BKM Public Health & Community Medicine
Berita Kedokteran Masyarakat

Volume 40 **Number** 6, 2024, **Pages** e13210
DOI: 10.22146/bkm.v40i06.13210

Nutritional parenting patterns and their determinants among PKH beneficiaries in Ruteng Sub-District

Engelina Suryawaty Jehuman[1]*, Retna Siwi Padmawati[1], Daniel[1]

Submitted :
May 8th, 2024
Accepted:
June 24th, 2024
Published:
June 30th, 2024

[1]Department of Health Behavior, Environmental, and Social Medicine, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

***Correspondence:**
yeyenjehuman@gmail.com

Abstract

Purpose: To explore the nutritional parenting practices and their determinant factors among beneficiaries of the Family Hope Program (PKH) in Ruteng Sub-District. **Methods:** This study is qualitative research with a case study design using a snowball sampling technique. The primary informants of the study are parents of toddlers who are beneficiaries of the Family Hope Program. Data is collected through focus group discussions, in-depth interviews, observations, and document studies. **Results:** Incorrect timing of complementary feeding is still common, and lack of dietary variety and insufficient protein consumption are prevalent issues in the community. The behaviour of proper waste disposal remains very low; the attendance rate of parents at posyandu and receiving immunizations still needs to improve, at 71% or below the standard. Regarding the determinant factors of parenting practices, it is known that most mothers are over 35 years old, parents have a low educational level, and parents' occupations consume their time, large families, and husbands' limited involvement in child care, cultural and habitual factors are also known to influence the parenting practices. **Conclusion:** The nutritional parenting practices for toddlers among PKH beneficiaries in the Ruteng Sub-District still need to be improved, particularly in providing complementary feeding, feeding practices, hygiene and sanitation, and child healthcare maintenance. Several determinants influence these nutritional parenting practices, such as the mother's age, low educational level, parents' occupations, large family size, cultural factors, and low support from husbands in the child-rearing process.

Keywords: nutritional parenting; nutritional status; P2K2 PKH

INTRODUCTION

Nutrition issues are a global and national concern and remain a significant health problem that requires attention at the district level. One district in East Nusa Tenggara Province with a high prevalence of wasting and stunting is Manggarai District, where the 2018 Riskesdas data showed a prevalence of wasting at 9.3% and stunting at 43.3%.

Based on the modified UNICEF conceptual framework of determinants of child nutrition issues, nutritional problems have several causes, including direct and underlying causes. Inadequate food consumption and infectious diseases are direct causes of dietary issues. In contrast, underlying causes include parenting and feeding practices, household food insecurity, unhealthy environment, and suboptimal healthcare services [1]. Parenting encompasses the attention and support given to mothers from pregnancy to child-rearing, as it impacts the child's

subsequent growth and development. Parenting practices include exclusive breastfeeding, complementary feeding, feeding practices, and seeking healthcare services when the child is ill [2,3].

The government has implemented national programs to reduce child nutrition problems, such as stunting, involving various sectors, including the Family Hope Program (PKH). In the field of health, PKH aims to improve the health status of pregnant women and toddlers by utilizing healthcare facilities, providing nutritional interventions through cash assistance, and increasing understanding of health through the Family Development Sessions (FDS) or Family Capacity Building Meetings (P2K2) program [4]. The implementation of P2K2 activities aims to foster awareness, knowledge, and skills, particularly in health, nutrition, and child care [5]. Based on the description, the researcher feels it is necessary to analyze the parenting practices of toddlers among PKH beneficiaries in Manggarai District, as they influence the nutritional status of toddlers. This study explores the parenting practices of toddlers and the factors that influence parental behaviour, particularly in the parenting practices and feeding practices of toddlers among PKH beneficiaries in Manggarai District.

METHODS

This type of research is a qualitative study with a case study design. The case study design was chosen because the researcher wanted to explore in depth the parental caregiving practices that affect the growth and development of toddlers among PKH beneficiaries through the Family development session or P2K2 program, and identify the factors that influence the implementation of parenting practices.

This research was conducted in Manggarai District, specifically in the Ruteng Sub-district, which has the highest number of PKH beneficiaries. The selection of research subjects is made purposively, meaning that the determination of research subjects is based on criteria set by the researcher. The type of purposive sampling used is maximum variation/heterogeneous, where the selected sample provides various relevant criteria related to the event or phenomenon being studied [6]. Using maximum variation sampling will provide an overview of the nutritional parenting practices and nutritional status of toddlers based on the mother's age, level of education, and socioeconomic background. The sampling technique for the primary informants uses snowball sampling, where the subsequent informants are determined based on referrals from the previous primary informants. Snowball sampling is necessary because reaching the primary informants directly is challenging due to limited accessibility to their data.

Data collection in this research is conducted using several methods, including in-depth interviews to understand parenting practices and factors influencing them, observation, document review to assess the nutritional status of toddlers, and focus group discussions to gather insights on the P2K2 program and parenting practices among PKH beneficiaries in Ruteng Sub-district.

