

## Mother's experience in providing complementary food to stunted children

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### ABSTRACT

**Background:** Stunting is a condition of growth failure in children resulting from malnutrition for a long time since the first 1000 days of life. One of the factors causing stunting is chronic malnutrition so that children have a small height for their age. This stunting condition will have an impact on children's health, such as impaired brain development, cognitive development, growth faltering, and low immune system. Stunting treatment is carried out starting from the first 1000 days of a child's life until the child is 6 years old. Providing complementary food is also one of the specific nutritional interventions in the program to accelerate stunting management. Complementary food has an important role in improving the quality of health in order to optimize children's growth and development from the age of 6 months.

**Objectives:** This research aims to explore mothers experience in providing complementary food to stunted children.

**Methods:** This research uses a qualitative method with a descriptive phenomenological design. Participants were selected using purposive sampling techniques, resulting in 6 participants. The research data was analyzed thematically using the Colaizzi method.

**Results:** Participants were in the age range of 26 – 42 years, most of them had secondary education, were married and were housewives. The number of people living in the same house is 5 to 8 people and the maximum number of children is 7, and half of the respondents have 3 children. This research found 6 themes consisting of the first theme of the mother's feelings when the child was first discovered to be stunted, the second theme was the cause of stunting and the third theme was the age at which the child was discovered to be stunted. The fourth theme is the history of complementary food, the fifth theme is handling stunting and the sixth theme is support in caring for children with stunting.

**Conclusions:** The majority of mothers with stunted children expressed feelings of surprise and did not know the cause of their child's stunting condition and when exactly the child's stunting condition started. Participants also had a history of giving complementary food incorrectly, did not have a good understanding of how to treat stunting in children, and lacked support from family and health workers.

**KEYWORDS:** *complementary food; nutrient; stunted; mother's experience;*

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## INTRODUCTION

Stunting is one of the targets of the Sustainable Development Goals (SDGs) in terms of eliminating hunger and all forms of malnutrition problems by 2030. It is targeted that the prevalence of stunted toddlers in 2030 will fall to 10%. Based on SSGI data, the stunting rate in Indonesia has fallen to 21.6% in 2022. However, this figure is still high, so a reduction of 3.8% per year is needed to reach the target of 14% in 2024 (1).

Stunting is a condition of growth failure in children due to malnutrition for a long time, namely from the first 1000 days of life, namely from the fetus until the child is 2 years old. Stunting/shortness is a chronic condition that describes stunted growth due to malnutrition over a long period of time. Regulation of the Minister of Health Number 1995/MENKES/SK/XII/2010 concerning Antropometric Standards for Assessment of Children's Nutritional Status, namely in the short and very short categories, which is interpreted as an illustration of nutritional status based on Body Length Index according to Age (PB/U) or Body Height according to Age (TB/U) is usually termed stunted (short) and severely stunted (very short) (2).

One of the factor causing stunting is chronic malnutrition so that children have a small height for their age. This stunting

condition has an impact on children's health, such as impaired brain development, cognitive development, growth faltering, and low immune system (3). One effort to overcome stunting conditions is with specific nutritional interventions, namely activities that directly address the occurrence of stunting, such as food intake, infections, maternal nutritional status, infectious diseases and environmental health. This treatment is carried out from the first 1000 days of a child's life until the child is 6 years old. Providing complementary food is also one of the specific nutritional interventions in the program to accelerate stunting management (4). Research shows that adequate complementary food is very important for reducing stunting at the age of 6 – 23 months. This is because in the 6 - 23 month age period there is a 1.8-fold increase in stunting which is caused by low intake of food sources of animal protein in the complementary breast milk (complementary food) menu (5).

Complementary food is the transition process from milk/breast milk intake to semi-solid food. Complementary breast milk food is additional food to accompany breast milk that is given to children after the child is six months old until the age of 24 months. Complementary food is food cooked from locally available ingredients (from the kitchen,

garden, market) that is appropriately used as a complementary food for breast milk (6).

