

The Effect of Mother's Mindset about Children Ownership on Stunting Prevention in Jember, Indonesia



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ABSTRACT: The community's view of life and culture is determined by the language of the community itself, both in the form of language sounds and thought patterns, including the mindset about the perceived importance of ownership and nutritious food for infants/toddlers who are vulnerable to malnutrition and stunting (GBS). The problem is how young mothers think about the importance of child ownership and food for their babies/children and how it affects GBS. This is important to know because GBS babies are predicted not only because of economic factors, but because of their mindset. The purpose of this study is to reveal the mindset of mothers who have GBS babies about the perceived importance of child ownership and their toddler's daily diet. This research was conducted in Jember Regency which has a very high rate of GBS babies and maternal mortality. The data is in the form of words and sentences of young mothers about the perceived importance of having a baby/child and nutritious food. Sources of data from participants were young mothers with GBS babies, posyandu cadres, village officials, and community leaders. Collecting data using observation methods, in-depth interviews, and documentation with note-taking and recording techniques. After being classified, the data were analyzed using descriptive analytical, interpretation, and comparative approaches. The results show that the mindset of young mothers who have GBS babies is of the view that ownership of babies/children and nutritious food is very important. However, the fact is that they are still more concerned with nutritious food for their husbands and the purchase of valuable items so that it has an impact on the occurrence of GBS because children are not an asset, but as a deposit and a burden on the family. In conclusion, the mindset of mothers who consider babies/children as family assets affects the prevention of GBS (stunting) babies, starting from pregnancy, baby, and magnification

KEYWORDS: Prevention of stunting. Young mothers, Mindset, Psycholinguistics.

INTRODUCTION

The biggest problem in the health sector is malnutrition which globally can affect approximately 2 billion people (Webb et al, 2018), both due to malnutrition and excess nutrition. Malnutrition and Stunting (hereinafter abbreviated or referred to as GBS) occur due to malnutrition which results in the growth and development of children is delayed so that it interferes with the development of intelligence, mental, creativity, and low productivity so that it threatens the quality of life of future generations. In the period 2000-2017, Asia has experienced a decline in stunting cases, from 38% to 25%, but it is still the highest in the world (UNICEF, 2018). According to Unicef/WHO/World Bank Group it is stated that 151 million children under the age of 5 years, in Pakistan have experienced stunting (UNICEF et al, 2019; Development Initiatives, 2018). Based on the 2018 Global Nutrition Report it was stated that India (46.6 million), Nigeria (18.9 million), and Pakistan (10.7 million) were the largest number of late children in the world (Development Initiatives, 2018). Insufficient and unbalanced nutrition, early in the life of infants and children, can have serious consequences on the economic growth and development of the nation (Ali, 2020). Until now, the reduction in stunting is still not significant. The causes of GBS, apart from family socio-economic factors, health, and politics, are predicted to be also caused by the mindset of parents regarding the perception of children's status (as assets, burdens, deposits), eating patterns, and the perceived importance of high nutritious food. in pregnant and lactating mothers, as well as in the growth of children under five who are still low.

The case of malnourished and stunting infants has become a national concern, which considers economic factors to be the cause. Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, especially in the first 1000 days of life (HPK). Stunting will affect brain development so that the level of intelligence (IQ) is not optimal, which results in low productivity, and susceptible to disease. The case of stunting babies has become a national and even international concern. Therefore, the government is very concerned about the stunting problem. This is evidenced by the national movement to accelerate nutrition improvement (Gernas PPG) in accordance with Presidential Regulation no. 42 of 2013, concerning the PPG National Movement in

the 1000 HPK Framework as the legal basis for programs launched by regional and provincial leaders to overcome stunting problem. Various efforts have been made by the government to remote villages to prevent stunting, especially the provision of nutritious food ingredients, basic necessities, milk, green beans, and cereals for all infants through *posyandu* (integrated service center). Various vitamins and deworming have been given. Midwife monitoring is done regularly. However, the result is that the reduction in the stunting rate is still not significant so that the WHO target of 20% stunting infants in 2021 is still difficult to achieve. Why is that?

Based on previous research on stunting, it shows that in 2016 there were 22.9% of children under five in the world aged 5 years failed to thrive. Indonesia is classified as high, with 30-40% prevalence of stunted children, which ranks fifth in the number of stunted children (National Base, 2013). Health Research shows that 37.2% (8.9 million) of Indonesian children are stunted (National Team for the Acceleration of Poverty Reduction, 2017). The factors that cause stunting in Pakistan are poverty, food insecurity, socioeconomic status, unhealthy diet, maternal health and nutritional status, low birth weight, suboptimal breastfeeding, environmental conditions, cultural practices, and myths. Ali, 2020). However, the decline in the country is relatively slow. In Ethiopia, the child stunting rate ranges from 26.75 to 66.7% due to low nutrition (Busse et al, 2017). Based on the results of the Febriana study (2019), it was stated that there was no significant relationship between the practice of feeding infants/young children and stunting, and there was no relationship with the characteristics of the mother and child (such as maternal age, mother's employment status, mother's education level status, body weight). low birth weight of less than 2,500 grams, sanitation and health behaviors, and household income (Anastasia, 2014). In Uganda there is a significant influence between sociocultural practices on food and nutrition security (Manggaga et al, 2017). Martinez and Garzia (2013) stated that cultural norms, taboos, and beliefs were the basic causes of malnutrition while Mugode et al (2017) stated that slow feeding of children, deworming medication, and more frequent consumption can reduce stunting How effective is stunting prevention?