RESULTS

Nutritional parenting practices

Nutrition parenting is part of child parenting in the form of household practices aimed at supporting the growth and development of children, which are manifested by providing food, healthcare, and other related aspects [7]. The nutritional parenting practices included in this study are exclusive breastfeeding, complementary feeding, feeding practices, cleanliness and sanitation, and child healthcare maintenance—specifically, the themes and categories related to nutritional parenting practices as displayed in the following diagram.

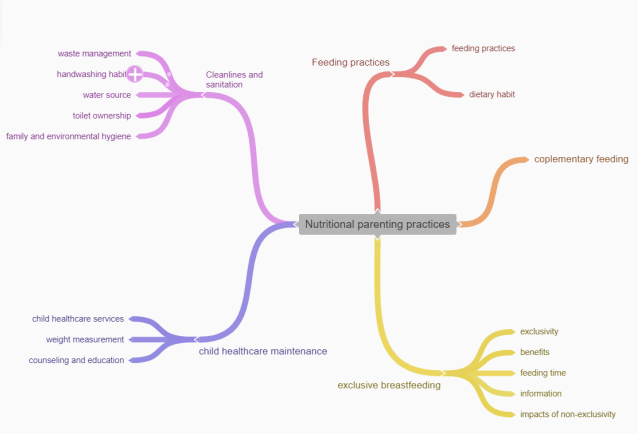

Figure 1. Nutritional parenting practices diagram

Exclusive breastfeeding

In the theme of exclusive breastfeeding, although the majority of primary informants do not have comprehensive knowledge about exclusive breastfeeding, they have indeed provided exclusive breastfeeding to their babies. The most fundamental reason for the informants to provide exclusive breastfeeding is that they are aware of the benefits and impacts of exclusive breastfeeding on child health. Additionally, economic constraints prevent them from purchasing formula milk, making breastfeeding the only choice. The primary informants state that by providing exclusive breastfeeding, their children will

have sound immune systems, which will benefit their growth and development.

> *“The benefits are maintaining a strong immune system and overall health, and promoting growth. Specifically, it helps ensure that the child's height increases, meaning that their overall physical growth, including both height and weight, is enhanced" (FG, KPM PKH)”*

Furthermore, they also convey that the impact of not providing exclusive breastfeeding to infants will make them more susceptible to illness due to digestive disorders. The digestive system of infants under six months cannot digest food other than breast milk. Support from the family, especially the husbands, in providing exclusive breastfeeding is also expressed by all informants.

Complementary feeding

In the theme of complementary feeding, the information obtained reveals that some primary informants delayed introducing complementary feeding. This was also mentioned by supporting informants such as Posyandu cadres and healthcare workers, who observed that many mothers start complementary feeding when the baby is already over seven months old. However, some mothers have been found to introduce complementary feeding earlier, before the baby reaches six months.

> *"Some individuals initiate complementary feeding at seven months, whereas it should ideally begin at six months. Occasionally, there are also cases where complementary feeding is introduced before the baby reaches six months of age" (FU, health worker)*

Feeding practices

The eating habits of children, particularly those in the PKH (Program Keluarga Harapan) recipient households, are greatly influenced by the parents' income. When there is extra income, children are provided with side dishes such as fish and eggs. However, if there is no extra income, they are usually given simple meals the mother prepares, such as rice and vegetables. Protein consumption remains very low as it heavily depends on the family's income. If the family receives assistance from eggs, they can only consume protein-rich foods. Additionally, vegetable consumption is usually limited to the most readily available and accessible vegetables in their home gardens.

Regarding the texture of food provided, especially during the initial introduction of complementary feeding, infants are given pureed porridge until nine months. As the child grows older, the texture gradually changes. At nine months of age, soft foods are introduced, and solid foods, such as family meals, are given when the child reaches one year of age.

The variety of foods given aligns with the previous information regarding eating habits. Most informants state that the food provided to children is adjusted to or the same as the family's meals. The most common foods are rice and vegetables, while protein sources such as fish, eggs, and meat are only provided when parents have extra funds.

> *“In our village, we commonly eat cassava leaves and pumpkin. However, when it comes to side dishes, we usually have them twice a week, but if we do not have enough money, it is only once a week. We do not have side dishes daily because it depends on our income. We eat based on what is available"*
> *(FT, KPM PKH)*

Cleanliness and sanitation

Most prominent participants stated that healthy water is a source for household needs. As for toilet ownership, most people already have their toilets, although a few individuals still need one but use their nearest neighbour's toilet. Regarding handwashing habits, most participants said they always wash their hands when preparing food for children or after performing other household activities. However, handwashing practices still need to be improved as they do not involve soap and running water.

