

Socio-Cultural Study of Nutrition in Families of Stunted Toddlers in Coastal Communities in Jember Regency

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ABSTRACT

Background: Cultures, traditions, or habits that exist in society, such as dietary restrictions and wrong eating patterns, can lead to increased nutritional problems, especially in toddlers, which ultimately impacts their growth and development. Low-income family parenting patterns in feeding and primary health care for toddlers can also increase the incidence of stunting in toddlers. This could be the cause of the stunting rate in the Jember Regency, especially in coastal areas. Dietary problems, including stunting, in coastal areas should be less likely to occur because the availability of high-protein animal foods such as fish is quite high, but Curahnongko Village is included in the stunting locus area in Jember Regency. **Aims:** This research aims to describe the socio-cultural nutrition and parenting styles of toddlers in Curahnongko Village. **Methods:** The study used qualitative and research methods with a case study approach. **Results:** The socio-culture during pregnancy in the coastal communities of Jember Regency regarding TTD consumption, routine check-ups, taboos during pregnancy, and visits to midwives are quite good. Socio-culturally during the breastfeeding period, it can be concluded that all informants carried out Early Breastfeeding Initiation (IMD). Socio-culturally during the feeding period for toddlers, all informants do not give food other than breast milk to babies when they are born. **Conclusion:** The socio-cultural aspect that appears to influence the occurrence of stunting is during the feeding period for toddlers, namely the frequency of children's snack consumption outside the home.

Keywords: Socio-cultural of Nutrition, Stunting, Coastal Communities

INTRODUCTION

Stunting is a nutritional problem that occurs in children under five due to chronic malnutrition. This condition is characterized by stunted physical growth, especially in terms of height. The height measurement is based on the standards set by WHO, which is $<-2SD$ of the standard median (World Health Organization, 2018). The impact of stunting on toddlers can occur in the short term and also in the long term. Short-term impacts that can be experienced are impaired intelligence and physical size that is not maximized or developed (Mathar *et al.*, 2023). The long-term impact on health is the development and productivity of individuals in later life. The adverse impact can be in the form of decreased cognitive abilities so that it is related to the achievement of learning achievement in children (Pratiwi, Sari, and Ratnasari 2021).

The prevalence of stunting based on Basic Health Research (Riskesdas) in 2018, Indonesia is the fifth highest in the world and second in Southeast Asia (Kemenkes RI, 2018). According to the 2022 Indonesian Nutrition Status Survey (SSGI) report, Jember Regency has the highest stunting rate in East Java at 34.9%. The area covers all areas in Jember including coastal areas which should have a low chance of stunting, due to the high availability of protein and zinc from marine products. Of the several coastal areas in Jember Regency, Curahnongko Village is included in the locus of stunting in Jember Regency.

Based on the high number of stunting cases, there are certainly efforts that have been made to overcome this problem. Many factors cause stunting in children. Socio-cultural factors in coastal areas can also affect the incidence of stunting specifically in public health behavior, both nutrition and health behavior during the first 1000 days of

life, pregnancy, breastfeeding, and 0-2 years of parenting. Socio-cultural differences in coastal areas are different from those in urban or other areas. Factors such as diet, childcare, access to food resources, sanitation practices, and social norms can influence child nutrition and health patterns.

Pregnancy is one of the factors that affect children's health. Food restrictions during pregnancy are often recommended for pregnant women. One of them is the main income of coastal areas is seafood. Pregnant women are prohibited from eating seafood such as squid, octopus, shrimp, and crabs, while these foods have a high protein content which is needed by pregnant women for fetal development. In the research of Ashriady *et al.* (2022) coastal communities believe that these seafood products can make children when born boneless, because these animals do not have bones, and are believed to make the placenta difficult to come out. This is contrary to fish and seafood.

The breastfeeding period is important for children to receive nutrition mainly from mothers without any additions. Breast milk has enormous benefits for the development of babies, so breast milk plays a very important role in preventing stunting in children. Children who are not exclusively breastfed have a 61-fold chance compared to children who receive exclusive breastfeeding (Sampe and Madi, 2020).

