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An Exploratory Study: Mothers' Perceptions of the Determinants of Stunting Among Toddlers in the Working Area of UPTD H.A.H Hasan Public Health Center, Binjai

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ABSTRACT

Introduction:*Stunting remains a major public health issue in Indonesia, including in the working area of UPTD Puskesmas H.A.H Hasan Binjai. Mothers' perceptions and feeding practices are critical determinants influencing child growth and nutritional status. Understanding how mothers perceive the direct and indirect causes of stunting is essential to develop effective, culturally appropriate interventions at the community level.*
Methods:*This study employed a qualitative exploratory design to explore mothers' perceptions of stunting determinants. In-depth interviews were conducted with eight informants, comprising five mothers of toddlers, one community health volunteer, one village midwife, and one nutrition officer. Data were analyzed thematically through data reduction, data display, and conclusion drawing following the Miles and Huberman framework.*
Results:*The findings indicated that most mothers had limited understanding of nutrition, emphasizing food quantity rather than quality. Exclusive breastfeeding practices were suboptimal due to misconceptions that watery breast milk lacks nutrition. Complementary feeding (MP-ASI) was monotonous and low in animal protein. Indirect determinants such as unstructured parenting, limited family support, and poor economic conditions contributed to stunting risk. The main barriers identified were economic hardship, time limitations, and limited access to health services. Mothers with positive perceptions demonstrated more consistent preventive behaviors, such as exclusive breastfeeding, providing diverse complementary foods, and active participation in community health programs.*
Conclusions:*Mothers' perceptions significantly influence stunting prevention behaviors. Low nutritional literacy, cultural beliefs, and economic challenges remain key barriers. Effective prevention efforts require family-based and culturally tailored nutrition education supported by community health cadres to enhance maternal understanding and sustainable child health practices.*

Keywords:Mothers' perception, stunting, prevention

Introduction

Stunting is a chronic nutritional disorder marked by height-for-age below standard values, resulting from prolonged nutrient deficiencies and recurrent infections. The World Health Organization (WHO, 2020) identifies it as a key indicator of population health and human capital quality. Globally, about 22% of children under five are stunted, with the highest burden in developing countries, including Indonesia (Global Nutrition Report, 2021). Reducing stunting is part of the Global Nutrition Targets 2025 and a major indicator of SDG 2: Zero Hunger, continuing the goals of the MDGs (Kemenkes RI, 2018). Despite various interventions, public awareness in

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Indonesia remains limited. Many parents still believe short stature is hereditary, not pathological, contributing to a prevalence of 37.2% (Riskesdas, 2020). Stunting determinants differ across regions. UNICEF classifies them into direct causes—nutrient intake and infection—and indirect causes, such as food security, parenting, sanitation, and health service access, all influenced by socioeconomic and educational factors (Supariasa et al., 2019).

Previous research in Indonesia has mostly focused on mothers' knowledge and attitudes, with few exploring sociocultural or belief-based aspects influencing child feeding. UNICEF (2020) emphasizes that interventions ignoring local culture often fail to produce sustainable outcomes. Quantitative studies, such as those by Sari et al. (2022), provided limited insight due to the use of close-ended instruments, while qualitative evidence remains scarce, particularly in Binjai. Moreover, a gap often exists between mothers' knowledge and preventive behavior. Although many understand nutrition and hygiene, this awareness is not consistently practiced (Puspitasari et al., 2021). Feeding practices are among the strongest determinants. Children not exclusively breastfed for six months have higher stunting risks.Improper complementary feeding, especially before four months of age, also increases growth failure (Susanty et al., 2012; Teshome, 2014). Beyond health effects, stunting undermines economic productivity—reducing GDP by up to 11% and adult income by 20% (TNP2K RI, 2017)—and perpetuates intergenerational poverty.