The information obtained from the primary and supporting participants regarding family hygiene and the cleanliness of the surrounding environment reveals that the community is already aware of the importance of maintaining cleanliness. This manifests in regularly bathing children and providing trash bins at home. However, an ongoing issue is that although the trash bins have been provided, other family members still need to be aware of the need to properly dispose of trash in its designated place.

> *"If it is about cleanliness, it seems quite good. Ever since the arrival of COVID-19, every house has had a trash bin; the same goes for wastewater disposal. As for the cleanliness of the house, it depends on the situation." (MJ, Posyandu cadres)*

Based on the information obtained, most of the community has taken the initiative to provide waste containers for household waste management. After the waste is collected, it is either burned or disposed of in designated holes. Additionally, the community has

established wastewater drainage systems for liquid waste in each house.

Child healthcare maintenance

The first category, weighing and body weight, discusses the presence of posyandu and the reasons for attending it. Based on the interviews with the main participants, it is known that all participants stated that they regularly attend posyandu, except when their child is sick. They mentioned that by bringing their child to posyandu, they can monitor their child's growth, such as changes in weight and height every month. Additionally, they can also learn about their child's development. Apart from monitoring the child's growth, two participants stated that by bringing their child to posyandu, they also receive medicine, vitamins, and immunizations to make the child healthier and strengthen their immune system. This is also in line with what was conveyed by the health workers at the primary health center, stating that the attendance of toddlers at the posyandu every month for weighing purposes generally meets the target. Furthermore, the vitamin A supplementation in the given month reached 100%.

Regarding the information through counseling and education, the main participants receive this information from various sources such as midwives, posyandu cadres, Family Hope Program companions during P2K2 activities, and the Maternal and Child Health book. The health information they have heard relates to hygiene, healthy living practices (PHBS), nutrition for children, and information related to breastfeeding (MP ASI). When seeking healthcare services, especially for children, all participants stated they go to the nearest health facility for treatment and consultation.

> *"Regarding health at the posyandu, they guide proper handwashing techniques, maintaining environmental cleanliness, and ensuring children's cleanliness. For example, in maintaining children's cleanliness, they emphasize not just taking a bath but also paying attention to cleaning their ears and nails, as neglecting these areas can lead to diseases such as worm infections in children. Regarding the environment, they advise against indiscriminate waste disposal, as it can result in a high presence of mosquitoes in the house. Additionally, if necessary, they recommend burning plastic waste" (KN, KPM PKH).*

Factors influencing nutritional parenting

According to the *precede-proceed theoretical framework,* several factors can influence the behaviour of nutritional parenting, as described in the text. These factors include *predisposing factors, reinforcing factors, and enabling factors*. *Predisposing factors* are factors that facilitate or hinder someone from changing their behaviour. Some examples of *predisposing factors* are maternal age, level of education, parental occupation, family size, and culture. *Reinforcing factors* are factors that strengthen or enhance behaviour change, and in this study, support from the husband is included. *Enabling factors* support behaviour change by providing resources or conditions that enable someone to engage in or avoid behaviour change, and income level is included in this category [8].

Mother's age

The information obtained from the interviews reveals that 6 out of 10 main participants were over 40 years old, while the rest were over 30 years old. This is also consistent with the interviews conducted with supporting participants. Among these healthcare workers, it was found that the average age of mothers of toddlers in Ruteng District is above 20 years, and most of them are over 30 years old. One participant also mentioned that younger mothers or those with only one child are more diligent in caring for their children. Additionally, it was noted that toddlers with nutritional status problems mostly come from mothers who are over 20 years old.

> *"If we talk about the mothers' age here, it ranges between, well, there are a few who are around 25, but not many of them have children with issues, mostly up until their 30s" (FU, healthcare worker)*

Educational level

Based on the data obtained from interviews with both primary and supporting participants, it was found that the educational level of toddler parents in Ruteng Sub-District varies, ranging from primary school to a bachelor's degree. According to one participant, toddlers with nutritional problems are most commonly found among parents who have completed only primary school education.

> *"In terms of educational level, most of them have completed junior high school. However, only a few per cent of parents have completed primary school. Interestingly, the majority of parents who have toddlers with nutritional status problems are those who have completed primary school education" (FU, healthcare worker)*

Regarding the influence of education level on parenting practices, all three healthcare professional participants stated that parental education significantly impacts child-rearing practices. For

example, parents with lower levels of education are more likely to have inadequate parenting practices. Additionally, lower levels of education can result in a lack of understanding of counselling provided by healthcare workers, significantly affecting their approach to child-rearing.

According to one participant's experience during the P2K2 activity, individuals with educational levels, such as junior high school and senior high school, were more active during discussions. They demonstrated a better understanding of accessing social media and KIA books to seek information on parenting and child-rearing. This impacted their children being better cared for, cleaner, and free from nutritional problems. One participant also shared differences in parenting outcomes based on the parents' educational levels. Regarding accessing child healthcare services such as immunization, parents with primary school education should have paid more attention to such matters. This may be attributed to their need for more understanding of the importance of primary immunization for toddlers, making it a lower priority. The same applies to providing food and paying attention to their child's dietary patterns. Sometimes, due to their limited understanding of the importance of nutrition for a child's growth and development, they may not prioritize these aspects and become occupied with work.

