

ISSN 2597- 6052DOI: <https://doi.org/10.56338/mpki.v7i7.5407>**MPPKI****Media Publikasi Promosi Kesehatan
Indonesia***The Indonesian Journal of Health Promotion***Review Articles****Open Access****Self-Stigma, Experiences and Psychological Conditions of Mothers Having Children with Malnutrition-Stunting: Literature Review****Ligar Tresna Darmawan Putri^{1*}, Martha Irene Kartasurya², Syamsulhuda Budi Musthofa³**¹Master Program of Health Promotion, Faculty of Public Health, Universitas Diponegoro, Central Java Indonesia²Faculty of Public Health, Universitas Diponegoro, Central Java Indonesia³Faculty of Public Health, Universitas Diponegoro, Central Java Indonesia*Corresponding Author : ligarputridarmawan@gmail.com**Abstract**

Introduction: The problem of malnutrition and stunting is a trending global health problem that has a major impact on children's physical growth and cognitive development. The condition of the mother's mental and psychological well-being is an important substance that influences the mother's care in caring for stunted malnourished children. The mother's mental and psychological condition is related to the mother's self-acceptance. The mother's psychological dynamics are shown in the form of emotions such as anger, feeling offended, feeling embarrassed, and triggering stress because the mother is full of negative thoughts. The findings from this literature review explain the existence of unpleasant experiences while mothers care for their children. This unpleasant experience generally takes the form of words from health workers and questions from other people regarding their child's condition. Psychological and behavioral changes in mothers arise as a result of public stigma about stunted children which is seen as an indication of a lack of parental care, such as providing poor food which can risk lowering self-esteem and prevent mothers from accessing health services.

Objective: This study aims to investigate in depth about the extent of the impact of self-stigma about having children with malnutrition or stunting on the psychological conditions that occur in mothers who have children with malnutrition or stunting.

Method: This research uses a qualitative approach through a literature review method based on the PRISMA guide.

Result: Based on several previous studies, negative community stigma regarding malnourished and stunted children has a significant impact on the psychological state of mothers. This is motivated by an unpleasant experience. There are several themes in the articles that have been reviewed. It was found that self-stigma is recognized by the perception of guilt, the concept of stigma is identified as the shame of having a child with nutritional deficiencies-stunting because they often get questions from others regarding their child's condition. The second theme is about the various psychological changes experienced by mothers. The third theme of self-stigma experienced by mothers significantly affect their behavior, often resulting in reluctance to seek health services for their children.

Conclusion: The study concludes that self-stigma has a detrimental effect on the psychological conditions of mothers, leading to reduce health-seeking behavior and exacerbating the health issues of malnourished and stunted children. The findings underscore the need for interventions that address stigma, provide emotional support, and promote positive community attitudes towards malnutrition and stunting. It is necessary for health workers and cadres to convey information about stunting by conveying it in a kind and non-accusatory manner, and maintaining confidentiality about the child's condition by not being conveyed in public openly. In addition, to support mothers emotionally, it is necessary for health workers to develop education related to psychoeducation, counseling, promotion, emotional support, and home visits for mothers who are indicated to be absent from health services.

Keywords: Self-stigma; stigma Public; Mother's Experiences; Malnourished Children; Stunted Children

INTRODUCTION

Nutrition is an important aspect of human life that aims to build quality human resources. Various studies have shown that malnutrition in children under five years old that is not prevented or addressed as early as possible can have an impact on their health, growth and development, and productivity in adulthood. Undernutrition in children such as stunting, underweight, and wasting is currently a serious health topic in Indonesia. Children who are malnourished will be thin, small, and short. Malnutrition will also have an impact on children's cognitive and intellectual abilities (1).

Stunting is a condition of growth failure in toddlers (children under five years old) due to chronic malnutrition so that children are too short for their age (2). According to Permenkes RI No. 2 Tahun 2020, wasting toddlers (thin and very thin) are underweight and malnourished toddlers (3). Nutrition is an important component that contains sources of macro and micronutrients that play a role in growth. The direct cause of stunting is the low intake of macronutrients (energy, fat, and protein intake) and the lack of intake of micronutrients such as zinc (4)(5), especially during the critical period of growth during the first 1,000 days of life (HPK), from pregnancy to two years of age (6). In this case, an underweight child is not necessarily undernourished or malnourished if they are stunted or severely stunted, in the future their nutritional status can be adequate or even more nutritious, so determining nutritional status needs to look at all existing indices (3).