The feeding period for children is recommended starting at the age of 6 months. Food that enters the child's body becomes nutrients to promote growth and development. In addition, nutrients in nutritious foods increase metabolism in the child's body, so that it will avoid infectious diseases. Nutrients in food or poor feeding patterns will have a high chance of stunting in children (Rahman, 2018).

Families play a key role in determining the nutrition and health of children under five. Social and cultural factors within the family, such as education level, socioeconomic status, dietary behaviors, and nutritional knowledge can influence parenting, which in turn affects the level of stunting in children under five. The socioeconomic status of a family influences the

incidence of stunting because it is related to household decisions in choosing the food consumed (Saputri *et al.*, 2022). This must be supported by the level of family knowledge. Knowledge is closely related to education, if the family has high knowledge about nutritional needs, it will reduce the chance of stunting in toddlers (Ramdhani *et al.*, 2020).

Based on the high rate of stunting in Jember Regency, there is a need to design appropriate interventions for families of children under five in the coastal areas of Jember Regency. This is done by understanding the socio-cultural factors that contribute to stunting in the area. This research can provide in-depth insight into the role of socio-culture in nutrition, as well as provide a scientific basis for policies and programs that focus on stunting prevention.

Considering this scientific background, the study of the Socio-Cultural Study of Nutrition in Families of Stunted Toddlers in Coastal Communities of Jember Regency will provide a more comprehensive understanding of the problem of stunting and help formulate intervention strategies that focus on socio-cultural aspects to reduce the prevalence of stunting in toddlers in the region.

METHODS

This research uses qualitative research methods with a case study approach. The main informants of this study were determined using purposive techniques. Informants in this study were mothers who had toddlers with stunting, totaling 10 informants. The place of this research was conducted in Jember Regency, precisely in the Coastal Region, namely in the working area of the Curahnongko Health Center, Tempurejo District, Jember Regency. This research was conducted from April to October 2023. Data collection techniques in this study used in-depth interviews and observation. Data analysis of this research is using thematic analysis (Thematic Analysis). Test credibility using triangulation techniques, namely testing the credibility of data by checking data to the same source but using different techniques (Sugiyono, 2017). This research has passed the ethical test by the Health Research

Ethics Commission of the Faculty of Dentistry, University of Jember with certificate number No.2076/UN25.8/KEPK/DL/2023.

RESULTS AND DISCUSSION

a. Socio-Culture during Pregnancy

Pregnancy cannot be separated from the socio-cultural aspects. Each region has a different socio-culture, which includes food restrictions, myths, and rituals. Based on the results of the study, showed that there are several community behaviors during pregnancy in coastal communities in Jember Regency.

1) Consumption of Blood Additive Tablets (TTD)

Blood supplement tablets are needed to prevent anemia, especially in pregnant women who have higher nutritional needs. TTD contains 60 mg of iron and 0.25 mg of folic acid to meet the need for increased hemoglobin levels and red blood cell count during pregnancy. Nutritional adequacy during pregnancy can prevent anemia, the birth of LBW babies, and the risk of infant mortality. Based on research (Anggraini, Purnomo and Trijanto, 2018) that the more compliant the pregnant women are in consuming TTD, the higher the chance that the pregnant women will experience anemia during pregnancy. The results of research on 10 informants of pregnant women were 7 pregnant women who consumed TTD regularly, 2 pregnant women who rarely consumed TTD, and 1 pregnant woman who did not consume TTD for some reason.

"...Yes, I always drink it. because every time I check with the midwife, I must be warned and must drink it, she said, so that I don't bleed" (IU 1).

"Drink it regularly, the midwife said, so that I don't get anemia during pregnancy" (IU 2).

"Yes, always because the midwife told me to, so I just obeyed" (IU 4).