Nationally, the stunting rate remains high at 24.4%, exceeding both the WHO target (<20%) and Indonesia's RPJMN 2024 goal (14%) (Riskesdas, 2021). North Sumatra reports a prevalence of 25.8% (Kemenkes RI, 2021), while Binjai City recorded 23.6% in 2023 within the working area of UPTD Puskesmas H.A.H Hasan Binjai. This underscores the need for localized, culturally sensitive strategies. Maternal perception plays a central role in child care and nutrition decisions, yet local evidence is limited. A preliminary survey conducted in the study area showed limited understanding of stunting determinants among mothers. Therefore, this study applies an exploratory qualitative approach to examine how mothers perceive the direct and indirect determinants of stunting among children under five. The findings are expected to inform policymakers and health practitioners in developing culturally grounded and context-specific stunting prevention programs. Accordingly, the objectives of this study are to explore mothers' perceptions of the determinants of stunting, and identify contextual factors influencing child-care and feeding practices in the study area.

Methods

This study employed a qualitative exploratory design to gain a deep understanding of mothers' perceptions regarding the determinants of stunting among children under five in the working area of UPTD Puskesmas H.A.H Hasan Binjai, North Sumatra, Indonesia. The qualitative approach was chosen because it allows the exploration of beliefs, experiences, and sociocultural meanings underlying maternal behaviors that are often not captured through quantitative methods. Data were collected between Juli to October 2025. Eight participants were involved in this study, consisting of five mothers of children under five years old as key informants and three supporting informants, including one community health volunteer, one village midwife, and one nutrition officer. Participants were selected using purposive sampling based on relevance, information richness, and willingness to participate. Inclusion criteria included mothers residing in the study area, having children aged below five years, and being willing to share their experiences through interviews. Data were collected mainly through in-depth interviews using a semi-structured interview guide supported by documentation review. Interviews were conducted face-to-face in Bahasa Indonesia and recorded with participants' consent. Each session lasted approximately 45–60 minutes and focused on topics such as maternal understanding of nutrition, breastfeeding and complementary feeding practices, parenting patterns, family

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support, and barriers to stunting prevention. Secondary data from *Posyandu* as a community-based health post that provides growth monitoring, basic immunization services, nutrition counseling, and health education for mothers and children and Puskesmas reports were also reviewed to validate and contextualize the interview findings.

Thematic analysis was conducted following the Miles and Huberman interactive model, which includes data reduction, data display, and conclusion drawing. Data were transcribed verbatim, coded, categorized, and grouped into themes representing mothers' perceptions of direct determinants (nutrition and feeding), indirect determinants (parenting and socioeconomic conditions), barriers, and preventive behaviors. Patterns were then compared across informants to identify recurring themes and relationships. Data credibility was ensured through triangulation of sources, methods, and time, as well as member checking and expert validation. Triangulation involved comparing information from mothers, health cadres, midwives, and nutrition officers, while member checking confirmed the accuracy of interpretations with participants. Ethical approval was obtained from the Faculty of Medicine, Dentistry, and Health Sciences, Universitas Prima Indonesia No. 182/KEPK/UNPRI/V/2025. All participants provided informed consent, and confidentiality was maintained using pseudonyms. This methodological approach ensured analytical rigor and ethical integrity, allowing the study to capture authentic and context-specific insights into maternal perceptions that influence stunting prevention behaviors in the Binjai community.

Results

Qualitative data analysis in this study aimed to obtain an in-depth understanding of mothers' perceptions regarding the determinants of stunting among toddlers in the working area of UPTD Puskesmas H.A.H Hasan Binjai. The data collected through interviews and observations were analyzed using a qualitative descriptive approach following the stages proposed by Miles and Huberman, namely data reduction, data display, and conclusion drawing. This process was carried out to identify major themes that emerged from the interviews and link them to relevant theoretical frameworks. Data reduction involved selecting information relevant to the research focus, including mothers' perceptions of direct determinants of stunting such as nutritional intake and breastfeeding/ complementary feeding practices; their perceptions of indirect determinants such as parenting patterns and family socioeconomic status; the barriers and challenges faced by mothers in preventing stunting; and the relationship between maternal perceptions and the stunting-prevention behaviors they apply in the working area of UPTD Puskesmas H.A.H Hasan Binjai. Subsequently, the filtered data were presented in narrative and tabular form to clearly illustrate patterns and relationships between variables. The final stage involved drawing conclusions, conducted continuously throughout the research process while ensuring consistency between field findings and supporting theories.

