

# Analysis of Fathers' Support Based on Maternal Perceptions Through Stunting Incidence in Toddler at Coastal Areas

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## ABSTRACT

**Background:** Stunting is a children's health problem that has not been completely resolved, especially in the coastal areas of Surabaya. Children's health problems are influenced by family support, one of them is father, but the research on fathers' support in the coastal areas of Surabaya is still limited. This study aims to analyze the support of fathers related to stunting in toddlers. **Method:** The research method used was observational analytic using a cross-sectional approach. The population was all children under three years old in the coastal area village of Surabaya. The number of samples was 105 children with a consecutive sampling technique. The independent variable was the father's (informational, instrumental, judgment, and emotional) support. The dependent variable is the stunting event. The research instrument used was a questionnaire. Data analysis used the Chi-Square test. **Result:** The research data showed that informational support and assessment did not have a relationship with the incidence of stunting with a value of  $p = 0.502$  and  $0.291$ , while instrumental support and emotional support had a significant relationship with the incidence of stunting, the value of  $p = 0,000$  and  $0.002$ . **Conclusion:** The results showed that instrumental support and emotional support from fathers influenced the incidence of stunting in toddlers. The recommendation for further research is to develop interventions to increase the father's instrumental and emotional support.

**Keywords:** fathers' support, stunting, toddler.

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## INTRODUCTION

Stunting is a condition of impaired growth in children's body and brain due to malnutrition for a long time. The stunting countermeasure is not only the responsibility of the government but also the responsibility of all families in Indonesia [1]. Family is a system that has members interacting, interrelation, and interdependence with each other to achieve common goals [2]. In the family, parents are important factors in achieving common goals, one of the family goals is to produce a generation that can grow and develop well. In 2017, data from WHO showed that 22.2% or 150.8 million children under the age of five were stunted. The population of children under five who were stunted, 55% lived in the Asian region. Southeast Asia was in the second position with a prevalence of 25.7% [3]. The results of the Basic Health Research (Riskesmas) 2018 showed that the prevalence of stunting in toddlers in Indonesia was 30.8%, the achievement was still going beyond a limit set by WHO, which is 20% [4]. Surabaya has a stunting incidence of 26.7%.

The geographical location of Surabaya is in a coastal area located in the eastern region and earn a living as fishermen. When it is viewed in terms of the availability of foodstuffs, the coastal region has the availability to meet the nutritional status of its society. Fish resources come from coastal waters. Fish is known to be very beneficial for pregnant women, babies in the womb, and children. Fish is a food ingredient rich for protein. In terms of nutrition, protein is an important source of energy and amino acids for cell growth and repair [5]. This shows that coastal areas have good availability of food ingredients to fulfill nutritional status, especially for children's growth. In reality, in the coastal area of Surabaya many children still experience a nutrition health problem, called stunting.

Lawrence Green (1992) states that three main factors can determine health behavior, one of which is family support [6]. Family support is a process that occurs during life, with the characteristic and type of support varies at each stage of life. Family support can be obtained from parents or relatives [2]. How the relationship between fathers' support and the incidence of stunting based on maternal perceptions in this coastal area is not yet explained entirely because of the limited research on this topic. Therefore, the researcher intends to analyze the relationship between fathers' support based on maternal perceptions and the incidence of stunting in toddlers at Tambak Wedi Community Health Center, Surabaya.

## METHOD

This type of research was observational analytic research that aims to observe or measure various variables without intervening and manipulating. Meanwhile, the approach used a cross-sectional study approach. The population used were all mothers who had children aged 12 to 36 months (under three years) totaling 125 children, and the samples consist of 105 respondents. Samples were obtained using consecutive sampling techniques that met the inclusion criteria of mothers and children who come to the Integrated Healthcare Center (*Posyandu*). Also, children who had fathers while the exclusion criteria were children under three years old accompanied by other than their mother at *Posyandu* and mothers who did not live with their husbands (husband working out of town).

The independent variable was the father's support in providing nutrition and child care, while the dependent variable was the incidence of children stunting under three years old. The instrument was a questionnaire adapted from [7]'s study. The questionnaire consisted of a

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father support component. The questionnaire related to the father's support would be prepared based on several indicators, namely informational support, instrumental support, assessment support, and emotional support. The questionnaire was tested for validity and reliability with Alpha 0.9202 results. The research was conducted at a *Posyandu* Tambak Wedi village in Surabaya. The researcher determined respondents under the inclusion and exclusion criteria, then the researcher took measurements of the child's height, gave questionnaires to respondents, and explained how to fill out the questionnaire. Before starting to retrieve data, the researcher gave an explanation of the research and a statement of willingness as a respondent. This researcher had obtained ethical eligibility by the Health Research Ethics Committee of the Faculty of Medicine, Airlangga University. The analysis used a statistical test, namely Chi-

Square, with a confidence level of 95% ( $\alpha = 0.05$ ).

