

PRACTICE OVERVIEW CARE AND HEALTH STANDARDS

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ABSTRACT

Stunting, a condition of chronic malnutrition, impairs the physical and cognitive development of toddlers. This condition is often influenced by maternal health during pregnancy, inadequate nutrition, and recurrent illnesses in children. Despite improvements, Karanganyar Regency remains one of the regions in Central Java with high stunting prevalence, necessitating effective prevention strategies. Objective: This study aims to explore family roles and parenting practices in addressing stunting in toddlers in Gebyog Village, Mojogedang District. Methods: A qualitative phenomenological approach was employed using purposive sampling of 10 households with stunted children in Gebyog Village. Data collection involved in-depth interviews and field notes conducted in October-November 2024. Analysis followed the Colaizzi method to explore parental experiences, perspectives, and practices related to stunting prevention. Results: Most parents (70%) practice appropriate parenting aligned with health standards, such as providing exclusive breastfeeding, balanced complementary feeding, maintaining a clean environment, ensuring proper sanitation, participating in health education, and engaging in integrated health service posts. However, 30% of parents demonstrated inadequate care practices due to limited knowledge and resources. Conclusion: Strengthening parental education and support systems is crucial for improving parenting practices and reducing stunting prevalence. Integrated efforts involving health professionals and community initiatives are essential to ensure sustainable impact.

Keywords: gebyog village; health standards; parenting; stunting; toddler nutrition

INTRODUCTION

The issue of stunting, characterized by chronic malnutrition leading to growth and developmental delays, remains a pressing concern in Indonesia. Stunting is caused by inadequate maternal nutrition during pregnancy, insufficient infant nutrition, and frequent illnesses during early childhood. These factors lead to suboptimal physical and cognitive development, adversely affecting the future potential of children. Despite its prevalence, awareness about stunting among the population remains low, with many parents misinterpreting its symptoms as normal conditions, particularly short stature. Culturally influenced household behaviors and socioeconomic factors further complicate efforts to address this issue, emphasizing the need for region-specific prevention strategies. In alignment with Sustainable Development Goals (SDG) 2, Indonesia has been making efforts to ensure food and nutritional security. Central Java, particularly Karanganyar Regency, remains a key focus due to its relatively high stunting prevalence. Although a decline in stunting rates has been noted over the years—from 28% in 2018 to 16.2% in 2021—persistent cases underscore the need for continued efforts in prevention and intervention.

Research highlights that household practices, especially maternal knowledge and behavior, play pivotal roles in mitigating stunting risks. A study in Southeast Sulawesi revealed that nutrition education significantly improved maternal awareness and reduced stunting risks. Specific

interventions, such as preconception nutrition counseling, have also proven effective in fostering healthier behaviors among prospective mothers. Ensuring proper food selection—balancing macronutrients like carbohydrates, proteins, and fats, alongside essential micronutrients like vitamins and minerals—has been identified as critical to child development (Effendy et al., 2020; Khoeroh et al., 2017). The 1000-day critical period from conception to a child's second birthday remains a focal point in stunting prevention strategies. Programs like "Rumah Belajar," designed to educate families on nutrition and health, have shown success in altering household practices to reduce stunting risks. Such initiatives also emphasize improving the capacity of health workers and community volunteers (Rusdianah & Widiarini, 2019; Muliawati & Sulistyawati, 2019).

Karanganyar Regency, among the regions with high stunting prevalence, serves as a microcosm of broader national challenges. Evaluations of local health centers (Puskesmas) indicate that comprehensive community-based interventions, such as distributing fortified food products and increasing access to healthcare, are critical in addressing nutritional deficiencies. Programs like the "Indonesia Sehat" initiative with a family-centered approach have successfully demonstrated the importance of community involvement in health outcomes (Muthia et al., 2019; Satriawan, 2018). International studies also align with these findings, emphasizing integrated approaches combining nutrition-specific and nutrition-sensitive interventions. Examples include promoting exclusive breastfeeding, improving water, sanitation, and hygiene (WASH), and providing social safety nets for at-risk families. Conclusion Efforts to combat stunting in Gebyog Village must prioritize education, community engagement, and the implementation of locally adapted health and nutrition programs. Leveraging maternal and community roles, strengthening health worker capacity, and enhancing food security can create sustainable changes. The integration of research-backed interventions with cultural and socioeconomic considerations can help achieve significant reductions in stunting, contributing to improved health outcomes for future generations.

