

Evolution of Parenting Dynamics in Families Within Stunting-Locus Area

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Abstract

Background: Stunting cases in developing countries are a challenge to date, stunting has an impact on the quality of human resources in a country.

Research Urgency: Stunting given its numerous effects, including its substantial short-term effects on children's brain development, physical growth, and metabolism, stunting's urgency becomes clear. Although the short-term consequences are alarming, the long-term consequences may include diminished cognitive function, compromised immunity, poorer academic achievement, and an increased risk of long-term conditions like diabetes, high blood pressure, and obesity.

Research Objectives: This research aims to describe the role of Posyandu cadres in stunting focus locations and the changes in parenting styles that parents make after learning their child is at risk of stunting.

Research Method: This study uses a qualitative approach with a case study design. Purposive sampling was employed, and seven participants were selected, consisting of mothers of children under five at risk of stunting, Posyandu cadres, and the Head of Village. Data collection involved observations, in-depth interviews, focus group discussion, and documentary analysis. The data analysis thematic approach. To ensure data validity, both source triangulation and technique triangulation were used.

Research Findings: The role of Posyandu cadres in addressing stunting includes being instructors, record-keepers, and motivators, and the changes in parenting styles observed are from permissive and neglectful styles to democratic styles.

Research Conclusion: The results of the study provide meaning to informal education that has a wide scope. This is proven by the efforts to prevent stunting carried out by posyandu cadres to encourage changes in parenting patterns of parents who have children at risk of stunting.

Research Novelty/ Contribution: This study encourages in-depth research related to stunting prevention efforts through education for parents which must be carried out with various special strategies with an adult learning approach. Because not all posyandu cadres have the same understanding in providing education.

Keywords: Parenting Dynamics, stunting-locus area, child development, education and health

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INTRODUCTION

Malnutrition is still one of the leading causes of disease and mortality in children around the world (Elnadif, 2020). This malnutrition can occur in the womb and continue after the baby is born. Malnutrition results in stunting, a failure to grow in children under five, causing them to be short for their age, often referred to as Growth Faltering (Muliani et al., 2023). Stunting is a growing concern for parents because it can affect their children's growth and development in the long run. Because of these serious issues, stunting cases in children require special attention (Lestari, V. L., Suwarsito, S., & Rasyada, 2022) (Azriani et al., 2024) (Schneider, 2023). Growth retardation during childhood in Indonesia was associated with lower cognitive abilities, particularly during school age, and this correlation faded as individuals grew up (Lestari et al., 2024; Haris et al., 2024). Stunting's urgency becomes evident when considering its many impacts, such as its significant impact on children's brain development, physical growth, and metabolism in the short term. While the immediate effects are concerning, in the long run, its effects can lead to decreased cognitive abilities, weakened immunity, lower academic performance, and a higher risk of chronic illnesses such as diabetes, hypertension, and obesity (Alam et al., 2020; Rahayu, A., Yulidasari, F., Putri, A. O., & Anggraini, 2018; Santos et al., 2020; Taslim et al., 2023); (Harahap et al., 2024). The simplest way to detect early growth faltering in children is by using the weight-for-age (WFA) curve, which is included in the Maternal and Child Health Book (*Buku Kesehatan Ibu dan Anak/ KIA*) (Aylicia, A., & Wijaya, 2022). State that after early childhood, children grow and develop fast (Rijkiyani, R. P., Syarifuddin, S., & Mauzdati, 2022), which makes it important to watch their growth closely. Stunting occurs due to many factors, namely maternal education, economy, immunization, breastfeeding, and infectious diseases (Fauziah et al., 2023; Supadmi et al., 2024; Tamir et al., 2024; Ashar et al., 2024).

Children's development is closely linked to the parenting style adopted in the family. Parenting style involves four key components: patterns, caregivers, parents, and families (Handayani, 2021). It serves as a way for families to shape children's behavior based on the norms and values of their community (Lailiyah, H. W., Nisa, Z., & Nisfa, 2023). Factors related to parenting style are parents' education, experiences in parenting, age, mental health (including stress), and the relationship quality between spouses also affect parenting style (Handayani, 2021). Furthermore, parenting style also significantly affects stunting, as studies show that high rates of stunting can result from poor practices like exclusive breastfeeding, insufficient nutrition, and unhealthy living conditions (Kania et al., 2025). A mother's parenting style, awareness of child development, knowledge of nutrition, living conditions, genetics, and socioeconomic and cultural background are crucial factors that influence children's growth and development (Bella et al., 2020). Additionally, research has shown a connection between stunting and early childhood caries, which are related to maternal parenting styles of providing nutrition and maintaining oral health for children (Abdulaziz et al., 2024). Another consideration examined the link between difficulties and mothers' financial and personal circumstances (Agyen, V. A., Annim, S. K., & Asmah, 2024). Thus, parents' readiness to support children's growth and development is key to effective parenting. Parents who are mentally prepared and have experience are likely to use suitable parenting styles. So, considering parenting style is important when identifying the causes of stunting in children (Nasution, S., & Kusumawati, 2023).

Psychosocial factors also influence stimulation efforts in parenting. A mother who provides good psychosocial support can help the child grow better (Bella et al., 2020). The nutritional status of pregnant women is a benchmark for nutritional adequacy in the womb for 270 days, aiming for good growth and development (Anggryni et al., 2021), so the parenting style adopted by the pregnant mothers is key in influencing the child's development during this period. Moreover, the family's approach to parenting is important for a child's growth since inadequate parenting can still occur in families not facing economic hardships.

According to the Indonesia Nutrition Status Survey (Survey Status Gizi Indonesia / SSGI) (Kementerian Kesehatan RI, 2023), the stunting rate in Indonesia decreased from 24.4% in 2021 to 21.6% in 2022. In Daerah Istimewa Yogyakarta Province, the stunting rate is 16.4%, significantly improving from 17.3% in 2021. The regencies with the highest stunting rates are Gunungkidul and Kulonprogo, with prevalence recorded at 23.5% and 15.8%, respectively. In Gunungkidul regency, the area with the highest stunting rate is Karangmojo District, particularly in Bejiharjo Urban Village. This is based on data collected in 2022 from activities involving 21 children under the age of five at Posyandu (or community health posts), which included weighing the children and measuring their arm and head circumferences.

