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Mother's Experience of Caring for Children With Stunting In The Riverside of Banjar Regency

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ABSTRACT

Introduction: Stunting is one of the most common impacts of chronic malnutrition in the world. Banjar Regency is one of the regencies in South Kalimantan that has experienced a significant increase in stunting cases. Mothers often act as the primary caregivers of children, thus all actions taken by mothers related to care including fulfilling nutritional needs can affect the health and nutritional status of their children. It is important for a mother to have good knowledge about fulfilling nutrition for children, fulfilling immunizations, maintaining sanitation and treating infectious diseases in children. One way to gain knowledge is from experience. Mothers with stunted children have experiences that can be lessons regarding the actions taken during treatment, the obstacles felt and how to prevent stunting in the next generation.

Objective: This study aims to explore the experiences of mothers in caring for children with stunting in the riverside of Banjar Regency.

Method: A qualitative approach with a phenomenological design was used in this study. Data were collected using the in-depth interview method and analyzed using the sequence: transcribing, categorizing, using N-Vivo 12. The population in this study were all mothers who had stunted children in the riverside of Banjar Regency. In this study, mothers who became participants were selected using a purposive sampling method, namely data was taken from information from health center officers in Banjar Regency with inclusion criteria having experience caring for children with stunting, being able to communicate well and being willing to be participants. Data saturation was obtained on the 16th participant.

Result: The results of this study identified 5 themes, namely children's eating habits, children's conditions, mothers' efforts, mothers' difficulties and the role of fathers. Children's eating habits include incomplete menus, eating little, eating irregularly, eating without side dishes, and snacks before eating. The condition of stunted children in this study was slow development, frequent illness, and poor sleep quality. Mother's efforts were to provide exclusive breastfeeding and routinely go to posyandu. The difficulties faced by mothers were difficulty in accessing health facilities, economic problems, children who did not want to be separated from their mothers, confusion in handling stunting and the presence of a closed mouth movement in children. The role of fathers included collaborating with mothers in parenting and being less involved in parenting.

Conclusion: The conclusion obtained in this study was that 5 themes were obtained from the experience of mothers in caring for children with stunting in the riverside of Banjar Regency.

Keywords: Caring for Children; Children; Mother's Experience; Qualitative Research; Stunting

INTRODUCTION

Stunting is one of the most common effects of chronic malnutrition in the world (1). The World Health Organization (WHO) stated that in 2022 the prevalence of stunting in toddlers in the world will be 22.3% (2). The results of the Indonesian Nutritional Status Survey (SSGI) in 2022 on the prevalence of stunting in toddlers showed a decrease in the prevalence of stunting, in 2019 the prevalence of stunting in toddlers in Indonesia was 27.7%, then decreased to 24.4% in 2021 and finally to 21.6% in 2023. Meanwhile, South Kalimantan Province still faces challenges in this stunting problem. The prevalence of stunting in toddlers in South Kalimantan in 2022 is still high, namely 24.6%, this prevalence exceeds the national stunting prevalence of 21.6%(3). Banjar Regency is in first place for the district with a significant increase in stunting cases, namely from 29.1% in 2018, increasing to 40.2% in 2021, then decreasing to 20.89% in 2023(1). Despite the decline, stunting still exists and is still a health problem in Banjar Regency. The results of a preliminary study conducted in the working area of one of the health centers in Banjar Regency, namely the Martapura 1 Health Center, obtained data that the prevalence of stunting in infants under two years of age increased from 4.55% in 2022 to 6.55% in 2023, and increased again to 17% in September 2024.

Stunting can be caused by various factors. Mother's knowledge and parenting patterns, nutritional intake, Low Birth Weight (LBW) and economic status are indicated as factors causing stunting in children (4). There is evidence that with sustained nutritional interventions throughout childhood and adolescence, stunted infants can catch up and recover from stunting, although recovery is thought to be most likely to occur before age two. Factors associated with recovery from stunting include early childhood growth failure, birth spacing, growth monitoring and support, maternal education status, LBW and household socioeconomic factors. Although factors associated with recovery from stunting in the general child population have been identified, little is known about recovery from stunting in high-risk children in developing countries (5).

Stunting in early life is associated with long-term challenges including increased morbidity, mortality, chronic diseases and infections, inadequate physical function, low economic productivity, and poor cognition and neurodevelopment (5). Children with stunting will experience an inability to achieve optimal linear growth in the early years of life including reduced ability to achieve full cognitive potential, low levels of school achievement, resulting in low productivity to meet future economic needs. Stunting can be prevented by improving the nutritional status of prospective mothers during adolescence and fertile women, proper feeding of infants and children, increasing access to clean water and adequate sanitation, immunization and treatment of infectious diseases (6). Mothers often act as the primary caregivers of children, thus all actions mothers take regarding care, including fulfilling nutritional needs, can affect the health and nutritional status of their children (7).

Mothers play an important role in raising children, so it is important for a mother to have good knowledge about fulfilling nutrition for herself and her child, fulfilling immunization, maintaining sanitation and treating infectious diseases in children. One way to gain knowledge is from experience. Experience is something that has been experienced, known and done. Experience can provide lessons on how to act appropriately (8).

Mothers with stunted children have experiences that can be lessons about how things are when caring for children with stunting, regarding the actions taken during treatment and how to prevent stunting in the next generation. The mother's experience needs to be explored in order to find out the extent of a mother's efforts in handling her child who has stunting. The experience of mothers caring for children with stunting can provide health workers with an overview of the history of fulfilling nutritional intake in children, the condition of the child during care, the mother's efforts to fulfill nutrition, the difficulties faced by mothers in fulfilling nutrition and various things that can be used as a basis for health workers in planning appropriate programs according to existing problems. Based on the description that has been explained, it can be understood that stunting is still a problem and needs attention because stunting is still a threat to the health of the next generation of the nation. Currently, there is no recent research that explores the experience of mothers caring for children with stunting in the riverside of Banjar Regency, so researchers are interested in exploring the experience of mothers caring for children with stunting in the riverside of Banjar Regency.

METHOD

This study is a qualitative study with a phenomenological approach to explore the experiences of mothers caring for children with stunting in depth and meaningfully. This study was conducted in Banjar Regency, precisely in the Martapura 1 Health Center Working Area from September to October 2024. Participants in this study were mothers who had stunted children at the riverside of the Banjar Regency River. Sampling was carried out using a purposive sampling technique, with inclusion criteria: Mothers who have stunted children or are at risk of stunting at the riverside of the Banjar Regency river, are able to communicate well, and are willing to be participants. Furthermore, data collection from participants using snowball sampling, namely data taken from information from health center officers in Banjar Regency, namely the Martapura 1 Health Center. From the direction and reference of the nutrition program holder for mothers of stunted children and at risk of stunting in the Martapura 1 Health Center working area (the first participant) who was referenced to be this sample, the researcher will then be referred