Based on the previous studies mentioned above, it is clear that the majority of the studies are from a health perspective, with results that are still not effective because cases of GBS babies are still fluctuating. In this research both have GBS objects, but the study is from a fundamental side, namely the condition of the mindset of the mothers of GBS cases with data in the form of spoken words and sentences relating to their views on child ownership, eating patterns, and family nutritious food that is reflected in daily life for GBS prevention.

This research suggests that the prevention of GBS begins with changing the mindset of parents, namely the mindset of the importance of children as assets, not as burdens and entrustments given from God Almighty so that since the womb the nutritional needs of their food have been thought through through the food intake of pregnant women, so that the baby is born normal and not classified as GBS. Furthermore, highly nutritious food is needed for the enlargement of the baby through its mother's milk up to \pm 2 years. After the baby's age is \pm 6 months, high nutritional supplementary food is needed so that the baby can grow and develop normally until the age of 5 years. This is important to think about because based on findings in the field, it shows that some GBS babies are born and some start walking around the age of 11 months who have no appetite, either because of a lack of appetite or because of physical care factors (vein repairs) that are not considered. Therefore, the mindset referred to in this research can include a mindset about the perceived importance of children's status, diet, fulfillment of child nutrition, and the perceived importance of traditional physical care, especially from changing the mindset of young parents.

In Indonesia, there are 11 districts affected by cases of GBS babies, including Sumenep, Pamekasan, Sampang, Bangkalan, Probolinggo, Bondowoso, Jember, Malang, Trenggalek, Nganjuk, and Lamongan districts. Seven of the 11 districts affected by GBS cases are districts whose residents are ethnically Madurese. All of them are in the focus of handling GBS by the government. For example, Jember Regency, which has a majority population of Madurese, Javanese, and Pandalungan (a mixture of Javanese and Madurese) is classified as a high prevalence among the 11 regencies. This can be seen in the number of GBS (stunting) babies in 2016 which was 38.38%; in 2017 it fell slightly to 38.14%; and in 2018 it was the peak, which was 39.2%. Various steps have been taken by the Regency Government and its staff in the prevention of stunting infants, including in other districts in East Java, but the results have not decreased significantly.

The seven regencies in East Java which are included in the 11 cases of GBS (stunting) based on the Madurese ethnicity mentioned above are predicted not only because of economic factors, but also because of the mindset of the people who think that eating is a routine need that must be met. more important to fulfill. In other words, that eating is not the most important thing for everyday life. Therefore, it is important to prevent GBS (stunting) not only through improving family nutrition with government and community subsidies, but also through changing mindsets. What is the mindset of the Madurese ethnic community in East Java regarding the perceived status of children, and their daily diet, and how they think about nutritious food, needs an in-depth study.

Language as a means of communication, thinking, and means of self-expression in everyday life in society is in the form of words and sentences, both expressed and those that are still in the brain or people's mindset. Psycholinguistically, both, namely the spoken language and what is still in the brain or thought patterns can influence each other. This means that language can affect the mindset, otherwise the mindset can also affect the language. Van Humbolt (in Chaer, 2003; Hidayat, 2014; 193) states that people's views of life and culture are determined by the language of the community itself. Meanwhile, the behavior of community members cannot deviate from the lines that have been determined by their language. Next up, Humbolt states that the substance of language

has two parts, namely the sounds of language and the other parts in the form of thoughts that have not yet been formed. Language is a synthesis of sounds and thoughts. The sounds of the language are external forms, while thoughts are internal forms. Furthermore, Bruner (in Chaer, 2009) argues about the relationship between language and thought, both as tools for action. The process is that thought and language first come together to organize action. Then the two of them worked together. Thought uses relational elements to guide actual action, while language provides representations of procedures for carrying out actions. Between thought patterns, language, and action should be symmetry. To find out the mindset as an inner form can be done by fishing through the views that are thought about something through the words or sentences from the results of the answers to the questions expressed, including the mindset of young mothers about the status of children, eating patterns, and nutritious food which is predicted to cause stunting in infants. This research can contribute to previous research, especially from developmental theory of Psycholinguistics, related to stunting which is included in the health sciences and can contribute to the development of interdisciplinary research methods in the field of health related to the interdisciplinary field of psycholinguistics as a combination of language and psychology.

The purpose of this study is to reveal the mindset of young parents in Jember Regency regarding: (1) the perceived importance of the child's status; (2) diet, and (3) the importance of daily nutritious food/which is more important (for husbands, myself as a young mother/pregnant and breastfeeding mother; children/infant).

METHOD

This research is a qualitative research conducted in Balung Lor Village and Kalisat Village with high stunting cases (> 20%), Panti Village with moderate stunting cases (< 20%), and Gugut, and Rambigundam Villages with low stunting cases (< 20%). 10% Jember Regency, East Java. The data are in the form of words and sentences spoken by young mothers about the mindset that in the form of the notion of the importance of children and the status of children that are synchronized with their reality actions about the importance of nutritious food that is privileged (for husbands, myself as pregnant and lactating mothers, and for babies). The data are in the form of words and sentences that are synchronized with their daily actions in fulfilling their nutrition. The data was collected by observation, in-depth interviews, documentation, and recording and note-taking techniques. After being classified, the data were analyzed by descriptive and comparative and interpretative analysis. Research participants were young mothers whose children were categorized as GBS (stunting), posyandu cadres, and village officials determined by purposive sampling method.