Recent studies show that a high stunting rate is a serious problem for future generations, as it can negatively influence the quality of the workforce and lower a country's competitiveness (Kania et al., 2025). Researchers have found a clear link between stunting and education outcomes in developing countries (Romadhona et al., 2023; Sánchez et al., 2024). Enhancing maternal health education, expanding access to proper nutrition, and increasing sanitation are suggested tactics to hasten the elimination of stunting (Paikah, N., Yamin, M., & Hafni,

2024). Indonesia is one of the developing countries. In Indonesia, the government is taking steps to reduce the prevalence of stunting. One important step is to strengthen the role of Posyandu in educating the public. By providing education and counseling, Posyandu cadres can significantly improve healthcare in the community (Yani et al., 2023).

As of now, most research examines parenting styles and preventive health efforts (Wand et al., 2024), but there is a lack of studies on how education from Posyandu cadres influences changes in parenting. Therefore, this research aims to explore how parenting styles change after parents receive education and support from Posyandu cadres in the stunting focus location. The findings will provide valuable insights to help reduce the rates of stunting. The way this study frames parenting as a dynamic activity influenced by cultural, economic, and health-related factors advances our knowledge of parenting in stunting-locus societies. In addition to presenting a community-based, participatory research paradigm appropriate for underprivileged settings, it provides empirical insights on changing parenting roles and behaviors that affect child nutrition. The results guide multi-sector initiatives for stunting prevention and lend support to the creation of culturally sensitive parenting programs. The study also offers insightful recommendations for health and education policy, especially regarding bolstering parenting support networks in high-risk communities.

METHODS

Research Design

The study is designed using a qualitative approach with a case study. Creswell describes a qualitative approach as a research method that seeks to understand social events and human issues (Creswell, 2008). A case study is a type of research where the investigator examines a specific case, such as a program, event, process, institution, or group, at one time. In this method, the researcher gathers detailed information through different data collection techniques over a set period (Assyakurrohim, D., Ikhrum, D., Sirodj, R. A., & Afgani, 2022). Case study research is a qualitative approach that investigates a specific problem within defined boundaries by gathering detailed information from various sources. The gathered data is often in the form of written or spoken words from individuals and observed actions (Rukhmana, T., Darwis, D., IP, S., Alatas, A. R., Tarigan, W. J., Mufidah, Z. R., ... & ST, 2022).

According to the Stake case study research aims to reveal unique characteristics of the case being studied. This uniqueness is the main reason for research, serving as the central focus. Case studies require large data collection as the researcher seeks to create a detailed understanding of the case. These studies focus on one specific object as a case to explore the reality behind a particular phenomenon.

Participants

The research subjects included seven individuals: mothers of children under five at risk of stunting, Posyandu cadres, and Head of Village. Subject selection was conducted using a purposive sampling technique, with further details provided in Table 1.

Table 1. Research Subjects

Initial	Occupation	Role
SM	Early Childhood Education Teacher	Cadres Coordinator of Posyandu
SR	Housewife	Posyandu Cadres
ST	Housewife	Posyandu Cadres
WK	Local Government	Head of Village
AR	Housewife	Mothers of children under five at risk of stunting
AS	Housewife	Mothers of children under five at risk of stunting
AV	Housewife	Mothers of children under five at risk of stunting

Data Collection Techniques

In order to investigate the evolution of parenting dynamics in stunting-locus areas, this study used a qualitative approach and the case study method for data collecting. The methods included direct observation of everyday parenting practices, focus groups with local leaders and community health workers, and in-depth interviews with parents and caregivers. To add context, these techniques were supplemented with document

analysis of local school and health reports. Purposive sampling made it possible to identify a variety of cases that represent different parenting experiences within populations afflicted by stunting, while triangulation across data sources guaranteed credibility and depth.

Data Analysis Techniques

In keeping with the qualitative case study technique, the data analysis in this study used a thematic analysis approach. Documents, observation notes, focus group discussions, and interview transcripts were all coded inductively to find trends, themes, and changes in parenting styles across time. Iterative reading, coding, categorization, and topic development were all part of the process, which was aided by memo writing to record new discoveries and researcher observations.

Data Validity Techniques

Several tactics were used during the research process to guarantee data validity in this qualitative case study. To increase credibility and cross-verify conclusions, triangulation was employed by gathering information from multiple sources, such as focus groups, observations, interviews, and documents. Preliminary interpretations were shared with participants as part of the member checking process to ensure the data's validity and integrity. The analysis's depth and reliability were reinforced by extended fieldwork and peer debriefing. To reduce bias and guarantee that interpretations were based on participants' actual experiences, reflexivity was preserved through continuous researcher reflection.

RESULTS AND DISCUSSION

Based on the results of data collection, researchers found a correlation between the role of posyandu cadres in efforts to change parenting patterns in Bejiharjo Village. The role of posyandu cadres is certainly inseparable from the programs initiated by the government. There are not many studies that provide a real picture of community education in handling stunting cases. The research results that researchers present are on the role of cadres and changes in parenting patterns that focus on families with handling certain cases.

The Roles of Posyandu Cadres in Handling Stunting

Bejiharjo Village is a research site as a stunting locus area in one of the districts in Yogyakarta. This village has 21 Posyandu (Integrated Health Post for Child Health) in a program of activities related to children. The program is assisted by the community, becoming the cadres of Posyandu in which each village has a Posyandu cadre based upon its needs. These cadres help the village in collecting data on toddlers in regard to the growth and development of child as stated in the books of KIA (Maternal and Child Health) and KMS (Card Towards Health). The data collection is then used both as a reference for parents to see the growth and development of their child and as a reference for Puskesmas to see the child's condition. For this, cadres, village government, and Puskesmas have made coordination to cope with any children's issues. Here, all activities of the Posyandu cadres are monitored and evaluated in monthly coordination meetings.