to the next mother of stunted children and at risk of stunting (as the second participant) and so on until the data from the in-depth interview becomes saturated (saturated sample). Data collection used an in-depth interview method using interview guidelines. The participant selection process begins with mapping the population of mothers with stunted children in the Martapura 1 Health Center work area, then the research team together with the stunting program holder in the Martapura 1 Health Center work area visited the participants from house to house to conduct informed consent for the research, if the participant agrees, then a schedule is made for an in-depth interview. In-depth interviews were conducted with participants until data saturation was achieved, in this study data saturation was achieved in the 16th participant. In qualitative research, the instrument used is the researcher himself, where previously the researcher had conducted an in-depth interview trial with 2 mothers with children at risk of stunting before conducting the actual in-depth interview. Data collection used observation, interview, documentation and audio recording strategies. Data collection used tools such as notebooks and voice recorders. In this study, data saturation was obtained from the 16th participant. Qualitative data analysis in this study was carried out using N-Vivo 12 which begins with importing data. The interview results are written in the form of transcripts, then the transcripts are imported into N-Vivo 12. Furthermore, data analysis is carried out by reading the transcripts repeatedly, then coding or creating nodes. After coding, it is continued by identifying themes and patterns. The next stage of data analysis that has been carried out is to visualize the data using a mind map. This study has passed an ethical review by the Health Research Ethics Committee of Stikes Intan Martapura with certificate number 033/KE/YBIP-SI/VIII/2024.

RESULTS

Participant Characteristics

Participants in this study were mothers with stunted children in the Martapura 1 Health Center Working Area, Banjar Regency, South Kalimantan Province. There were 16 participants. The ages of the participants varied, with the youngest being 20 years old (P9) and the oldest being 39 years old (P14). The age of the participants when they got married also varied from the youngest age of the participants when they got married, which was 16 years old (P5 and P6) and the oldest age of the participants when they got married, which was 25 years old (P10). The last education of the participants in this study also varied, namely the last education was Elementary School (ES), Junior High School (JHS), and Senior High School (SHS). Most of the participants were Housewives (14 participants) and a small number were traders (2 participants). A total of 4 participants had 1 child, 6 participants had 2 children, 2 participants had 3 children, and 4 participants had 4 children. A total of 8 participants stated that they had a history of anemia during pregnancy, and 8 other participants stated that they did not have a history of anemia during pregnancy. The monthly family income varied with a range of 1-2 million per month (9 participants), 2-3 million per month (6 participants), and 3-4 million per month (1 participant). Details of participant characteristics are presented in table 1 below.

Table 1. Characteristics of research participants

No	Partisipant Code	Age (Year)	Age at Marriage (Year)	Education	Work	Number of Children	History of Anemia During Pregnancy	Monthly Family Income (Rp)
1	P1	37	18	JHS	Trader	2	Yes	2-3 million
2	P2	26	23	SHS	Housewife	1	No	1-2 million
3	P3	31	19	JHS	Housewife	4	No	1-2 million
4	P4	31	18	JHS	Housewife	4	No	1-2 million
5	P5	29	16	JHS	Housewife	3	No	2-3 million
6	P6	36	16	JHS	Housewife	4	No	1-2 million
7	P7	27	20	JHS	Housewife	2	Yes	1-2 million
8	P8	28	19	JHS	Housewife	2	No	1-2 million
9	P9	20	18	JHS	Housewife	1	Yes	3-4 million
10	P10	28	25	SHS	Housewife	1	Yes	2-3 million
11	P11	26	19	SHS	Housewife	2	No	1-2 million
12	P12	36	19	ES	Housewife	2	Yes	2-3 million
13	P13	30	24	SHS	Housewife	2	Yes	2-3 million
14	P14	39	20	SHS	Berdagang	4	No	2-3 million
15	P15	26	22	SHS	Housewife	1	Yes	1-2 million

No	Partisipant Code	Age (Year)	Age at Marriage (Year)	Education	Work	Number of Children	History of Anemia During Pregnancy	Monthly Family Income (Rp)
16	P16	32	20	JHS	Trader	3	Yes	1-2 million

In-depth interviews conducted on 16 participants obtained results in the form of themes about research problems. The results of data analysis that have been carried out using N-Vivo 12 obtained 6 themes, namely children's eating habits, maternal difficulties, child conditions, father's role, maternal efforts and smoke exposure. The themes were obtained from the data analysis process using N-Vivo 12 which began with data import, reading, transcribing and categorizing. The results of the data analysis are presented in Figure 1 below.

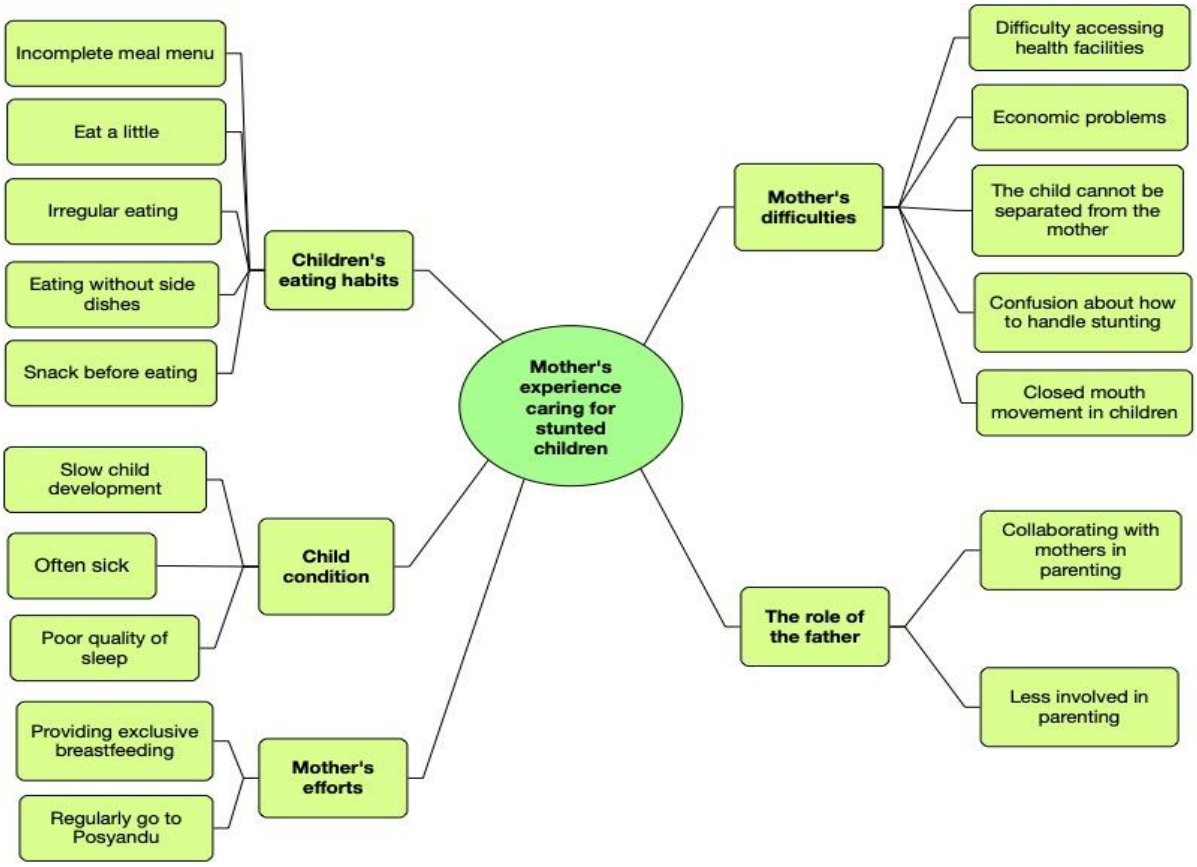

Figure 1. Mind map of mothers' experiences caring for stunted children

The results of the data analysis presented in the mind map, it is known that there is a lot of important information related to the research topic, namely the experience of mothers caring for stunted children in the riverside of Banjar Regency. This important information was analyzed and used as research themes. The research themes obtained were 5 themes, namely: children's eating habits, children's conditions, mothers' efforts, mothers' difficulties, and the role of fathers. The following is a description of the research results presented in each theme.