**RESULT**

The subject was mostly children aged 12-24 months which consisted of 40 children (38.1%) with a non-stunting category. About one-third of children were female and they did not experience stunting ( $n = 34, 32\%$ ). The highest number of children who have characteristics as the first child and non-stunting were 33 children (31.4%). More than half of children were born with normal birth weight 2500-4000 grams and not stunting were 58 children (55.2%) and nearly a quarter of children were born with normal birth weight but 25 children (23.8%) experienced stunting. More than half of the children ( $n = 58, 55.2\%$ ) were not stunting and had no allergies and 37 (35.2%) of the stunted children also did not have allergies. All children (100%) both stunting and non-stunting were born in a health facility.

**Table 1 Characteristics of Children Under-Three Years of Age (n = 105)**

Toddler Characteristics	Frequency			
	Stunting		Non-Stunting	
	N	%	n	%
<b>Toddler Age</b>				
12-24 months	19	18,1	40	38,1
>24-36 months	21	20	25	23,8
<b>Sex</b>				
Male	17	16,2	31	29,5
Female	23	21,9	34	32,4
<b>Birth Order</b>				
First Child	15	14,3	33	31,4
Second Child	17	16,2	22	21,0
Third Child or more	8	7,6	10	9,5
<b>Birth Weight</b>				
<2500 gram	12	11,4	5	4,8
2500-4000 gram	25	23,8	58	55,2
>4000 gram	3	2,9	2	1,9
<b>Allergy</b>				
No	37	35,2	58	55,2
Yes	3	2,9	7	6,7
<b>Place of birth</b>				
Home	0	0	0	0
Health Facility	40	38,1	65	61,9
<b>Total</b>	<b>40</b>	<b>38,1</b>	<b>65</b>	<b>61,9</b>

**Table 2 Characteristics of Fathers of Children Under Three Years Old (n=105)**

Characteristics	Frequency			
	Stunting		Non-Stunting	
	n	%	N	%

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<b>Number of Children</b>				
One	12	11,4	30	28,6
Two	17	16,2	22	20,9
Three	9	8,6	10	9,5
Four or more	2	1,9	3	2,9
<b>Father's Educational Level</b>				
Not Completed Primary School	1	0,9	1	0,9
Elementary School	18	17,1	7	6,7
Junior High School	11	10,5	13	12,4
Senior High School	9	8,6	32	30,5
College	1	0,9	12	11,4
<b>Father's Occupation</b>				
Fisherman	5	4,8	3	2,9
Private Employee	35	33,3	61	58,1
Civil Servants (PNS)	0	0	1	0,9
<b>Family Income Level</b>				
Low Income	28	46,7	32	53,3
High Income	12	26,7	33	73,3
<b>Total</b>	<b>40</b>	<b>38,1</b>	<b>65</b>	<b>61,9</b>

The highest number of children from fathers with non-stunting children is one (n = 30, 28.6%), while the highest number of children from fathers with stunting children is two (n = 17; 16.2%). There are 32 fathers (30.5%) with high school education who do not have stunting children

yet 18 fathers (17.1%) have stunting children. Thus, more than half of fathers working as private employees do not have stunting children (n = 61; 58.1%) while 35 (33.3%) fathers have stunting children. The highest income from father with no stunting children are 33 (73.3%) people.

Table 3 The relationship of Fathers' Support based on Maternal Perceptions on Stunting Incidence at Toddlers

<b>Father Support</b>	<b>Stunting Incidence</b>				<b>p-Value</b>
	<b>Stunting</b>		<b>Non-Stunting</b>		
	<b>N</b>	<b>%</b>	<b>n</b>	<b>%</b>	
<b>Informational Support</b>					0.502
Support	23	41.1	33	58.9	
Not Support	17	34.7	32	65.3	
<b>Instrumental Support</b>					0.000
Support	13	22.4	45	77.6	
Not Support	27	57.4	20	42.6	
<b>Assessment Support</b>					0.291
Support	23	34.3	44	65.7	
Not Support	17	44.7	21	55.3	
<b>Emotional Support</b>					0.002
Support	12	23.1	40	76.9	
Not Support	28	52.8	25	47.2	

The results of fathers' informational support based on maternal perceptions on stunting incidence showed that 33 (58.9%) toddlers who did not experience stunting had received informational support from their fathers. On the other hand, 23 children (41.1%) had received support but they still experienced stunting. The results of the statistical test analysis obtained p-value = 0.502. There are 45 children (77.6%) come from father which already

provided instrumental support to their children and they did not experience stunting. However, there are still 13 children (22.4%) who have support but still experienced stunting. Statistical test results obtained are a p-value of 0,000 which indicates that the p-value <0.05. Support from father's assessment to provide nutrition and child care showed that 17 (44.7%) children did not get support from fathers, while 23 (34.3%) children with

stunting had received assessment support from their fathers. For 44 (65.7%) children who received the assessment support did not experience stunting. The results showed that there was no significant relationship between assessment support with the incidence of stunting in toddlers with a p-value of 0.291.