The cadres of Posyandu, together with the midwives and PKK (Family Welfare Empowerment) established as TPK (the Family Assistance Team) do the home visit. This team will visit to the homes of adolescents, prospective brides, pregnant women, and toddlers. The visit not only targets toddlers at risk of stunting, but also all aspects of society purposely to do early preventive measure for stunting. In the scope of toddlers, from the report of TPK, data regarding the condition of children who indeed deserve to be handled due to their inappropriate growth and development can be found. The cadres of Posyandu then will assist in programs regarding these targets.

The cadres of Posyandu then implement the government programs related to nutrition and socialization after receiving information about which toddlers indeed deserve to be helped. In addition to implementing the program, the cadres of Posyandu also recommend programs urgently needed to be implemented in Bejiharjo Village. Posyandu cadres have a role in distributing PMT and counseling/socialization. Their duties are related to information for parents regarding child growth and development, prevention of stunting, and provision of good nutrition for children. Posyandu cadres do various ways to innovate government programs to reduce stunting rates. The innovation is related to childcare for parents by implementing a Love Hour program from 6 p.m. to 7 p.m. This is a program made by cadres to allocate time for parents and children.

Another program provided is the addition of PMT from self-help funds. They use the funds to add PMT given to toddlers. In the government, other programs are the addition of zinc tablets and building cooperation with external parties in preventing stunting. Cadres also give suggestions for parenting patterns in preventing or handling stunting. These parenting patterns are related to environmental health, family support, early habituation

patterns, and the way to provide nutrition that is appropriate for the child's age.

From the observations and interviews the researcher conducted in the field, it was found that Posyandu cadres have an important role in handling stunting at the village level. In general, they play a role in observing and coordinating the handling of stunting. The observation was carried out to see the child condition regarding weight, height, nutrition, and other health activities carried out in Posyandu for toddlers. They also see how the parenting system is applied by parents who will later provide or recommend what parents should do. For example, it is by doing socialization in collaboration with related agencies that want to provide programs related to stunting. The cadres also play a role in assisting parents whose children need special attention in the stunting risk category. Coordinating in this case aims to map programs related to the prevention and handling of stunting carried out in Posyandu for toddlers.

Based on the research results Posyandu cadres play some important roles in handling stunting. The roles are described as follows counselor, note taker, and mobilizer. During the counseling session, cadres will provide information to mothers of toddlers in the process of handling or preventing stunting. Before working, cadres will receive capacity building from cadre coordination meetings with resource persons from Puskesmas and PLKB to discuss any materials related to stunting, parenting patterns, and providing nutrition for children (Rahman et al., 2023). The results of research showed that the cadres of Posyandu have carried out counseling activities through a personal and sustainable approach, enabling them to succeed in changing community behavior in terms of providing healthy food and good child care (Madiuw et al., 2024; Pratama, M. A., Aulia, M. R., Nurkahiran, N., Agustawan, A., Afriana, N., Jaya, J., & Saragih, 2024).

Furthermore, the Posyandu cadres provide education about mothers of toddlers in handling or preventing stunting through various community activities, such as RT/village meetings, cadre meetings, and PMT collection. The next activity is monitored by Posyandu cadres by running the activities together with the TPK (Family Assistance Team). This team consists of midwives, PKK, and Posyandu cadres in doing home visits. Here, the targets are teenagers, prospective brides, pregnant women, and toddlers. In Bejiharjo Village itself, there are 7 teams that target all villages. This visit aims to see the condition of the targets in their readiness to prevent stunting from an early age until the parents.

Posyandu cadres also prevent stunting by supervising adolescent Posyandu activities. Adolescent Posyandu activities are carried out by adolescent cadres under supervision from Posyandu cadres. Posyandu cadres will explain how to implement adolescent Posyandu. In adolescent Posyandu, there are also the members of PIK-R or the Adolescent Information and Counseling Center. PIK-R is formed to provide information to peers about what stunting is and how to prevent it from starting from adolescents. This can be started with education about reproductive health and providing zinc tablets for adolescent girls. Posyandu cadres as a liaison between toddler Posyandu activities and the community, especially mothers of toddlers and children. The role of cadres as the note takers is related to the child growth and development in the KIA Book. What has been noted in the toddler Posyandu will become a reference for the Puskesmas in monitoring child growth and development. If the child's condition is unhealthy, he/she will be referred to the Puskesmas or pediatrician for re-examination.

Based on the results of the note taking activity in the Posyandu program, data that have been processed by the Puskesmas will be found. The data will be a reference for handling it. Toddlers at risk of stunting will receive a program in the distribution of Additional Food Provision (PMT). Posyandu cadres will be the mobilizers in implementing activities related to the PMT provision. A research also showed that Posyandu cadres have a role as the main mobilizers of all activities carried out at the Posyandu (Tahir et al., 2024). The government will rely on cadres in providing information and distributing it to mothers of toddlers. Posyandu cadres also play a role in implementing activities with other external parties such as cooperation with internship students in creating programs, such as menu recipes for toddlers with nutritional innovations.

In addition, one of the activities carried out by the Posyandu cadres is informal educational activity in the community environment with the children as the target. This includes the activity that can have an impact on children, such as their growth and development and health (S. J. W. Astuti et al., 2025). These educational activities are also the result of collaboration between mothers of toddlers and Posyandu cadres. This is the mother of the toddler as a family, while the Posyandu cadres as the community environment. Thus, these results can strengthen the results of another study stating that a stunting prevention program is required, and it is inextricably linked to the role of cadres as cadres can determine the success of the Posyandu program, particularly in monitoring the growth and development of toddlers (Ria Saputri Rejeki & Gerry Katon Mahendra, 2023). Furthermore, previous research also mentioned that pregnant women receiving an intervention demonstrated improved knowledge, attitudes, and behaviors related to prenatal care and nutrition, significantly benefiting from cadres support versus a control group that received only basic information (Muhamad et al., 2023). Thus, it is evident that cadres play an essential role in connecting health workers with communities as they allow parents to receive information about

health and nutritional concerns. Informal education is an educational path coming from the family and the environment in the community which includes guidance in the family, especially education for children (Yakub, 2020).