Giving complementary food when a child is less than six months old will cause various health problems due to the unpreparedness of the digestive organs. Practice giving appropriate complementary food, namely according to quantity, texture, frequency, variety and according to age. Management of stunting is also carried out with promotive, preventive, curative and rehabilitative efforts, this role is held by health workers. However, when the child is at home, this role is then taken over by the mother/family (7). The mother is the only source of nutrition for developing children during the critical period of the first 1000 days of life (8). Mothers play an important role in providing food intake to children. Mothers are also the main person responsible for meal and food planning, so it is proven that the mother's role is very vital in fulfilling children's nutrition (9).

Fulfillment of nutrition in the first 1000 days of life is an important factor in child development. Failure to provide essential nutrients during this period can result in decreased brain function. So a good diet is recommended to optimize nutritional requirements, especially for children who are currently developing (10). Mothers have a role that is a key factor in preventing stunting. The mother's role includes fulfilling the nutrition of the mother, fetus and child. Mothers initiate early breastfeeding, provide exclusive breastfeeding and provide appropriate complementary food, optimize the

environment for the child's growth and development, optimize family support, and avoid various psychosocial factors that can be detrimental during the child's growth and development (11). This will also have a long-term impact on children's health. Therefore, the role of mothers is important in preventing stunting (12).

For mothers, having a stunted child is a very emotionally challenging experience. Mothers with stunted children often encounter challenges and obstacles in providing nutrition to their children. These obstacles include a lack of clear knowledge about stunting and exclusive breastfeeding for 6 months but breast milk is not given optimally until the child is 2 years old, giving complementary food is not balanced because it does not contain carbohydrates, a source of protein and fat, as well as family income conditions. below minimum income, and lack of husband's support (7). This is considered to be able to influence mothers' motivation to be able to care for children with stunting conditions. The results of a preliminary study show that the highest stunting rate in Pekanbaru City in 2022 is in the fifty sub-district with 76 cases. From 2020 to 2022, the Limapuluh Pekanbaru sub-district is the locus for handling stunting. This condition illustrates that the incidence of stunting is still high in the city of Pekanbaru, not yet in accordance with the target set by the government, namely 18.5% (6).

Because of the importance of improving nutrition in stunted children, the

mother's role is the main focus in caring for stunted children at home. There have been many interventions related to stunting that have been provided by various parties, including health workers, the community and academics. There have been many survey studies or studies related to education to support the achievement of balanced nutrition for mothers/families with stunted children. However, qualitative research on mothers' experiences in providing complementary food to stunted children is still limited. This knowledge is important to deepen understanding of the realities experienced by mothers with stunted children and to provide guidance in the practice of providing complementary food to mothers with stunted children. Knowledge about mothers experiences in providing complementary food to stunted children will help to determine appropriate interventions to improve the quality of life for stunted children.

## MATERIALS AND METHODS

The research method used in this qualitative research is the descriptive phenomenology method. The research

procedure begins with obtaining research and ethical permits with Number: 879/UN19.5.1.8/KEPK.FKp/2023. Next, the researchers coordinated with the person responsible for stunting from the Limapuluh Community Health Center. The data collection process was carried out using in-depth interviews which were recorded using voice recording.

The participants in the research were 6 people selected using purposive sampling technique. The sample selection criteria were mothers who had children with stunting aged 0 – 59 months. Data triangulation was carried out not only by interviews but also by observation and confirmation of interview results with participants. Data analysis was carried out using the Colaizzi method. This research aims to explore mothers experience in providing complementary food to stunted children.

## RESULTS AND DISCUSSION

### RESULTS

Results of research on mother's experiences in providing complementary food to stunted children in the Limapuluh

**Table 1. Characteristics of participants (mothers)**

Participant	Age (years)	Education	Marital status	Occupation	Monthly family income	Family member	Number of children
p1	38	Senior high school	Married	Housewife	>UMR	8	3
p2	37	Elementary	Divorced	Household assistant	<UMR	4	3
p3	39	Senior high school	Married	Housewife	>UMR	6	2
p4	42	Senior high school	Single parent	Housewife	<UMR	8	7
p5	26	Senior high school	Married	Housewife	<UMR	7	1
p6	35	Senior high school	Married	Housewife	<UMR	5	3

Based on **Table 1**, it can be seen that the participants in this study were in the age range 26–42 years, had secondary education, and most were married. There are also parents who are single parents because they are divorced and their husband died. Participant occupation, only 1 person works and the rest are housewives. Participant's income, more than half of the participant's income is based on the UMR (Regional Minimum Wage), namely < IDR 3,049,670. Meanwhile, the number of people living in the same house as the participants ranged from 5 to 8 people. The number of participating children ranged from 1 – 7 children, of which half of the respondents had 3 children.