According to data from the World Health Organization (WHO) in 2022, as many as 22.3% or around 148.1 million children under five years old are stunted (7). More than half of the world's stunted toddlers come from Asia, and a third come from South Africa (8). Indonesia has the fifth highest prevalence of stunting in the world (9). The percentage of very short and short toddlers or often referred to as stunting at the age of 0-59 months in Indonesia in 2018 from the Riskesdas results was 11.5%, and short toddlers were 19.3%. This condition increased from the previous year, which was the percentage of very short toddlers aged 0-59 months of 9.8% and short toddlers of 19.8%. The province with the highest percentage of very short and short toddlers aged 0-59 months in 2018 was East Nusa Tenggara (10). Based on research data from the Indonesian Nutrition Status Survey (SSGI) in 2022, the results of stunting data are higher at a percentage of 21.6%, despite a decrease from the 2021 SSGI data of 24.4%, but the level of stunting is still a national issue and is still above the standard set by the World Health Organization, which is <20% (11), and still very far from the government's target of 14% by the end of 2024 (12).

Based on the results of the 2018 Riskesdas data, the number of malnourished children under the age of 0-59 months in Indonesia was 3.9%. This data is not much different from the results of the Nutrition Status Monitoring (PSG) organized by the Kementerian Kesehatan RI Tahun 2017, where the percentage of malnutrition in children under the age of 0-59 months was 3.8%. The province with the highest percentage of malnutrition and undernutrition among 0-59 months old in 2018 was East Nusa Tenggara (10). National commitment to addressing nutrition in Indonesia through RPJMN targets. The regulation and management of undernutrition and malnutrition, which is pursued through health centers that are able to manage malnutrition in children under five years of age by 60%, is contained in the RPJMN document for 2020-2024 (13). The prevalence of wasting in children under five has decreased from 12.1% in 2013 to 10.2% in 2018, and in 2019 it decreased again to 7.4%. Meanwhile, there has also been a decrease in underweight in children under five from 19.6% in 2013 to 17.7% in 2018, and in 2019 it has dropped again to 16.3% (14).

Malnourished toddlers are toddlers with poor nutritional status based on the BB/U indicator with a z score value ≥ -3.0 to z score < -2.0 standard deviations (SD). In stunted toddlers, nutritional status is assessed based on the PB/U or TB/U index, then the results are interpreted in the Z-score threshold limit $< -2SD$ (short/stunted) and $< -3SD$ (very short/severely stunted) (11).

Poor nutrition can delay economic growth by around 8%, which is directly attributable to losses in productivity, poor education and lack of knowledge. According to the Global Nutrition Report, every year 3 million children under five in the world are undernourished and globally the cost of health care and lost productivity is billions of dollars (8). Similarly, the costs of stunting can hamper economic growth, increase poverty, and widen inequality in Indonesia (15).

The causes of undernutrition in children under five include poor parenting, lack of access to sanitation and clean water, quality of health services, as well as social inclusion which plays an important role such as: poverty, education, culture, gender, religion, age, ethnicity, disability, infrastructure, technology and industry, etc. Without good nutrition, individuals of all ages will lose the ability to reach their full potential (16). In addition to these factors, contributing to child malnutrition are the lack of nutrition during pregnancy and the mental health of the mother as the primary caregiver for her child (17). A variety of psychological and social problems emerge as ongoing adverse effects such as avoidance, anxiety, chronic pain and fatigue, changes in body image, changes and decreases in self-esteem, treatment of decreased motivation for health, can adversely affect the decline in the quality of life of the mother so that it also affects the condition of children who will be born to be short (18).