Changes in parenting patterns implemented by parents

Changes in parenting patterns are focused on families with specific case handling from Mrs. AR families, Mrs. AS families and Mrs. AV families. Mrs. AR, with an elementary school education background, is a mother of a toddler whose child is categorized as stunted. The child of Mrs. AR is a stunted toddler aged 44 months with malnutrition, making his weight low and height very short. Mrs. AR has 3 children. The first child is studying in junior high school, and the second one is studying in elementary school that is also categorized as at risk of stunting as a toddler. Mrs. AR is a vendor who sells daily necessities and vegetables at home. She explained that her daily routine in caring for her child is by providing breakfast every day followed by sleeping and playing. The child only plays around the yard with his older sibling due to the limitations of monitoring from the parents who both works. In daily activities, the child is also given a cellphone and watches television channels.

Initially, Mrs. AR rarely participated in activities from the Posyandu for toddlers, but after receiving an explanation from the cadres and a visit from the Puskesmas, she begins to be active in child weighing activities. The child gradually experienced some changes after participating in the additional program, as seen from the child's weight gradually increasing and was followed by a slight increase in height. Based on the results of observations and interviews conducted by the researcher, Mrs. AR only made a few changes in parenting patterns. These changes in parenting patterns did not have a significant impact on the child. The lack of the child's weight and height indicated that the changes had only brought little effect on the child.

Mrs. AS is a mother of a toddler with a child at risk of stunting for being short in height. The daily parenting pattern applied by Mrs. AS was by providing nutrition for the child according to the child's wishes and schedule sleep after eating. The child's condition in the application of this parenting pattern was that the child often experienced illnesses such as coughs and colds. This condition has caused the child's weight to decrease. Mrs. AS also tended not to find the way for the child to eat food but rather to provide food the child wanted. After several activities carried out by the Posyandu cadres, Mrs. AS concerned about the nutrition for her child. This was made based on recommendations and suggestions obtained during the examination. Then, Mrs. AS has made a more regular feeding schedule for the child. The schedule implemented a three-meal-a-day system. Mrs. AS also joined community activities related to counseling more routinely. This was done to see how to make the child have changes in his/her growth and development. In addition, Mrs. AS routinely followed programs related to additional nutrition for children. This is one of the results of an interview with Mrs. AS: *"In last October, I got eggs, milk, green beans, and brown sugar."* (CW:AS:15)

Mrs. AS applied the love hour to her parenting pattern as suggested by the cadres. This was done together with her husband in providing free time for the child. This is one of the results of an interview with Mrs. AS: *"We here apply the love hour. From 6 p.m. to 7 p.m., the cell phones are off, TV is off and I teach the children. If my husband is at home, we definitely do it together."* (CW:AS:15). Changes in parenting patterns implemented have brought an impact on children regarding a gradual increase in the child's weight. Here is one of the results of an interview with Mrs. AS: *"it is not until one month, the weight of my child increased"* (CW:AS:15). Based on the results of observations and interviews conducted by the researcher, Mrs. AS has made some changes to her parenting patterns to make her child's weight ideal. This can be seen from her participation in the counseling and nutrition program for children, as well as the implementation of program innovations provided by the cadres. The implementation was in the form of implementing a love hour program, scheduling mealtimes for children and Mrs. AS's routine in participating in government programs related to handling stunting in terms of providing nutrition and socialization. The change occurred in children was regarding an increase in height.

Mrs. AV is the mother of a premature baby. Her child was born when the mother was in an unhealthy condition. Mrs. AV explained that her child was again at risk of stunting due to the parenting pattern used. In parenting, Mrs. AV did not provide a schedule for her child's sleep and dietary habit. She would not wake her child even though it was time to eat. The child had a habit of eating while doing other physical activities, for example playing and watching TV. The condition of Mrs. AV's child's, declared at risk of being stunted, has made her respond by giving her child vitamins. However, this did not affect anything. The following is the result of an interview with Mrs. AV stated: *"Initially I tried to give my child vitamins, but it had no effect."* (CW:AS:15)

After there had been no change, Mrs. AV did a routine check-up for the child at Posyandu or saw a doctor. The check-ups were also carried out as the child experienced a condition at risk of stunting. Mrs. AV also implemented a parenting pattern by following the doctor's advice. This was done because Mrs. AV wanted her child to be in normal condition. Another change in parenting patterns was by concern to children's nutrition. This

was done by changing the provision of any foods not containing much nutrition. From the responses made, Mrs. AV stated that the child has experienced some changes regarding the weight increase. Mrs. AV stated: "*His weight has increased.*" (CW:AS:15). Mrs. AV regularly participated in activities related to counseling for children. The following are the results of an interview with Mrs. AV: "*In the past the activities were held by the police institution, but now it is held by Puskesmas conducted by cadres routinely.*" (CW:AS:15). In addition, the addition of nutrition from the government has been welcomed by Mrs. AV. This is proven by the routine done by Mrs. AV in taking additional nutrition to children. Based on the results of observations and interviews conducted by the researcher, Mrs. AV has made some major changes in her parenting pattern for her child. These changes were made by routinely having check-ups with doctors, implementing parenting patterns as recommended by doctors and cadres, and participating in government activities related to the provision of PMT and socialization about children.