1. Mothers' Perception of Direct Determinants of Stunting

Mothers perceived good nutrition as ensuring that children ate three times daily and appeared full, without attention to dietary diversity or nutritional balance. Only a few understood the importance of protein, vegetables, and fruit. Exclusive breastfeeding (EBF) practices were inconsistent — three mothers practiced EBF for six months, while others stopped earlier due to work or misconceptions about milk adequacy. Complementary feeding was generally started at

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six months but remained monotonous, dominated by carbohydrates with limited protein and vegetables.

Table 1. Mothers' Perception of Direct Determinants (Nutrition, Breastfeeding, and Complementary Feeding)

Question	Interview Findings	Conclusion
Understanding of good nutrition	Most mothers (7 mothers) equated good nutrition with eating three times a day and being full; few mentioned protein and vegetables.	Knowledge focused on quantity, not quality.
Exclusive breastfeeding	Three mothers practiced full EBF; two stopped early due to work or low milk perception.	EBF practices remain suboptimal.
Complementary feeding	Initiated at six months with mashed rice or porridge, limited protein and vegetables (5 mothers).	MP-ASI lacks diversity and nutritional balance.
Feeding constraints	Food prices and children's appetite were identified as the main barriers, as reported by five mothers.	Economic and behavioral barriers predominate.

2. Perception of Indirect Determinants of Stunting

Indirect determinants included caregiving patterns, family economic conditions, and traditional family influence. Feeding schedules were irregular and adjusted to household routines. Economic limitations led mothers to rely on inexpensive foods such as tofu and tempeh. Family elders, particularly grandmothers, often influenced child-feeding decisions based on traditional beliefs.

Table 2. Mothers' Perception of Indirect Determinants (Parenting and Socioeconomic Factors)

Question	Interview Findings (8 mothers)	Conclusion
Parenting routines	Feeding without fixed schedules; based on convenience or when child appears hungry.	Parenting is unstructured and unresponsive.
Economic condition	Daily menus adjusted to limited income, animal protein replaced with tofu/tempeh.	Economic constraints limit dietary diversity.
Family support	Some help from grandmothers or husbands, but traditions dominate decision-making.	Family norms remain strong, influencing feeding habits.

These findings demonstrate that household economy and cultural norms remain central to mothers' daily decisions regarding child care and nutrition.

3. Barriers and Challenges in Stunting Prevention

Economic limitations were the main barrier to serving nutritious food daily. Other barriers included limited time due to domestic work, inconsistent participation in health services, and structural challenges such as the cost and availability of fresh food. Cultural perceptions also persisted, with some families viewing short stature as hereditary rather than a health issue.

Table 3. Barriers and Challenges in Stunting Prevention

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Question	Interview Findings (8 mothers)	Conclusion
Difficulties in prevention	High cost of nutritious food, limited time, child feeding difficulties.	Economic and behavioral challenges dominate.
Access to health services	Distance and conflicting schedules reduce participation.	Health service access remains suboptimal.
Availability of nutritious food	Available in markets but expensive and perishable.	Structural and price-related barriers persist.

The multidimensional nature of these barriers—economic, social, and cultural—highlights the need for multisectoral interventions to improve stunting prevention.

4. Relationship Between Perception and Preventive Behavior

Positive perceptions of nutrition, breastfeeding, and hygiene were associated with more consistent preventive practices. Mothers with accurate understanding attended Posyandu regularly and prepared home meals with better variety. Those with misconceptions, such as believing formula milk or instant food was adequate, showed inconsistent behaviors. Motivations were often social or emotional, such as the desire for children to appear healthy, rather than grounded in scientific understanding.

Table 4. Relationship Between Mothers' Perceptions and Preventive Behaviors

Question	Interview Findings	Conclusion
Preventive behaviors	Mentioned breastfeeding, healthy food, and Posyandu visits (8 mothers).	Awareness exists but practice inconsistent.
Practice consistency	Four mothers apply it regularly, others occasionally due to workload.	Behavior not fully aligned with knowledge.
Motivation	Desire for healthy, smart children, and social approval (8 mothers).	Motivation largely emotional and social.
Family influence	Beliefs like "a full child is a healthy child" persist (8 mothers).	Family norms affect behavioral outcomes.

