The attitudinal response of families with undernourished toddlers often reflects a lack of awareness regarding the issue of malnutrition in toddlers, attributable to insufficient food supplies at home and inadequate dietary intake (Fitriyani et al., 2011). Additional studies underscore that families lack understanding about stunting, face suboptimal breastfeeding practices, encounter imbalances in complementary feeding, and emphasize the necessity for husbands' support to prevent stunting (Darwis et al., 2021). Families grappling with stunted toddlers frequently contend with psychological pressure, notably experiencing heightened anxiety (Saripah, 2022). A comprehensive understanding of these varied parental experiences is pivotal for achieving success in enhancing the nutritional status of toddlers.

Given the inherently unique and qualitative nature of personal experiences, quantitative measurement proves inadequate. A more nuanced exploration of mothers' experiences in caregiving is imperative to discern and implement targeted interventions for families with stunted toddlers. In light of the multifaceted phenomena discussed previously, there is a pressing need for a study that delves deeper into the intricacies of mothers' experiences in caring for stunted toddlers. As such, this study involved more respondents than previous studies and identified different themes compared to earlier findings.

The purpose of this study is, therefore, to obtain an overview of mothers' experiences in caring for stunted toddlers.

METHOD

This study employed a qualitative research design with a phenomenological approach to explore and describe the experiences of mothers. Conducted in the working area of Puskesmas Talang Rimbo Lama, Rejang Lebong, Bengkulu, from October to November 2020, the participants comprised mothers with firsthand experience in caring for stunted toddlers. Participant selection adhered to specific criteria, targeting mothers who served as primary caregivers, expressed willingness to participate, and were open to sharing their experiences, utilizing purposive sampling. The exclusion criteria for this study were mothers who did not follow the research process to the end. The determination of the sample size was guided by data saturation, with ten participants ultimately included in the study. In this study, data saturation was reached with the tenth participant, as no new information was provided beyond this point.

Data collection involved in-depth interviews and observation of participant responses. Before the research began, informed consent was obtained from participants. Structured questions were posed during interviews, focusing on various aspects, such as (1) How do you feed your toddler from birth until now? (2) How do you feel about having a stunted toddler? (3) What are your family's expectations for health services? (4) What are your hopes for addressing the problem of stunting in toddlers? (5) What obstacles do you experience when feeding your toddler? Each in-depth interview spanned 30-40 minutes. The tools employed for data collection included a voice recorder via cellphone for participant information recording, an interview guide, as well as a pen and notebook for observational field notes, capturing nonverbal responses.

Further, the Colaizzi method was used for data analysis, involving the iterative reading of transcripts to comprehend participants' experiences fully. Significant statements aligned with the studied phenomenon were extracted, followed by the formulation of meaning for each statement.

Formulated meanings were then categorized into sub-themes and themes. To enhance the rigor of the study, the findings were validated with participants to ensure that they accurately reflected their experiences.

Ethical approval for this study was obtained through a letter from Poltekkes Kemenkes Bengkulu with reference No. KEPK/080/10/2020. The study adhered to ethical principles, encompassing respect for dignity, attention to welfare, justice, and obtaining informed consent after providing a comprehensive explanation to the participants.

RESULTS

Participants in this study comprised mothers serving as the primary caregivers for their toddlers, possessing firsthand experience in feeding stunted toddlers. The study involved the participation of ten mothers, all of whom were mothers of stunted toddlers. A detailed description of the characteristics of all participants is provided in Table 1.