> *"Indeed, in my opinion, human resources (SDM) play a significant role. For example, during the P2K2 group meetings, the parents with junior high school (SMP) and senior high school (SMA) education were more actively engaged. As a result, they quickly understood and captured the information we conveyed. I believe that with their ability to comprehend the information we provided, there is hope that they can apply it at home" (KH, PKH facilitator)*

Parent's occupation

Based on interviews with the main participants, it is known that in terms of the parents' occupation category, 8 participants stated that the head of the household works as a farmer, one as a driver, and one as a daily labourer. This aligns with the data obtained from interviews with posyandu cadres. Regarding the parents' occupation, based on the information provided by the three participants, it was found that the average PKH beneficiary household in Ruteng District works as farmers, with some also working as daily labourers. These occupations significantly influence parenting practices, as mentioned by two participants. Sometimes, due to the parents' occupation as farmers, they need more time to care for their children, such as paying attention to their dietary patterns. Additionally, the parents' occupation has an economic impact, meaning that the irregular income from these occupations affects the fulfilment of their children's nutritional needs.

The same information was also obtained from the discussions during the FGD (Focus Group Discussion), where occupation was found to have a significant influence, mainly due to the parents spending more time working. As a result, the time available for parenting and child-rearing is reduced, leading to a need for more attention, especially in providing proper meals.

> *"They spend more time going out to earn money, so they consider certain things less important, such as not prioritizing themselves but rather focusing on ensuring they have food for the day and their children can go to school. When it comes to nutrition, only 1-2 people feel that it is essential, but most feel that it is not very urgent" (EN, PKH facilitator)*

Number of family members

In the category of household members, there is variation in the number of members in each leading participant's household. Out of the 5 participants, six members were reported in their families. Two participants stated they had seven family members, two participants had five family members, and the remaining participant had eight family members. Based on the interviews conducted with supporting participants, including healthcare workers and Posyandu cadres, it is generally known that toddlers with nutritional status problems in Ruteng District belong to large families, meaning they have more than four family members.

> *"Yes, they can also influence each other. That was one of the factors, such as pregnancies that are too closely spaced with the last birth. As a result, infants under one year old are no longer breastfed. They are not given attention anymore. The mother's focus is on the current pregnancy" (FU, healthcare worker)*

The discussion with the village PKH facilitators yielded information regarding the significant influence of family size on child-rearing practices. Specifically, three participants stated that family size does have an impact. Having many children is often caused by closely spaced births, which affects the time and resources that must be divided among all the children. Consequently, older children may receive less attention as parents prioritize the youngest child.

Family size also affects the fulfilment of nutrition for children. Based on the experience shared by one participant, households with many children tend to struggle to provide adequate care for those children.

Culture

Regarding the category of cultural norms known as "sida" in Manggarai Regency, specifically its influence on child-rearing, six out of ten participants stated that Sida is indeed a cultural obligation in Manggarai. However, it does not necessarily mean sacrificing the child's needs. Some participants mentioned that they would prioritize their children's needs or seek input from their families to reconsider the Sida arrangement.

Regarding pregnancy taboos, some participants mentioned certain restrictions. One participant stated that it is forbidden to consume "sayur pucuk labu" (a type of vegetable) during pregnancy because it is believed to cause the umbilical cord to wrap around the baby. Others mentioned avoiding spicy food, and one participant stated that eating fish is prohibited as it is believed to lead to an overproduction of breast milk. Additionally, based on interviews with healthcare workers, it is known that some mothers still believe in taboos or restrictions on certain foods during pregnancy. For example, they are advised against consuming seafood such as squid, shrimp, and crab, although the specific consequences of breaking these restrictions still need to be explained.

> *"There was a case in the community yesterday during the Health Education and Information session for pregnant women. When asked about consuming foods rich in calcium and protein, they responded that they could not overeat those sources. They mentioned that certain seafood like shrimp and crab were considered taboo"*
> *(F, Healthcare worker)*

In the category of food taboos, particularly related to taboos believed by each family, or what is known as "ceki" in Manggarai, four main participants stated that their families have a prohibition against consuming frogs. Some also mentioned a taboo against consuming buffalo meat. Regarding food taboos, specifically within the family (ceki), according to a healthcare worker, ceki only applies to unusual food items such as frogs, bats, or porcupines. In contrast, taboos on commonly consumed protein sources like fish, meat, and chicken are rare.

Spousal support

Regarding the role or support of husbands in the child-rearing process, five out of ten main participants stated that husbands have a role or provide support by earning a living, which is subsequently used for the family's needs, particularly for the children. This is consistent with the information obtained from interviews with supporting participants and discussions with PKH facilitators. It is known from this information that spousal support in the child-rearing process still needs to be made available. The primary form of support from husbands is through earning a living to meet the children's and the family's needs.