"I always take it because the midwife told me to take it regularly. Maybe I don't have low blood pressure." (IU 5)

Based on the interview excerpts above, it shows that the informants diligently took TTD because they received directions from the midwife during pregnancy check-ups. As revealed by IU1, the informant chose to consume TTD because she was always reminded constantly and given positive reasons when she regularly drank TTD by the midwife. It can be said that the informant consumed TTD because of the motivation from the midwife. Motivation is the impetus for someone to do something. Motivation can be obtained from family and health workers. This is in line with research conducted by (Baroroh and Dinengsih, 2023) that pregnant women with high motivation have compliance in taking TTD, while pregnant women with low motivation will have a 5-fold chance of not being compliant in taking TTD.

"Yes, sometimes I drink it because I am afraid that if I drink it regularly, it will increase my blood pressure because I have a history of hypertension" (IU 3).

"Rarely because my blood is always normal. If I take it, I'll have high blood pressure and then go to the hospital, which will increase the cost." (IU 6)

The results of the interviews above both informants have reasons for not consuming TTD regularly. IU 3 and IU 6 revealed that their blood pressure was within normal limits, so the informants considered consuming TTD unnecessary. Based on the informants' expressions, it can be seen that both informants have low knowledge about TTD. According to research (Rahmayanti, Martini and Nyandra, 2023) that there is a relationship between knowledge and compliance of pregnant women in consuming TTD during pregnancy, namely pregnant women with high knowledge will be more compliant in consuming TTD.

"Never. When I was pregnant with my son, I couldn't take vitamins at all. I tried from the cheapest to the most expensive ones, but I couldn't take them. When I wanted to take it, I immediately felt nauseous and

vomited. So I never took vitamins while I was pregnant with this child" (IU 10).

10 U revealed that the reason the informant did not consume TTD was because the informant felt that his body could not accept all types of vitamins he consumed. This is in line with research (Mughtar and Anggraeni, 2021) revealed that one of the factors that informants did not consume TTD was because the pregnant woman's body could not accept TTD properly and felt nausea and dizziness.

2) Routine pregnancy check-ups

During pregnancy, regular check-ups are needed to monitor the development and growth of the fetus and the mother's health in terms of weight gain, upper arm circumference (LILA), Hb status, blood pressure, and symptoms of eclampsia. Pregnancy check-ups can be done at the gynecologist, midwife, or the local *posyandu*. It is important for pregnant women to be aware of the importance of regular check-ups to avoid unwanted problems and can be treated immediately when problems arise.

"Alhamdulillah, it is routine because pregnant women need to know the position of the baby. If you already know, you can immediately take action" (IU 2)

"Routinely check to the puskesmas because I want to know the development of the fetus" (IU 3).

"I always check every month at the puskesmas and participate in posyandu" (IU 4).

"Yes, always. So I can know the development of the child in the womb." (IU 8)

Based on the interview excerpts above, explain that the informants conduct routine checks to see the development of the womb. Antenatal Care (ANC) services for normal pregnancies are at least 6x with details of 2x in Trimester 1, 1x in Trimester 2, and 3x in Trimester 3. At least 2x are checked by a doctor during the 1st visit in Trimester 1 and the 5th visit in

Trimester 3 (Ministry of Health, 2020). Based on the results of the interviews, show that all informants conduct routine checks to midwives, puskesmas, or posyandu.

"Yes, I always check with my husband to know the condition of the fetus. I'm afraid it's breech or wrapped around the umbilical so I can find out early. Sometimes it is also recommended to have an ultrasound to know the condition of the fetus in the stomach" (IU1).

"Routine, thank God. Because my husband also supports me, so it's important to check" (IU7).

Based on the interview excerpts above, both informants conducted routine checks with the support of their husbands. This proves that husband and family support in care during pregnancy is important for pregnant women. This is in line with the research (Safmila *et al.*, 2021) shows that there is a relationship between family support and Antenatal Care (ANC) visits for pregnant women and family support plays an important role in care during pregnancy which affects motivation to perform health behaviors.

3) Abstinence during pregnancy

Abstinence during pregnancy is synonymous with food consumed during pregnancy, which varies from region to region. Based on the results of the study, out of 10 main informants, 8 informants have no taboos during pregnancy, while the other 2 main informants have taboos.