Based on the results of the analysis carried out from 6 participants, several themes were found that describe mother's experiences in providing complementary food to stunted children. The following are the themes that have been identified: 1) Mother's feelings when the child is first discovered to be stunted, 2) Causes of stunting, 3) Age at which the child is discovered to be stunted, 4) History of complementary food, 5) Management of stunting, 6) Support in caring for the child with stunting.

### **Mother's feelings when her child is first discovered to be stunted**

Participants briefly expressed their feelings when their child was found to be stunting. The feelings expressed were that the mother felt normal and just accepted the situation. Some of the responses shown by

participants were:

*"Yes, it's normal... Stunted children are not malnourished... their growth is lacking" (p1)*

*"Yeah, what else? "People say my child is stunted, that's right, because people say he's short" (p4)*

Apart from that, it also showed responses that were still surprised why their children were stunted, even though the participants felt they had taken care of their children. As seen in the following quote:

*"Yeah, I'm surprised, he eats at home. milk, vegetables... how can it go down like this. While people who eat pop noodles can be healthy, that's strange." (p3)*

*"Yes, I'm embarrassed, that's strange, that's strange... he eats but how come he only weighs that much." (p3)*

### **When a child is found to be stunted, it is important to know how the mother's knowledge relates to the causes of stunting in children**

Some participants said they did not know the causes of stunting. The following are the expressions that participants expressed regarding what causes stunting in children, namely:

*"It goes up a little, but people say the child is 3 years old, why is the child still that old... I don't know, I've given him food, he's given vegetables, he doesn't want to eat, sometimes he wants to eat, sometimes he doesn't, the milk there aren't any" (p2)*

Apart from that, there were participants who assumed that the cause of stunting was

because when the posyandu weighed the children, the children had diarrhea and were sick. Because of this, her child lost weight.

*"Yes... but what night... I wanted to weigh him and he didn't have diarrhea again... but the scale went down, all children's averages went down." (p2)*

*"Every month there is pain." (p3)*

Participants said that their child was said to be stunted because his weight loss did not correspond to his age. One respondent said:

*"He goes up and down, up and down ha... sometimes he reaches 12kg, then he plays a lot and doesn't get enough rest, then he goes down again, he goes down quickly... sometimes every month he has a fever, because of snacks, right here Grandma gives him money, he gives him money... he "He bought ice... bought candy." (p3)*

There were also participants who said the cause of stunting was due to hereditary factors, as follows:

*"Because of hereditary factors, his father was small and his body was small, because his father was small like that, right?" (p4)*

*"I don't know either, I don't eat enough, I say I don't eat enough. Descendants of the family, because the descendants of the family are indeed short. Coming from a family, his growth was stunted." (p5)*

*"Yes, her mother is small too, none of us are big. From grandmothers, aunts, me, children, aunts, sisters, all skinny, small. So, the cadres said, there's nothing like that nowadays, right? Because we are people, not village*

*people. Thinking, yes, yes, how is that possible? Sometimes like the gothic Zaskia, her mother is small, but her child can be tall. Yes, he's a villager too, it's difficult isn't it? It's not good to eat - it's good too but how can he be so big, that's why he's enthusiastic, how can he not be stunted..." (p6)*

However, there were participants who were able to explain the cause of their child's stunting due to inadequate nutrition provided to the child, expressed as follows:

*"Stunting means imperfect growth and development at that age. It's been 2 years, he should be 1 meter tall, he hasn't reached it. Because there was a lack of nutritious food. There should be complete protein or something. We don't give it. So, it's not optimal." (p6)*

*"He doesn't want to eat less, he doesn't drink enough milk. He doesn't want to drink milk and those vitamins, so he eats less." (p5)*

Another reason expressed by participants was because children's energy was drained a lot due to playing activities, as follows:

*"Playing a lot without taking a break, playing a lot outside and not getting enough rest." (p3)*