These results confirm that perception shapes maternal behavior in stunting prevention. Accurate understanding promotes positive practices, while misconceptions reinforce risks. The findings reveal that mothers' limited nutritional knowledge, irregular caregiving, economic constraints, and strong traditional norms remain major challenges in stunting prevention. Although awareness of health and nutrition exists, it has not been translated into consistent behavior. Strengthening maternal education, improving access to affordable nutritious food, and integrating family and cultural contexts into health promotion programs are essential for reducing stunting prevalence in Binjai.

Discussion

The findings of this study revealed that mothers' perceptions play a central role in determining stunting-related behaviors in early childhood. Mothers' limited understanding of nutrition, combined with cultural beliefs and economic hardship, influences both feeding

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practices and participation in health programs. This section discusses the four main aspects of the findings in relation to previous studies and theoretical frameworks.

Mothers' perceptions of child nutrition were predominantly focused on food quantity rather than quality. Many assumed that eating three times a day was sufficient, without considering the nutritional composition of meals. This aligns with the findings of Sari, Fitriani, and Rahmawati (2022), who reported that while most mothers in Sleman had adequate nutritional knowledge, more than half failed to apply appropriate feeding practices based on WHO guidelines. Similarly, Nugraheni et al. (2020) found that mothers in rural areas often relied on traditional assumptions such as "a full child is a healthy child." The limited understanding of macronutrient and micronutrient balance—particularly protein, calcium, and iron—indicates superficial nutritional literacy that contributes to the persistence of stunting.Exclusive breastfeeding (EBF) practices were suboptimal, with several mothers ceasing breastfeeding before six months due to the perception that breast milk was too "thin" or insufficient. This is consistent with Rahman et al. (2020), who found that 45% of mothers in West Sumatra discontinued EBF early due to misconceptions about milk quality. In contrast, Susilowati et al. (2023) demonstrated that structured interventions such as maternal classes and husband involvement increased EBF rates up to 82% in Yogyakarta. These findings emphasize that knowledge alone is not enough; consistent guidance and social support are crucial to sustaining optimal feeding practices. Moreover, complementary feeding in this study was often introduced on time but lacked diversity, dominated by carbohydrate-based foods. Similar trends were observed by Rahayu et al. (2021) in Nusa Tenggara Barat, where 60% of mothers were unaware of the importance of animal protein in preventing stunting. Therefore, strengthening maternal understanding of nutrient diversity through culturally adapted health education is essential for sustainable stunting prevention. Taken together, these findings indicate that mothers generally perceived the direct determinants of stunting particularly inadequate dietary diversity and insufficient animal protein intake as consequences of economic hardship, cultural norms, and household routines, rather than as isolated nutritional issues. This perception suggests that effective interventions must address not only knowledge and feeding practices but also the broader structural and sociocultural constraints shaping maternal behavior.

Indirect determinants such as parenting style, family structure, and household economy significantly influenced mothers' ability to provide proper nutrition. Most mothers did not maintain structured feeding schedules and instead relied on child cues or household convenience. Economic limitations were a major constraint, forcing mothers to replace animal protein with cheaper alternatives such as tofu and tempeh. These findings support Amare et al. (2016), who reported that poor households had double the risk of stunting compared to wealthier families, and Siregar et al. (2022), who found similar results in North Sumatra. Cultural and familial influences also shaped child-rearing practices. Many mothers depended on advice from older family members, especially grandmothers, whose traditional norms sometimes contradicted modern health recommendations. This dynamic reflects the persistence of intergenerational beliefs about feeding and child health. Hernawati et al. (2021) similarly highlighted that socio-cultural norms have a stronger impact on mothers' stunting prevention attitudes than formal education level. The researcher interprets this as part of a broader patriarchal structure in Binjai society, where fathers' participation in childcare remains limited, leading to heavier burdens on mothers both as caregivers and income earners. In the researcher's view, this imbalance not only affects maternal decision-making but may also hinder the sustainability of stunting-prevention programs, as interventions that focus solely on mothers overlook the influential role of fathers and extended family members. Therefore, strengthening family-based engagement rather than mother-centered approaches alone may be critical to achieving meaningful behavioral change.