The initial parenting patterns before given the education from the Posyandu cadres are presented as follows: Permissive Parenting, Neglectful Parenting Pattern. Permissive parenting is a parenting pattern giving children an opportunity to do things with very low supervision. Here, parents tend not to reprimand or warn children if they are in a dangerous situation by providing minimal guidance. Parents with this parenting pattern commonly are liked by children as they have a warm nature and allow children to regulate their behavior. This means that children have broad freedom from the family. The characteristics that result from this parenting pattern commonly are being spoiled, less independent, less confident, selfish and disobedient.

Based on the results of interviews with mothers of stunted toddlers and Posyandu cadres, this area has applied a permissive parenting pattern. This can be proven from the way the parents supervise their children. Parents are always concerned with their children's growth and development by providing nutrition, having sleep hours, and time to play. However, in reality, some tendencies carried out by informants can be presented as follows: First, Lack of concern to nutritional content. It is found that the informants (mothers of toddlers) only gave their children food based on what the toddlers wanted. If the toddlers refused to eat, the mother tended not to find a way for the child to still eat by schedule. If the child continued to refuse, the mother would eventually give the child the food the child wanted without worrying about the nutritional content. According to information from the Puskesmas cadres, good nutritional content for toddlers contains protein and fruit. However, based on findings in the field, there were some mothers still giving food containing MSG, such as snacks that can be obtained at nearby stalls. Second, Irregular rest schedule for children. Children will tend to forget to sleep if they are already interested in things such as the use of cellphones. Findings in the field showed that some mothers gave cellphones to their children on the grounds that the children would not be fussy and disturb their parents' work. This then caused children to refuse when it was time to rest. They would tend to choose to play rather than rest their bodies and brains. Third, Lack of spare time with children. Based on findings in the field, there was a lack in the division of roles between fathers and mothers. The father's busy work has made time to play with children less. Children would spend more time with their mothers or other family members. Free time was only given at certain times if one or both parents had free time.

Neglectful parenting patterns are carried out by parents who give very little time and money to their children. Their time will be spent on personal interests, such as working. Depression experienced by mothers is one example of why this type of pattern occurs. The depressed mothers are usually unable to pay attention to their children physically or psychologically. The common characteristics of children resulted from this parenting pattern include irresponsible, escaping from school, selfishness, aggressiveness, and even being problematic with their friends. Researchers found findings in the field that parent tended to carry out this parenting pattern. Interviews conducted with Mrs. AR proved that the lack of education and supportive environment have caused parents to have the wrong mindset. It was because her former child had been stunted, Mrs. AR considered that the condition of child AR was normal. As explained by the cadre choir when researcher conducted observations, Mrs. AR tended to pay attention to her child's condition less. The patterns carried out by Mrs. AR included rarely participating in toddler Posyandu activities, and rarely participating in counseling related to children. Even, Mrs. AR sold the milk distributed by Puskesmas for children in her retail. All showed the behavior of neglectful parenting patterns.

Based on the results of observations conducted by researchers in field, these parenting patterns have caused children to experience growth faltering. Growth faltering is a condition where growth is characterized by a slowdown in the rate of growth due to an imbalance in energy intake with biological needs for growth (Aylicia, A., & Wijaya, 2022). Growth faltering can be initially seen in the rate of weight growth followed by body length. In severe growth faltering conditions, it even can affect head circumference. Three informants explained the condition of children experiencing weight management; children did not experience weight gain, were short and very short, triggering other diseases to appear, such as coughs and colds.

Parenting Patterns After Education

Several research results showed that parenting patterns play an important role in reducing stunting rates. The results of the study showed that parenting is an important component that should not be disregarded in the pursuit of better nutritional status since it has an indirect impact on nutrition (Oktaviyana et al., 2024; Aziizah & Latifah, 2024). Thus, the educational activities carried out by the Posyandu cadres have the aim of changing parenting patterns for children at risk of stunting. The results of observations and interviews conducted by the researcher showed a change in parenting pattern applied from permissive to democratic parenting pattern. Democratic parenting is a parenting pattern in which the parents give the child freedom to develop in all their capabilities, but the parents still monitor and control the child. In other words, the freedom in question here refers to an action a child will take, but it is still under the parents' control. In this case, parents have a realistic attitude towards the child's capabilities by not making excessive demands on the child's skills. This parenting character can generate children that are independent, have an interest in new things, have good self-control, are able to deal with stress, have good relationships with friends, and are cooperative with others. A research by Baumrind showed that this parenting pattern tends to be more supportive in child development regarding independence and responsibility (Y. Astuti et al., 2024; Bhutta et al., 2025).

Findings in the field supporting the statement are presented as follows: First, conducting consultation. Children will get information about their growth and development from the toddler Posyandu. It starts from weight, height, to other needs. Children at risk of stunting will be recommended to undergo re-examination at Puskesmas or pediatrician. After parents understand and are aware of their child's condition, they routinely conduct examinations until they implement the recommendations of correct parenting for children based upon the doctor's advice. Second, routinely joining additional nutrition programs for toddlers. Toddlers at risk of stunting receive additional nutrition programs from the government. The assistance itself is not simply one type, but it is various started from omega eggs, green beans, milk, and processed side dishes. The assistance comes from BAZNAS, BKKBN, B2SA to additional assistance from Posyandu cadres. Third, parents routinely attend socialization/counseling related to stunting. Posyandu cadres are given the task in RT/hamlet meetings to convey problems regarding stunting to the community as well as to become educators in conveying them.

The cadres also play a role in inviting parents to attend the meeting. Fourth, implementing the innovation of programs from cadres. The love hour program created by cadres is implemented by parents in changing their parenting patterns. They implement 6 to 7 p.m. by giving full time to their children. There are no disturbances in any form including cellphones and televisions. This aims to allow parents to know the conditions and needs of their children as well as to provide playtime for their children. Fifth, setting the child schedule. After knowing the condition of their child, parents with children at risk of stunting, provide a regular schedule for their child. It starts with a meal schedule, sleeping to playtime. This is implemented to monitor children's growth and development in accordance with their age and needs.