RESULTS AND DISCUSSION

Condition of GBS (Stunting) Infants/Children in Jember Regency

The results of this research show that the village and district governments in Jember are very concerned about implementing the central government's program in reducing the number of GBS (stunting). Based on the data shows that in Jember there are 50 Puskesmas. Of the 50 puskesmas there are several villages with high cases of GBS (stunting), for example in Balung Lor Village, Balung District and Kalisat Village, Kalisat District (> 20%); Stunting cases classified as moderate (< 20%), for example in Panti Village, Panti District; and those classified as low stunting cases (< 10%), for example in Gugut Village, Rambigundam, and Kaliwining Village, Rambi Puji District. From the three samples, GBS (stunting) data was obtained based on the order of children, parents' education, parents' occupations, age at which GBS (stunting) started, and the causative factors. For more details, see Table 1 below.

Table 1. GBS (Stunting) Children in Jember Regency

No.	Name of Child's/GBS (stunting)	child of order -	OT Education		Occupation		BBL (birth weight) (gram)	Long (cm)	Start of GBS (age/month)	Current age (month)
			Mom	dad	mom	dad				
1.	M. Afan Alfarisqi/L	2	Junior High School	Junior High School	enterpriser	housewife	3000	49	11	26
2.	Aya Sofia/P	2	College	SENIOR HIGH SCHOOL	enterpriser	pharmacy	3500	50	29	38
3.	Rafqi Fahri	3	SENIOR HIGH SCHOOL	primary school	enterpriser	pharmacy	300	49	10	34

4.	Alfiatul Fadilah/P	3	Junior High School	Junior High School	enterpriser	housewife	2800	48	1	23
5.	Lailatul Jannah	4	Junior High School	primary school	enterpriser	housewife	2800	49	10	42
6.	Bilqis Aisyah Bela	1	Junior High School	primary school	enterprise	enterpriser	1920	45	1	20
7.	M. Iqbal A.	2	primary school	primary school	enterprise	housewife	3100	48	3	29
8.	A. Syauki Sywai	1	primary school	primary school	enterprise	housewife	3100	49	17	23
9.	M. Devano Alisofyan	1	Junior High School	Junior High School	enterprise	housewife	3000	48	2	24-35
10.	Eka Dwi Safitri	2	Junior High School	Junior High School	construction laborers	housewife	2800	49	11	23-29
11.	Nayra Kayfa R.	3	SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	enterprise	housewife	2800	47	16	34
12.	Icha Pratiwi	3	SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	champ	housewife	3000	50	48	21
13.	Melinda Dewi Argaini	2	primary school	primary school	construction laborers	housewife	3100	50	9	21-25
14.	Vina Sifta	1	SENIOR HIGH SCHOOL	primary school	construction laborers	housewife	2900	49	9-14	19
15.	Sukma Aditya	4	primary school	primary school	laborer	housewife	2400	48	1	36
16.	Adis/P	2	Junior High School	Junior High School	aquarium entrepreneur	housewife	2700	47	8,9	27-46
17.	Moh. Latif/L	2	College	SENIOR HIGH SCHOOL	enterprise	teacher	1960	45	1-7	42
18.	Arfi Saputra	2	SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	enterprise	housewife	3600	52	8	Not high enough
19.	Revita Ariska F/P	2	Junior High School	Junior High School	enterprise	tailor	2200	47	17	20
20.	Zet Mufid Ayas	3	Junior High School	Junior High School	enterprise	housewife	2800	50	15	20

21	M. Azam Ranendra W./L	2	Junior High School	Junior High School	enterprise	enterpris e	2675	45	1	20
22	Hanna Wardatul Jannah/P	2	Junior High School	Junior High School	merchant	housewi fe	2950	48	2	26 (DM)
23	Zeeshan Septian	1	Junior High School	Junior High School	general employees	housewi fe	2700	48	6 (K)	20
24	Indah Najwa Pertiwi	1	Junior High School	SENIOR HIGH SCHOOL	banana merchant	housewi fe	2900	49	2 (K)	4-33 (DM)
25	Maylina Ramadhani	2	SENIOR HIGH SCHOOL	Junior High School	enterprise	housewi fe	2500	48	2	23-27 (K)
26	Oktavia Mallyna Sari	2	primary school	primary school	enterprise	enterpris e	3000	50	2	17-46 (DM)
27	Safira	2	primary school	SENIOR HIGH SCHOOL	employee	housewi fe	2700	46	2 (DM)	16
28.	M. Alif (rambutan 3)	1	primary school	primary school	enterprise	housewi fe	1900	42	1 (PGM)	7
29.	M. Amin Rizki	2	primary school	primary school	constructi on laborers	housewi fe	2310	40	1 (PGT)	10
30.	Azka (GGT; BGV 49A)	2	Junior High School	Junior High School	enterprise	housewi fe	3003	50	2-10 PGT	24
31.	Apika	1	SENIOR HIGH SCHOOL	College	tailor	housewi fe	2500	49	BB N	27, TB K
32.	Moch. Yoga F.	1	primary school	Junior High School	enterprise	housewi fe	1900	-	LAHI R BGT	BB K TB K
33.	Aurelia Aurora	1	Junior High School	primary school	enterprise	housewi fe	2600	49	11 bln k	19; TB K
34.	Abizar Gilang Arif Syaputra (Klw; Bg 20 & 21)	1	Junior High School	DO primary school	enterprise	housewi fe	2500	40	11 BGM	44
35.	Zahfran	1	SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	private employees	housewi fe	2860	49	1	3-4 BGM
36.	Ali	3	Junior High School	Junior High School	trade	housewi fe	3500	50	1	25 bb KUNI NG