Children's Eating Habbits

The findings identified in this study regarding children's eating habits based on participants' experiences are eating with an incomplete meal menu, eating little, eating irregularly, eating without side dishes, and snacks before eating.

Incomplete Meal Menu

The results of this study identified that the children's meal menu was an incomplete menu. This finding was expressed by several participants. Like participant 1 (P1) who said:

"(Eat) with side dishes, if there is gravy in the food, then only eat the gravy, if it is vegetables he only wants to eat long beans, but only as a snack, not eaten with rice"

"The child wants to eat but doesn't really want to eat vegetables"

P1 said that her child usually only eats rice with side dishes without vegetables. In line with P1, P2, P4, P5, P9, P12 and P16 also expressed similar things about their child's meal menu:

"(Eat) rice with side dishes such as eggs and fish" (P2)
"(Eat) rice, sometimes with eggs" (P4)
"Eat less fruit, usually given protein from tempeh, tofu and eggs" (P5)
"Usually children (eat) rice with eggs or rice with chicken" (P9)
"Eat rice with side dishes, sometimes the side dish is patin fish" (P12)
"Whatever the mother eats, the child will eat it too" (P16)
"(Eat) vegetables rarely, because he (the child) doesn't really want to" (P16)

These findings show that children with stunting are usually given food with an incomplete menu, namely only rice and side dishes without vegetables and fruit.

Eat A Little

The results of this study identified that children with stunting have the habit of eating small portions. This finding was expressed by several participants. Such as participant 5 (P5) who said:

"My child is a picky eater, he only looks at the food and tries a little bit"

P5 revealed that his child is picky about food, his child will eat a little food and then not want to continue eating. Other participants also revealed that their children only eat a little, as conveyed by P7, P10, P11, P12 and P16:

"(Eats) only two bites, three bites at most swallowing food, very difficult to feed." (P7)
"(Eats) fish, but only 2 bites." (P7)
"(Eats) chicken, he can swallow it, just a little, eats ketupat, he wants 2 bites, and only wants a little cake." (P7)
"(The child) doesn't really want to (eat)." (P10)
"This child eats little, so I feed him 3-4 times a day." (P10)
"My child drinks a lot of breast milk so he eats little." (P11)
"(Eats) usually only 3 bites." (P12)
"(The portion of food) is uncertain, only eats 2-3 bites." (P16)

These findings show that children with stunting in this study have the habit of eating only a little, namely 2-3 bites. These findings indicate that children with stunting in this study had irregular eating habits, sometimes 2 times a day, sometimes 3 times a day, with times that could not be predicted by the participants.

Irregular Eating

The results of this study identified that children with stunting have irregular eating habits. This finding was expressed by several participants. Such as participant 4 (P4) who said:

"Yes (the child) has eaten, it's not certain when he eats, sometimes he wants to, sometimes he doesn't want to (eat)."
"When the child was small, he always ate 3 times a day, now we have difficulty finding food that he likes."

P4 revealed that the child's desire to eat is uncertain. This shows that the child has irregular eating habits, in line with P4, similar things were also expressed by P5, P8, P10, P12 and P14 who said:

"Sometimes (the child) is not regular in terms of eating." (P5)
"Um, sometimes when I wake up in the morning to prepare food, the child wants to eat, but if it's late and his older sibling has come home from school, he will buy snacks with his older sibling, so his eating is uncontrolled." (P5)
"If he wants to eat, sometimes it's three times a day. But the child usually only eats twice a day. Because he doesn't really want to eat." (P8)
"Yes, sometimes he wants to eat, but sometimes he wants to eat and looks for food, well that's difficult because it's hard to predict." (P10)
"(Eating) is not regular, sometimes twice or three times a day." (P12)
"My child eats more or less twice a day."(P14)

These findings indicate that children with stunting in this study had irregular eating habits, sometimes 2 times a day, sometimes 3 times a day, with times that could not be predicted by the participants.

Eating Without Side Dishes

The results of this study identified that children with stunting, one of which has the habit of eating without side dishes. This finding was expressed by several participants. Like participant 3 (P3) who said:

"(Eating) rice with soy sauce has also happened and the child is willing."
"Sometimes he eats with side dishes, sometimes without side dishes, the child is willing."

P3 revealed that her child could eat with just rice and soy sauce. In addition, children from P3 also want to eat only rice without side dishes. The findings are in line with the findings obtained from P4 and P10 who said:

"(The child) has ever (eaten) without side dishes." (P4)

"The child is always provided with food in the form of rice with side dishes, but is often thrown away if eating chicken, so the child only eats with rice." (P10)

This finding shows that children with stunting in this study have a habit of eating without side dishes. Where children are only given rice and soy sauce, or eat with rice alone.

Snack Before Eating

The results of this study identified that children with stunting have a habit of snacking before eating staple foods. This finding was expressed by two participants. Such as participant 2 (P2) and P16 who said:

"Often the grandmother comes to the house and gives my child snacks, after the snacks my child has no appetite." (P2)

"Usually his father who often goes to the stall takes my child to buy snacks, so he is full before eating." (P16)

P2 and P16 revealed that their children had no appetite because before eating, their families had given them snacks, which the participants felt was the cause of the children's lack of interest in eating the staple foods served by the participants. These findings indicate that children with stunting in this study have a habit of snacking before eating, where this snacking behavior is supported by the child's grandmother or father.

Children's Condition

The findings identified in this study were that there were various conditions of children with stunting during care by the participants, namely slow child development, children often get sick, and poor quality of sleep.

Slow Child Development

The results of this study identified that one of the conditions found in children with stunting is slow development. This finding was expressed by two participants, namely P3, P10, P11 and P12 who said:

"My child seems late in walking and talking, he can only say the words daddy and mommy." (P3)

"Yes, but when we talk he actually understands, but he has difficulty expressing his vocabulary, he can't say many words yet." (P3)

"That's all, the child's speech is not yet clear in pronouncing vocabulary, he still uses sign language, he can't say what he wants yet." (P3)

"My child has only been able to walk since he was 1 year old, only this month has he been able to walk (the child is currently 1 year 6 months old)." (P10)

"Our child can't walk yet (the child is currently 1 year 4 months old)." (P11)

"Yes, our child can walk even though it's only 3-4 steps, if someone looks at him he gets embarrassed and stops walking (the child is currently 1 year 4 months old)." (P11)

"Our child can't walk yet, he can only crawl (the child is currently 1 year 5 months old)." (P12)

"Our child can only say mom and dad." (P12)

P3 said that her child could not speak with a lot of vocabulary, the child could only say the words "mom" and "dad" (child P3 aged 1 year 7 months). P10 and P11 revealed that their children were late in walking (child P10 aged 1 year 6 months, child P11 aged 1 year 4 months). P12 revealed that his child was late in walking and talking (child P12 age 1 year 5 months). These findings indicate that children with stunting in this study had slow developmental conditions, including slow speech and walking development.