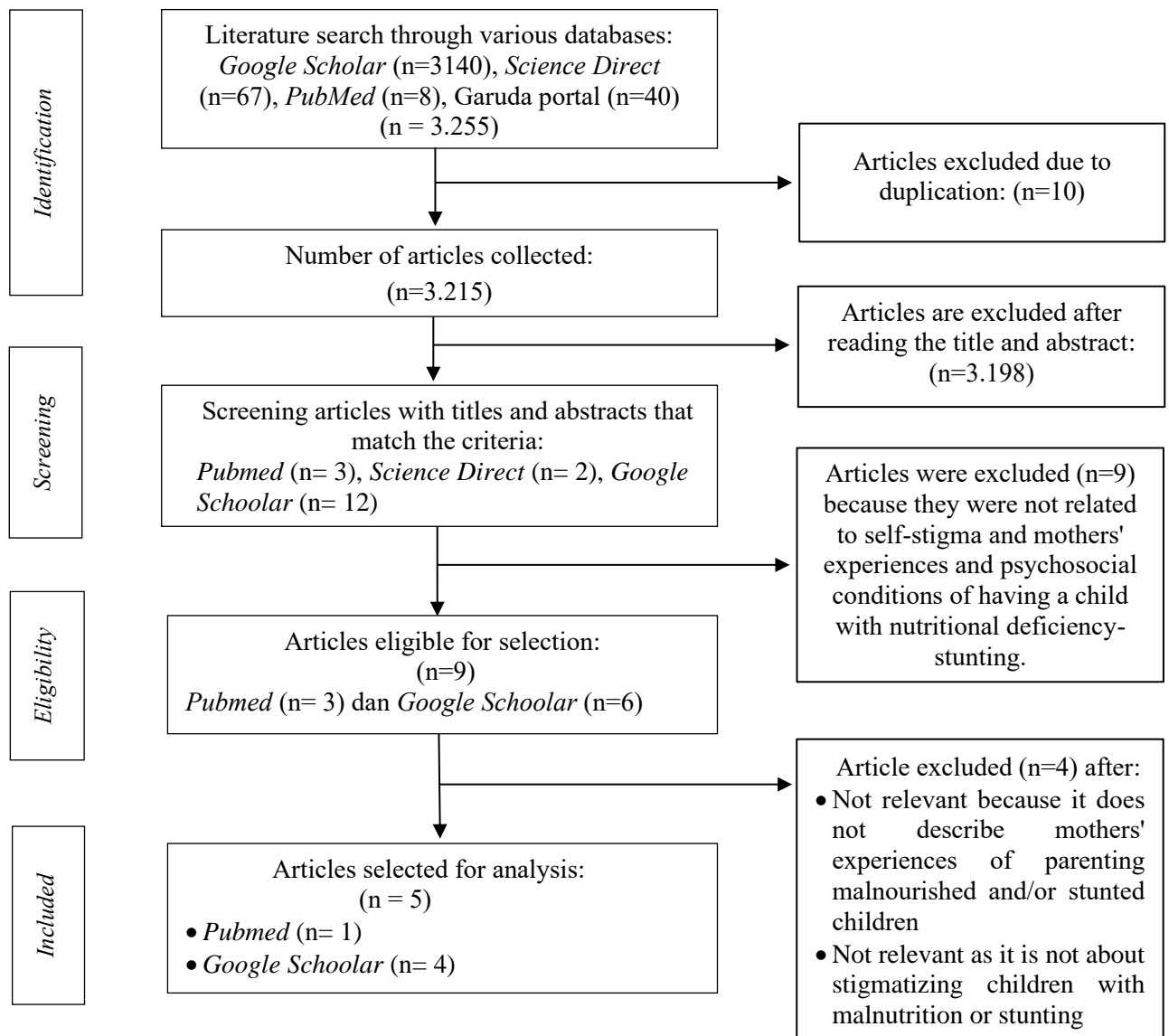
One of the causes of disruption in mothers' mental well-being is the feelings or emotions experienced by mothers because they have children with malnutrition or stunting. Feeling worried about the child's future growth and development, feeling ashamed for having a stunted child who is considered by the community as a child with a small stature affects the mother as a child caregiver. Research in Bandung Regency mentioned the disruption of maternal mental health, as a result of stunting, which can lead to community stigma against families caring for stunted children (19). With this stigma, mothers will experience various responses to the stigma experienced. These various responses will become a mental burden for mothers (20). Supported by research conducted by Mchome, in Tanzania, the shame response felt by mothers due to the stigma faced by mothers can risk a decrease in self-esteem and prevent mothers from bringing stunted children to health services (21). Research in Pakistan related to malnutrition reported, that mothers of malnourished children hide their children because of shame and fear of judgment related to their child's physical condition (22).

