

# Holistic Response of Mother as Caregiver in Treating Stunting Children

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## ABSTRACT

**Background:** Stunting is a physical disorder that occurs in children, namely lack of height based on the child's age. Stunting can result in impaired cognitive development, impaired mental and motor development, and make children more vulnerable to disease. Stunting affects not only the child, but also the parents as the caregivers of the child, especially the mother. In addition, stunting, as well as malnutrition, can cause stigma from the community to the caring family; hence, the condition of the stunting child can arise various responses to the caregiver.

**Aim:** To explore more deeply about family experiences, especially mothers' caring for children with stunting.

**Methods:** This research was qualitative research with a phenomenological approach. Participants consisted of 12 mothers.

**Results:** One of the emerging themes was a holistic response as the subjective burden for mothers, which was discussed in more detail in this article.

**Conclusion:** Mothers experience diverse responses; therefore, they need support and action to overcome the responses that arise. Furthermore, the readiness of caring mothers needs to be further investigated to determine its relationship with emerging responses and stunting events in Indonesia.

**Keywords:** stunting, motherhood, holistic response, psychosocial, stressor assessment

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## INTRODUCTION

The quality of children can be seen in the process of growth and development. Growth is a quantitative increase in the size and number of cells and tissues in the body so that it can be measured in units of length and weight. Meanwhile, development is a mental change that takes place gradually over time, such as intelligence, attitude, and behavior<sup>1</sup>. Impairment in growth and development can be risky for every child, one of which is stunting. Stunting is a condition of impaired growth in children so that children are too short of normal height-for-age<sup>2</sup>.

Basic Health Research in 2013 noted that the prevalence of national stunting reached 37.2% that increase from that in 2010 (35.6%) and 2007 (36.8%). It means that growth is not maximized nearly 9 million children aged less than five years or toddlers in Indonesia – that 1 of 3 Indonesian children under five years old experiences stunting. Indonesia became the fifth largest country in stunting prevalence in the world. The prevalence of stunting in Indonesia is higher than other countries in Southeast Asia, such as Myanmar (35%), Vietnam (23%), and Thailand (16%)<sup>3</sup>. The prevalence of stunting is higher in children aged 2-5 years compared to children aged 0-2 years. It is also supported by research conducted in Bangladesh, India, and Pakistan, where children aged 2-5 years, are at higher risk for stunted growth and development<sup>4,5</sup>. Growth and development of children at the current age is a basic stage that is very influential on the growth and development for the next age. Therefore, children under five years old are often referred to as critical periods or golden periods<sup>6,7</sup>.

Stunting in childhood can result in physical, cognitive, motor, and mental and psychosocial development disorders of the child<sup>8,9</sup>. Research shows a significant relationship between high anxiety levels and short

adolescents aged 10-15 years<sup>10</sup>. Symptoms of depression, low self-esteem, and anti-social behavior or withdrawal also appear in stunted individuals<sup>11</sup>. With respect to the symptoms, it can be seen that the impact of stunting is extensive, as is the cause. Stunting can be caused by various factors.

One risk factor for stunting is parenting that is applied in the family to children in which parenting is assumed to be influenced by attitudes and knowledge of families who become caregivers related to the child's condition<sup>12</sup>. Although parenting in the family is essential, research focusing on family caring experiences for children with stunting is still scarcely found, especially from a psychosocial perspective. Previous research on stunting from a psychosocial perspective only focuses on psychosocial problems that arise in children as a result of stunting, while there is no research on parental experiences in caring for stunting children in Indonesia, so this study provides novelty about the picture of parents caring for stunting children from a psychosocial perspective.

## METHODS

This research was qualitative research with a descriptive phenomenological approach, where researchers used in-depth interview techniques in accordance with interview guidelines that have been prepared. Participants of this study were mothers who became caregivers for children with stunting in Bondongan Community Health Center, South Bogor. Researchers used the recording tools during the interview as a researcher aids in collecting research data. The interview process was declared complete when the researcher has obtained all data related to the research phenomenon and was determined by the initial agreement between the researcher and the participants.

The researcher wrote down the participants' non-verbal expressions and the atmosphere during the interview using field notes. The criteria for participants used were mothers who became caregivers for stunting children living in the same house as children, and were able to communicate in Indonesian. The number of participants involved was 12 participants. All participants were biological mothers aged 18-45 years with various educational backgrounds from primary to bachelor degree. Meanwhile, the criteria for children are those aged 2-4 years old experiencing stunting. This study has passed the ethics test at the Faculty of Nursing, University of Indonesia by number 31/UN2.F12.D/HKP.02.04/2019. Researchers analyzed the data using the Colaizzi method.