METHOD

This research uses a quantitative descriptive research design which aims to provide an overview of the standards of care and health in Gebyok Village, Mojo Gedang, Karanganyar Regency. This approach is to describe the characteristics, patterns and distribution of numerical data related to health care and stunting prevention practices. The research location was chosen because of the high prevalence of stunting among toddlers in Karanganyar Regency, so this research is relevant in providing insight into local public health interventions. The population in this study were parents who have children under five, because they have an important role in determining children's health and nutrition. To ensure the data obtained was relevant to the research objectives, the sampling technique used was purposive sampling, where subjects were selected based on certain characteristics such as place of residence and involvement in child care practices. This technique allows research to focus on target groups relevant to the stunting problem in Gebyok Village. Data was collected through two main approaches, namely participatory observation and focus group discussions (FGD). Participatory observation is carried out to directly monitor parental behavior in parenting patterns, feeding practices, and household environmental conditions. This method helps in understanding the social dynamics that influence health and nutrition practices. FGDs were carried out to obtain in-depth data through interactive group discussions, exploring parents' knowledge, attitudes and practices regarding the fulfillment of nutrition and health for toddlers. This approach is considered effective for exploring socio-cultural aspects that influence household decisions regarding children's health (Denzin & Lincoln, 2018; Creswell, 2014).

Data analysis was carried out using univariate analysis, which includes a description of the characteristics of respondents, based on age, education level, occupation and family income. This analysis technique also involves calculating the values of data centering measures, such as mean, median, and mode, to provide a general picture of the distribution pattern of research variables. With this approach, research can identify trends in health practices, provide insight into the role of families in stunting prevention, and direct data-based policy recommendations (Sakaran & Bougie, 2016). As part of research ethics, all participants provided informed consent after receiving a detailed explanation of the research aims and procedures. The confidentiality of the data obtained is guaranteed, in accordance with applicable ethical research guidelines (Resnik, 2020). This research provides a comprehensive framework for evaluating care and health standards in Gebyok Village, as well as supporting the achievement of sustainable development goals related to reducing the prevalence of stunting (WHO, 2021).

RESULT AND DISCUSSION

Based on table 1 of respondent characteristics data, the majority of parents of toddlers in Gebyok Mojo Gedang Karanganyar Village are in the age range of 30-40 years (60%). This age group is identified as having an optimal level of ability to support child care because it is of productive age. This age allows parents to be more adaptive to health information and practices (RI Ministry of Health, 2021). In addition, 30% of respondents are aged 20–30 years, most of whom are young mothers who still need intensive education regarding child care and health (World Bank, 2021). Most of the respondents had their final education at junior high school level (70%), which shows the limited level of formal education. Low formal education tends to have an impact on understanding health information and implementing standard care practices. Literature states that formal education is an important determinant of optimal child care (WHO, 2020). Respondents' professions are dominated by farmers (50%) and housewives (30%), indicating that most respondents live in rural areas with limited access to quality health services (UNICEF, 2021).

Table 1.
Respondent characteristics (n= 30)

Respondent characteristics	f	%
Age		
20-30 years	9	30.00
30-40 years	18	60.00
40-50 years	3	10.00
Education		
Primary School	3	10.00
Junior High School	21	70.00
High School	6	20.00
Profession		
Farmer	15	50.00
Private	3	10.00
Self Employed	3	10.00
Housewife	9	30.00

Tabel 2.
 Analisis Univariat Praktik Pengasuhan

Practice Parenting in accordance standard	Mean	Mode	Standard Deviation
Giving breast milk exclusive	1.1	1.0	0.31
Complementary Food for Breast Milk (MPASI)	1.17	1.0	0.38
Cleanliness Environment	1.0	1.0	0.0
Good sanitation	1.0	1.0	0.0
Active follow education	1.12	1.0	0.30
active follow integrated health service post	1.1	1.0	0.31

Based on the results of univariate analysis in table 2, it shows that parenting practices are diverse, including exclusive breastfeeding, MPASI, environmental cleanliness, sanitation, and participation in health activities. Table 2 shows that the majority of mothers exclusively breastfeed their babies. Exclusive breastfeeding has an average mean of 1.1 and a standard deviation of 0.31. Exclusive breast milk is important to support optimal growth of babies up to 6 months of age, because it contains complete nutrition and antibodies to increase immunity (Indonesian Ministry of Health, 2022; WHO, 2021). However, research in rural areas often finds obstacles such as lack of family support and maternal knowledge (Setyowati et al., 2021). Based on the results of the MPASA analysis, it shows that giving MPASI has an average mean of 1.17 and a standard deviation of 0.38. This shows that some mothers do not fully understand the importance of providing nutritious MPASI. Good MPASI must contain a balance of carbohydrates, protein, fat, and vitamins and minerals (UNICEF, 2020). Intensive education regarding preparing a nutritious MPASI menu can help increase awareness and better practices (Hidayati et al., 2020).

Based on environmental cleanliness data in table 2, environmental cleanliness and sanitation has a mean of 1.0 with a standard deviation of 0.0, which indicates uniform practice among respondents. A clean environment and good sanitation are very important to prevent diseases such as diarrhea, which is one of the causes of malnutrition in children under five (Taufik et al., 2022). Programs such as STBM (Community Based Total Sanitation) have been proven to improve hygiene behavior in rural communities (Hartono & Wahyuni, 2021). Based on data on Activeness in Participating in Health Education. Mothers' activeness in participating in health education has a mean of 1.12 and a standard deviation of 0.30. Health education provides mothers with the knowledge to implement correct parenting practices, including providing nutrition and disease prevention (WHO, 2020). Studies in Indonesia state that community-based health education is effective in increasing mothers' awareness of the importance of nutrition and children's health (Susanti et al., 2022).