Children Often Get Sick

The results of this study identified that one of the conditions found in children with stunting is that children often get sick. This finding was expressed by P8, P11, P13 and P16, who said:

"What should I do, Mom? My child is often sick, so when it's time for the integrated health post, we don't go to the integrated health post because the child is sick." (P8)

"The child is definitely sick once a month." (P11)

"He is really underweight, since he was 4 months old he had problems gaining weight. After that, we were told to get immunized at the health center so that it could be monitored, but it turned out that it was even harder to gain weight. But it turned out that our child was positive for pulmonary tuberculosis, he only got medicine for it when he was one year old. So the doctor said he also lacked protein." (P13)

"Yes, if he gets a cough or cold, it's certain, it will get better and then he will get sick again." (P16)

"Often (sick), especially if someone in the house is sick, everyone will definitely get sick." (P16)

P8 said that her child often gets sick when she goes to the integrated health post. Meanwhile, P11 said that her child gets sick once a month, P13 said her child had been infected with Pulmonary Tuberculosis and P16 said that

her child was often sick because it was transmitted from a sick family member. These findings indicate that children with stunting in this study often experience illnesses, including coughs, colds and pulmonary tuberculosis.

Poor Sleep Quality in Children

The results of this study identified that one of the conditions found in children with stunting is poor sleep quality. This finding was expressed by P2 and P8 who said:

"Yes, at night our child has difficulty sleeping, like he doesn't sleep well." (P2)

"Even though during the day he still wants to sleep like twice a day but at night it's like after 12 o'clock he often wakes up." (P2)

"He has difficulty falling asleep, especially when he's sick, if he doesn't sleep he will cry continuously." (P8)

P2 revealed that her child had difficulty sleeping and often woke up at night. P8 also revealed that her child had difficulty sleeping, and if she did not sleep, her child would cry continuously. These findings indicate that children with stunting in this study had poor sleep quality, characterized by restless sleep and waking up in the middle of the night.

Mother's Efforts

The results of the data analysis showed that participants had made efforts to maintain and care for the health of children with stunting, including by providing exclusive breastfeeding and routinely visiting the Integrated Service Post (posyandu) every month.

Providing Exclusive Breastfeeding

The results of this study identified that participants had provided exclusive breastfeeding to their children. This finding was as expressed by P1, P2, P3, P5, P8, P11, and P16 who said:

"(The child is given) exclusive breast milk." (P1)

"Yes, it's been 6 months (given exclusive breast milk) then formula milk." (P2)

"Yes..yes, given (exclusive breast milk)." (P3)

"Until now he drinks breast milk, only yesterday it was SGM (milk) from the health center." (P5)

"No, he breastfeeds with me (exclusive breast milk). He doesn't want formula milk." (P8)

"(The child drinks) breast milk, until now." (P11)

"Yes (exclusive breast milk), until now." (P16)

This finding shows that mothers have made efforts to provide exclusive breastfeeding to children with stunting, even breastfeeding is given until the child is 2 years old.

Routinely Visiting Posyandu

The results of this study identified that several participants regularly visited posyandu. This finding was expressed by P5, P9, P11, P12, and P14 who said:

"Alhamdulillah, it's a routine for at least a month." (P5)

"Go regularly (to posyandu)." (P9)

"Posyandu, routine, even going to the puskesmas too." (P11)

"Yeah, just routinely (going to the posyandu) every month." (P12)

"Go regularly (to posyandu)." (P14)

This finding shows that mothers have made regular efforts to visit the integrated health post every month to measure their children's growth and development.

Mother's Difficulties

The findings identified in this study regarding the participants' difficulties in caring for children with stunting include difficulty in accessing health care facilities, economic problems, children not wanting to be separated from their mothers, confusion about how to handle stunting, and the closed mouth movement in children.

Difficulties in Accessing Health Care Facilities

The results of this study identified that mothers had difficulty in accessing health care facilities. This finding was expressed by several participants. Such as P6, P7, P10, P11 and P12 who said:

"(The child is given) exclusive breast milk." (P1)

"Yes, it's been 6 months (given exclusive breast milk) then formula milk." (P2)

"Yes..yes, given (exclusive breast milk)." (P3)

"Until now he drinks breast milk, only yesterday it was SGM (milk) from the health center." (P5)

"No, he breastfeeds with me (exclusive breast milk). He doesn't want formula milk." (P8)

"(The child drinks) breast milk, until now." (P11)

"Yes (exclusive breast milk), until now." (P16)

Participants said that they had difficulty attending activities at the integrated health post or going to the hospital because they had more than 1 small child, the location of the integrated health post was far from home, they did not have a vehicle to access the integrated health post, and there were no family members who could take the participant to the hospital at any time. These findings indicate that the difficulties faced by mothers while caring for children with stunting are the difficulty of accessing health facilities, because mothers have more than one child, no one to take them, do not have a vehicle and the location of health facilities is far away.

Economic Problems

The results of this study identified that participants experienced difficulties in the economy. This finding was expressed by two participants, namely P11 and P16 who said:

"Yes, our economy is sufficient, ma'am, it's enough." (P11)

"The problem is that (the money) is divided up." (P11)

"To be honest, (our difficulty) is the economy, ma'am." (P16)

This finding was obtained when the interviewer asked whether the participant's family income could meet daily needs. P11 answered that the family income was sufficient even though it had to be divided to cover other needs. This was different from P16 who loudly stated that economic factors were the main factor that made it difficult for them to meet their child's nutritional needs. These findings indicate that the difficulties faced by mothers while caring for children with stunting are economic problems, where the income earned must be used to meet other needs.

Child Does Not Want to Be Separated from Mother

The results of this study identified that participants experienced difficulties in carrying out daily activities because the child did not want to be separated from the mother. This finding was expressed by participant 7 (P7). P7 said:

"My child cannot be left alone, he cannot not see his mother, he does not want to be left with anyone other than his mother."

"I cannot do activities because my child does not want to be separated from me."

P7 revealed that it was difficult for him to do activities because his child did not want to be separated from him. P7 also revealed that his child did not want to be left with other people, he only wanted to be with his mother. This finding shows that the difficulties faced by mothers while caring for children with stunting are that the child does not want to be separated from the mother so that the mother cannot do other activities.

Confusion About How to Handle Stunting

The results of this study identified that participants experienced confusion about how to handle stunting. This finding was expressed by participant 10 (P10) when the interviewer asked about what P10 did first when she found out that her child was shorter than children of the same age. P10 said:

"I'm confused, what should I do (in dealing with stunting in children)."

These findings indicate that the difficulties faced by mothers while caring for children with stunting are confusion about how to deal with stunting, mothers are confused about what they should do to deal with stunting.