## RESULTS

This study produced four themes related to the research objectives. However, this article only focuses on one theme, namely the holistic response as a subjective burden on the mother. This theme has five sub-themes that form the kinds of responses that occur in mothers caring for stunting children, namely cognitive responses, affective responses, physiological responses, behavioral responses, and social responses.

Mother's cognitive response in the form of confusion and over thinking of the condition of her child who experienced stunting is illustrated by the statement:

Confused about what to do. Even though the baby was big since born. (P3) (*Bingung juga harus gimana. Padahal juga dari lahir itu lahirnya gede. (P3)*)

Since then, I often thought of A. (P7) (*Dari situ aku jadi sering kepikiran A. (P7)*)

Stunting experienced by children also causes changes in feelings as an effective response, which is the most responses from mothers. The change in feeling experienced by the mother is reflected in the statement:

Gosh ... Shocked, sad. It really sounds like it makes my heart hurts. Wow, sis. O God let alone this ordeal. (P8) (*Duhh.... Kaget, sedih. Dengernya tuh bener-bener kayak bikin hati tuh tersayat gitu. Sakiiiiit banget mbak. Ya Allah cobaan apalagi ini. (P8)*)

I'm scared that my child is not alright, miss. (P1) (*Takut anak saya kenapa-kenapa mbak (P1) I feel guilty since then, miss. O Allah. Is Z's condition is the effect of mother's mistake. O Allah, forgive me. (P8) (Langsung seketika ngerasa bersalah mbak. Yaa Allah. Jangan-jangan Z begini karna kesalahan ibunya. Astaghfirullah. (P8)*)

Mother's psychological condition affects the physical condition. The following are mother's expressions that indicate a change in her physical condition: I can hardly sleep. (P6) (*Sampai nggak bisa tidur... (P6)*)

Indeed we are exhausted. Yet, what can we do then? We should do that for the children. (*Kalau dibilang capek ya capek. Tapi gimana lagi. Harus gitu. Buat anak kan yah (P2)*) How about that? Yes, I think so, miss. I feel dizzy. (P4) (*Gimana yaa. Ya as We were overthinking. (kepikiran gitu teh. Sampai pusing rasanya. (P4)*)

Mother's cognitive, affective, and physiological response also influences her behavior towards the child. The behaviors that appear are demotivating treatments, as indicated by the statement:

The feeling is not in the mood to feed the children too, so just let them go. If we forced, they even make me tired. (P1) (*bawaannya nggak mood buat nyuapin juga, jadi ya malah dibiarin aja. Kalau dipaksain malah jadi capek sendiri. (P1)*)

All responses that occur in the mother also affect their interactions with others. Mothers restrict social interactions expressed by statements:

I rarely join in gatherings like that. Rarely with the same neighbor, same brotherhood. Afraid of being questioned about Z. So it's better at home. Just come outside as needed. (P12)

(*Saya tuh sampai jarang ikut kumpul-kumpul gitu. Sama tetangga, sama sodara gitu jarang. Takutnya ditanyain tentang Z. Jadi mending di rumah aja. Keluar seperlunya aja gitu. (P12)*)

## DISCUSSION

The condition of a stunting child in a family can affect the lives of other family members, especially caregivers who care for the stunting child. Stunting children can be said as children who have special needs, where these conditions can create burdens in the family. The family burden is anything related to caring, financial, psychosocial that burdens the family caused by the medical condition of a sick family member<sup>13</sup>.

Family burdens can be both subjective and objective. Subjective family burdens are burdens caused by social disorders caused by sick family members or psychological consequences felt by the family for caring for ill family members. Objective burdens are family burdens related to the behavior of family members who are sick, appearance of roles, broad effects on the family, need for support and costs required for treatment<sup>14</sup>. The burden can affect family care for family members who are sick; in this case, the child is stunted. The burden that appears on the family, especially mothers in this study is a subjective burden in the form of maternal responses during care for stunting children.

Response or assessment toward stressors experienced by individuals is related to how they understand and give meaning of the impact of stressful situations on them, which in this case is the care of children with stunting. Responses to stressors can be classified into five, namely cognitive, affective, physiological, behavioral, and social responses<sup>15</sup>. Mothers show diverse or holistic responses during the care of stunting children, in which the responses indicate a subjective burden on the mother.