37.	Rosydah	1	Junior High School	Junior High School	private employees	housewife	2160	47	1-7K	12 M
38.	Naura Arumi Ayu Sholeha	1	SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL	enterprise	housewife	3300	51	4	13
39.	Saidina Wardana	1	primary school	primary school	enterprise	housewife	1050 P	39	1-4 DM	22 K
40.	Lintang Dwi Iswandi Lutfiah	2	Junior High School	Junior High School	farm laborer/unemployed	housewife	2800	48	1 BGM	36 BGM

Based on Table 1 above, it shows that cases of GBS (stunting) in terms of the order of children in Jember Regency occurred in the first child as many as 15 children (37.5%); the 2nd child as many as 17 children (42.5%); the 3rd child as many as 6 children (15%); and the 4th child as many as 2 children (5%). Based on these data, it can be said that based on the order of children, cases of GBS (stunting) are dominated by the 1st and 2nd children reaching 80%, while the 3rd and 4th children reach 20%. In the first and second children, 15 (47%) children experienced stunting starting in the womb, birth, and the second month.

Based on parents' education level, father's education: graduated from elementary school as many as 10 (25%); junior school or SMP as many as 16 people (40%); High school as many as 12 people (30%), and college as many as 2 people (5%). Based on these data, it shows that cases of GBS (stunting) are dominated by fathers with junior high and high school education reaching 70%. This means that it cannot be said that the father's low level of education (primary school or SD) does not always affect cases of GBS (stunting). Based on the mother's education level, it shows that there are 14 mothers (35%) with elementary school education; 13 mothers (32.5%) had junior high school education; 12 mothers (30%) have high school education; and 1 (2.5%) mother educated college or PT. Thus, it can be said that cases of GBS (stunting) are dominated by mothers with junior high and high school education, reaching more than 62%. This means that the low education factor of the mother does not always affect the occurrence of GBS (stunting). This can be seen in the data above that the majority of the education of mothers in cases of GBS (stunting) babies is junior high and high school education, some even have education PT. This fact contradicts the opinion of Ulfah et al (2020) that the factor of low education is the cause of stunting in Jember Regency.

Based on occupation, the father in the case of a child with GBS (stunting) works as a laborer (private), self-employed/entrepreneur; security guards, construction workers, traders, tailors, private employees; and unemployment with relatively low yields or wages. This means that their wages are only enough for their daily meals. The mother's occupation of the majority of cases of GBS (stunting) babies is housewives (IRT); some of them work as entrepreneurs/entrepreneurs, tailors, laborers/private sector, and pharmacy. This means that their work varies, but the results are sufficient for daily life with the burden for a small family, namely: husband, wife, and children (1-2 people). The reality is that there are several families of cases of GBS (stunting) who have a greater burden to bear or support, namely the baby's grandmother and grandfather. As a result, there are cases of GBS (stunting) babies starting to be born with abnormal BBL (birth weight) conditions, which are less than 2500 grams with abnormal body length as well. In addition, there are babies/children born with normal BBL, but starting from the second to fourth month BGT and BGM. They are the majority of the first and second children. This means that they do not feel important about the food that must be met since the baby is in the womb and breastfeeding when it is born. This happens because the mother's diet is lacking, both in terms of the amount of food and its nutritional content or protein. How do young mothers view nutrition? Employment and low income of parents with a high insured burden (husband, wife, 2 children, grandmother, and grandfather) can be a factor causing GBS (stunting) babies. However, if the insured burden is small (wife and children) it is not always the cause of GBS (stunting). This is not in line with Ulfah's opinion (2020) that the work of parents with low incomes is a factor causing stunting.

Mother's View of Malnutrition and Stunting (GBS) Cases on Diction of Nutrition Words

The word nutrition is seen as something that is expensive, such as meat, chicken, and fish that are luxurious according to them. What they understand is that many nutrients are contained in vegetables such as spinach, moringa leaves, eggplant, tempeh, tofu, and eggs. Based on the reality, they are very familiar with marine fish (such as *pindang*, *tuna*, *kuniran*, shrimp, anchovies, salted fish), freshwater fish (catfish, tilapia, *mujair*, *wader*), village eggs, race eggs, chicken (meat, claws, head, gizzard liver), and meat (beef, goat, lamb). Various kinds of fish and meat as side dishes are not understood as nutritious food, but food that is fishy (*amis-amis* in Java language) or fishy (*mis-amis* in Madurese language). Therefore, they are more familiar with using the word fishy or mis-fishy than the word nutrition for side dishes variants. With mis-fishy or fishy diction to replace the word nutrition, it is possible to further increase the nutritional intake of varied and easy-to-obtain and inexpensive side dishes so that they are affordable

by their financial condition. This is revealed in the following utterance of a mother in the case of a child with GBS (stunting). "He doesn't want to eat if there's no fish." This means that the child who is still a toddler wants to eat, if the side dishes are fish or eggs which tend to smell fishy which are automatically nutritious because of the high animal protein. Therefore, if the food on his plate does not have fish or eggs, he does not want to eat. If this condition is not obeyed by the mother and the condition lasts for a long time, it can cause the growth and development of the child's body to be disturbed, which can enter BGT and BGM, which in the end the child is included in the GBS category (edit).