Closed Mouth Movement in Children

The results of this study identified that participants had difficulty meeting children's nutritional needs when children started to close their mouths. This finding was expressed by two participants, namely P2, P7 and P10 who said:

"Kemarin tu hampir satu minggu (gerakan tutup mulut)." (P2)

"Kalo makan dilepeh-lepehkannya Bu kalo sudah habis sarinya diluakannya jadi modelnya kada mau makan ae." (P7)

"Dari umur delapan bulan, kalo umur enam bulan mau aja makan 3 kali sehari tapi lambat menaguknya." (P7)

"Nah ada (gerakan tutup mulut) inggih ada semalam pas tuntung garing tu kada tapi mau makan." (P10)

"Pertama gerakan tutup mulut rajin lo kada tapi mau makan." (P10)

"Bila inya belauk tu pasti ada tapi tekenanya kan bilanya makan ayam diluaknya jadi nasinya bisa aja nasinya masuk rajin." (P10)

P2, P7 and P10 revealed that children often experience mouth closing movements so they do not want to eat.

This finding shows that the difficulty faced by mothers while caring for children with stunting is the presence of a closed mouth movement in children that occurs for quite a long time, which is caused by one of the conditions of the child after being sick.

The Role of Fathers

The findings identified in this study are that in caring for stunted children, fathers collaborate with mothers in caring for children and are less involved in caring for children.

Collaborating with Mothers in Parenting

The results of this study identified that during the care of children with stunting, fathers also play a role, one of which is by collaborating with mothers during child care, this is indicated by the closeness of the child to the father and the existence of several parenting activities taken over by the father. This finding is as expressed by P1, P2, P3, P6, P11, P12 and P15 who said:

"The child always cries for his father, when his father goes to work." (P1)

"Father always helps look after the child when I am busy cleaning the house, busy cooking. Father also takes turns with me in putting the child to bed." (P2)

"Yes (husband) always helps me in childcare, when I am busy waiting for the child to come home from school, husband will look after the child at home." (P3)

"Yes, ma'am, (father) helps with bathing, feeding the child and putting the child to bed." (P6)

"Yes, the child eats more with his father, and the child learns quickly when with his father. Like yesterday when the child learned to sit, his father could quickly teach the child to sit. Why is it faster to learn with his father? If with his mother he is slow to learn." (P11)

"Husband helps me in childcare, for example helping to look after the child at home." (P12)

"Husband usually takes the child for a walk, and helps mother look after the child when the mother is busy doing housework." (P15)

P1 revealed that his child would cry for his father if his father went out of the house, while P2, P3, P6, P11, P12 and P15 revealed that fathers also played a role in raising children such as putting children to sleep, looking after children, bathing them, teaching children and feeding children. These findings indicate that the role of fathers is to collaborate with mothers in caregiving such as putting children to sleep, stimulating children, looking after children, and feeding children.

Lack of Involvement in Childcare

The results of this study identified that during the care of children with stunting, fathers were less involved in child care. This finding was as expressed by P5, P7 and P13 who said:

"Father is less helpful in raising children, because he works." (P5)

"Father is not able to feed the children." (P7)

"Yes, (husband) helps raise the children, but is not as patient, not as patient as the mother." (P13)

P5 revealed that the participant's husband played a lesser role in child care because he had to work, while P13 revealed that her husband actually helped with child care but was less diligent. This finding shows that fathers are less involved in parenting because fathers are busy working.

DISCUSSION

The results of this study obtained 6 themes regarding the experience of mothers caring for children with stunting in the riverside of Banjar Regency. The themes are children's eating habits, children's conditions, mothers' efforts, mothers' difficulties, and the role of fathers.

Participant Characteristics

The average age of the participants who participated in this study was 30 years old, which is included in early adulthood. Early adulthood starts from the age of 18 to the age of 40 years (9). The average age of participants when they got married was 19 years old, this age is also included in early adulthood. In this study, there were several participants who got married as teenagers. The results of previous studies showed that having children at a very young age (less than 20 years old) was closely related to the incidence of stunting in children under the age of two years (10). This can be caused by the fact that in teenage mothers, physical growth is still occurring, so that when teenage mothers become pregnant, there is competition for nutrients between the mother and the fetus, resulting in the mother being at risk of giving birth to a baby with a low birth weight and a short baby(11).

The results of this study also obtained that most of the participants' final education levels were middle school and high school, although there were still participants with elementary school education. In addition, most of the participants were housewives. The results of previous studies showed that there was a relationship between maternal education and occupation with the incidence of stunting in children (12,13). The level of maternal education affects the level of health, because the level of education determines how a person makes decisions to behave healthily. The level of maternal education also affects the mother's attitude and practice in fulfilling the child's nutritional intake,

related to family consumption habits, highly educated mothers tend to choose foods with complete nutritional intake so that they can fulfill the child's nutritional needs (13). Even though mothers have good knowledge about the best nutritional intake for children, it will be difficult to realize if the mother does not have enough funds to buy it. The majority of participants in this study were housewives and relied on family income which was below the district minimum wage. Currently, the minimum wage in Banjar district is around Rp. 3,200,000.00, so it can be seen that all participants have incomes below the district minimum wage (14).

Another finding in this study related to participant characteristics is that half of the total participants had a history of anemia during pregnancy. Previous studies have shown that the incidence of stunting in children can be associated with anemia in mothers during pregnancy (15). This is caused when pregnant women suffer from anemia, the mother experiences iron deficiency. This iron deficiency results in a lack of blood capacity to carry oxygen throughout the body including to the fetus. This lack of oxygen can interfere with fetal growth, especially at critical stages of organ and tissue development (16). Therefore, it is important for pregnant women to have a blood test to detect Hb levels so that they can be treated quickly if they experience anemia. Overall, the characteristics of the participants in this study are in line with the results of previous studies related to factors in the incidence of stunting in children such as low education levels, young marriage age, low income and history of anemia during pregnancy.

Children's Eating Habits

The results of this study indicate that children's eating habits based on the mother's experience while caring for children with stunting include children eating with an incomplete menu, children eating little, children eating irregularly, children eating without side dishes, children buying snacks before eating, and children eating only 2 times a day. The child's habits are interpreted by the author as direct factors causing children to experience stunting. According to the United Nations International Children's Emergency Fund (UNICEF), stunting is caused by many factors, both directly and indirectly, direct factors such as lack of nutritional intake in the past and suffering from repeated illnesses due to infectious diseases. Indirect factors include family food security, parenting patterns and environmental health and health services (17).

Based on the findings, it can be understood that the child has a history of lack of nutritional intake in the past, because the child eats food with an incomplete menu, eats irregularly with small portions, and even the child eats only 2 times a day. The frequency and portion of children's meals, ideally, have been conveyed by the government through the Regulation of the Minister of Health of the Republic of Indonesia Number 41 of 2014 concerning balanced nutrition guidelines (18). In the balanced nutrition guidelines, it is stated that at the age of 6-24 months in addition to being given breast milk until the age of 2 years, children are advised to eat 3 times a day and interspersed with 2 scheduled snacks. The nutrition guidelines also state that children at that age should start to be given varied foods and the portions given are increased gradually. Varied foods are given so that children do not get bored with food, for example, sources of carbohydrates are not only obtained from rice, but also from corn, tubers, and so on. Likewise with sources of animal protein, children can be introduced to eggs, chicken, beef and fish. Based on the balanced nutrition guidelines, children should be given a complete menu consisting of sources of carbohydrates, animal protein, sources of vitamins such as fruits and vegetables.