> *“No, let us take an example. When attending the posyandu to bring the child, I rarely see fathers accompanying them. Especially now, in the Anam Health Center area, most heads of households work outside the home as travel drivers in Labuan Bajo. They mostly work from morning until night on the road, so they have less time to give attention”*
> *(F, Health worker)*

Income level

Regarding the income of PKH beneficiary households (KPM), according to interviews with supporting participants, specifically the posyandu cadres, it is known that all three participants stated that the majority of KPMs are farmers or daily wage labourers. Their average monthly income ranges from Rp 500,000 to Rp 1,000,000, but even that is during the working season. As a result of the uncertain income, they provide food for toddlers based on what is available and within their reach. As mentioned by one participant, this sometimes leads to children being fed only rice and vegetables. This information aligns with what was also shared by the main participants, who stated that most of them need to allocate a specific budget for the nutritional needs of their children. This is because their income is just enough to cover the needs of all family members.

> *"Most PKH recipients are farmers, construction workers, and daily wage labourers. They earn around 75 thousand rupiahs daily, which amounts to around 500 thousand to 1 million monthly, but that is only if they have employment opportunities"*
> *(ME, Posyandu cadre)*

DISCUSSION

Nutritional parenting practices

Exclusive breastfeeding

Based on the analysis, although not all participants were familiar with the exact definition of exclusive breastfeeding, they still practised it for several reasons that support mothers in providing breast milk. Some factors influencing mothers to practice exclusive

breastfeeding include their intention to do so because they are aware of the benefits of breastfeeding for their child. Another reason is that they cannot afford formula milk economically, making breast milk the only option. In line with a study conducted by Giang [9] in Vietnam, it was found that exclusive breastfeeding was significantly more common among mothers who intended to breastfeed exclusively compared to those who intended to provide a combination of breast milk and formula milk to their babies.

In addition to maternal intention, mothers perceive significant support from their families, particularly from their husbands and immediate family members, to encourage breastfeeding. This is consistent with the information obtained from healthcare providers that, in general, the three health centers located in the Ruteng District have relatively high coverage of exclusive breastfeeding, meeting the standard guidelines. A study by Agrawal [10] found that family support, especially from husbands, influences the quality of breast milk infants receive and impacts mothers, particularly when deciding to initiate, continue, or discontinue breastfeeding.

Complementary feeding

From the analysis, the delayed introduction of complementary feeding can also be attributed to an incorrect understanding of complementary feeding information by parents of toddlers. Only a few participants knew the information and benefits of introducing MP-ASI to infants. At the same time, the majority either provided incorrect answers or were unaware of MP-ASI-related information. When considering the educational level of mothers in PKH beneficiary households, which, on average, is completion of primary school, junior high school, or high school, it can be concluded that this influences how mothers understand and apply the information they have received regarding MP-ASI. This is consistent with a study by Lestiarini and Sulistyorini [11], which states a relationship between knowledge level and mothers' actions in providing MP-ASI to infants.

Feeding practices

In this study, the feeding practices for children, especially among PKH beneficiary households, depend on the parents' income. Therefore, the most common variety of food provided is rice and vegetables. At the same time, animal protein, plant-based protein, and fruit consumption occur only occasionally when parents have additional income. Moreover, incorrect feeding habits, which focus on ensuring the child is well-fed without considering the food's variety, type, and texture, are prevalent in the Ruteng District. Regarding meal frequency, it generally adheres to the recommended three meals per day. However, the issue lies in the type, variety, and quality of the food consumed. Typically, parents provide the same food as the rest of the family, adjusting the texture to suit the child's age, but the types and variety of food consumed are minimal. Although the participants claimed to have been exposed to information about proper feeding practices for children, they struggled to help implement them due to economic constraints. Additionally, the habit of consuming commercially available snacks is cited as one of the common reasons by the supporting participants.

This is consistent with a study conducted by Yunitasari [12], which found that sociodemographic factors influence the introduction of complementary feeding among children aged 6-23 months in Indonesia. The study revealed that children aged 18-23 months, with highly educated mothers and from families with the highest wealth index, showed an increase in minimum dietary diversity (MDD) or the variety of foods consumed, as well as minimum acceptable diet (MAD) or indicators assessing the overall dietary pattern. For children aged 9-11 months, having a working mother and residing in urban areas significantly influenced the minimum meal frequency (MMF) or the frequency of meal provision. Another study conducted by Jacquier [13] in the Philippines also found that the food consumption variety provided to children mainly consisted of milk and rice, resulting in lower consumption of protein-rich foods and vegetables in low-income households.