From some of the above statements, this researcher is interested in investigating in depth the impact of experiences regarding self-stigma of children with malnutrition and stunting on the psychological conditions that occur in mothers who have children with malnutrition or stunting.

METHOD

This study uses a qualitative approach design through a literature review method whose stages are organized based on the PRISMA method or Preferred Reporting Items for Systematic Reviews and Meta-Analyses. This involved analyzing empirical studies, scientific articles, and other relevant sources of information relating to mothers' experiences of the negative stigma of having a malnourished child. The literature search was conducted through academic databases such as Google Scholar, Science Direct, PubMed, and Garuda portal. The keywords used involved terms such as stigma, maternal experience, malnourished children, and stunted children. The criteria for literature articles to be used are articles/journals published in the last 10 years from 2014 to 2024, articles available in English and Indonesian, articles have a qualitative study research design, and cross sectional. There were 3,140 articles in these keywords in the last 10 years, and then for the journals reviewed were in the last 8 years, 2016-2022, this is because the research topic is limited and has not been widely researched.

The stages in this literature review method can be described through the PRISMA diagram shown in Figure 1 below.



Gambar 1. PRISMA Flow Diagram

RESULTS

The selected articles were reviewed and are presented in Table 1 below.

Tabel 1. Recapitulation of Articles and Journals

Title, Researcher, Year	Method	Result
Masalah Psikososial Ibu Dengan Anak Stunted: Studi Deskriptif	Qualitative with Explorative descriptive approach. Sample determination using purposive sampling.	This study refers to the psychosocial problems of mothers during pregnancy and after having a stunted child. In this study, there were 5 essential themes, namely the mother's condition during pregnancy made her feel various negative emotions such as feeling sad, angry, and lost when she was pregnant and had another child. The second theme is that mothers feel worried about the growth and development of stunted children. This feeling of worry arises because they see the condition of stunted children who are physically different from children their age, as well as fear of mental disorders due to stunting. The third theme is that mothers are ashamed of having stunted
Emma Aprilia Hastuti, Suryani, Aat Sriati (2022). (19)		

		children. The feeling of shame arises as a result of the child's late growth condition and no change in body weight. The fourth theme is family income that makes mothers have to work, and the fifth theme is praying and beristighfar as an effort to calm the heart.
<i>The Effect of The Thought Stopping Therapy on Reducing Anxiety Among Mother of Childen With Stunting</i>	Case report, based Thought stop therapy to overcome maternal anxiety. Thought stop therapy was carried out 3 times consisting of 3 sessions with a difference of 3 days in each session.	The first theme is psychological experiences such as the emergence of worries and fears about the condition of their children in the future. The second theme is that the mother often gets negative comments from her neighbors about her child's condition, so the mother blames herself as a mother who is unable to take care of her child.
Ika Juita Giyaningtyas, Achir Yani Syuhaimie Hamid (2019). (20)		
Anak Penderita Stunting dan Psikologis Orang Tua: Kajian di Desa Teluk, Batanghari.	Qualitative with descriptive case study approach.	This research is described in three ideas, the first idea is the psychological impact of mothers with stunted children such as mothers closing themselves, feeling stress and uncontrolled emotions. The second idea, the cause of this psychological pressure is the surrounding environment, support from the family, and lack of education to the community about stunting. The third idea is that the religious aspect causes concern for the child's recovery, making the respondent's closeness to the Creator less.
Saripah (2022). (23)		
Stigma Negatif Pada Ibu Dengan Anak Gizi Buruk: Studi Fenomenologi.	Qualitative with descriptive case study.	The findings in this study were that mothers with malnourished children had unpleasant experiences from the treatment of others. This unpleasant treatment is generally in the form of verbal abuse from health workers. This condition causes mothers to be reluctant to bring their children to overcome the nutritional problems that occur. Mothers only bring their children to health services if they experience comorbidities.
Erni Setiyowati (2017). (24)		
<i>Stigma as a barrier to treatment for child acute malnutrition in Marsabit Country, Kenya</i>	Quantitative descriptive	Caregivers of acutely malnourished children experience feelings of shame, discomfort when accessing the Community-Based Management of Acute Malnutrition (CMAM), which stigma is one of the contributing factors to poor coverage of the CMAM program in Kenya. The reason for embarrassment and discomfort at the health clinic was because the mother's ability to care for her child was questioned with $p < 0.40$. The ability of the household to feed the child was questioned with $p < 0.54$. The mother's ability to fulfill her child's needs was questioned with $p < 0.04$. Most respondents perceived acute malnutrition as an indication of poor maternal or household care.
Jessica Robin Bliss, Martin Njenga, Rebecca Joyce Stoltzfus, and David Louis Pelletier (2016). (25)		