"There was a time when I was forbidden to eat fish and meat because I was afraid that the child would be fishy and I also often vomited when I ate it" (IU3).

"There was a time when it was not allowed to eat ice because the child could be big, he said, it was not allowed to eat spicy, afraid that the baby would be red too, people said" (IU 4).

Based on the interview excerpts above, it shows that both informants abstain from food. IU 4 believes that pregnant women who eat ice can make

the baby big. This is in line with the research (Hartiningrum, 2020) shows that 61% of respondents have the perception that pregnant women who consume ice water are at risk of having a large baby. Consumption of ice causes a large baby is just a myth, but if ice consumption is accompanied by high-calorie sweet drinks, it increases the potential for fetal and maternal weight gain.

4) Delivery at a Health Care Facility

The most accessible healthcare facility in terms of distance is the Puskesmas. In this study, 4 out of 10 informants chose to deliver at the Puskesmas, while the others chose to go to the hospital because of their own choice or referral from the Puskesmas.

"For childbirth here, it's the puskesmas. It's close to home" (IU1)

"It was my husband who told me to give birth at the puskesmas and was handled by a midwife" (IU 2).

"At the community health center. Because it is guaranteed" (IU 6)

"Yes. The birth was at the Curahnongko Health Center. Directed by the midwife yesterday" (IU 9).

In the interview excerpts above, informants chose Puskesmas for their childbirth for different reasons. As in IU 1 who chose Puskesmas health services because it was closest to home. This is in line with the research (Kristian, Saimin and Tosepu, 2022) shows that distance affects the search for health services, 62.2% of pregnant women studied chose the closest health service to make it easier and faster to get to the health service. The results of research by Mastuti and Febriyanti (2022) state that husband support and health workers have a positive correlation with the selection of birth attendants in health workers. Negative support from husbands and health workers has a risk factor (OR) of 10.4 and 9.1 for choosing non-health delivery assistants.

5) Pregnancy and Childbirth Care at TBAs

The choice of care and delivery using TBAs is strongly related to local

socio-culture. The selection of TBAs over health workers is strongly influenced by the beliefs and customs of the local community (Robah *et al.*, 2023). In this increasingly modern era, health facilities and services have increased rapidly, which is different from the past. Regarding the selection of care and delivery in traditional healers in the village area, it is rarely used because there are already modern facilities scattered in the village areas. This study shows that pregnancy and childbirth care with TBAs is low, out of 10 informants of pregnant women, only 1 pregnant woman took care of TBAs. As shown in the following interview excerpt

"I had two massages in the first and second trimester to adjust the position of the baby" (IU 4).

The informant above revealed that the reason for visiting a TBA was to justify the position of the womb. The quotation from the interview above shows that the informant believes that the baby's position can be justified by the TBA. This is in line with research conducted by (Asrina *et al.*, 2018) shows that the reason for choosing a traditional birth attendant is that the informant believes that the traditional birth attendant fixes the baby's position to keep the baby's head down and can facilitate labor.

b. Socio-culture during the breastfeeding period

Breastfeeding is needed by children for growth and development. There are still many in certain areas or rural communities who still think that breast milk alone is not enough to meet the nutritional needs of children, therefore it is often found that babies aged 0-6 months are given other foods or drinks such as bananas, porridge, lembik rice, and others. In addition, which is often found in the community, working mothers are one of the reasons for not providing breast milk to children because they are busy and are replaced by formula milk. This can be influenced by a lack of knowledge, lack of social support (husband, family, community leaders, and health workers), and the socio-culture of the surrounding community. Exclusive breastfeeding for working mothers requires sufficient knowledge on how to

pump and store breast milk, support from husbands and families to provide breast milk when mothers work, support from community leaders and health workers to increase maternal motivation, and sociocultural support from the community that reinforces positive beliefs about the importance of breast milk for toddlers.

1) Early Breastfeeding Initiation (IMD) after Baby is Born

The results showed that the coastal communities of Jember Regency from all informants provided breast milk from birth because of the direction of the midwife who helped give birth.