The changes in parenting patterns have brought a positive effect on children. This impact can be in the form of gradual changes in the child's height and weight experiencing an increase. These changes can be seen from the monthly reports submitted by the cadres of Posyandu. Table 2 presents parenting patterns, and their changes based upon the results of observation and interview in terms of the parenting patterns applied.

Table 2. Parenting Patterns and Their Changes

Name	Parenting pattern	Impacts	Change of parenting pattern	Impact
Mrs. AR	Neglectful Parenting Pattern	<ul style="list-style-type: none"> - Selective of food - Very short height - Light weight - Malnourished 	Democratic parenting pattern	Change in weight and height
Mrs. AS	Permissive Parenting Pattern	<ul style="list-style-type: none"> - Frequent coughs and cold - Selective of food - Very short height 	Democratic parenting pattern	<ul style="list-style-type: none"> - Change in height - more regular meals and sleep schedules

Based on the results of observations and interviews the researcher carried out, of the three informants interviewed, it was found that they have applied permissive parenting patterns and neglectful parenting patterns. The permissive parenting pattern applied was characterized with less concern with children's nutrition and rest hours. In this parenting pattern, the informant explained that there was no arrangement for the rest of the schedules for children, and a lot of time was used to play with cellphones. In providing nutrition, mothers of toddlers tended not to think creatively in processing and providing it. Here, if the child did not want to, the mother of the toddler would just obey it until it continued. In neglectful parenting pattern, the informant explained that they rarely participated in toddler Posyandu activities, the child nutrition was also irregularly provided, and they tended to follow what the child wanted. Also, the time the children used to play with cellphones was still relatively long. Parents also tended to prefer working rather than taking time to play or taking their children to toddler Posyandu; as a consequence, children usually would only play with their older siblings.

It is in line with the Baumrind's opinion regarding both types of parenting patterns that parents tend not to reprimand or warn children if they are in a dangerous situation by providing minimal guidance (Baroroh et al., 2020). Parents in such type commonly are loved by children as the parents have a warm nature and allow children to regulate their behavior by themselves. Meanwhile, in the neglectful parenting pattern, parents give less time and money to their children. Their time will be more spent on personal interests, such as working.

In addition, family education carried out by mothers of toddlers is one of the applications of informal education. This education is in the form of education carried out with awareness and full responsibility (Nugroho et al., 2023). In this case, Posyandu cadres also play an important role in family education regarding the implementation of supporting programs for toddlers. For informal education, it is an educational path coming from the family and environment in the form of independent learning carried out consciously and responsibly (Syaadah, R., Ary, M. H. A. A., Silitonga, N., & Rangkuty, 2023).

CONCLUSION

The results of observations and interviews conducted by researchers showed that the mothers of toddlers at risk of stunting have applied permissive parenting pattern and neglectful parenting pattern. According to the Puskesmas cadres, the recommended parenting patterns applied to toddlers include preparing a habituation pattern, concerning with the condition of nutritional intake, concerning with environmental cleanliness and health, and family support. Given the programs implemented by the Puskesmas cadres, then there has been awareness from the mothers of toddlers, and changes in the parenting pattern applied. Regarding the change in parenting patterns, it is found that there is a change from applied permissive parenting patterns and neglectful parenting patterns to democratic parenting patterns.

REFERENCES

- Abdulaziz, R., Suryanti, N., & Setiawan, A. S. (2024). A Review on Maternal Parenting, Child's Growth Stunting, and Oral Health. *European Journal of Dentistry*, 18(01), 026–040. <https://doi.org/10.1055/s-0043-1764428>
- Agyen, V. A., Annim, S. K., & Asmah, E. E. (2024). Neighbourhood mothers' education and its differential impact on stunting: Evidence from 30 Sub-Saharan African countries. *Social Science & Medicine*, 340(116462). <https://doi.org/10.1016/j.socscimed.2023.116462>.
- Alam, M. A., Richard, S. A., Fahim, S. M., Mahfuz, M., Nahar, B., Das, S., Shrestha, B., Koshy, B., Mduma, E., Seidman, J. C., Murray-Kolb, L. E., Caulfield, L. E., & Ahmed, T. (2020). Impact of early-onset persistent stunting on cognitive development at 5 years of age: Results from a multi-country cohort study. *PLOS ONE*, 15(1), e0227839. <https://doi.org/10.1371/journal.pone.0227839>
- Anggryni, M., Mardiah, W., Hermayanti, Y., Rakhmawati, W., Ramdhanie, G. G., & Mediani, H. S. (2021). Faktor Pemberian Nutrisi Masa Golden Age dengan Kejadian Stunting pada Balita di Negara Berkembang. *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, 5(2), 1764–1776. <https://doi.org/10.31004/obsesi.v5i2.967>
- Ashar, H., Laksono, A. D., Supadmi, S., Kusumawardani, H. D., Yunitawati, D., Purwoko, S., & Khairunnisa, M. (2024). Factors related to stunting in children under 2 years old in the Papua, Indonesia Does the type of residence matter? *Saudi Medical Journal*, 45(3), 273–278. <https://doi.org/10.15537/smj.2024.45.3.20230774>
- Assyakurrohim, D., Ikham, D., Sirodj, R. A., & Afgani, M. W. (2022). Metode Studi Kasus dalam Penelitian Kualitatif. *Jurnal Pendidikan Sains Dan Komputer*, 3(1), 1–9. <https://doi.org/10.47709/jpsk.v3i01.1951>
- Astuti, S. J. W., Suindyah Dwiningwarni, S., & Atmojo, S. (2025). Modeling environmental interactions and