Activeness in attending Posyandu in table 2, mothers' activeness in attending Posyandu shows a mean of 1.1 and a standard deviation of 0.31. Posyandu is an important health service center in rural areas that provides immunizations, weight measurements and nutritional education (Ministry of Health of the Republic of Indonesia, 2022). However, challenges such as geographical access and lack of facilities often become obstacles for mothers to attend regularly (Sari et al., 2021). Table 2 can conclude that the relationship between parenting practices and preventing stunting is very impactful. Stunting is a chronic health problem that impacts children's physical and cognitive development. The results of this research show that the majority of parenting practices in Gebyok Village meet health standards, although there are areas that require improvement, such as providing MPASI and further education. The practice of exclusive breastfeeding and good sanitation are

important factors in preventing stunting, because they contribute to improving nutritional status and reducing the risk of infection (WHO, 2021).

The findings from this study provide critical insights into the practices of child care and health standards among parents of toddlers in Gebyok village, Mojo Gedang, Karanganyar. The results highlight key characteristics of the respondents and their practices, with notable implications for public health interventions in rural areas. The age distribution shows that the majority of respondents are in their productive years (30–40 years), which aligns with findings from similar rural community studies in Indonesia. This age group is often associated with greater physical energy and adaptability to new information, making them ideal targets for community health programs (Kemenkes RI, 2021). However, the 30% representation of younger parents (20–30 years) suggests a need for targeted education on childcare practices, as this demographic is often less experienced and may rely heavily on traditional or familial norms that might not align with modern health standards (Susanto et al., 2022). Education levels are a significant concern, as 70% of respondents have only completed junior high school. Lower educational attainment often correlates with limited health literacy, which can affect the ability to access, interpret, and implement health-related information effectively (Kusumawati & Hartono, 2021). This finding is supported by studies showing that mothers with higher education levels are more likely to adopt best practices in nutrition and hygiene (Setiawan, 2022). Therefore, tailored health education programs that use simple, locally understood language and culturally relevant examples are vital.

The dominant professions, such as farming (50%) and housewives (30%), further emphasize the rural context of the study. These professions often come with limited time, resources, and access to healthcare facilities, reinforcing the importance of integrating healthcare education with community activities like Posyandu and farmer groups (Astuti et al., 2021). Posyandu remains an invaluable resource in rural Indonesia, providing access to immunization, growth monitoring, and education on nutrition and hygiene. However, barriers such as transportation and social stigma must be addressed to improve attendance rates (Kusumaningrum et al., 2020). The analysis of childcare practices revealed mixed results. The mean score for exclusive breastfeeding (1.1) indicates a moderate level of compliance. While many mothers understand the benefits of exclusive breastfeeding for the first six months, cultural beliefs and economic pressures to return to work often hinder adherence (Hidayat & Wahyuni, 2021). Studies by Hartini et al. (2022) suggest that community-based breastfeeding support groups significantly increase exclusive breastfeeding rates, making such programs highly relevant in Gebyok village.

Complementary feeding (MPASI) practices showed a mean of 1.17, highlighting gaps in knowledge and execution. Improper MPASI, often characterized by a lack of nutritional diversity, can lead to stunting and other growth issues in toddlers. This is consistent with national data indicating that many rural families rely on carbohydrate-dominant diets due to economic constraints (Rahmawati & Fitriana, 2021). Educational interventions focusing on affordable, locally available, and nutritionally balanced MPASI options can bridge this gap. Sanitation and environmental hygiene practices, with a mean score of 1.0, suggest uniform adherence among respondents. Clean environments are crucial for preventing infectious diseases such as diarrhea, which remains a leading cause of child mortality in Indonesia (Taufik et al., 2022). This success likely reflects the positive impact of national programs like STBM (Sanitasi Total Berbasis Masyarakat), which emphasize community-driven improvements in hygiene practices (Dewi H.P.

et al., 2021). Participation in education and integrated health service posts (Posyandu) scored moderately well, with means of 1.12 and 1.1, respectively. These findings reflect a reasonably strong engagement with community health resources. However, logistical challenges such as distance to facilities and the dual burden of household and professional responsibilities may limit regular attendance, as highlighted by Sari et al. (2021). Addressing these barriers through mobile health services or incentives for attendance could significantly improve participation rates.

CONCLUSION

This study highlights the childcare practices and health standards in Gebyok Village, focusing on respondent characteristics and adherence to recommended guidelines. The findings reveal that the majority of parents are of productive age but have relatively low educational attainment, which influences their childcare practices. While sanitation and environmental cleanliness are uniformly practiced, gaps remain in exclusive breastfeeding, complementary feeding, and active participation in health education programs. These results underscore the need for targeted health literacy initiatives, culturally sensitive interventions, and strengthened community health services to address barriers and improve health outcomes for toddlers in rural settings. Collaborative efforts are essential for sustainable progress.

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