"Yes, because the doctor told me to" (IU 3)

"Yes, if you don't breastfeed, then what will the baby eat. I was told by the midwife that it's important" (IU 6).

"Yes, so after birth I immediately gave breast milk". (IU 10)

Based on the quote above, the informant understands that Early Breastfeeding Initiation (IMD) after birth is very important to give to the baby. This knowledge is obtained by informants from health workers who provide direction directly after childbirth, this is in line with research conducted by (Hayati and Aziz, 2023) that there is a significant relationship between the role of health workers in breastfeeding infants, namely by increasing maternal behavior to breastfeed exclusively for up to 6 months and continuing breastfeeding until the baby is 2 years old and providing information related to lactation management.

2) Food Restrictions While Breastfeeding

Food restrictions for breastfeeding mothers are common among people in villages and cities. It is considered that the food or drink consumed by the mother is very influential on the breast milk given by the child. According to research (Oktarina and Wardhani, 2020) that people do food restrictions while breastfeeding to prevent babies from getting sick. For example, such as food restrictions on breastfeeding mothers in Madurese ethnic groups related to

abstinence from eating fish, because it is feared that it can make breast milk fishy. However, this is not correct because fish contains high protein needed by breastfeeding mothers.

"Nothing, I eat everything as usual" (IU1)

"Nothing I eat everything according to what the doctor says" (IU3)

"There is no word that midwives can eat anything" (IU4)

Based on the quotation above, shows that breastfeeding mothers in the coastal areas of Jember Regency already have positive knowledge and beliefs about dietary restrictions during breastfeeding. All informants revealed that they have no taboos on the food they consume daily.

3) Giving colostrum to babies for the first time

Colostrum is breast milk that comes out from the first day until the fourth or fifth day which is thick and more yellow than breast milk. Giving colostrum to babies provides many benefits for babies, but there are still people who do not know the importance of giving colostrum. Of the ten research informants, eight informants gave colostrum to their babies, and two informants did not give colostrum to their babies for several reasons.

"Yes, it was given because the nurse told me to" (IU 1)

"Yes, it was given on the recommendation of doctors and nurses at the puskesmas" (IU2)

"Yes, because he said it was good what the midwife told him" (IU4)

"Oh that, yes mas. The midwife or doctor said yesterday that it was important" (IU 6)

Based on the quotation above, it shows that informants gave colostrum to their children because of the direction of the health worker who handled the informant's birth. Two informants did not give colostrum to the baby because colostrum and breast milk did not come

out after birth, namely IU 3, and the other informant, IU 8, did not give colostrum because the baby was premature and therefore was not given breast milk after birth.

4) Knowledge about the benefits of colostrum

Colostrum serves to boost the formation of the immune system and is used for active and passive immunization. (Sudargo, Aristasari and 'Afifah, 2018). In general, people without sufficient knowledge related to breast milk and colostrum will be afraid to give colostrum to their children because it is considered stale breast milk that is not suitable for consumption by infants.

Based on the results of the study above, most informants gave colostrum to infants because of the direction of health workers, but regarding the knowledge of the benefits of colostrum itself, most informants did not have sufficient knowledge regarding this matter. This can be seen from the following interview excerpt,

"I don't quite understand" (IU 4)

"I don't know" (IU 5)

"I don't understand the benefits" (IU6)

"No, I didn't. Yes, yesterday I was just told by the midwife, directed, she said it was good for the child. Yes, I just obeyed" (IU 10)

Of the 10 informants, seven revealed that they did not understand the benefits of colostrum, but three of them understood and explained when asked questions related to the benefits of colostrum.

"Yes, I know, to form children's antibodies" (IU2)

"Improves immunity as far as I know" (IU 3)

The interview excerpt above shows that both informants gave colostrum to their children because they knew about it. It can be said that most informants gave colostrum to infants due to directions from health workers without

knowing the benefits. According to research (Sulaimah, Annur and Lampung, 2019) that knowledge is the biggest factor in giving colostrum to children.