Table 1. Characteristics of Participants

Code	Age (year old)	Education	Occupation	Income	Religion	Ethnic group
P1	20	Senior High School	Housewife	±IDR1,000,000,-	Islam	Rejang
P2	19	Senior High School	Housewife	±IDR1,000,000,-	Islam	Javanese
P3	20	Junior High School	Housewife	±IDR150,000,-	Islam	Rejang
P4	30	Junior High School	Housewife	±IDR2,000,000,-	Islam	Rejang
P5	32	Grade 4 of Elementary School	Farmer	±IDR1,000,000,-	Islam	Rejang
P6	23	Senior High School	Housewife	±IDR2,000,000,-	Islam	Rejang
P7	34	Vocational High School	Housewife	±IDR800,000,-	Islam	Javanese
P8	19	Vocational High School	Housewife	±IDR500,000,-	Islam	Javanese
P9	39	Vocational High School	Housewife	±IDR3,000,000,-	Islam	Pasemah
P10	36	Does not complete Elementary School	Housewife	±IDR1,000,000,-	Islam	Rejang

As per Table 1, it is evident that all participants were mothers of stunted toddlers. The age range of participants spanned from 19 to 39 years. Educational backgrounds varied from incomplete elementary school to high school. Predominantly, participants were engaged in occupations as housewives and farmers. Monthly income fell within the approximate range of IDR 150,000 to IDR 1,000,000. All participants adhered to the Islamic faith, and the ethnic groups represented included Rejang, Javanese, and Pasemah.

The results of the data analysis revealed five overarching themes delineating the experiences of mothers caring for stunted toddlers. These themes encompassed breastfeeding history, variations in complementary feeding, a spectrum of emotions experienced by mothers, aspirations for their children, the need for a robust support system, and barriers to feeding.

Table 2. Theme Analysis

Major Theme	Sub-themes	Categories
Breastfeeding history	Exclusive Breastfeeding	Breast milk from birth to six months of age
	Non-exclusive Breastfeeding	Formula milk since birth, wean breastfeeding in the last two months old
Variations in complementary feeding	MP ASI	Steamed rice, porridge, Promina, rice, and rice flour.
	Vegetable side dishes	Potatoes, carrots, broccoli, spinach, katuk leaves, kale, cabbage, chayote, bean sprouts, and oyong
	Protein side dishes	Fish, chicken, eggs, shredded meat, and vegetable protein like tofu and tempeh.
	Snacks	Bakwan, fried bananas, green bean porridge, rice porridge, jelly, bread, kolak, sweet potatoes, pempek, soto, and chiki-chiki snacks
	Fruits	Watermelon, banana, papaya, orange, avocado, guava, apple, and fruit juice.
A spectrum of emotions experienced by mothers	Negative responses	Fear, anxiety, feelings of uncertainty, and sadness.
	Unexpected reactions	Shocked
	The perception that short stature is hereditary	Short inherited from parents
	Stunting is not a problem.	Stunting is not a problem, their children are active, healthy, and rarely get sick.
	Curiosity	Curiosity
Mothers' wishes for their children	Child's growth and development	Chasing the child's height
	and future	Pious, healthy, and smart
The need for a robust support system	This support is anticipated to emanate from the nuclear family.	Support from husband
	This support is anticipated to emanate from the extended family.	Support from mother (grandmother)
	This support is anticipated to emanate from health workers and individuals within their immediate social circles.	Support from health workers, cadres, and people around
Barriers to feeding	Not focused during eating activities	Child's activities while eating, such as watching and playing
	Eating too fast or too long.	More or less than 30 minutes
	Ineffective feeding techniques	Bribed and scolded while eating
	Unscheduled meals	Unscheduled meals

Theme 1: Breastfeeding History

Breast milk stands out as the optimal nourishment for infants from birth up to six months of age. Drawing insights from the experiences of mothers caring for stunted toddlers, it was observed that in this study, the breastfeeding history varied between exclusive and non-exclusive practices. The breastfeeding patterns for stunted toddlers encompassed those who exclusively received breast milk and those who received a combination of breast milk and other feeds. This distinction is described through several participant statements, as articulated in the following:

Subtheme 1: Exclusive Breastfeeding

The history of breastfeeding for stunted toddlers who received exclusive breastfeeding is as expressed in the following statement:

"... Yes, breast milk from 1-6 months of age, from birth to 6 months of age ..." (P1)

“... Breast milk, for 6 months exclusively I was not given anything, after 6 months I just gave it...” (P7)

Subtheme 2: Non-Exclusive Breastfeeding

Concerning the history of breastfeeding stunted toddlers, some did not receive exclusive breastfeeding, as admitted in the following statement:

"... when s/he was born, s/he was given formula milk for 2 months, s/he did not receive enough milk, did not feel full; at 2 months old, s/he no longer wanted formula milk, as it did not provide sufficient nourishment. S/he was then promptly introduced to diluted Promina, and that became her/his primary source of nutrition. At 6 months old, s/he started eating rice ..." (P3)

"Yes, when my child was 2 months old, s/he was weaned off breast milk because I fell ill. The decision was made not to breastfeed due to the fear of infection, and as a result, my child was given formula milk from 2 months old until one year old ..." (P2)

Theme 2: Variations in Complementary Feeding Provided for Toddlers

Complementary feeding is introduced once the child surpasses six months of age. Complementary feeding is given in stages corresponding to the child's age. Mothers of stunted toddlers provided an array of complementary feeding, encompassing various types of MP ASI (food made from rice and other ingredients), animal protein side dishes, vegetable side dishes, snacks, and fruits. This is articulated in the following statements:

Subtheme 1: Various Types of MP ASI

Various MP ASI given by mothers of stunted toddlers included steamed rice, porridge, Promina, rice, and rice flour.

"...from 6 months to 8 months ago, it was Promina, sometimes steamed rice..." (P4)

"...6 months just introduced to eating, given porridge, steamed rice..." (P7)

"... brown sugar and rice flour, the rice flour cannot be easily replaced, and cheddar cheese is also included ..." (P6)

Subtheme 2: Vegetable Side Dishes

Various vegetables given to mothers of stunted toddlers included potatoes, carrots, broccoli, spinach, katuk leaves, kale, cabbage, cherries, chayote, bean sprouts, and oyong.

“..like carrots, potatoes, or broccoli..” (P1)

“..now it is still spinach, katuk leaves, he likes vegetables.” (P3)

“What are his vegetables, stir-fried cabbage, cherry beans, clear tofu..” (P5)

“Also, that chayote, 9 months old, was given boiled vegetables. He wanted vegetables..” (P6)

"... sautéed bean sprouts, oyong, and vegetables are abundant..." (P9)

Subtheme 3: Protein Side Dishes

Various animal side dishes given to mothers of stunted toddlers encompassed fish, chicken, eggs, shredded meat, and vegetable protein like tofu and tempeh.

"... Usually, it is mostly fish, eggs, and chicken ..." (P1)

“…Buy shredded meat…” (P9)

"... Sometimes there is tempeh, and there is also tofu, with fish being the most common ..." (P3)

Subtheme 4: Snacks

Various snacks given to mothers of stunted toddlers comprised bakwan, fried bananas, green bean porridge, rice porridge, jelly, bread, kolak, sweet potatoes, pempek, soto, and chiki-chiki snacks.

"...sometimes bread, sometimes it is a snack.." (P6)

"... Makes dumplings, frequently prepares compote, and occasionally prepares green bean porridge ..." (P6)

"...sometimes pempek, heeheh (laughs) whatever..." (P7)

"...sometimes soto, lontong soto like that, he wants to eat..." (P7)
"... have chiki-chiki snacks often everyday ma'am..." (P1)

Subtheme 5: Fruits
Various fruits given to mothers of stunted toddlers included watermelon, banana, papaya, orange, avocado, guava, apple, and fruit juice.
"...Yes, usually oranges and watermelon are usually given, because my little brother does not have teeth yet, so only oranges and watermelon are given..." (P2)
"... s/he does not fancy other fruits, s/he particularly likes bananas—Ambon bananas, and Jantan bananas ..." (P7)
"...usually, it is fruit, avocado..." (P7) "...guava, water guava, guava, but mother did not give me guava..." (P5)

Theme 3: A Spectrum of Emotions
Mothers experienced a spectrum of emotions when caring for and discovering that their child was classified as stunted or was shorter than expected for their age. Participants explicitly articulated their feelings regarding their child's condition, encompassing negative responses, unexpected reactions, the perception that short stature is hereditary and not a concern, as well as curiosity. The description of these sentiments is derived from several participant statements, as follows:

Subtheme 1: Encompassing Negative Responses
Mother felt various negative responses/feelings when caring for and knowing that their child was said to be stunted or whose height was not in accordance with his/her age. These negative responses included fear, anxiety, feelings of uncertainty, and sadness, as expressed in the following statement:
"... I felt afraid, questioning whether the issue was related to my parenting style or a mistake from her/his childhood. Consequently, I delved into understanding how and why it occurred, and I became curious ..." (P1)
"... I feel anxious ... my child has always been small since birth ..." (P5)
“...How do I feel... it is mixed up like that, but luckily it came from something...” (P6)
“..many people say my child is small, so it is a bit sad too..” (P7)

Subtheme 2: Unexpected Reaction
Mother showed a response of not expecting that their children were said to be stunted or height not in accordance with their age. This response was shown with a sense of shock.
"... shocked, as my child differs from children of the same age ..." (P3)

Subtheme 3: The Perception That Short Stature Is Hereditary and Not a Concern.
Mothers of stunted toddlers expressed the perception that their children were short due to inherited from parents, as expressed in the following statement:
"... I assume that due to my parents*' short stature, my child has inherited it ..." (P2)*
"... Perhaps because I am naturally small, leading to the assumption that my child would also be small..." (P7)

Subtheme 4: Stunting Is Not a Problem.
Mothers of stunted toddlers stated that it was not a problem that their children were short, as expressed in the following statement:
"... Yes, my feeling is--so-so ..." (P7)
“...Yes.. it is okay actually, the child is also active, healthy, rarely gets sick, rarely anything...” (P7)
“...if the problem of height is number 2 for me compared to weight, that is...” (P9)

Subtheme 5: Curiosity
Mothers of stunted toddlers expressed curiosity about why their children were short, as expressed in the following statement:
"... Indeed, I was curious about how my child ended up shorter. I sought information on whether there were any symptoms beforehand ..." (P1)

Theme 4: Mothers' Aspirations for Their Children
Mothers of stunted toddlers harbored aspirations for their children, and these aspirations were intricately linked to the child's growth, development, and future. This thematic focus is explicitly described in the following statements:

Subtheme 1: Aspirations Are Intricately Linked to the Child's Growth and Development.

Mothers of stunted toddlers have hopes regarding their child's growth and development, like chasing his height and desire to solve children's problems.
"...I do not know what to say like that, ma'am (laughing confusedly). The hope is that I can catch up. How can my child catch up like other children..." (P1)
"...I hope it can be overcome, does not let it be like his descendants heheh (laughing), can be tall like that..." (P2).
"...Yes, I wish for her/him to grow taller. I fear that my child might not be considered normal, right? Hence, I am still uncertain about what to do. I am somewhat perplexed; is it because my child is small (or because s/he is stunted), I am confused ..." (P7)

Subtheme 2: Aspirations Are Intricately Linked to the Child's Future.
Mothers of stunted toddlers have hopes for their child's future, like being pious, healthy, and smart.
"...be a pious child." (P8)
"... (I wish for her/him) to speak fluently, face no other hindrances to her/his health—the primary concern is how to address her/his needs. Fortunately, there is a program like this, so I can gain knowledge on how to take care of my children in such situations, that is all..." (P6)
"...The important thing is that your development is healthy, smart, do not be fussy, you have had a cold for the past 2 days, maybe because it is hot today..." (P9)

Theme 5: The Need for a Robust Support System
Mothers of stunted toddlers needed support in the aspects of feeding their children and addressing the condition of stunting. This support is anticipated to emanate from the nuclear family, extended family, health workers, and individuals within their immediate social circles. This thematic focus is explicitly described in the following statements:

Subtheme 1: Support from the Nuclear Family
Mothers of stunted toddlers especially mothers, needed support, especially from the nuclear family, namely the husband. Mothers hoped her husband did not often give their children snacks and helped her take care of the children.
"...It is only necessary from the father that he should not be given too many snacks (chiki-chiki) and continue like that..." (P6)
"... Her/his father is everything; I hope he can always provide genuine assistance. At times, when I am occupied, especially in childcare, he takes charge—from bathing to tending to the child, especially when s/he is unwell, feeding, and changing clothes. (My husband is) an engaged father, heheh (laughs) ..." (P7)