The word nutrition is not easy to understand in its implementation for people in rural areas with various social classes. The use of fishy-amis or mis-amis diction to refer to variants of everyday side dishes is more pervasive or easier to understand with a very simple implementation. Therefore, using the fishy word diction can prevent GBS (stunting) babies.

Mothers' Views of Stunting Babies About Nutritional Privileges for Husbands (Diet)

As stated above, the majority of mothers with cases of GBS (stunting) babies are housewives (IRT). Husband as a money seeker. This has an impact on the mindset or view of the mother on her husband as a money-making engine that must be privileged, including the privilege of daily food. This means that nutritious or high protein foods are prioritized for husbands rather than for themselves who are breastfeeding and for children who also need nutritional intake. However, there are also mothers with GBS (stunting) cases who do not discriminate on the quality of food. In addition, there are husbands who succumb to their wives who are breastfeeding and their children who are starting to develop, whose nutrition must be met. This can be seen in the following interview sentences.

- Researcher : What do you do, Mrs.
 Respondent : Construction worker.
 Researcher : Where do you work, ma'am?
 Respondent : In Jember.
 Researcher : Is your husband's salary enough for your daily needs?
 Respondent : enough, yes enough.
 Researcher : In everyday life, who is prioritized in preparing food (which is delicious).
 Respondent : yes husband, because he is looking for money. Poor him.
 Researcher : When the mother was pregnant, what kind of food did she eat or what her husband gave her.
 Respondent : As a wife, I relented, so I ate as little as possible.
 Researcher : What does eating mindfulness mean?
 Respondent : Yes, I eat, basically there is rice and vegetables and side dishes left over from my husband's food.
 Researcher : If the vegetables and side dishes for the husband are spent, how will it be? What side dish do you use?
 Respondent : those who don't need to use side dishes, the important thing is to have rice.

Based on the sentences above, it shows that the mindset of the wife's eating pattern in one of the cases of GBS (stunting) is more concerned with nutritious food or delicious food for her husband, not on herself (during pregnancy and breastfeeding). In this case the privilege of nutrition husband so that food intake for wives who are pregnant, breastfeeding, and babies do not get nutritious or protein foods. If it lasts for a long time, this situation will have an impact on the presence of abnormally born babies, less nutritious breast milk after birth, and malnutrition at the age of 6 months and over. Therefore, preferring nutritious food to husbands as money-seekers can be a factor in causing GBS (stunting) babies. For this reason, prevention can be done by privileging nutritious food for pregnant, lactating women, and children. This can refer to the philosophy of native chickens. The rooster (*jago*) will always call his female (baboon) when he finds food until he is full, while he (good) will eat when the female is full. Likewise for hens who are having several children. He will always call his children when he finds any food, until the children are all full, just thinking about him. Therefore, eating patterns by following the philosophy of male and female chickens (village chickens) can prevent the occurrence of GBS (stunting) babies.

Abstinence of fishy food when breastfeeding mothers

Foods that are fishy or fishy are foods that are used as side dishes that have high nutrition (animal protein) and are liked by the public. Parents of young families in Jember Regency still recommend their children not to eat fishy food or side dishes after giving birth because it usually makes breast milk smell fishy or rancid. With the fishy milk, it is feared that the nursing baby will vomit or spit up. The recommendation of parents to forbid eating fishy foods is counter-productive with the advice of health experts to eat nutritious food for pregnant and lactating mothers to prevent GBS (stunting) babies.

Itching and boils due to eating eggs and chicken

Young mothers who are breastfeeding are still confused when they face the danger of overdosing on protein from eggs and chicken pieces consumed by their children. Due to the lack of variety of side dishes, eggs are a daily mainstay for their children to eat. This results in the appearance of itchy boils on the legs and body. Finally, many parents do not allow their children to eat eggs.

However, the side dishes to replace eggs are still not familiar. How to overcome the effects of boils because of the egg? Mothers really need information on prevention or treatment of itching or ulcers due to eating eggs and chicken pieces. According to the experience of researchers, boils and itching due to egg and chicken allergies can be treated with herbal ingredients, neem leaf decoction (1 teaspoon per day is drunk), the remaining boiled water is used for bathing. This can be done as many as 3 days in a row.

Itching disease suffered by infants/children in cases of GBS (stunting) can occur because well water is contaminated by infiltration of feces and urine of pets around the house for a long time. This type of itching is rather difficult to cure, but you must be diligent in caring for and treating it. In Jember district there are still many GBS (stunting) children who suffer from this itching. There are people who treat the itching by using ointments and there are those who combine it with alternative medicine by shaman *suwuk*. Importantly, the child recovered from the itching, they said.

In addition to itching due to allergies and polluted water, there are cases of GBS (stunting) babies in Jember Regency due to intestinal worms. This can be seen when a child with GBS (stunting) does not seem to be growing and developing, but his daily diet is met with nutritional intake. That is, he likes to eat and delicious side dishes, but still thin and not growing.