Children's eating habits need to be formed early on, because these eating habits can have an impact on the child's growth and development later on. Children with a history of inadequate food intake are at high risk of stunting, as previous research conducted by Muliyati, Purba, Hasnidar and Rahmi (19) which researched eating habits and their relationship to the incidence of stunting in toddlers in Pandede Village, Marawola District, found that there was a relationship between eating habits and the incidence of stunting in toddlers in Pandede Village, Marawola District (19). The results of this study are also in line with research conducted by Ningsih, Puspitasari, Isnaeni and Setiyaningrum (20) which examines the relationship between feeding practices and environmental sanitation hygiene with the incidence of stunting in toddlers. The results of the study are that there is a relationship between eating habits, hygiene and environmental sanitation on the prevalence of stunting in toddlers in Sukoharjo Regency (20). Other research conducted by Kumalasari and Wulandari (2024) regarding the eating habits of stunted toddlers in Grogol District, Kediri Regency, the results showed that inappropriate eating habits of toddlers increase the risk of toddlers experiencing stunting (21).

Based on the results of the study and research articles that support the results of this study, it can be understood that children with inappropriate eating habits are at risk of experiencing stunting, because children are still in the growth and development period, so they need adequate nutritional intake according to their needs to be able to support the growth and development of children and become a healthy generation of the nation.

Children's Conditions

The results of this study indicate that the conditions of children with stunting during maternal care include slow child development, children often get sick, and poor quality of sleep. The findings of this study are in accordance with the fact that children with stunting will indeed show symptoms of slower growth and development than children

who are not stunted (22). Previous research conducted by Halu (23) entitled the influence of stunting on the development of toddlers. The results of the study found that there was a significant relationship between the incidence of stunting and child growth and development (23).

In this study, participants revealed about the slow development of children, namely the development of speech and walking in children aged 1 year 6 months, children cannot walk yet and can only say 4 to 5 words, cannot put sentences together. Based on the Denver Development Screening Test (DDST) II, children aged 1 year 6 months in the gross motor sector should be able to walk alone without assistance, maybe start running with slightly unsteady steps. Children at that age may start to be able to climb stairs with assistance. In the fine motor sector, children at that age can arrange two to four blocks into a tower, draw strokes on paper and turn the pages of a book. In the social development sector, children begin to show interest in playing with other children even though they play without interacting. At this age, children may also begin to imitate the actions of adults such as sweeping, feeding dolls, and so on. In the language sector, children at that age can usually say 10 to 25 words and begin to use simple sentences consisting of two words such as "want to eat" and "want to play" (24). Based on the explanation of the development that should occur in children aged 1 year 6 months according to the Denver II test, it can be concluded that children with stunting in this study experienced slow development.

Slow development in children with stunting is indeed common. This is in line with research conducted by Costa, Pantaleon, and Zogara (25) entitled the influence of stunting on the motor development of children aged 6-23 months in Maulafa District, Kupang, East Nusa Tenggara. The results of the study obtained the result that there is a relationship between stunting and toddler motor development (25). This is one of the impacts of stunting. Stunting has impacts including changes in brain development, decreased Intelligent Quotient (IQ), stunted physical growth, problems with body metabolism and slow gross motor development. Stunting children are 15.5 times more at risk of experiencing gross motor development disorders compared to children who are not stunted (26). The delay in the development of stunted children in the language sector can be delayed due to obstacles in the mapping process. Language development in children occurs very quickly because of the mapping process. The mapping process can be hampered if the child is malnourished for a long time, this is related to the hampered development of brain cells (27). In line with this explanation, several previous research results stated that children with stunting mostly experience questionable development in fine motor skills, gross motor skills, social and language development (28,29).

In this study, not all children with stunting experienced slow development, there were several participants with stunted children whose development was normal according to their age. These findings are in line with research conducted by Nugraheni, Margawati, Wahyudi and Utami (30) entitled the relationship between stunting and anemia, morbidity, and development of toddlers at the Kebondalem Pemalang Health Center (30). The results of the study found that there was no relationship between stunting and child development (30). In line with the findings in this study, that not all children with stunting experience slow development, this is according to the researcher's assumption because the age of the children participating in this study is still under 2 years old, the child is still in the golden age phase which can still be stimulated for development, each participant may carry out different stimulation so that the child's development is different, other things that may cause this difference are parenting patterns, and the participant's last education.

Another finding in this study is that children with stunting often get sick. Participants in this study revealed that children often experience common cold with symptoms of runny nose, cough and fever. One participant revealed that her child had a history of being infected with Pulmonary Tuberculosis. This is because children with stunting not only experience disturbances in growth and development but also cause children to get sick easily so that stunting can be a major threat to the quality of human resources in Indonesia (31). Another finding in this study was the poor sleep quality in children with stunting. Participants said that their children had difficulty falling asleep and often woke up at night. These findings are in line with previous research conducted by Dewi (32) entitled description of the quality of sleep of stunted toddlers in Sangkan Gunung Village, the working area of Sidemen Health Center, Karangasem Regency in 2023 (32). The results of the study showed that most toddlers with stunting had poor sleep quality (32). There are several factors that cause poor sleep quality in children, the first factor is because in the golden age there is rapid brain development which causes children to experience sleep disorders such as being awake for a long time and waking up in the middle of the night. Another thing that may cause poor sleep quality in children is because at this age children experience intense emotional's development, they may try to calm themselves down and regulate their emotions. Children's health factors also contribute to their sleep quality, sick children will feel uncomfortable and will experience sleep disorders such as difficulty falling asleep and waking up at night (32).

Mother's Efforts

The results of this study indicate that during the care of her child, the mother has tried to provide exclusive breastfeeding and routinely visit the integrated health post. Both efforts are interpreted by the author as appropriate efforts to prevent stunting in children. The results of previous studies conducted by Lestari, ZR, and Hardianti (33)

regarding the influence of the history of exclusive breastfeeding on the incidence of stunting in toddlers, the results showed that there was a significant relationship between the history of exclusive breastfeeding and the incidence of stunting in toddlers (33). The results of this study are also in line with research conducted by Taswin, Taufiq, Damayanti and Subhan (34) which researched the provision of exclusive breastfeeding and basic immunization with the incidence of stunting in toddlers, with the results of the study showing a relationship between the provision of exclusive breastfeeding and the incidence of stunting in children (34). The relationship between exclusive breastfeeding and the incidence of stunting in children is because exclusive breastfeeding given to children will help maintain the child's nutritional balance so that the child will achieve optimal growth and development. The results of a study conducted by Taswin et al. (2023) showed that children with a history of not being given exclusive breastfeeding were at 3.7 times greater risk of experiencing stunting compared to children with a history of exclusive breastfeeding (34). Breast milk contains carbohydrates, fat, protein, multivitamins, water, creatinine and minerals that are easily digested by babies (35). Breast milk contains ideal nutrition for babies with the right composition to meet the baby's nutritional needs, so it is understandable that the history of exclusive breastfeeding in babies plays an important role in the child's growth and development in the future.