Subtheme 2: Support from Extended Family
Mothers also needed support from their extended family, especially their mother (grandmother), to provide assistance.
"... Mamak (grandmother) ... family ... can provide assistance." (P8)

Subtheme 3: Support from Health Workers and Individuals Within Their Immediate Social Circles
Mothers also needed support from health workers and people around them, like giving information and counseling.
"... I hope that cadres will consistently provide valuable information ..." (P4)
"Seek help from anyone, for instance, a group of health workers, if they can offer assistance..." (P5)
"...Then what is there, like counseling to let people know if there are children who are stunted, what and how like that..." (P3)

Theme 6: Barriers to Feeding
Mothers experienced various kinds of obstacles when feeding stunted toddlers. These obstacles could include the nature of eating activities, duration of meals, feeding techniques, snack habits, and meal schedules. The description of these difficulties is derived from several participant statements, as follows:

Subtheme 1: Not Focused During Eating Activities
Obstacles in feeding stunted toddlers included the child's activities while eating, such as watching and playing.
"... eats the TV if there is a cartoon on while watching..." (P6)
"... sometimes s/he chats with me, sometimes I ask questions while eating; when s/he plays with food, I divert her/his attention with toys (dolls) ..." (P6)

Subtheme 2: Eating Too Fast or Too Long
Obstacles in feeding stunted toddlers encompass mealtimes that are more or less than 30 minutes.
"…Yes, sometimes it does not even take 10 minutes to finish; it depends on his appetite. If he eats Promina, he finishes it quickly, while if he eats rice, he finishes it slowly…" (P4)

"…About 30 minutes he was accompanied while playing…" (P3)
"Yes, most of the time while watching [TV/HP], sometimes I just sit her/him still and feed her/him." (P1)
"The obstacle is that if her/his father feeds her/him breakfast, s/he does not want it, s/he will not eat. "Later, Mom, I am still full", while with me (mother), this behavior is not allowed. However, her/his father lets her/him be, so s/he does not eat." (P6)

Subtheme 3: Ineffective Feeding Techniques
An obstacle when feeding stunted toddlers is in the form of feeding techniques, where children are always bribed and scolded while eating.
"... Sometimes s/he eats alone. If there is her/his sister/brother, they eat together. If her/his sister/brother has already eaten, s/he eats alone, but if that is the case, sometimes her/his sister/brother feeds her/him ..." (P7)
"Poor child, every time he eats, he always gets scolded"...(P9)
"Yeah, I scared her/him like, "There is a rat, hurry up, eat your food." (P9)

Subtheme 4: Unscheduled Meals
Obstacles in feeding stunted toddlers included unscheduled meals.
"...No, basically, when I look at 7 o'clock, someone is already asking for food, ma'am, ma'am, if he is hungry he asks, even though at 10 o'clock he is already eaten, then at 10 o'clock if he is hungry he asks for food, but he rarely asks for food because lots of distractions, sometimes fried bananas, but at lunch, eat..." (P7) *one eye. So, this makes my social interaction not good*" (Respondent 2).

Theme 7: Coping Strategies for Stress
To manage their stress, respondents employed several strategies. Respondents 1 and 3 attended intensive Dutch language courses. Respondent 2 increased religious activities, moved to a workplace with a more familiar cultural background, and engaged in leisure activities like going to the movies or traveling. Respondent 3 maintained contact with family in Indonesia. Respondent 4 opted to work part-time and engage in shopping. Respondent 5 attended yoga classes and used dating apps to find companionship. Example of direct quotation: "*Increasing worship. I moved to a place of service for parents with an Asian or Indonesian cultural background. However, there are still native Dutch colleagues who are also racist. Go to the movies or take a trip to another city*" (Respondent 2).