- collaborative interventions for childhood stunting: A case from Indonesia. *Dialogues in Health*, 6(January), 100206. <https://doi.org/10.1016/j.dialog.2025.100206>
- Astuti, Y., Paek, S. C., Meemon, N., & Marohabutr, T. (2024). Analysis of traditional feeding practices and stunting among children aged 6 to 59 months in Karanganyar District, Central Java Province, Indonesia. *BMC Pediatrics*, 24(1), 1–18. <https://doi.org/10.1186/s12887-023-04486-0>
- Aylicia, A., & Wijaya, E. (2022). Pengetahuan, Sikap, dan Perilaku Bidan Terkait Deteksi Dini dan Tata laksana Gagal Tumbuh pada Bayi Air Susu Ibu Eksklusif. *Sari Pediatri*, 24(2), 75. <https://doi.org/10.14238/sp24.2.2022.75-82>
- Aziizah, N. F. N., & Latifah, M. (2024). The Influence of Parenting Style and Stimulation on Social-Emotional Development: Study of Stunting and Not Stunting Toddlers in Bogor Regency. *Journal of Family Sciences*, 9(1), 100–118. <https://doi.org/10.29244/jfs.v9i1.52508>
- Azriani, D., Masita, Qinthara, N. S., Yulita, I. N., Agustian, D., Zuhairini, Y., & Dhamayanti, M. (2024). Risk factors associated with stunting incidence in under five children in Southeast Asia: a scoping review. *Journal of Health, Population, and Nutrition*, 43(1), 174. <https://doi.org/10.1186/s41043-024-00656-7>
- Baroroh, S. A., Budiartati, E., & Fakhruddin, F. (2020). Implementation of Parenting Education in Early Childhood Education Institutions. *Journal of Nonformal Education*, 6(1), 77–84. <https://doi.org/10.15294/jne.v6i1.24168>
- Bella, F. D., Fajar, N. A., & Misnaniarti, M. (2020). Hubungan antara Pola Asuh Keluarga dengan Kejadian Balita Stunting pada Keluarga Miskin di Palembang. *Jurnal Epidemiologi Kesehatan Komunitas*, 5(1), 15–22. <https://doi.org/10.14710/jekk.v5i1.5359>
- Bhutta, A., Islam, M., Gaffey, M. F., Victora, C. G., Menon, P., Katz, J., Horton, S. E., Yearwood, J., & Black, R. E. (2025). *What works for reducing stunting in low-income and middle-income countries ? Cumulative learnings from the Global Stunting Exemplars Project*. 121(December 2024). <https://doi.org/10.1016/j.ajcnut.2025.03.004>
- Creswell, J. . (2008). *Educational Research, Planning, Conducting, and Evaluating Quantitative and Qualitative Research. Third Edition*. Pearson Education Merrill Prentice Hall.
- Elnadif, E. A. (2020). Prevalence of malnutrition among under-five children in al-nohoud province western kordufan, sudan. *International Journal of Public Health Science*, 9(4), 352–357. <https://doi.org/10.11591/ijphs.v9i4.20520>
- Fauziah, J., Trisnawati, K. D., Rini, K. P. S., & Putri, S. U. (2023). Stunting: Penyebab, Gejala, dan Pencegahan. *Jurnal Parenting Dan Anak*, 1(2), 11. <https://doi.org/10.47134/jpa.v1i2.220>
- Handayani., R. (2021). Karakteristik Pola-pola Pengasuhan Anak Usia Dini dalam Keluarga. *Kidido: Jurnal Pendidikan Islam Anak Usia Dini*, 2(2), 159–168. <https://doi.org/10.19105/kidido.v2i2.4797>
- Harahap, H., Syam, A., Palutturi, S., Syafar, M., Hadi, A. J., Ahmad, H., Sani, H. A., & Mallongi, A. (2024). Stunting and Family Socio-Cultural Determinant Factors: A Systematic Review. *Pharmacognosy Journal*, 16(1), 268–275. <https://doi.org/10.5530/pj.2024.16.39>
- Haris, F., Fauziah, V., Ockta, Y., Zarya, F., Pranoto, N. W., Rahman, D., Adrian, V., Orhan, B. E., & Karaçam, A. (2024). Observation of stunting status with the motor skills of toddler children. *Retos: Nuevas Tendencias En Educación Física, Deporte y Recreación*, 59, 103–111.
- Kania, I., Karmila, M., Rismayanti, E., Ardiyanti, H., Tarigan, H., & Supriyanti, N. W. (2025). Strategic Model for Reducing Stunting Rates Through Parenting Improvement in Indonesia: Supporting Sdg 3 To Promote Good Health and Well-Being. *Journal of Lifestyle and SDG'S Review*, 5(2), 1–21. <https://doi.org/10.47172/2965-730X.SDGsReview.v5.n02.pe02942>
- Kementerian Kesehatan RI. (2023). *BUKU SAKU: Hasil Survei Status Gizi Indonesia (SSGI) 2022*. KEMENTERIAN KESEHATAN RI: Badan Kebijakan Pembangunan Kesehatan.
- Lailiyah, H. W., Nisa, Z., & Nisfa, N. L. (2023). Pengaruh Temper Tantrum Terhadap Perubahan Perilaku Dan Psikis Pada Anak Usia Dini. *Jurnal Lingkup Anak Usia Dini*, 4(1), 61.
- Lestari, V. L., Suwarsito, S., & Rasyada, A. (2022). Pengaruh Pola Asuh Orang Tua Terhadap Tumbuh Kembang Anak (Stunting). *EDUSAINTEK: Jurnal Pendidikan, Sains Dan Teknologi*, 9(2), 302–311. <https://doi.org/10.47668/edusaintek.v9i2.458>
- Lestari, E., Siregar, A., Hidayat, A. K., & Yusuf, A. A. (2024). Stunting and its association with education and cognitive outcomes in adulthood: A longitudinal study in Indonesia. *PLoS ONE*, 19(5), 1–18. <https://doi.org/10.1371/journal.pone.0295380>
- Madiuw, D., Muskita, M., & Tahanora, F. (2024). Optimalisasi Pemberdayaan Kader Posyandu Dalam Upaya Pencegahan Stunting di Kelurahan Kudamati. *Karya Kesehatan Siwalima*, 2(2), 50–56. <https://doi.org/10.54639/kks.v2i2.1066>