Myth Still Growing in Jember Society: Prohibition of Eating Shrimp for Pregnant Women

Shrimp is one type of fish that has high protein or high nutrition. The shrimp has a habit of walking backwards. Parents forbid their children and grandchildren who are pregnant to eat shrimp because they are afraid of difficulties during delivery. For example, born *nyungsang*. The reality is that many young people in Jember have violated this myth and nothing happened when they were born.

Parenting and its Impact on Stunting

The majority of stunting children are cared for by their biological mothers and a little by their grandmothers. The parenting style carried out by the biological mothers tends to be a rather harsh parenting pattern, that is, this is not allowed and this is not allowed or it can be said to be an authoritarian parenting style. A small number of them practice permissive parenting, namely by following the child's wishes. Of the two forms of parenting, each has weaknesses that tend not to hinder the occurrence of cases of GBS (stunting). However, in this research, it was found that there was a permissive parenting pattern from grandmother's care which was included in the case of GBS (stunting) because the mother worked as a teacher who did not prepare her child's food properly. Meanwhile, grandmothers who are permissive of their grandchildren tend to let their grandchildren play, not trying to give food intake as long as they don't cry. This went on for a long time so that the growth and physical development of the grandchildren were not normal, which was classified as cases of GBS (stunting) infants/children due to lack of food intake.

Young Mothers' Mindset About the Importance of Child Ownership (In the Case of Stunting Babies)

In the case of GBS (stunting) infants/children in Jember Regency, there were no stepchildren or adopted children. This means that those who experience cases of GBS (stunting) are fully biological children. The parents stated that the ownership of the child was important even very important. This can be seen in their views which are expressed in the following sentences.

Researcher : Is the child important to the mother?

Respondent : Very important.

If you don't have children, life is still incomplete.

Researcher : For what, children are important for mothers and families?

Respondent : yes to continue the life of our descendants.

So that when we are old there is someone to protect and take care of us.

Researcher : How do you take care of your children?

Respondent : I handle it myself with my husband.

Anyway, I take care of myself.

Researcher : Is there anyone who helps take care of the mother's child/baby.

Respondent : tNone.

Researcher : Mother's child/infant was given food intake several times a day.

Respondent : not sure, sometimes twice, sometimes three times.

Researcher : In the morning, afternoon, and evening, they were given anything to eat.

Respondents : In the morning I feed them rice with spinach/ Moringa leaves, side dishes of tempeh/fried tofu.

In the afternoon, sometimes they want to eat, sometimes not with the same vegetables and side dishes.

In the afternoon, I feed them rice, spinach/moringa vegetables with tempeh/fried tofu as a side dish.

In the afternoon sometimes I buy meatballs

Based on the data above, it can be seen that lingually it shows that their views or patterns of thinking about child ownership are considered important, out of sync with the reality that they are only given spinach/moringa leaf vegetables with side dishes of tempeh/fried tofu and meatballs. This means that with such food intake, the child often does not want to eat or eats only a little, over

time it hampers their growth and development so that when weighing is recorded in the scale book, it shows a yellow band (BGT) and even becomes a red band (BGM).

They think that if you don't have children, you are still incomplete in living this life. However, they never think, if they are difficult to get children, how expensive it is to obtain children, such as through IVF and or child adoption. Starting from the recognition of the importance of having asymmetrical children with care and maintenance efforts to prevent cases of GBS (stunting) babies. Baby/child care and maintenance is carried out, but not optimally. This means that between what is expressed and the action is not yet in sync. There are variants of GBS (stunting) infants/children in villages in Jember Regency. This means that there are villages that emphasize that GBS (stunting) infants/children are seen from their delayed growth and development. In this case, it appears in the KIA book that it is on the yellow band line (BGT) and the red band or under the red line (BGM). However, there are villages that consider stunting only for babies/children whose growth (height) is stunted. And, there are villages that determine stunting in the categories of low height, BGT (below the yellow line), and BGM (below the red line).

The word GBS (stunting) makes mothers feel restless when their baby/child is categorized as stunting, but there are also those who feel normal because they don't know the impact. The case of GBS (stunting) babies/children can be seen from the actions of mothers in providing daily food intake, according to their respective economic capabilities, there are those who are able, sufficient, and lacking in supporting their small family with sufficient, lacking, and more. Thus, it can be seen that there are parents who consider the child as a deposit, a burden, and an asset. For more details can be seen in Table 2 below.

Table 2. Reality Data on Mindset of Young Mothers in Stunting Cases in Jember Regency

No	Name of Child's	child of order -	Parent Economic Status	Mother History, Related to Stunting	Food intake	information	Child ownership status
1.	M. Afan Alfarisqi/L	2	sufficient	The pain of being possessed by a jinn after giving birth	Less (because it is not taken care of)	Since the age of 11 months (want to walk), does not want to eat.	deposit and burden
2.	Aya Sofia/P	2	capable	-	Less Children do not want to eat; love milk	Less Children do not want to eat; love milk	deposit
3.	Rafqi Fahri/L	3	enough	Closed to husband. In daily bank debt, the burden on the mind is very heavy.	Less (because of the laziness of the stressed mother thinking about the daily bills that her husband does not know.	Since the age of 10 months, children have difficulty eating.	burden
4.	Alfiatul Fadilah/P	3	Less (goat satay seller, but less buyers and places to move)	The results of selling satay are not sufficient for daily needs; can all help?	Not enough; Eat still want, be picky. It's fishy. Milk is hard/don't want to.	Since birth, he has been stunted.	burden
5.	Lailatul Jannah/P	4	Less (Husband of traveling martabak cake seller)	In debt so that there is less attention to children's income	Not enough. Eat sparingly.	Since the age of 10 months stunting-19 months. 42 months of age below the red line.	burden
6.	Bilqis Aisyah Bela/P	1	capable	Privileges husband because the husband is	Not enough. Do not want to eat' ;	Since birth, he has been stunted.	deposit