Table 2 presents findings from a literature review highlighting various stressors faced by Indonesian nurses working overseas. These stressors, as reported by the nurses, encompass elements such as unclear career trajectories, unexpectedly extended work hours, the existence of organizational hierarchies, and additional factors. Schanler, 2012). Study results have indicated that non-exclusive breastfeeding in the first six months is associated with the incidence of stunting in children (Beal et al., 2018). Conversely, other studies suggest that exclusive breastfeeding is associated with the incidence of stunting aged 12-59 months (Rozi et al., 2022). Maternal knowledge and education level positively influence the practice of exclusive breastfeeding (Laksono et al., 2021). Based on the results of interviews with participants, instances were reported where mothers provided breast milk until the age of two months, citing maternal illness as the reason. Consequently, breastfeeding for less than six months deprives infants of the necessary nutrients at that crucial stage of development.

Mothers' experiences in caring for stunted toddlers involved the provision of nutrition or complementary feeding alongside breastfeeding.

DISCUSSION

Stunted toddlers exhibit diverse breastfeeding histories. While all children initially receive colostrum at birth, subsequent practices vary, with some children exclusively breastfed and others not. Colostrum provision and exclusive breastfeeding have been linked to stunting and are strongly associated with stunting among toddlers (Dewi et al., 2023). Breast milk provides numerous nutrients and antibodies that protect infants from infections, potentially reducing the duration and severity of illnesses that can lead to chronic malnutrition and stunting (Dewi et al., 2023). Recognized as the optimal food for infants, breastfeeding and breast milk deliver unique nutritive and non-nutritive benefits to infants and mothers, ultimately optimizing the health of infants and mothers, as well as contributing to child development (Eidelman &

Complementary feeding, initiated after six months, revealed instances in this study where mothers introduced it prematurely. While the recommended complementary feeding should be varied, participants indicated that the foods provided to stunted toddlers were less diverse, often focusing on a single basic food element, such as carbohydrates, in a single meal. Additionally, children exhibited a habit of snacking. This aligns with Beal et al. (2018), who identified inadequate complementary feeding as a factor contributing to stunting in Indonesia, encompassing poor food quality, insufficient micronutrient intake, limited food variety, low-calorie energy in complementary feeding, and inadequate, irregular feeding practices. A positive maternal parenting style, inclusive of providing the right foods, is identified as a preventive measure against stunting (Wibowo et al., 2023). Complementary feeding practices manifest differences based on socio-economic conditions, with failure to achieve the minimum feeding frequency between 6 and 12 months associated with stunting. Effective plans and strategies are essential to promote adequate feeding and breastfeeding practices within the community (Tello et al., 2022).

Mothers' experiences in caring for stunted toddlers also evoked a spectrum of emotions, exhibiting diverse feelings among them. Predominantly, mothers expressed fear, anxiety, and sadness, although there are instances where some perceived short stature as normal, attributing it to hereditary factors and not recognizing it as a problem in children's growth and development. Fear arose from the disparity in their child's growth compared to peers or children of the same age. Anxiety and worry stemmed from the child being consistently smaller since birth, particularly when compared to siblings, and they (mothers) thought about why this happened to their child. Families of undernourished toddlers may exhibit a less anxious response to the toddler's condition, incorporating conscious and accepting elements (Fitriyani et al., 2011).

Moreover, in this perspective of stunting, some mothers held a misguided perception, associating short stature in children more with hereditary factors, assuming that if the mother is short, the child will also be short. In alignment with a study by Syahri et al. (2021), which identified hereditary factors as a leading cause of nutritional problems in toddlers (60%), it is important to note that while genetic factors significantly influence a child's growth and development, environmental factors play a crucial role in determining whether the genetic potential is realized. Nutrition, a key environmental factor, underscores the necessity of food security within the family, as noted by Soetjiningsih and Ranuh (2015).