### **The child's age is known to be stunted**

Information about exactly when a child is diagnosed with stunting is important to know. The majority of participants knew that children were known to be stunted when the children were between the ages of 1 year and 3 years. The following information was revealed by participants, namely:



*"He's a year old in March." (p5)*

*"around... a year and a half if I'm not mistaken..." (p1)*

*"What month was that, it's been a long - time ma'am, it was six months ago, last April. 2 years old." (p4)*

*"He's three years old." (p3)*

### **Complementary food history**

This theme will describe how participants provide complementary food to children. Participants briefly told about their experiences when giving complementary foods to children, starting from the age of 6 months to 24 months. Starting from the time of giving complementary food for the first time, the type of food, the frequency of giving it, the texture of the food, snacks, the difficulties experienced when giving complementary food. Based on the findings of this research, it is known that the majority of times when complementary food is given to children is when they are 6 months old. And the type of food given is in the form of porridge. As expressed by the following participant:

*".. Eh, since 6 months, I've had MP ASI, 9 months" (p1)*

*"When you're 6 months old, it's like promina porridge." (p3)*

*"Porridge from 6 months old." (p5)*

However, there was still one participant who said that the child had been given food other than breast milk when he was 3 months old, as stated below:

*"3 months, because his grandmother said he*

*kept fussing, right eheh." (p4)*

*"Banana." (p4)*

*"Tajin water lasts 3 months and 6, I think. "Her grandmother's sister who lives next door saw it, she's worried, right?" (p6)*

Then when he is 8 months old, the child is given a complete meal. Also, the texture of the meal is provided by crushing it and making the rice soft. The following are expressions from participants:

*".. Ooh..eem.. If MP ASI is from 6 months.. If it's 9 months, you've already eaten a big meal.." (p1)*

*"It's 8 months before you can get Tim's rice, you can eat it yourself." (p3)*

*"Team rice, carrots, spinach, those three next day are fish and vegetables and broccoli, egg protein." (p5)*

*"... he learned to eat rice when he was 9 months or 10 months old, he had already learned to eat soft rice. He doesn't like making fish anymore." (p6)*

When giving complementary food, apart from the texture of the food, also pay attention to the frequency of feeding according to the reference for giving complementary food to children. The findings in this study were that children were given food 3 times a day. but also ate twice, and it was also found that there were giving things like food if the child asked for food because the child often ate snacks so that the child felt full and refused to eat. This can be seen from the following participant's expression:

*"At most 3 meals." (p5)*

*"Just like us 3 times." (p6)*

"...3 times.." (p1)

Complementary food is only given twice a day and only given food if the child asks to eat. This is also because children are often given breast milk and children like snacks at shops, so they get full easily so they don't want to eat at mealtime. As expressed by the following participant:

"Twice. From 8pm to 5pm." (p5)

"He can't be banned, here's a shop, here's a shop, he's not here, he's not here, he's got snacks, he's got snacks, bro, sometimes candy, sometimes something else," (p3)

"If he's having a snack, he's strong enough to snack, then he'll bring candy, sometimes ice." (p3)

"Sometimes, morning. That morning already... I had just woken up, right? Breastfeed him. No more breastfeeding. Afternoon... 10 o'clock in the afternoon, eat, but he's breastfeeding again with breast milk. "That's the one who probably doesn't want to eat like that, he's full of breast milk." (p5)

In the complementary food menu, it is also important to pay attention to balanced nutrition. The findings of this research showed that several participants provided food according to the recommended balanced nutrition and children liked the various types of protein available. This can be seen from the following participant's expression:

"Yeah...what do you say...it's okay for 8 months, just give it boiled, use potatoes, use carrots and use eggs." (p2)

"Porridge made from vegetables, make it, use

rice, what do you do with it, like chicken." (p5)

"..meat..meat want.." (p1)

"chicken..sometimes eggs.. (p2)

"Sometimes I want sardines... lemongrass fish." (p3)

"Patin fish. Yes, because of the pond. Sometimes it will be the pond." (p6)

The research findings also illustrate how children consume vitamins and minerals, namely fruit and vegetables. The majority of children do not like vegetables and it is also shown that children are less interested in fruit because they are picky. As expressed as follows:

".. She don't like eating vegetables" (p1)

"We cook it ourselves, we make vegetables... sometimes carrots... we don't eat them either, sometimes we just make soup." (p2)

"He doesn't want vegetables." (p4)

"Fruit is also picky.." (p1)

However, there were participants who only gave children rice, rice and soy sauce, and tea for the reason that children did not like side dishes and vegetables, and also for economic reasons.