				looking for money. Believing = this is from a short lineage.	Snack constantly	Drinking breast milk, vomiting (spitting up).	
7.	M. Iqbal A./L	2	capable	Prioritizing husband because he is the one who works; himself unnoticed	Not enough. breast milk, does not want to eat; Indomilk Milk.	Since the age of 3 months stunting. 29 months under GM.	deposit
8.	A. Syauki Sywai/L	1	Not enough	Broken home	Not enough. Neglected	17-23 month stunting	burden
9.	M. Devano Alisofyan/L	1	Not enough	Husband doesn't work.	Not enough. Grandmother.	Since 2nd month - 24	burden
10	Eka Dwi Safitri/P	2	enough	-	Enough. Because of worms.	Since age 11. Healthy.	deposit
11	Nayra Kayfa R/P	3	Not enough	Neglected	Not enough. It's hard to eat.	he 16 stunting	burden
12	Icha Pratiwi/P	3	enough	Live with grandma.	Not enough. It's hard to eat. Have you ever been sick...	The 48 stunting.	burden
13	Melinda Dewi Argaini	2	enough	-	Not enough, breast milk and formula don't want, sugar water	Itching Pain; Treated to alternative	deposit
14	Vina Sifta	1	enough	Mothers are often sick, babies are often sick	Less, Eat A lot, Not Nutritious Not enough; hard to eat, Milk Want Indomilk	Itching Pain; Alternative.	deposit
15	Sukma Aditya	4	Not enough	Heading Baby; Both Stunting	Not enough; hard to eat, Milk Want Indomilk	-	burden
16	Adis/P	1	enough	-	Enough: not good to eat.	Sakit Gatal-Gatal	deposit
17	Moh. Latif/L	2	enough	Premature 7 Months Birth	capable	1-7 K, 42 monts , Good	deposit
18	Arfi Saputra	2	enough	-	Enough; Not high enough	less height	deposit
19	Revita Ariska F/P	2	enough	-	Not enough		deposit
20	Zet Mufid Ayas	3	enough	-	Kurang	Frequent Diary	deposit
21	M. Azam Ranendra W./L	2	enough	-	Less: hard to eat	-	deposit

22	Hanna Wardatul Jannah/P	2	capable	Birth, surgery, bleeding, tight umbilical cord	Enough. breast milk+formula; porridge, dancow, sea fish	2-26 DM, worms	deposit
23	Zeeshan Septian	1	enough	ASI is not smooth, Formula does not want, Sun porridge (3rd)	Not enough,	worms	deposit
24	Indah Najwa Pertiwi	1	enough	ASI not smooth, Formula won't, Sun porridge (3rd)	Not enough,	worms	deposit
25	Maylina Ramadhani	2	capable	ASI not smooth, SGM	Not enough, you have to eat around, take a rickshaw, be fed by a neighbor	Lazy to follow the child's wishes	deposit
26	Oktavia Mallyna Sari	2	enough	Eat well; indomilk,	Not enough,	worms	deposit
27	Safira	1	enough	ASI good, eat less	Lack of, ASI, sea fish, crying convulsions, near a (small) river.	jinn disturbance	deposit
28	M. Alif (rambutan 3)	1	Not enough	Living with grandma	Less, the load is too heavy	2-7 PGM	burden
29	M. Amin Rizki	2	Not enough	orphan	Less, heavy load	Age 0-10 PGT	burden
30	AZKA (GGT; BGV 49A)	2	enough	Breast milk not coming out	Less, hard to eat.	mont 2 BGT; 24 BGT	deposit
31	APIKA	1	enough	ASI	Enough; predicted worms.	TB, -5; 27 K	deposit
32	MOCH. YOGA F.	1	enough	Premature; Breastfeed only	Not enough; hard to eat	Born, BGT; 19 MONTH TB K, BB K	deposit
33	AURELI A AURORA	1	enough	ASI	Not enough; Difficult to Eat	19 mont. TB K, BB K	deposit
34	Abizar Gilang Arif Syaputra (Klw; B 20 & 21)	1	enough	Speech limitations	Less (don't want rice)	TB normal, BB minus	deposit
35	Zahfran	1	enough	-	Lack: hard to eat.	Mont-1 k, mont 2 BGM	deposit
36	Ali	3	enough	Not ASI	Less, hard to eat;.	Mont 11-24 K	deposit

37	Rosydah	1	enough	Eat porridge/rice vomit	Less: hard to eat	Mont 7 K, mont 12 BGM, MM minus	deposit
38	Naura Arumi Ayu Sholeha	1	enough	Difficulty Eating; Sick often	Very Poor; difficult to eat and often sick.	Not enough	deposit
39	Saidina Wardana	1	enough	Premature, Difficulty Eating,	Prematur, Sulit Makan,	TB normal, BB minus, Still getting better	deposit
40	Lintang Dwi Iswandi Lutfiah	2	Not enough	Since childhood BGM	Less: hard to eat	BB M, TB K; BGM SINCE THE BEGINNING	burden