Cleanliness and sanitation

Regarding cleanliness and sanitation, the analysis revealed that PKH beneficiary households are becoming aware of the importance of cleanliness; however, they still need to achieve optimal practices. Some community members still dispose of waste improperly, not all households prioritize cleanliness for all family members, and based on observations, most participating households have poor hygiene conditions. Therefore, cleanliness and sanitation factors can be seen as one of the causes of high nutritional problems such as stunting among PKH beneficiary households in the Ruteng District. This aligns with a study conducted by Rahmad [14], which found that poor sanitation practices impact young children's health, making them more susceptible to various diseases affecting their nutritional status.

Child healthcare maintenance

The information obtained from most supporting participants and secondary data from the Manggarai

District Health Office revealed that the attendance rate of PKH beneficiary households in the Ruteng District still needs to be higher. One of the PKH facilitators even acknowledged that many parents are skipping basic immunizations. After analyzing the information obtained, this is attributed to the low average level of education and understanding among parents regarding the importance of integrated health posts (posyandu) and immunizations for children. This is consistent with a study conducted by Yuli Andriani [15], which found that mothers with good knowledge were 19 times more likely to actively bring their children to integrated health posts than mothers with poor knowledge.

When a child is sick and needs treatment, the nearest healthcare facilities, such as health posts (pustu) or community health centers (puskesmas), are the most frequently visited. These facilities are relatively easy for the community, particularly in the Ruteng District, contributing to reasonable healthcare access. This aligns with a study conducted by Putri [16], which found a significant relationship between distance and the utilization of healthcare services at community health centers.

Factors influencing nutritional parenting

Mother's age

The analysis of the obtained information reveals that the age of mothers of toddlers in the Ruteng District, particularly the age at childbirth, falls within the adult category. Additionally, based on the information provided by supporting participants, such as healthcare workers and posyandu cadres, it is stated that toddlers with nutritional problems are often found among mothers in the adult age category. When compared to the prevalence of nutritional problems found in toddlers from PKH beneficiary households, where most mothers are over 35 years old, it can be concluded that maternal age influences the nutritional status of toddlers. These findings align with a study conducted by Zaidah (17), which found that toddlers with inadequate nutritional status were most commonly found among mothers aged < 20 years and > 35 years. The statistical analysis showed a low association between maternal age and the nutritional status of toddlers.

Educational level

Based on the information obtained from the main participants, the majority have completed primary and secondary education levels. Information from supporting participants, such as healthcare workers at the community health center, indicates that toddlers with nutritional problems are most commonly found among mothers with a last completed primary school education level. Based on the analysis conducted, it is found that the highest prevalence of nutritional problems among PKH beneficiary households in the Ruteng District is observed in families where the mother's last completed education level is primary school. These findings align with a research study by Noor [18], which states that parental education levels are associated with stunting.

Another research study by Supariasa [19] found that the father's education level significantly correlates with stunting. Fathers with a primary school education level have a 3.57 times greater risk of experiencing stunting compared to those who completed junior high school, senior high school, or higher education. With a good education level, parents can understand various information received regarding child care. Therefore, with good knowledge, it is expected that they will be able to provide better parenting practices.

Parent's occupation

Based on the gathered information, the analysis indicates that the parents' occupations, such as the father's, can impact the reduced support provided in child-rearing. Meanwhile, when the mother is employed, it can lead to the child receiving less attention, particularly in terms of dietary patterns and hygiene. Sometimes, when children are entrusted to others, they may miss meal times, and the quantity and variety of food could be better considered. Children are often given snacks, and their cleanliness may be neglected. Although the parents' occupations help them meet the family's needs, considering the nature of the work and the irregular income levels, it does not positively impact the nutritional status of toddlers in PKH beneficiary households.

This finding is aligned with a research study conducted by Dungga [20], which found that the influence of parents' occupations results in insufficient time for parents to pay attention to their children's food and nutrition, thereby impacting the children's nutritional status. Another study by Woldemariam [21] found that although maternal employment increases family income, it also negatively affects children's nutritional status. This study found that toddlers with nutritional problems were frequently found among mothers who worked outside the home.

Number of family members

This research indicates that all main participants have family sizes of more than four individuals or can be categorized as large families. Furthermore, the information collected through in-depth interviews and discussions with supporting participants conveys that nutritional problems are also prevalent in families with

many family members or children. When compared to low parental income levels, this is directly related to the issue of nutritional status in toddlers, particularly the high prevalence of stunting among PKH beneficiary households in the Ruteng District.

These findings align with a study conducted by I.D.N. Supariasa [19], which found that family size is one of the contributing factors to stunting, where household size significantly influences stunting in toddlers. Another research study by Senthilkumar [22] found that the risk of malnutrition is significantly higher in families with more than four family members. Family size is closely related to stunting because family members compete for food and nutrition, leading to inadequate resources for each individual.