"Okay, just rice, soy sauce. Even children have crackers. Yes, eat crackers." (p6)

"Just swallow it, the important thing is there is rice. I think that's why, I'll just give him tea. I'm not full yet. Well, just give me some tea." (p6)

### Handling Stunting

In this case, participants have children who are stunted. The main thing that can be done is how participants can try to improve nutrition in children. The results of this



research illustrate the participants' efforts and motivations in dealing with or overcoming the condition of stunting in their children, namely by providing and cooking food that the child likes, increasing food intake by feeding the child and also trying to meet the child's food needs even with financial shortages. This is illustrated by the following expression:

*"Yes...give me eggs...don't know milk...don't know fruit...there are still 2 more boxes of milk." (p2)*

*"Just force him to eat." (p4)*

*"Keep making it for him to eat. For him to eat. If there are lots of cooking ingredients. He can eat. Make two eggs, in an omelet." (p5)*

*"That's the most. Borrow money from a friend, what to buy, minimum eggs. Just rice and eggs." (p6)*

Apart from that, handling stunting is also supported by providing additional food to participants in the form of staple foods, rice, eggs, bread and vegetables. This is as expressed by participants as follows:

*"Sometimes the stunting father comes, he gives us 2 boards, we make boiled eggs but we get regular help." (p2)*

*"10 kg of rice, Sepaoan village chicken eggs, 2 regular chicken eggs, SGM milk, a kilo of carrots, potatoes" (p3)*

*"3 kilos of rice, one board of eggs, usually there are vegetables, milk, bread, usually there... finally there is rice, bread, eggs" (p4)*

With the motivation and effort of participants in providing food to children and also being supported by additional food assistance. It turns out that in the process of

feeding children there are still obstacles such as children having difficulty eating. Participants revealed that the technique used to get children to eat was by feeding the child and providing a show. This is because if the child eats alone, the child often doesn't finish the food. This is as expressed by the following participant:

*"Forced, forced to eat it, then you'll make it soft with invitation, put it in a pile of rice, eat it, just pile it up, don't see it, put it in." (p2)*

*"Feed him, sometimes he asks to eat himself, but he's hoarse himself so he gives him more to eat." (p6)*

*"Because if he's close here he won't eat. So I put it in the room, I gave it my cell phone. Give him something to eat, then he'll want it." (p5)*

### **Support in caring for children with stunting**

The findings in this research are the lack of support for mothers in caring for children with stunting, especially providing complementary food. The reasons are that the husband leaves the family, the husband dies, the parents die, and the husband does not show support. The majority of this is caused by family economic factors, the majority of which are below the UMR (Regional Minimum Wage). This condition was expressed by participants, namely:

*"Because we work... we don't have enough love for our children... sometimes because we are disappointed with the father, that's what our thoughts are... annoyed." (p2)*

*".. We don't have any money, we can't afford it,*

*bro, we work as household assistants." (p2)*  
*"Enough, if you get help then that's enough." (p5)*

However, support for mothers is available from health workers, namely from posyandu cadres and community health center officers. Support for coming to the posyandu, preparing children's food well, enthusiasm in giving food to children. This is as expressed by participants as follows:

*"If the mother of the health center says, give me hard-boiled round eggs, just give it to the child, don't eat rice, it's okay, sir, just give us eggs, boil them, we'll listen to what the puskesmas says, we'll make them, we'll boil them, we'll give you 2, sir." He's full already." (p2)*

*"Eat on time, don't play too much, give me milk breaks." (p3)*

*"The support provided by the cadres is apart from aid, they give encouragement, they give food." (p6)*