Table 1 above shows that each mother has a different response to the stigma of stunting. Stigma is known as feelings of shame, low self-esteem, and thinking that they are to blame for caring for stunted children. Unpleasant experiences as the cause of self-stigma.

DISCUSSION

Unpleasant Experiences as a Cause of Self-Stigma and Guilt

The view of malnourished or stunted children in the community is a cultural construction formed by the community regarding the stigma of malnourished or stunted children, which is closely related to the poor fulfillment of nutrition for children. The existence of stigma in society can underlie the emergence of self-stigma in mothers with malnourished or stunted children. Self-stigma is the acceptance of an individual's low self-esteem about the conditions he experiences, where his view that the public has low prejudice, bad and will stigmatize them (26).

Unpleasant experiences are experienced by mothers with malnourished or stunted children, as revealed in a study by Setiyowati who found that treatment from doctors and health workers at the puskesmas such as being blamed and scolded for the condition of malnourished children made mothers feel guilty. The attitude of health workers who tend to make mothers the guilty side makes mothers uncomfortable in accessing care for their children (24). In another study by Giyaningtyas, revealed that mothers who often received accusations of sentences that mothers did not

provide adequate nutrition for their children as the cause of their children's small and delayed growth conditions made mothers feel anxious and blamed themselves and considered themselves unable to take care of children (20). Feelings of anxiety are feelings of insecurity experienced by individuals over situations that occur, in Gyaningtyas' research, mothers with stunted children experience anxiety and worry over something that is not certain to happen. Stigma is a perception that is wrong and not necessarily true (27).

The stigmatization of children with malnutrition and stunting is the result of cultural construction in society that forms the perception that lack of attention to children, not paying attention to children's needs, not being able to provide food both in quality and quantity can have an impact on poor child growth (21)(28).

Mother's Psychological Change

Previous research has shown that mothers who have children with malnutrition or stunting have anxiety and worry. Emotions in various studies are described in the emotions of mothers who are sad because of their child's condition, the responses that mothers often get expressed by others to mothers about questions about their child's condition make mothers easily angry and offended (23). Several studies have confirmed that mothers with malnourished or stunted children feel fear of their children's future conditions such as abnormal growth, inferiority, and growth that is not the same as normal children. Such emotions are often felt by mothers who have children with malnutrition or stunting because their children's conditions are different from normal children, mothers see differences in normal children, especially in their immediate environment (19). The mother's concern for her child continues to be felt by the mother because what will happen to the child is growth and developmental obstacles in his life are associated with increased morbidity, mortality, decreased physical capacity, suboptimal neurodevelopment that impacts brain growth and development, and increased risk of disease until the child reaches adulthood (29).

One form of emotion felt by mothers is the inconvenience of accessing care for their children, in an international journal study conducted by Jessica, et al revealed the hypothesis found that the concept of stigma is identified as a mother's feeling of shame for having a malnourished child so that the mother limits access to bring her child to health services. The highest frequency of shame was experienced by the group with acute malnutrition, which was 21.15%. Feelings of discomfort when accessing health services occurred when the mother's child was observed by health workers. Some of the reasons for discomfort may occur (or be expected to occur) in mothers with malnutrition creating the mother's perception that health workers show negative traits, and will invite the perception that the mother is not taking good care of her child, both in terms of food and other basic needs (25).