Culture

The information obtained in this study reveals that the cultural belief system known as "sida" significantly influences child-rearing practices, particularly regarding how children are fed. The Sida culture greatly influences eating habits within families, as parents prioritize meeting the financial obligations of Sida over providing nutritious food for their children and families. Additionally, the cultural mindset of consuming food for satiety without considering the nutritional content of the food, as well as the belief that stunting is not a concern due to genetic factors, further perpetuates these habits across generations and affects consumption patterns within the community. Although indirectly impacting the nutritional status of children, the Sida culture and the taboos within the Manggarai tradition influence the child-rearing practices for toddlers.

These findings are consistent with a research study by Yuarnistira [23], which found a significant influence of cultural factors on mothers' dietary patterns in Madura and the nutritional status of malnourished children in coastal areas. Cultural factors affect the way mothers feed their toddlers in Madura. Another study by Bhanbhro [24], which examined factors influencing maternal nutrition and health, found that taboos or restrictions on certain foods, such as meat for pregnant women in Minangkabau, hinder healthy eating patterns, which can have detrimental effects on pregnancy.

Spousal support

This study found that, in general, husbands' involvement in child-rearing is primarily focused on providing for the household's needs or being the breadwinner for the family. Furthermore, most of the time husbands spend in work-related activities results in their limited involvement in childcare tasks. Husband's support and participation in caring for toddlers are rarely experienced, except in certain situations requiring the mother to leave the child, for example, to work. Based on the analysis, it was found that the common understanding among mothers regarding the form of support from husbands is primarily focused on providing for the household's needs. Supporting participants echoed this sentiment, stating that husbands play a more significant role in providing financial support to meet the family's needs, thus leaving child-rearing responsibilities to the wife.

A study by Pebryatie [25] confirms that husbands' involvement or support during pregnancy, childbirth, and postpartum periods leads to better maternal health behaviours. The study concludes that comprehensive husband involvement, such as financial, physical, emotional, and informational support, is highly beneficial for mothers.

Income level

The analysis conducted on the nutritional status of PKH beneficiary toddlers revealed that the most prevalent dietary problems are stunting, underweight, overweight, and malnutrition. When comparing these nutritional issues with children's feeding patterns, it was found that children are primarily given food variations consisting of rice and vegetables. At the same time, low protein consumption is attributed to the unstable income levels of families. Therefore, this analysis leads to the conclusion that family income influences child-rearing practices, such as feeding methods, and has subsequent effects on the nutritional status of children.

This finding aligns with a study conducted by Bayoumi [26], which found that low family income is associated with an increased risk of iron deficiency and anaemia in toddlers. Another study by Li [27] also found that aside from maternal nutritional status (height and body mass index), family income level is a primary factor related to the nutritional status of toddlers.

CONCLUSION

The nutritional care practices for toddlers among PKH beneficiary households in Ruteng Subdistrict, including the introduction of complementary feeding (MP-ASI), feeding habits, hygiene and sanitation, and child healthcare maintenance, still need to be revised. Late or early introduction of complementary feeding is still commonly observed. Limited food variety, providing snacks, and a feeding pattern focused on ensuring the child's fullness without considering the

nutritional content are prevalent. Poor sanitation behaviour and low attendance rates at posyandu activities are also evident among PKH beneficiary households in Ruteng Subdistrict.

Several factors influence these child-rearing practices, such as the majority of mothers being over 35 years old, low parental education levels, parental occupations that result in limited time for childcare, larger family sizes with more than four members, cultural factors, limited involvement of husbands in child-rearing, and deficient community income levels. These factors collectively contribute to the nutritional care practices among PKH beneficiary households in Ruteng Subdistrict.