Participants, who were mothers of stunted toddlers, harbored the hope of overcoming the problem of stunting in their children, aspiring for their children to attain an ideal height relative to their age. Hope is inherently linked to belief in a desired outcome, along with the motivation to achieve it. These hopes translate into positive wishes for their children's future. To realize these expectations, the family, with its pivotal role, particularly in meeting the nutritional needs of toddlers, plays a crucial part (Wiliyanarti et al., 2020). According to Wati and Sulistyaningsih (2023), the role of parents significantly influences the growth and development of toddlers, encompassing choices related to food provision, exclusive breastfeeding, feeding practices, diversity of food given to children, and promoting clean living behaviors. The optimal role of parents holds the potential to enhance nutritional levels in toddlers, serving as a proactive measure to prevent or address the problem of stunting.

In the care of stunted toddlers in this study, parents, particularly mothers, greatly relied on support from their closest families, especially their husbands. This support can manifest in various forms, such as assistance in meeting the child's needs, minimizing frequent requests for snacks (for themselves), and aiding in supervision and feeding their toddlers. Fathers play a crucial role in child-rearing, with a significant positive influence noted on children's cognitive development through father involvement in parenting (Aritonang et al., 2020). In addition to their husbands, mothers also sought assistance from their parents, particularly grandmothers of their children (the mothers' mothers). This is especially evident among participants who either resided with their parents or entrust the children to their mothers (the grandmothers) while they or their spouses were at work. Educational interventions for grandmothers as caregivers regarding stunting prevention have proven effective in enhancing the weight and height of children aged

36 months in coastal areas (Sary, 2020). Families further require support from health workers and the broader community. A review by Kusumawardani et al. (2020) indicated that interventions to reduce stunting, involving regular maternal support by health workers and health cadres, could be instrumental in controlling and preventing stunting. Recent studies also identify that if an older child was stunted, the likelihood of stunting in a younger child's index increased by 1.93. This association is held regardless of public health performance or political commitments at the state level. Moreover, socio-economic factors wield a substantial influence on child stunting and may indicate suboptimal intra-generational health. The clustering of stunting among siblings suggests a correlation between genetic and environmental factors and child height-for-age. Implementing policies that prioritize mothers who have experienced multiple instances of stunted births and incorporating multiple child beneficiaries in nutrition programs may prove effective in addressing this problem (Banerjee & Dwivedi, 2020).

Furthermore, Krisnana et al. (2020) explained that factors contributing to the incidence of stunting in toddlers encompass both instrumental support and emotional support provided by fathers. The provision of informational support and appraisal support does not exert a substantial influence on the incidence of stunting in toddlers. Healthcare professionals are expected to develop educational interventions for the prevention of stunting, targeting not only mothers but also fathers. This is particularly important in terms of enhancing the father's provision of both practical and emotional assistance to the mother and their children.

Barriers to feeding refer to the difficulties mothers encounter when giving or serving food to their toddlers. Several participants (mothers of stunted toddlers) indicated that they often provided only one type of food because their toddlers would only eat a specific kind during mealtimes. Additionally, children frequently engaged in playing or watching activities while eating, which distracted them and prolonged feeding time. When mothers were busy, children were often entrusted to their father or grandmother, leading to feeding practices that differed from those of the mother. In terms of food preparation, some mothers lacked knowledge of proper processing methods, particularly when handling vegetables. For example, cutting vegetables before washing them can result in the loss of essential nutrients. Apart from that, the child's feeding schedule was irregular, so there were periods when the child did not eat, so snacks became their primary food. Another obstacle that arose was the feeding technique; some children needed to be coaxed or bribed to eat, requiring the mother to spend more time feeding while managing other tasks. Additionally, mothers' habits of scolding or frightening their children during meals can negatively impact the child's psychological attitude towards eating, leading to feelings of distress. This is consistent with a study by Dranesia, Wanda, and Hayati (2019), which found that pressure or coercion during feeding is a significant factor influencing the incidence of stunting in toddlers.

CONCLUSION

The description of mothers' experiences in caring for stunted toddlers in this study is encapsulated in the themes that emerged from the findings, namely: breastfeeding history, variations in complementary feeding, a spectrum of emotions experienced by mothers, aspirations for their children, the need for a robust support system, barriers to feeding. These results become basic data to obtain an overview and problems faced by mothers of stunted toddlers so that interventions can be designed to address these problems and meet mothers' needs.

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