Based on the data in Table 2 above, it can be said that economically, the family conditions of the parents of GBS (stunting) cases can be categorized into 3 classes, namely the capable class (3 people), the moderately capable class (28 people), and the poor class (9 people). The economy class category is capable, meaning that they are able to even exceed the expenses for their small family (husband, wife, and a child). In the case of an able economy class, there are three variants of problems that make the baby/children GBS (stunting). First, food intake in children is categorized as low because children do not want to eat, even though they like formula milk. This happens because of various possibilities. Low appetite can be predicted due to lack of stimulants, namely less meat intake. It can also be predicted that the stomach will rise (point) so that it is lazy to eat which has an impact on the inhibition of children's growth and development. Based on the expression that considers children to be important with the realization of providing food intake for infants/children which are categorized as lacking, it can be said that between words as expressions of thought patterns and realization of actions that are categorized as lacking indicates the ownership status of children is not an asset, but as a deposit.

Second, children's food intake is categorized as sufficient or even excessive from well-off families, namely breast milk, formula milk, porridge, sea fish, vegetables, and fruits, but the condition of infants/children is classified as stunting. This happens because it is predicted to be attacked by worms. Therefore, it can be said that child care is still not optimal so that the assumption of child ownership is realized as a child in custody.

Third, the child's food intake is categorized as low because the child's nature is to eat while traveling, but the mother is very lazy to feed the child. In addition, the child wants to eat at a neighbor's house and is fed. This can make children less able to eat and cause stunting children with child ownership status as a deposit.

The Family's Economic Capability is Adequate With Enough and Less Income

Based on available data, it shows that the majority of stunting cases are dominated by the condition of the family's economic capacity which is categorized as sufficient with sufficient food intake, but is still categorized as stunting for various reasons. They are categorized as stunting due to factors that do not feel good to eat due to itching (due to egg allergies and because water is polluted from infiltration of livestock manure around the house, because of intestinal worms, and can develop better free of BGT and BGM. Meanwhile, the economic condition is sufficient with Insufficient food intake can cause stunting because worms, due to lack of sleep at night disturbed by jinn around the river near his house; because of the heavy family burden; less varied food; don't want to eat rice; intestinal worms; difficult to eat and often sick; dank because they don't want to eat and keep snacking.

Economic Capability of Poor Families with Less Income

Based on available data, the lack of nutritious food intake for children with poor family economic conditions causes infants/children to become stunted. This happens because of the child's factors (1) difficult to eat; (2) rarely eat; (3) only want packaged milk; (4) parenting (grandmother); (5) not being cared for because of a broken home and because the mother is in debt at the daily bank; (6) the family burden is too heavy so they do not want to fulfill fishy food.

Encouragement of PMT (supplementary feeding) assistance from villages and health centers

Villages in Jember Regency still do not have a mutual agreement in the budget allocation for stunting management. This can be seen in the existing reality. Panti Village has allocated village funds for PMT (supplementary feeding) for stunting cases (BGT and BGM) in the form of protein food ingredients, namely: eggs, green beans, milk, regal, and basic necessities. However, it still has not had a significant impact due to various factors. Gugut Village has started giving PMT (supplementary feeding) for 3 months to stunting infants/children (BGT and BGM) 5 thousand a day. In Kalisat PMT already exists, but not from village funds in the form

of shredded beef, meatball sticks, citrus fruits, and milk. In Balung Kidul Village, village funds have also been allocated for PMT (supplementary feeding). Rambigundam and Kaliwining villages have not allocated village funds for stunting treatment.

Complaints of Posyandu Cadres in every Month of Infant/Child Measurement

Every posyandu (integrated service center) in Jember has a way to attract people to want to check their children at the posyandu. Mothers who have babies/toddlers expect that every time they go to the posyandu something is given, for example money, cake, or snacks. If these items are not available, they will not come to the posyandu. Meanwhile, posyandu cadres have financial limitations for it. Based on observations in the field, there are posyandu that provide cakes and there are posyandu that do not provide cakes. Therefore, thinking is needed to overcome it by means of village assistance or assistance from the participation of capable communities and entrepreneurs around the posyandu to overcome them. Posyandu cadres should not be separated from village PKK women to participate in overcoming problems faced by the community. Including the role of village midwives. Apart from providing examinations, administering drugs and vitamins, family planning services are also important. Given that many cases of stunting occur in the first and second children.

CONCLUSION

The case of stunting babies in Jember Regency is dominated by mothers with junior high and high school education with jobs as household workers so that child care is more controlled, but their parenting pattern is still authoritarian and permissive which supports stunting. Their mindset about child ownership is something very important, but the realization is still as a deposit and a burden not as an asset so that it has an impact on cases of GBS (stunting). There are still many eating patterns in cases of GBS (stunting) babies that prioritize the fulfillment of husband's nutrition over the nutrition of children and themselves. Therefore, stunting prevention can be started from changing the mindset of young mothers regarding the ownership of the child as an asset, varied parenting patterns, eating patterns that favor children and themselves, and fulfilling varied family nutrition with fishy side dishes (starting from in the womb, birth, and rearing).

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