## **DISCUSSION**

The research results showed that participants expressed their feelings when their child was found to be stunting. The results of this research found that the feelings felt by the participants were normal and accepted their child's situation. Participants also expressed surprise and confusion as to why their child could be stunted, even though participants felt they had given food to their child. According to research by (13), parents are usually more sensitive and often show anxiety and worry about their child's health

condition, especially when the child is unwell or is being treated in hospital. Research by (14) also revealed that the anxiety level of parents, especially mothers, tends to be high if their child is said to be abnormal (stunting). Mothers who feel confused because they feel they have provided enough food but their child is still stunted may have inaccurate knowledge about their child's nutritional needs. Therefore, health workers must ensure that participants receive clear and correct information about the existence or reality of health problems in children, namely stunting. Research by (15) found that it is important to provide health education about stunting prevention, starting from improving the health status of pregnant women starting from antenatal to mother's knowledge regarding nutrition. This is considered very effective in preventing stunting, one of which is precisely in carrying out nutritional management for children.

Maternal knowledge is very important in preventing stunting. Research by (16) explains that maternal knowledge is very important in preventing stunting. Mothers who have good knowledge will be very influential in preventing stunting in children. From the research results, it was discovered that there were participants who said they did not know the causes of stunting. Apart from that, there were participants who assumed that the cause of stunting was because when the Posyandu weighed the children, the children had diarrhea and were sick. Because of this, her child lost weight. Apart from that,

participants said the cause of stunting was heredity. This is in line with research by (17) which shows that there is a relationship between maternal height and the incidence of stunting, this is associated with genetic disorders which can be triggered by nutritional problems and disease. It can be concluded that children with short parents can still grow to normal height as long as they are not exposed to risk factors, namely nutritional problems and disease. Research by (4) also found the same thing that mother's knowledge influences the incidence of stunting in children.

This can happen because in preparing children's food, mothers must have knowledge about the food and nutrients contained in the food as well as the nutritional requirements needed for the child's growth and development. The research results also found that there were participants who could explain the cause of their child's stunting due to inadequate nutrition given to the child. This is in line with research by (18) which states that mothers who have low knowledge tend to provide less nutritional intake for their children, which will result in their children experiencing nutritional problems such as stunting. Apart from that, another reason stated by participants was that children's energy was drained a lot due to playing activities. Playing becomes an excuse because children forget to eat because they are only busy playing.

Information about exactly when a child is diagnosed with stunting is important to

know. This is because children have a golden period or golden age, namely 1 – 5 years. During the golden period, everything that children get, whether in the form of nutrition, stimulation, or disturbances/problems, will cause health problems for children now and in the future (19). This is also the reason why the child's age when diagnosed with stunting must be known and action must be taken immediately to anticipate things that could interfere with the child's growth and development. This research found that the majority of participants knew that their children were stunted when the children were between the ages of 1 year and 4 years. These results are in line with research conducted by (5) that the chance of stunting increases significantly in children aged less than 2 years. The period for children under 2 years of age is the period of introducing various types of food to children after the first 6 months of the child's life, after exclusive breastfeeding.

Complementary food is given at the age of more than 6 months starting with giving milk porridge, then filtered, soft, soft food, family food (20). During this complementary food period, children are also introduced to various types of food which include macro nutrients (carbohydrates, protein, fat) and micro nutrients (vitamins, minerals, fiber). Mothers and health workers still have time to improve the current health problem, stunting, by providing additional nutrition from the government through the Community Health Center (Puskesmas). Research by (21) revealed that delays in management of

stunted children during the golden period will cause delays in growth and development in these children. This will result in the low quality of the future young generation.

The results of the research describe the participants' habits in giving complementary foods to children. Participants shared their experiences when giving complementary food to children, starting from the age of 6 months to 24 months. However, there was still one participant who said that the child had been given food other than breast milk when he was 3 months old. Research by (22) states that giving complementary food early, namely before 6 months, children are at higher risk of stunting, wasting and underweight. Physiologically, giving complementary food early will cause digestive system disorders because the digestive enzymes are not yet perfect.