Feelings of shame associated with child malnutrition are, of course, inseparable from hunger and food insecurity. This can be due to structural discrimination perpetuated by government political policies, and low economic conditions.

In another study by Emma, et al revealed that mothers did not want others to know about their child's stunting condition. This is closely related to self-efficacy. Mothers with stunted children have lower self-efficacy than mothers without stunted children (19).

Causes of Mothers' Psychological Change

There are several pressure factors that make the mother's psychological condition disturbed. In Setyowati's research, the pressure experienced by mothers often arises from the surrounding environment or society. It is revealed that the questions that are constantly given by others make the mother emotionally ignited to trigger stress. Furthermore, the factor of low family support can trigger psychological changes in mothers. A mother or parent with a malnourished or stunted child if she does not receive more attention in caring for her child will find it difficult to carry out her role. Conversely, cooperation in household management will create a high sense of care for a mother. Family support is an amplifier for mothers, family support brings peace of mind and encourages creating stable maternal emotions (23).

The existence of negative stigma in the community about stunted children is evidence of the community's low understanding of this issue. If this is left unchecked, the community assumes that this is normal and for mothers who have children with nutritional deficiencies-stunting becomes a topic of conversation and this will trigger the mother's behavior and mental burden. Moreover, people who do not understand the mental state of parents will continue to ask the same questions so that there is an act of omission, but this condition if ignored will have a very significant effect on the mother's mentality. In Giyaningtyas' research, negative thoughts arose after having a stunted child. Mothers also feel anxious about the situation experienced by mothers with stunted children, which disrupts the mother's focus on caring for her child (20).

Impact of Self-Stigma on Health Seeking Behavior

The self-stigma experienced by mothers not only affects their perceptions, but also influences their actions in

seeking health care. In Setyowati's research, the impact of unpleasant experiences caused mothers to close themselves and be unwilling to bring their children to overcome nutritional problems that occur. Mothers only bring their children if the child is sick (23) (24). Self-stigma makes mothers limit themselves in accessing health services in Kenya (25). This contributes to barriers in the treatment of malnourished and stunted children.

CONCLUSION

This article concludes that there are several findings with various themes according to the purpose of each article. The first theme, self-stigma, was identified with the perception of guilt for not being able to meet children's nutritional needs and mothers were often blamed. In addition, the concept of stigma with nutritionally stunted children was identified as the shame of having a nutritionally stunted child. The second theme is about various psychological changes such as frequent irritability, offense, and fear of the child's future condition often experienced by mothers with undernourished children. In addition, the experience of mothers with nutritionally stunted children often gets questions about their children's health from the environment around the mother, these questions such as why the mother's child is different without realizing it triggers psychological changes. The third theme of self-stigma affects mothers in the act of caring for children to access health at health facilities. In this study, it is mentioned that the impact of self-stigma makes mothers close themselves and reluctant to socialize and limit themselves in caring for children to health facilities. This self-limiting behavior can lead to low visits to health services for malnutrition-stunted children.

SUGGESTION

To reduce stigma in the community by increasing public knowledge related to stunting and malnutrition through campaigns and counseling about children with malnutrition. As we know that stunting and malnutrition are not a disgrace but health problems that must be addressed together. Meanwhile, reducing self-stigma in mothers requires a holistic and sustainable approach, which involves nutrition education and providing emotional support. The emotional support that mothers need is from family, government, and health workers. One of these efforts is to form maternal support groups, which are support groups for mothers who experience problems with malnourished children to share experiences and solutions. In addition, efforts to reduce this stigma by training health cadres and medical personnel to provide accurate and non-accusatory, non-judgmental information to mothers, if necessary, maintaining the confidentiality of the mother's child's condition. Efforts to support mothers' emotions by medical personnel can be made through psychoeducation, counseling, promoting, emotional support, and home visits to mothers who are indicated to be absent from health services.

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