Toddlers who were not stunted and have received emotional support from their father are 76.9% (40 children). Toddlers who were stunted and did not get emotional support from the father are 28 children (52.8%). The results showed that the relationship between father's emotional support based on maternal perceptions with the incidence of stunting in toddlers obtained statistical test results with a p-value = 0.002 thus it can be said that there is a significant relationship between fathers' emotional support and the incidence of stunting.

## DISCUSSION

The percentage of stunting incident reaches 38.1%. This shows that the research area still has a high rate of stunting events. It is not appropriate with the geographical potential of the research area because when it is viewed from the availability of food, the research area which is the coastal region has the availability of food that can fulfill the resident nutritional status. The fish resources are derived from coastal waters. The fish are known to be very beneficial for pregnant women, infants, and children. It is a protein-rich food ingredient. If it is seen from the nutritional side, protein is an important source of energy and amino acids for the growth and repair of cells [5].

The high events of stunting might create it because the researchers still mix the topic between stunting and stunted. Stunted (short stature) is a child with a height per age under-2SD, whereas stunting is a child who has a height per age under-2SD caused by chronic malnutrition or chronic infections. In this study, stunting is identified by mixing infants with a history of Low Birth Weight (BBLR) and premature. It shows that stunting identified is not only as a result of malnutrition or chronic infections but also congenital birth due to BBLR and premature.

Stunting can also be influenced by the number of children in the household. Households who have three or more children under five years old cause the stunting incident to increase (Titaley *et al.*, 2019). The research data mentions that there are 11 stunting children from households with  $\geq$  three children. Children who are living in the household who has many members will cause a decrease in food availability and increase competition to fulfill their nutritional needs [8]. The number of children can lead to less optimal nutritional status and poor child health due to improper allocation of food in the household (Titaley *et al.*, 2019). It will be compounded if the family income is low (Fikadu *et al.*, 2014).

Informational support is one aspect of social support. It can be disclosed by providing information, advice, recommendations, instructions, feedback, as well as feedback about the situation, conditions, circumstances that are being experienced by individuals and ways to overcome so that making it easier for individuals to search for and get solutions [9]. The father as the closest person from the mother can be a source of informational support regarding children's nutritional knowledge, parenting, and child-feeding so that with the informational support the mother knows about those things (Ratna, 2010). A mother has a very important role

in the fulfillment of nutrition for children because the intake of nutrients eaten by children daily depends on the mother [10]. The research conducted by [11] states that there is a meaningful relationship between the children's eating patterns and the stunting event.

Providing informational support can be done by facilitating the mother and children, providing information about breastfeeding and additional food based on the age, reminding the mother to follow Posyandu, and reminding the child to keep hygiene is an example of providing informational support of father to mother and child [12]. Those activities can help both mother and child to get information about healthy behavior.

A research questionnaire regarding the informational support of a father has 5 questions. The results of the questionnaire recapitulation showed that support regarding exclusive breastfeeding was still lack. The support from the husband greatly affects the success of the mother performing her role, one of which is breastfeeding [13]. The existence of informational support from the husband about breastfeeding should increase the knowledge of the mother to breast-feed her child so that it will lower the stunting event [14]. The previous study reveals that there is a relationship between support from the husband and the maternal attitude regarding exclusive breastfeeding [15].

Support from the father in providing nutrition and child care is expected to influence the behavior so that it can prevent the occurrence of stunting. However, the results of this study showed that there was no relationship between the informational support of the father and the stunting event in the toddlers with a p-value of more than 0.05.

The results revealed that there were 23 children with stunting although they have got informational support from their father. Some factors may be another factor of stunting events such as family characteristics that indicate low-income levels [16]. The research conducted by Akram *et al.*, (2018) reveals that children with low economic status will receive less proper nutrition.

Instrumental support is a support that can be obtained in the form of provision of material assistance and services so that it can provide direct assistance such as giving money (financial assistance), goods, food, services or providing help in performing tasks that can reduce stress happened to the mother and children [17]. The results of the statistical test analysis showed that the result of  $P = 0.000$ . It means that  $p < 0.05$  so that  $H_0$  is rejected and it can be concluded that there is a relation between instrumental support and the stunting event in the toddlers.