The findings of this study indicate that some participants have a history of providing exclusive breastfeeding to their children who are currently experiencing stunting. The results of previous research conducted by Husna, Willis, Rahmi and Fakhrina (35) about the relationship between family income and exclusive breastfeeding with the incidence of stunting in toddlers. The results of the study showed that there was no relationship between exclusive breastfeeding and the incidence of stunting in toddlers (35). Based on these findings, the author interprets it as one of the mother's efforts to meet her child's nutritional intake, but exclusive breastfeeding is not the only way to prevent stunting, because stunting itself is a condition of chronic malnutrition caused by multiple factors consisting of direct and indirect factors. Direct factors such as lack of nutritional intake in the past and suffering from repeated illnesses due to infectious diseases. Indirect factors include family food security, parenting patterns and environmental health and health services (17).

Another finding in this study is the efforts of mothers to routinely visit the integrated health post. Participants said that they routinely visit the integrated health post, although there were also participants who did not routinely visit the integrated health post because there was no one to accompany them and the location of the integrated health post was far away. Mothers who routinely visit the integrated health post get several benefits, including getting information on child growth and development and getting free basic immunizations from the government. Activities at the integrated health post are very useful in supporting child growth and development. Health workers and health cadres at the integrated health post provide supplements needed by mothers and toddlers, provide additional food, and provide health education on nutrition to pregnant mothers and toddlers (36). Mothers who regularly visit the integrated health post are interpreted by the author as being aware of the importance of screening their children's growth, however, the participant's children still experience stunting, so that the mother's efforts are not enough just to regularly visit the integrated health post but also need to make other preventive efforts such as fulfilling children's nutritional intake and preventing children from contracting infectious diseases.

Mother's Difficulty

The results of this study indicate that various difficulties faced by mothers while caring for children with stunting include difficulty in accessing health care facilities, economic problems, children not wanting to be separated from their mothers, confusion about how to handle stunting, and the closed mouth movement. Participants in this study revealed that it was difficult for them to go to the hospital to fulfill the referral given by the health center staff regarding their child's stunting condition. This is because participants have more than one child so it is difficult to take their child on a motorbike alone, another reason found in this study is because there is no vehicle, and no one to take them. In fact, accessing and utilizing health care facilities is one of the tasks of family health (37). The ability of families to carry out family health tasks is an important factor that can maintain and improve the health of families. Children are not yet fully responsible for their own health, so the family plays an important role in maintaining their health. Previous research has shown that there is an influence between the implementation of family health tasks and efforts to prevent stunting in children (37), so it can be understood that if the family is unable to carry out its health duties, then the family may not be able to maintain the health of family members, in this case it is important for the family to visit the hospital in order to fulfill the referral from the health center so that children with stunting conditions can immediately receive appropriate treatment.

Economic problems were expressed by participants as difficulties they faced in fulfilling their children's nutritional needs. The monthly income of most participants was only around Rp. 1,000,000.00 - Rp. 2,000,000, where the amount of income was below the Banjar Regency Minimum Wage of around Rp. 3,200,000.00. Economic problems greatly affect the fulfillment of children's nutrition, families need sufficient funds to buy healthy and nutritious food sources, funds to pay for clean water sources, education funds, supplements/vitamins, and so on (38). This economic problem is one of the root causes of stunting, and can continue like a vicious circle, where when a

family is unable to meet the nutritional needs of children in the first 1000 days of life then the child becomes stunted and is not treated due to limited funds, when going to school children with stunting will have difficulty digesting lessons so that it is difficult to excel in school. This situation makes it difficult for children in the future to find work because they do not excel and do not continue to higher education (39). If the child with stunting becomes an adult, then gets married and is unable to meet the nutritional needs of their child in the first 1000 days of life, so they are at risk of giving birth to stunted children in the next generation, that is what the author means as a vicious circle. If this continues for several generations, it will affect the country's economy, so this economic problem is important for the government to pay attention to, especially so that no future generation of the nation experiences stunting.

Participants in this study also revealed that other difficulties they faced while caring for children with stunting were difficulties in carrying out activities because the child did not want to be separated from them. This situation becomes more difficult when participants have more than 1 child, because participants have to share attention with their other children. Actually, based on the growth and development of children, a condition where a child aged 1 year and 6 months who does not want to be separated from the mother is a normal condition. This implies the child's love for his mother so that the child does not want to be separated from the mother. The child's fear of separation is estimated to peak at the ages of 8 and 28 months. However, gradually when accustomed to it, the child will begin to be able to be separated from his mother for a while. There are 3 phases before the child can finally be separated from his mother, the first is the "protest" phase, the second is the despair phase and the third is the release phase. When anxiety about separation from the mother appears, the most prominent sign of the first phase is "protest". The child will cry, be restless, scream, and throw himself here and there. The protest phase can last for several hours to several weeks, this behavior will gradually disappear and be replaced by the expression of the next phase, namely despair. In this phase, despair and passivity are increasingly visible. Active physical movements decrease or end, the child withdraws, is inactive, and does not demand anything from the environment. This phase is also called the quiet phase. If the separation continues, despair is gradually replaced by detachment. The characteristic features of detachment are often welcomed as a sign of recovery, because the child no longer protests, cries, or refuses care, food, or toys. (40). Based on the explanation above, it can be understood that a child being attached to their mother is a natural thing because the child feels safe and comfortable with their mother, but the child still needs to be accustomed to short "separations" so that the mother can carry out her daily activities.

Participants in this study expressed confusion about how to handle stunting. When the interviewer asked about what the mother did when she found out her child was stunted, the mother said she was confused about what to do. The results of the information obtained by the author from the health center staff themselves actually children who are identified as suspects of stunting based on screening results will be referred to the Ratu Zalecha Martapura Regional General Hospital for treatment. All children participating in this study were under two years old so that the participants actually still had the opportunity to catch up on their children's poor growth and development. Implementation of interventions for stunting is most appropriate in early infancy so that the child can recover. However, the success of stunting interventions does not rule out the possibility that it can still be obtained even if it is carried out in childhood (41). When a child is referred to the hospital, parents must take the child to the hospital to get the right intervention. Abroad, interventions for children with stunting are in the form of a recovery program and nutritional education with actions in the form of providing food with balanced nutrition 5 times a day, nutritional education, systematic monitoring of growth and development and early treatment of the disease. However, the success rate of stunting recovery abroad in children under 48 months of age is 24%(41). Based on research findings and literature studies, the author assumes that mothers do not understand the actions that need to be taken to deal with stunting in their children, so it is necessary to provide health education to mothers about the role of parents in dealing with stunting in children.