Cognitive responses shown by mothers during the care of stunting children is confused and overly thinking about their child's condition. Cognitive responses physiologically mediate humans and the environment when individuals experience stress. So, this assessment or response is based on an individual's understanding about dangerous situations and the sources for overcoming them in which those are originally from themselves<sup>15</sup>. Some mothers showed a lack of understanding about the conditions experienced by their children. Therefore, the mother showed a confusing response. Individual perception or understanding about the problem at hand plays an important role in the strength, psychological burden or

resistance of the individual to stress. Individuals who want to withstand stress have a positive attitude towards life, openness to change, a feeling of involvement in whatever they do and are able to control the situation. If what happens is the opposite, then the individual cannot cope with the stress that befalls him<sup>16</sup>. Based on this, it is possible that the mothers feel confused and are overly concerned about their children because they do not know about the conditions experienced by their children. In addition to cognitive responses, affective or emotional responses also occur in mothers of children with stunting. In addition to cognitive responses, affective or emotional responses also occur in caregivers of children with stunting.

Affective responses are the most common responses. These responses are feelings that arise from the individual. These feelings can be a reaction of sadness, fear, anger, acceptance, distrust, anticipation and amazement. A positive attitude and optimism in dealing with life events can lead individuals to greater happiness and a longer life<sup>15, 17</sup>. All mothers in this study showed a sad response. Sadness is normal and it is a normal feeling experienced by a mother when her child is sick. Feeling of guilt also appears in mothers. Feeling of guilt aims at the mother herself for the care done so far, so the child can experience stunting. This mother's feeling is in line with other studies which revealed that mothers felt guilty towards their children who have hemophilia and they felt guilty for ignoring the condition of their children<sup>18</sup>. Feelings of guilt have a significant relationship with shame<sup>19</sup>. This was also shown by mothers, where mothers as caregivers felt ashamed because they had stunting children. The shame felt by the mothers was a response that can prevent them as a family from seeking help to health services. This means that the family cannot carry out their duties properly.

The family has a duty to take care of health. The family tasks include identifying health problems experienced by family members, making decisions to take appropriate actions, providing care to sick family members, maintaining an atmosphere at home that supports health and personality development of family members, and being able to utilize health facilities in treatment of sick families<sup>20</sup>. The family is said to not be able to perform health care if one or more of the health tasks are not fulfilled.

Feelings of guilt and shame felt by the mothers are also related to their failure as caregivers in carrying out their role. The mothers are responsible for the physical health of all family members, starting from the health of their husband and themselves, as well as the health of their children from the womb to adulthood. They are also responsible for family nutrition and family hygiene<sup>21</sup>. Other researches show that the quality of growth and development of children is influenced by environmental factors. The intended environmental factors begin in the womb until adulthood, where the mother is the closest environment that can contribute to the growth and development of children. She must optimize the children potential with optimal care, affection, and stimulation<sup>22</sup>. This is supported by other studies which showed that parental behavior and attitudes have a direct impact on the proper growth of their children<sup>23</sup>. Based on the mothers condition

in this study, the mothers showed failure to carry out their role, because the children's health were not optimal.

The children care which was not optimal can be caused by excessive number of children in the family. Most of the mothers in this study had more than one child, some even had six children. This was supported by another study that concluded that families with many children will give different attention to each child<sup>24</sup>. Such attention tended to decrease in the second and subsequent children. This was also reinforced by other studies showing that one of the risk factors for stunting in children was the number of children in a family were more than two people<sup>25</sup>. However, in this study it can also be seen that even the first child can be stunted. This showed that both the first child and second child, and the next have the potential to experience stunting. So that further research is needed related to the parenting relationship in every child in the family with the incidence of stunting in children.

The age of parents also increases, in which it will also affect their parenting style towards their children<sup>24</sup>. However, in this study it was found that mothers of stunted children had a variety of ages. The range of their age was 18-45 years, in which they were mature enough for having children. The results of in-depth interviews conducted by the researchers showed that some mothers experience unpreparedness to have children. This unpreparedness occurred because they did not want to have children. The researchers argued that parenting was not only influenced by the age of parents, but also the readiness of parents in taking care of their children. Mother's readiness in caring for children needs to be further investigated in subsequent studies to get certainty about it.

During the taking care of a stunting child, the mothers also felt anxiety. This anxiety was in the form of fear, worry, and anxiety about their child's condition. Anxiety is a normal response when facing threats toward biological integrity and self-concept and it will disappear when the threats disappear. This anxiety is considered pathological when it is not proportional to the situation that causes anxiety. Pathological anxiety starts to disrupt social functions, work and other functions<sup>26</sup>. Anxiety is a psycho social problem and its impact will disrupt productivity and quality of life if it is not managed as early as possible<sup>27</sup>. Anxiety is also one of the psycho social problems that need to be addressed so as not to cause mental disorders. Hence, mothers need nursing action to reduce the level of anxiety experienced in caring for children with stunting. One nursing action that can be done is deep breathing relaxation techniques. This technique is done to increase oxygen that intakes in the body, so that individual calmness increases and anxiety decreases.