The first giving of complementary food, type of food, frequency of administration, texture of food, snacks, difficulties experienced when giving complementary food. From the results of this research, it is known that the majority of times when giving complementary food to children is when they are 6 months old. And the type of food given is in the form of porridge. Then when he is 8 months old, the child is given a complete meal. Also the texture of the meal is provided by crushing it and making the rice soft. When giving complementary food, apart from the texture of the food, also pay attention to the frequency of feeding according to the reference for giving complementary food to children. The findings in this study were that

children were given food 3 times a day. but also eat 2 times. Feeding practices according to the(23), explain that the frequency of feeding children aged 6 -23 months is divided into 3 age categories.

At the age of 6 - 8 months the child's eating frequency is 2 -3 main meals a day with 1 -2 snacks, at the age of 9 - 11 months 3 - 4 main meals a day with 1 - 2 snacks, and at the age of 12 - 23 months main meal 3-4 times with snacks 1-2 times per day. From the results of this research, it is known that there are barriers or obstacles experienced by participants in providing food to children. Where to give food if the child asks to eat because the child often eats snacks so the child feels full and refuses to eat. Apart from that, it is also because children are often given breast milk close to the child's meal times. Apart from that, it was also found that children like snacks at shops, so they get full easily so they don't want to eat at mealtime.

In the complementary food menu, it is also important to pay attention to balanced nutrition. The results of this research found that several participants provided food according to the recommended balanced nutrition and children liked several types of protein such as meat, chicken, fish and eggs. The research findings also illustrate how children consume vitamins and minerals, namely fruit and vegetables. The majority of children do not like vegetables and it is also shown that children are less interested in fruit because they are picky. Apart from that, there were participants who only gave rice, also rice

and soy sauce, as well as tea to children on the grounds that children did not like side dishes and vegetables, and also for economic reasons.

This is of course not in accordance with the rules for giving complementary food to children because ideally complementary food or food given to children must meet nutritional needs. Carbohydrates are a source of energy (children's energy for activities), protein (a source of building blocks and endurance), while fat is a source of reserve energy. The absence of one of these components will of course have an impact on the child's health.

In this case, participants have children who are stunted. The main thing that can be done is the participant's actions to improve the child's nutrition. The results of this research describe the participants' efforts and motivation in dealing with or overcoming the condition of stunting in their children, namely by providing and cooking food that the children like, increasing food intake by feeding the children and also trying to meet the children's food needs despite financial shortages. Apart from that, handling stunting is also supported by providing additional food to participants in the form of staple foods, rice, eggs, bread and vegetables by the government through community health centers.

This research also revealed that participants tried to get the child to eat by cooking the child's favorite food. Apart from providing the food they like, in (24) revealed that apart from trying to prepare children's

food, involving children to participate in preparing their food has also been proven to be effective in increasing their food intake to be more Lots.

In the process of feeding children, it turns out there are still obstacles such as children having difficulty eating. Participants revealed the techniques used to get children to eat, namely by feeding the children and giving them something to watch. This is because if the child eats alone, the child often doesn't finish the food. With the motivation and efforts of participants in providing food to children and also being supported by additional food assistance, it is hoped that this can minimize the effects of stunting and reduce the number of stunting incidents in the future.

The findings in this research are the lack of support for mothers in caring for children with stunting, especially providing complementary food. The reasons are that the husband leaves the family, the husband dies, the parents die, and the husband does not show support. The majority of this is caused by family economic factors, the majority of which are below the Regional Minimum Wage (UMR). However, regarding this economic factor, (25) explained that family income and expenditure cannot predict the occurrence of stunting. However, support for mothers is available from health workers, namely from posyandu cadres and community health center officers. Support for coming to the posyandu, preparing children's food well, enthusiasm for feeding children



and providing education to increase mother's knowledge and ability to provide complementary foods to children with stunting.

This is also supported by research by (1) which states that health education for mothers is very important in promoting age-appropriate introduction of complementary foods, especially in the period before and after giving birth. Education can also be done before pregnancy and giving birth. The limitation of this research is that researchers have difficulty analyzing the adequacy and accuracy of participants in fulfilling complementary food for children with stunting conditions.

## CONCLUSION AND RECOMMENDATION

The majority of mothers with stunted children expressed feelings of surprise and did not know the cause of their child's stunting condition and when exactly the child's stunting condition started. Participants also had a history of giving complementary food incorrectly, did not have a good understanding of how to treat stunting in children, and lacked support from family and health workers.

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