5) Use of Formula Milk for Infants

Formula milk is chosen by parents as a breastfeeding companion or breastmilk substitute. Of the ten informants, five informants revealed that they never gave formula milk to their babies, while the other five informants gave formula milk for a reason.

"Yes, sometimes when the milk doesn't come out, but after the milk comes out, I love breast milk" (IU 3)

"Always during the first month because the asthma comes out only when giving birth after a month it comes out again." (IU 4)

"Yes, always. My child mixes breast milk and formula. Because he was sick too, his bilirubin was high, so the doctor told him to add formula milk. My child was born small, but could still breastfeed, but finally, it was recommended to add formula milk to gain weight." (IU 10).

Breast milk is the best food for babies. Babies born prematurely without medical problems should still be breastfed. Breast milk is a liquid that dynamically follows the baby's development, from early breast milk (fore milk) to late breast milk (hindmilk) whose fat content increases. Similarly, breast milk in premature babies contains a lot of cysteine, taurine, and lipase that increases fat absorption, long-chain polyunsaturated fatty acids, nucleotides, and gangliosides, as well as greater bioavailability of several types of mineral elements (IDAI, 2013). Giving PASI (formula milk) to infants born prematurely without being accompanied by good behavior towards hygiene and sanitation will further increase the risk of infectious diseases, especially food-borne diseases.

c. Socio-Cultural Issues in Toddler Feeding

Feeding toddlers can be found in modern times as it is today, it is closely related to the socio-culture of the local

community. Starting from the type of food and the amount/frequency of food given to toddlers.

1) Feeding other than breast milk to newborns

Based on the results of the study, all informants revealed that they never gave any food other than breast milk when the newborn was born.

"No, I only gave formula milk and breast milk until the age of 6 months" (IU 3)

"No, no, no. The midwife said it was only allowed to be fed at 6 months old. I just followed her" (IU 9)

"No, it's not allowed by the midwife. They said to wait until the age of 6 months before they could be given food" (IU 10)

Based on the interview excerpts above, the direction of health workers is highly considered and trusted by the informants. The midwife is a key person in the success of community behavior change.

2) Frequency of complementary feeding

Complementary food starts to be given to children when they are 6 months old. Frequency of complementary feeding to children in a day.

The normal frequency for complementary feeding is twice a day by six months of age, and the recommended serving size is 2-3 spoonfuls at a time (IDAI, 2018).

"Twice, morning and evening so that it is full in addition to breast milk." IU1

"Twice a day usually because I also need to adjust to the age of the child. I'm afraid they'll get too full."

Most informants gave two times. There were only two informants who stated to give complementary food two to three times a day. So it can be said that the majority of informants' frequency in providing complementary food to children is still safe. According to research (Wangiyana *et al.*, 2020) that there is a clear relationship between the frequency

and dose of complementary foods with the risk of stunting in children. The adequacy of complementary foods ensures that children's nutritional needs are met for growth and development.

3) Foods to Give to Toddlers

The food given to children must be gradual according to their age, in addition to the amount and composition of nutrients, the most important thing is the texture. The texture of complementary food should be gradual, as recommended by WHO so that children can adapt to passing the food introduction period well. Food is given starting from the softest texture, namely porridge, gradually lembik rice/team rice to regular food as well as adult food at the age of more than one year.

"Usually I make it myself, sometimes I mash it into porridge using rice, spinach, moringa, eggs, tempeh, and so on" (IU 2)

"Usually SUN, but sometimes I also give rice, vegetables, eggs, liver" (IU 3)

"Rice, vegetables, chicken, eggs, that's it" (IU 7)

Most informants revealed that the food given to their children is cooked or processed by the informants themselves and is by the feeding phase. By preparing homemade complementary foods, it is expected that the nutritional quality of breastmilk complementary foods will be better.

4) Tajen Water Giving

Tajen water has some benefits for the body, but not for giving to infants. This was known by the informants. Based on the research results, ten informants stated that they never gave tajen water to their children.