Stress caused by the care of stunting children also elicits physiological responses. This response reflects the interactions of various neurotransmitters in the brain. Physiological responses prove that events experienced by individuals can affect the physical condition of the body, for example stress affects the immune system, so that a person's ability to fight disease decreases<sup>15, 28</sup>. The mothers experienced several physiological responses, namely sleep disturbance, fatigue, and dizziness. The response raised due to the stress of taking care of stunting children. At this stage it can be identified that the mothers are in the

resistance stage where they fail to adapt to anxiety with a constant stressor causing exhaustion (exhaustion stage) and when a stressor arises which reactivates the alarm reaction, the body cannot respond it as it is previously. In this phase the symptoms of fatigue are evident because there is an extension of the initial stages of stress that have become accustomed, the energy adjustment has been drained, the client can not longer take from various sources for adjustment, symptoms of adjustment occur such as headaches, aches, insomnia, hypertension to depression. This is indicated as a physiological response in individuals experiencing anxiety. Physical problems that arise due to psychological conditions in the mothers can be overcome by progressive muscle relaxation techniques. Progressive muscle relaxation depresses sympathetic nerves where it can also reduce the tension or anxiety experienced by individuals, so that the technique can reduce anxiety levels<sup>29</sup>. It is also true that mothers who care for stunting children experience anxiety. Therefore, these relaxation techniques can overcome anxiety and physiological responses in the mothers.

A person's mental or psychological state influences the whole of human life<sup>17</sup>. In addition, his or her thinking style is reflected in his or her behavior. Behavioral responses are the result of individual physiological, affective and cognitive responses<sup>15</sup>. The mothers showed demotivated in their care. However, there were also mothers who showed increased enthusiasm in this care. The behavior exhibited by the mothers was related to stimulation to minimize the impact of stunting on their child.

Children who are stunted need to get stimulation from parents as well as normal children. In fact, the benefits obtained can be more significant. This is consistent with the results of other study that showed early childhood stimulation programs had significant benefits on the psychological function of children who were stunted, both stunted in their growth and development<sup>11</sup>. Based on this finding, an understanding of growth and development stimulation for parents is needed, especially parents who have children with stunting. In addition, there are other actions that can be taken to control stunting, namely increasing family empowerment related to the prevention of infectious diseases, utilizing the yard as a source of family nutrition and improving environmental sanitation<sup>30</sup>.

The majority of children who experience stunting are included in the toddler and preschool categories. Psycho social development at toddler age is a process of developing a child's ability to develop autonomy by giving freedom and allowing children to learn their world<sup>26,31</sup>. Meanwhile, preschoolers are a stage of psycho social development in which children are very active and move a lot and begin to develop the ability to live in a society<sup>32</sup>. Preschoolers are one of the most critical and intensive periods of brain development throughout human life. Healthy brain development during this period facilitates optimal cognitive development and lays the foundation for future cognitive and academic achievement<sup>33</sup>. Parents who have toddler and preschool age children should take care and stimulate them in accordance with their growth and development. In addition to stimulation, nutrition must also meet the needs of children. However, in this study it appears that the mothers did not carry out optimal care and

nutrition fulfillment according to the child's growth and development. It can be seen in their children who are stunting.

The behavior exhibited by the mothers of the child with stunting is influenced by the knowledge held by the mother regarding stunting. This is in line with the study of Milyawati & Hastuti (2009) which revealed that the level of knowledge of a person influences his daily behavior<sup>34</sup>. However, it can also be seen that stunted children are not only born from mothers with low education. This is in line with other studies showing that the level of maternal education is not related to the incidence of stunting in children<sup>35</sup>. However, there are also studies that contradict this research, where the level of education and knowledge of the mother is a factor associated with the incidence of stunting in children<sup>36,37</sup>.

The last response shown by mother is social response. The social response shown is related to social interactions with others, both mother's social interactions and children's social interactions. Restrictions on social interaction are usually done so that there is no comparison of skills and capacity with others, whether they have the same problem or not<sup>15</sup>. The limitation of the interaction is also related to the negative views of the community towards mothers caring for stunting children. Even negative views can affect the care done by the mothers.

Researchers argue that the response or assessment of individuals to stressors experienced is a psychological key to understand and determine coping mechanism efforts or efforts to solve the problem of stress experienced.

## CONCLUSION

Mothers who care for children with stunting show diverse and comprehensive responses, namely cognitive, affective, physiological / physical, behavioral, and social responses. These responses indicate the subjective burden felt by the mothers in caring for a stunting child.

Based on the results of this study, it is necessary to take nursing action to overcome psycho social problems that arise in mothers when caring for stunting children. In addition, further research related to the readiness of mothers in caring for children and how to care of their needs to be done to determine the relationship of it with the incidence of stunting in Indonesia.

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