Participants in this study also revealed that another difficulty they faced while caring for children with stunting was the presence of a closed mouth movement in children. Participants revealed that their children often closed their mouths when they were teething. The closed mouth movement in question is normal if it is because the child is teething. Other participants revealed that children also closed their mouths when they were recovering from an illness they were suffering from. In fact, during the recovery period of illness, children need sufficient nutrition to restore their health. The closed mouth movement itself is a way for children to refuse or avoid food given to them (42). Continuous mouth-closing movements can cause children to be malnourished and experience stunting. Mouth-closing movements are often associated with inappropriate feeding practices and dietary patterns, and feeding practices are indirect factors that can affect a child's nutritional status. Mothers play an important role in this feeding practice, mothers need to set a child's meal schedule so that children get used to eating according to their schedule (42). Previous research conducted regarding the relationship between the implementation of feeding practices and the occurrence of eating difficulties found that there was a relationship between the implementation of feeding practices and the occurrence of eating difficulties (43). Based on the above explanation, it can be understood that perhaps the participants in this study had not implemented proper feeding practices so that children often experienced mouth-closing movements, even though the child was not teething.

The Role of Father

The results of this study indicate that while mothers are caring for children with stunting, fathers collaborate with mothers in caring for children and are less involved in caring for children. Several participants in this study revealed that their children tend to be closer to their fathers, this can be seen from their children who often cry for their fathers if their fathers go out of the house. In addition, according to participants, children seem to learn more easily when they are with their fathers, including in feeding, participants said that their children eat more when fed by their fathers. This finding shows that fathers play a role in caring for their children. However, on the other hand, some other participants expressed the lack of a father's role in caring for children. This is because fathers are busy earning a living outside the home.

Fathers who are active in raising children can make good physical, emotional and cognitive contributions, so father involvement in raising children is important (44). Fathers need to provide pleasant interactions to their children so that children feel comfortable and safe in their father's care. In the past, the task of caring for children was only given to mothers, while fathers were given the task of earning a living, so that some time ago there was an issue of fatherless, where Indonesia was ranked 3rd as a fatherless country in the world (45,46). Fatherlessness itself is the absence of a father in parenting, both physically and psychologically, caused by various factors such as work, divorce and death (46). *Fatherlessness has been widely studied and has a negative impact on child development* (46,47), Among them are children who feel disappointed, hopeless, lazy and unenthusiastic in the learning process, whereas children who are raised with the presence of their father feel enthusiastic and diligent in the learning process (46). So it can be understood why children quickly learn something new when they are with their father, this is because the presence of a father in parenting does have an impact on the child's enthusiasm for learning. Based on this explanation, it can be understood that the presence of a father in parenting has a positive impact on the development of the child, so fathers need to take time in between their busy lives to care for and interact with their children, fathers need to take a role in parenting every day.

Research Implications

The results of this study indicate various factors that influence mothers' experiences in caring for children with stunting, including children's eating habits, children's health conditions, efforts made by mothers, challenges faced, and the role of fathers. Based on these findings, several recommendations for family support initiatives that can contribute to the prevention and management of stunting, the first is health education to improve understanding of child nutrition: Health workers and communities can provide education for families, especially mothers, regarding children's nutritional needs according to age and the importance of regular eating patterns. This education program can also include information on managing eating habits, such as setting meal times, avoiding excessive snacks before main meals, and consuming nutritious foods with sufficient side dishes.

Next is family support in forming healthy eating habits. Fathers and other family members are encouraged to be actively involved in forming healthy eating habits. Collaboration between mothers and fathers can help children build better and more structured eating habits more easily. For example, the role of fathers can be optimized in supervising and ensuring that children consume healthy foods and helping to maintain children's eating patterns regularly.

Another thing that needs to be considered is access to health services for families with stunted children. Easy and affordable access to health services is essential for families caring for children with stunting. The government and health workers need to consider strategies to facilitate access for families with financial constraints or distance constraints, such as home visit programs for health post providers or providing free transportation to access health facilities.

Another program that can be suggested is economic empowerment for mothers with stunted children. Economic empowerment programs, such as entrepreneurship or small business training, can help mothers who experience economic constraints. This program can be specifically designed for housewives so that they can earn additional income, so that they can help meet their children's nutritional needs and improve the overall quality of life of the family.

In addition, psychological assistance is needed for mothers and fathers. Psychological support for mothers and fathers is also important in facing the challenges of caring for children with stunting. This program can include counseling sessions, education on handling stunting, and strategies for dealing with challenges such as the movement to keep their mouths shut in children. This will help reduce stress on mothers and encourage the role of fathers in parenting more optimally.

Another thing that can be done is to create community empowerment programs and strengthen health post providers services. This activity is an activity that involves the community in handling stunting, reactivating the role of integrated health posts in stunting education and monitoring child growth and development, can provide long-term support for mothers and families. Integrated health posts services can help provide information and facilitate routine activities such as monitoring children's weight and height and providing appropriate nutritional supplements.

Research Limitations

This research has limitations, including data analysis conducted by only one person, which may make the results of this study more inclined to the perspective of only one person on the existing phenomenon. However, in processing the data of this study (making transcripts), the chief researcher was assisted by several research assistants so that it could increase the transparency of the data in this study.

CONCLUSION

This study obtained 5 themes about the experiences of mothers caring for children with stunting in the riverside of Banjar Regency, namely children's eating habits, children's conditions, mothers' efforts, mothers' difficulties and the role of fathers. This study describes the experience of mothers in caring for children with stunting, which includes children's eating habits, children's health conditions, efforts made by mothers, challenges faced, and the role of fathers. Mothers play an important role in meeting children's nutritional and health needs, but are faced with various obstacles such as limited access to health facilities, economic conditions, and minimal knowledge about stunting prevention. These results indicate that family support and father involvement in care are very important in optimizing the care of children with stunting. The recommendations that we can provide include the need to increase education on child nutrition and stunting for mothers, economic empowerment training for mothers with stunting children, structured assistance for mothers in monitoring child growth and development, optimizing the role of fathers and families in stunting prevention, and strengthening access to basic health services and integrated health posts.

SUGGESTION

Based on the findings of this study, we recommend the following things, for further research on family dynamics and social factors, more in-depth research is needed to understand how family dynamics, such as the roles and responsibilities of each member, influence the risk of stunting in children. Additional studies can explore how factors such as emotional support from fathers, extended family participation, and social norms influence maternal parenting and nutrition practices in child care. In addition, socio-economic factors that influence maternal access to health services and nutrition resources can be explored in more depth. This research is expected to provide a more complete picture of the social conditions that play a role in stunting. Furthermore, exploration of stunting prevention and recovery interventions, it is important to develop and test interventions that can be implemented in similar settings to prevent and address stunting. Further research is recommended to explore the effectiveness of various approaches, such as community-based nutrition education programs, family mentoring, and economic support for high-risk families. These intervention studies can also involve collaboration with local governments and organizations to develop comprehensive intervention strategies that take into account local contexts, such as the availability of local resources and culture, as well as the impact of environmental changes on child health outcomes. Further research is needed to examine the long-term impact of stunting on aspects of child development such as cognitive, physical, and social, and how recovery efforts made by families and communities can affect these developments. In addition, prospective studies that monitor the effectiveness of interventions over time will provide insight into which interventions are most effective in reversing stunting, so that they can be used as models in areas with similar conditions.Through this additional research, it is hoped that more effective and targeted strategies can be found to prevent and reduce cases of stunting, especially among children from families with socio-economic limitations and access to health services.

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