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The barriers identified in this study were multidimensional economic, social, cultural, and structural. The high price of nutritious food limited daily access to balanced meals, consistent with UNICEF (2020) and Kemenkes RI (2021) reports that economic inequality and food affordability remain major obstacles in achieving nutritional adequacy. Limited time and workload also hindered mothers' participation in health services such as *Posyandu*. The low participation rate reflects national findings, where only around 60% of households regularly attend *Posyandu* sessions (Kemenkes RI, 2021). Cultural beliefs further complicated prevention efforts. Many families believed that short stature was hereditary or that a "plump" child equated to good health, reducing concern for height growth. These findings parallel Supariasa et al. (2019), who emphasized that social and ideological disparities underlie nutritional inequality. However, this result contrasts with Hidayah et al. (2023), whose study in West Java found that the "Gerakan 1000 HPK" campaign successfully shifted perceptions toward understanding the importance of nutrition during the first 1,000 days of life. The current study suggests that the core problem is not only financial limitation but also low nutritional literacy and inadequate integration between public health programs and local socio-cultural realities. Strengthening community-based nutrition education through cadres and digital platforms could be an effective alternative to improve awareness and behavioral change. This study found a direct relationship between mothers' perceptions and their preventive behaviors. Mothers with positive perceptions about nutrition, exclusive breastfeeding, and proper complementary feeding exhibited better preventive actions such as regular Posyandu attendance, diverse food preparation, and adherence to hygiene practices. This aligns with the Health Belief Model, which posits that individual behavior is shaped by perceived benefits and susceptibility.

This study found a direct relationship between mothers' perceptions and their preventive behaviors. Mothers with positive perceptions about nutrition, exclusive breastfeeding, and proper complementary feeding demonstrated better preventive actions—regular *Posyandu* attendance, diverse food preparation, and adherence to hygiene practices. This aligns with the Health Belief Model, which posits that individual behavior is shaped by perceived benefits and susceptibility. Supporting evidence from Dranesia, Wanda, and Hayati (2019) also showed that positive maternal perception enhances adherence to child nutrition and care recommendations. Conversely, mothers with misconceptions such as believing formula milk or instant food to be sufficient showed inconsistent preventive behaviors. This phenomenon supports Fikawati et al. (2020), who found that high knowledge alone does not guarantee positive practice when intrinsic motivation and environmental support are lacking. In this study, mothers' motivation was largely extrinsic, driven by social pressure or the desire to avoid negative judgment from others rather than a deep health-based understanding. This finding underscores that behavioral change must be accompanied by empowerment and emotional reinforcement, not just information dissemination. The researcher concludes that improving maternal behavior in stunting prevention requires strengthening both cognitive and affective components of health education. Family-based and community-supported interventions are essential to ensure the sustainability of behavior change. The results indicate that behavioral change cannot be achieved solely through information delivery but requires a more holistic approach. This emphasizes that both cognitive and emotional aspects of mothers play a crucial role in encouraging effective stunting-prevention practices. Family-based and community-supported interventions appear to be the most effective strategies for ensuring that behavior change is sustained over time. Therefore, health education programs should not only focus on increasing knowledge but also on strengthening motivation, empowerment, and social support for mothers.

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Conclusion

This study concludes that mothers' perceptions strongly influence child-feeding practices and stunting prevention behaviors. Most mothers in the working area of UPTD Puskesmas H.A.H Hasan Binjai had limited understanding of stunting, often viewing it as short stature rather than a chronic nutritional disorder. Misconceptions, low nutritional literacy, economic hardship, and cultural beliefs constrained optimal feeding and caregiving practices.Although awareness of nutrition existed, it was not consistently applied in daily behavior. Mothers' actions were often shaped by social expectations rather than scientific understanding. Conversely, those with accurate perceptions and strong family support were more likely to practice exclusive breastfeeding, provide balanced complementary foods, and attend Posyandu regularly.Preventing stunting therefore requires integrated approaches that combine nutrition education with economic empowerment, family participation, and culturally sensitive health promotion. Strengthening maternal perception through continuous education and community engagement can bridge the gap between knowledge and practice, leading to sustainable improvements in child growth and health outcomes.

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