"Tajen water is like the old days. It doesn't taste good. I don't even want to give it to my child." (IU 2)

"There is no such thing" (IU 4)

The informants already have good knowledge and awareness about tajen water. Food beliefs that have been followed from generation to generation

are increasingly eroded with the wider range of information sources and the more educated the community is.

5) Frequency of Consumption of Outside Snacks

Consumption of snacks outside in children is a natural thing. Every day children certainly do not just stay at home, but play outside the home so that children have a great opportunity to snack outside the home.

"Sometimes if he wants to buy snacks, I don't buy them for him. Usually he likes to eat potato sticks and chocolate" (IU 2)

"Yes, usually the child asks for noodles, chocolate, wafers, potato, and snacks from the stall" (IU 4)

According to research (Angraini *et al.*, 2019) the frequency of snacks in the high category is because children do not want to eat in the morning and, children prefer sweet and practical foods such as wafers and snacks. Based on research by Mulyaningsih *et al.* (2021) shows that there is a positive relationship between high frequency of snack consumption and the risk of children experiencing stunting. This is because snacks for children contain fat (59.6%) and energy (40%) but have a lower density of protein and micronutrients. Insufficient intake of micronutrients, such as calcium and vitamin A, adversely affects children's linear growth. Micronutrients are very important for child development because they have an important role in bone formation (calcium), bone length growth (zinc), and intrauterine increase in femur length (supplements) (Mulyaningsih *et al.*, 2021; Wamani *et al.*, 2007).

6) Habit of Paying Attention to Nutritional Content on Packaging

The habit of reading or paying attention to the nutritional content on the packaging of food consumed is closely related to a person's knowledge related to nutrition. According to (Febrinasari and Riandani, 2023) limiting the consumption of food products in children is done if the mother has awareness and attaches importance to reading labels on the packaging of products consumed by children.

"Never, I don't understand because" (IU 5)

"Yes, why not mas. I've never done it, I don't understand it" (IU 6)

"Never, don't understand what it's because of, how to read it" (IU 7)

Based on the results of the study, all informants revealed that their children do snack behavior outside the home almost every day and informants as mothers do not pay much attention to the nutritional content of the packaging consumed by children. This is an opportunity for unsafe consumption behavior, not only about the potential entry of harmful food additives but also the potential for food to be unfit to eat because the expiration date is not considered.

CONCLUSION

Based on the results of the research conducted, it can be concluded that the socio-culture during pregnancy in coastal communities in Jember Regency related to TTD consumption is quite good. 7 out of 10 informants consume TTD regularly, conduct routine pregnancy checks at the hospital, midwife, or posyandu, 8 out of 10 informants have no taboos during pregnancy, and 1 out of 10 informants have visited a traditional healer to fix the baby's position.

First, Socio-culture during the breastfeeding period can be concluded that all informants conducted Early Breastfeeding Initiation (IMD), did not have food restrictions during breastfeeding, 8 out of 10 informants gave colostrum to babies, 3 out of 10 informants had high knowledge of the benefits of colostrum in children, 5 out of 10 informants still gave formula milk to help consume breast milk. Second, Socio-culture in the feeding period of toddlers is that all informants do not give food other than breast milk to newborn babies, the frequency of complementary feeding for 8 out of 10 informants is twice a day and the other 2 are 2 to 3 times a day, all informants give their own processed foods such as chicken, eggs, tempeh and others. None of the informants had ever given taken water to their children, all informants revealed that

their children snacked outside the home almost every day, and all informants did not have the habit of paying attention to the nutrition on the food packaging consumed by their children. Third, the socio-cultural aspects that appear to affect the occurrence of stunting are during the feeding period of toddlers, namely the frequency of consumption of children's snacks outside the home. Fourth, based on these conclusions, suggestions that can be made by health workers include providing nutritional education about healthy snacks, reading nutrition labels on snack packaging, as well as technical training in making healthy snacks for children. Apart from that, it is also necessary to actively optimize collaboration in health programs between health workers and local community leaders. The potential for further research is to explore the relationship between snack consumption and the incidence of stunting.

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