The results of the questionnaire recapitulation showed that support from the father was still lack in providing food with balanced nutrition. One of the ways to fulfill the balanced nutrition is by feeding children with varied food. The quality of food consumed by children can be identified by food diversity giving to them. The research conducted by [18] finds that 85.4% of toddlers that do not get a variety of food supply experience stunting. Children who experience stunting is not solely due to the lack of macronutrient deficiencies, but it is more due to micronutrient deficiency.

The fulfillment of micronutrients can be seen from the diversity of food obtained [19]. The fulfillment of children's nutritional needs is automatically related to the socio-economic status of the family [20]. The economic

ability or purchasing power of family income is the most important factor that affects access to healthy and nutritious food [21]. Family income will also affect children's nutritional intake. Inadequacy nutrient intake of children elevates the risk of stunting [22]. Income, education, and parents' knowledge are factors categorized in the socio-economic status of parents that greatly affects the growth process of children. Education and knowledge from the father can also affect support for children. 40% of fathers have the last educational background of Senior High School and 18 fathers of the toddlers who are experiencing stunting are Elementary School graduated. The educational background of the father will impact the mother and children as the support recipients. Educational background will affect the father's knowledge so that it affects the foster pattern to the children [23].

Appraisal support is the help given in the form of a father's advice to the decision taken which can be a positive or negative appraisal so it helps one to evaluate himself [24] (Friedman, Marilyn, dan Vicky, 2013). Cross-tabulation results between appraisal support and stunting in toddlers showed that P-value is 0.291 which indicated that there was no relationship between the appraisal support of the father and the stunting event.

The absence of a relationship between appraisal support and the stunting event can be caused by a busy father who works to meet the children's dietary needs and lead to the lack of time to be with the children and wife. As a result, there will be very little opportunity to give praise to the mother or children. The result of the questionnaire recapitulation also showed that the lack of appraisal support aspect in which it happened because the father was lack of giving praise to the mother such as praising when she provided foods for their children. Most of the fathers' work is private work including trading, labor, driver, etc. in which most of them get a low income. This causes the father to focus on the work to meet the instrumental support. However, on the other side, the father does not provide appraisal support.

Other causes of lack of father's participation in giving appraisal support are the lack of father's knowledge regarding exclusive breastfeeding, the time to start the complementary food, and the order of food serving so that the ignorance would be the reason for not providing support because the father does not know to praise positively or negatively also in the decision making [25].

The result of questionnaire recapitulation also showed that there was still a lack of appraisal support of the father regarding giving praise to the mother such as acknowledging the ability of the mother in providing nutrition to children and care for children. The research conducted by [25] reveals that father involvement in providing physical and financial support is high and father involvement in the decision on feeding the children seems lower. The lack of a father's involvement in decision-making would result in the reduction of father's attention to the mother because it causes a father's tendency to surrender with a mother's choice which unfortunately leads to a lack of father's support of appraisal regarding feeding the children.

Emotional support is a form of expression of empathy, compassion, love, and attention to the individual so that the individual feels comfortable, valued, loved, beloved, cared for by a source of support that results in the capability to cope better with the problem (Ratna, 2010; Sarafino, 2012; Taylor, 2009). The results of cross-

tabulation between father's emotional support and stunting event in toddlers obtained a P-value of 0.002 which means that  $p < 0.05$ , so that  $H_0$  is rejected which means that there is a significant relationship between emotional support and the stunting incidence of toddlers.

The emotional support of the father produces a sense of comfort, appreciation, and love that will give effect to the mother. Indirectly, a father will play a role in the physical health of his children, such as providing optimal support to the pregnant wife that will produce a healthy condition so that it has a good impact to the child [26]. Another impact that will be received by the mother if she gets support is that she can breastfeed exclusively accompanied by a flow of affection from the husband that will result in the smoother breast milk production and expenditure so that the nutritional needs of children in the first 6 months are fulfilled [27]. That case will reduce the risk of stunting event [14]. The emotional aspect that concerns feelings is the most important aspect of one's attitude toward breastfeeding [28]. The lack of emotional support of fathers regarding exclusive breastfeeding is one aspect of support given by the father that is still lacking. The limitation of this research is the appraisal support of the father conducted based on the perception of the mother so that the result obtained is still seen from the perspective of the mother. In other words, the researchers have not yet seen directly from the father's point of view as a support person. Moreover, the calculation of the stunting event was still done by mixing children who have a history of BBLR or premature.

## CONCLUSION

The supports from father affect the toddler stunting incidences are instrumental support and emotional support. Informational support and appraisal support do not give a significant impact on the stunting of toddlers. Health workers are expected to develop education as prevention efforts of stunting not only to the mother but also to the father, especially regarding the optimization of father's instrumental and emotional support to the mother and children.

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