REFERENCES

1. Wali N, Agho K, Renzaho AMN. Past drivers of and priorities for child undernutrition in South Asia : a mixed methods systematic review protocol. BMC. 2019;1–9.
2. Haristantia R. Hubungan pola asuh ibu dengan status gizi anak balita pada keluarga yang menikah dini di Kota Palu. Tesis. Universitas Gadjah Mada. 2019.
3. Aisyah HF. Gambaran pola asuh ibu dengan balita stunting dan tidak stunting di Kelurahan Tengah, Kecamatan Kramat Jati, DKI Jakarta. Perilaku dan Promosi Kesehatan Indonesia: Indonesian Journal of Health Promotion and Behavior. 2021;3(2): 71.
4. Siregar MRF. Pelaksanaan program keluarga harapan dalam mencegah stunting pada balita keluarga penerima manfaat di Kelurahan Binjai Serbangan Kecamatan Air Joman Kabupaten Asahan. Jurnal Ilmiah Mahasiswa Ilmu Sosial dan Politik [JIMSIPOL]. 2021;1(November):1–12.
5. Utomo LP, Studi P, Islamic I, Sosial KP, Islam U, Sunan N. Pola asuh orang tua terhadap anak pada keluarga penerima manfaat (studi program keluarga harapan di Desa Manggung, Ngemplak, Boyolali). Tesis. UIN Sunan Kalijaga Yogyakarta. 2017.
6. Utarini A. Penelitian Kualitatif Dalam Pelayanan Kesehatan. 4th ed. Galih, editor. Jogjakarta: Gadjah Mada University Press; 2022.
7. Sari FY, Pujihartati SH. Nutritional behavior patterns in the program of giving additional foods for infants aged 0-3 years of under red line. Social, Humanities, and Educational Studies (SHES): Conference Series. 2018;1(Snpd):293–301.
8. Green J, James W, Ruth C. Health Promotion 4th Edition. Paper Knowledge. Toward a Media History of Documents. 2019.
9. Giang HTN, Duy DTT, Vuong NL, Ngoc NTT, Pham TT, Duc NTM, et al. Prevalence of exclusive breastfeeding for the first six months of an infant's life and associated factors in a low–middle-income country. International Breastfeeding Journal. 2023;18(1): 1–11.
10. Agrawal J, Chakole S, Sachdev C. The role of fathers in promoting exclusive breastfeeding. Cureus. 2022;14(10).
11. Lestiarini S, Sulistyorini Y. Perilaku ibu pada pemberian makanan pendamping ASI (MPASI) di Kelurahan Pegirian. Jurnal PROMKES. 2020;8(1):1.
12. Yunitasari E, Al Faisal AH, Efendi F, Kusumaningrum T, Yunita FC, Chong MC. Factors associated with complementary feeding practices among children aged 6–23 months in Indonesia. BMC Pediatric. 2022;22(1):1–8.
13. Jacquier EF, Angeles-agdeppa I, Lenighan YM, Toledo MB, Capanzana M V. Complementary feeding patterns of Filipino infants and toddlers lack diversity, especially among children from poor households. BMC Nutrition. 2020;1–9.
14. Rahmad M, Karjoso TK, Leonita E, Rany N, Muryanto I. Analisis pola asuh gizi pada balita gizi kurang. Jurnal Bahana Kesehatan Masyarakat (Bahana of Journal Public Health). 2021;5(1):6–17.
15. Yuli Andriani, Mastina, Eka Rahmawati. Faktor yang berhubungan dengan kunjungan balita di posyandu. Lentera Perawat. 2024;5(1):141–8.
16. Putri US, Tinggi S, Kesehatan I. Faktor-faktor yang berhubungan dengan pemanfaatan pelayanan kesehatan ibu dan anak di Puskesmas Batauga Kecamatan Batauga Kabupaten Buton. Jurnal Mitrasehat. 2022;12(2):215–23.
17. Zaidah N, Fathwa M, Hapsoro I. Hubungan karakteristik ibu terhadap status gizi balita di Wilayah Puskesmas Imbanagara Kabupaten Ciamis. Malahayati Nursing Journal. 2024;6(1).
18. Noor MS, Andrestian MD, Dina RA, Ferdina AR, Dewi Z, Hariati NW, et al. Analysis of socioeconomic, utilization of maternal health services, and toddlers' characteristics as stunting risk factors. Nutrients. 2022;14(20):1–12.
19. Supariasa IDN, Fajar I, Khairuddin K, Adelina R. Analyzing nutritional factors affecting toddlers' stunting in Malang Regency, Indonesia. Open Access Macedonian Journal of Medical Sciences. 2023;11(E):59–69.
20. Dungga EF, Ibrahim SA, Suleman I. The relationship of parents' education and employment with the nutritional status of the child. Jambura: Journal of Health Sciences and Research. 2022;4(3).
21. Woldemariam G, Timotiows G. Determinants of the nutritional status of mothers and children in

Ethiopia. Calverton, Maryland, 2002;1–36.
22. Senthilkumar SK, Chacko T V., Suvetha K. Nutritional status assessment of children aged 0-5 years and its determinants in a tribal community of Coimbatore district. International Journal of Community Medicine and Public Health. 2018;5(7):2835.
23. Yuarnistira, Nursalam N, Rachmawati PD, Efendi F, Pradanie R, Hidayati L. Factors influencing the feeding pattern of under-five children in coastal areas. IOP Conference Series Earth and Environmental Science. 2019;246(1).
24. Bhanbhro S, Kamal T, Diyo RW, Lipoeto NI, Soltani H. Factors affecting maternal nutrition and health: A qualitative study in a matrilineal community in Indonesia. PLoS One. 2020;15(6 June):1–16.
25. Pebryatie E, Paek SC, Sherer P, Meemon N. Associations between spousal relationship, husband involvement, and postpartum depression among postpartum mothers in West Java, Indonesia. Journal of Primary Care & Community Health. 2022;13.
26. Bayoumi I, Parkin PC, Birken CS, Maguire JL, Borkhoff CM. Association of family income and risk of food insecurity with iron status in young children. JAMA Network Open. 2020;3(7):1–16.
27. Li Z, Kim R, Vollmer S, Subramanian S V. Factors Associated with child stunting, wasting, and underweight in 35 low- and middle-income countries. JAMA Network Open. 2020;3(4):1–18.