- Muhamad, Z., Mahmudiono, T., Abihail, C. T., Sahila, N., Wangi, M. P., Suyanto, B., & Binti Abdullah, N. A. (2023). Preliminary Study: The Effectiveness of Nutrition Education Intervention Targeting Short-Statured Pregnant Women to Prevent Gestational Stunting. *Nutrients*, 15(19), 1–11. <https://doi.org/10.3390/nu15194305>
- Muliani, M., Tondong, H. I., Lewa, A. F., Mutmainnah, M., Maineny, A., & Asrawaty, A. (2023). Determinants of stunting in children aged 24–59 months: a case-control study. *International Journal of Public Health Science*, 12(3), 1287–1294. <https://doi.org/10.11591/ijphs.v12i3.22313>
- Nasution, S., & Kusumawati, R. (2023). Perubahan Pola Asuh pada Peserta SEKOPER CINTA dalam Upaya Menurunkan Prevalensi Stunting di Jawa Barat. *Promotor*, 6(4), 440–449. <https://doi.org/10.32832/pro.v6i2.238>
- Nugroho, E., Wanti, P. A., Suci, C. W., Raharjo, B. B., & Najib. (2023). Social Determinants of Stunting in Indonesia. *Kemas*, 18(4), 546–555. <https://doi.org/10.15294/kemas.v18i4.40875>
- Oktaviyana, C., Andriani, R., Iqbal, M., Sartika, D., & Putra, Y. (2024). *Education Empowerment : Transformation of Parenting Style with Incidence of Stunting . A Cross Sectional Analysis in One Island , Indonesia*. 0–6.
- Paikah, N., Yamin, M., & Hafni, N. (2024). Analysis of Policies and Strategies to Lower Childhood Stunting in South Sulawesi, Indonesia. *El-Usrah: Jurnal Hukum Keluarga*, 7(1), 19–41. <https://doi.org/10.22373/ujhk.v7i1.21987>
- Pratama, M. A., Aulia, M. R., Nurkahiran, N., Agustawan, A., Afriana, N., Jaya, J., & Saragih, T. (2024). Penanaman Bibit Sayur Sebagai Upaya Pencegahan Stunting Di Kampung Gegerang, Kecamatan Jagong Jeget, Kabupaten Aceh Tengah. *Besiru: Jurnal Pengabdian Masyarakat*, 1(1), 1–4.
- Rahayu, A., Yulidasari, F., Putri, A. O., & Anggraini, L. (2018). Study guide-stunting dan upaya pencegahannya. In *Buku stunting dan upaya pencegahannya* (p. 88).
- Rahman, H., Rahmah, M., & Saribulan, N. (2023). Upaya Penanganan Stunting Di Indonesia. *Jurnal Ilmu Pemerintahan Suara Khatulistiwa (JIPSK)*, VIII(01), 44–59.
- Ria Saputri Rejeki, & Gerry Katon Mahendra. (2023). Analisis Peran Kader Posyandu dalam Pencegahan Stunting di Kelurahan Margoagung, Kapanewon Seyegan, Kabupaten Sleman. *Journal of Social and Policy Issues*, 3(2023), 121–125. <https://doi.org/10.58835/jspi.v3i3.202>
- Rijkiyani, R. P., Syarifuddin, S., & Mauzdati, N. (2022). Peran Orang Tua dalam Mengembangkan Potensi Anak pada Masa Golden Age. *Jurnal Basicedu*, 6(3), 4905–4912. <https://doi.org/10.31004/basicedu.v6i3.2986>
- Romadhona, M. K., Khasanah, S. U., Ariadi, S., Kinasih, S. E., & Tjitrawati, A. T. (2023). Re-defining stunting in Indonesia 2022: A comprehensive review. *Jurnal Inovasi Ilmu Sosial Dan Politik (JISoP)*, 5(1), 56–63. <https://doi.org/10.33474/jisop.v5i1.19741>
- Rukhmana, T., Darwis, D., IP, S., Alatas, A. R., Tarigan, W. J., Mufidah, Z. R., ... & ST, S. (2022). *Metode penelitian kualitatif*. CV Rey Media Grafika.
- Sánchez, A., Favara, M., Sheridan, M., & Behrman, J. (2024). Does early nutrition predict cognitive skills during later childhood? Evidence from two developing countries. *World Development*, 176(November 2023). <https://doi.org/10.1016/j.worlddev.2023.106480>
- Santos, C., Bustamante, A., Vasconcelos, O., Pereira, S., Garganta, R., Tani, G., Hedeker, D., Katzmarzyk, P. T., & Maia, J. (2020). Stunting and Physical Fitness. The Peruvian Health and Optimist Growth Study. *International Journal of Environmental Research and Public Health*, 17(10), 3440. <https://doi.org/10.3390/ijerph17103440>
- Schneider, E. B. (2023). The determinants of child stunting and shifts in the growth pattern of children: A long-run, global review. *Journal of Economic Surveys*, 405–452. <https://doi.org/10.1111/joes.12591>
- Supadmi, S., Laksono, A. D., Kusumawardani, H. D., Ashar, H., Nursafingi, A., Kusri, I., & Musoddaq, M. A. (2024). Factor related to stunting of children under two years with working mothers in Indonesia. *Clinical Epidemiology and Global Health*, 26(February), 101538. <https://doi.org/10.1016/j.cegh.2024.101538>
- Syaadah, R., Ary, M. H. A. A., Silitonga, N., & Rangkyu, S. F. (2023). Pendidikan Formal, Pendidikan Non Formal Dan Pendidikan Informal. *Pema (Jurnal Pendidikan Dan Pengabdian Kepada Masyarakat)*, 2(2), 125–131. <https://doi.org/10.56832/pema.v2i2.298>
- Tahir, A., Hendriyanto, D., Faizah, A., Anshory, J., & Harun, R. (2024). Application of Forward Chaining and Rule-Based Reasoning Methods to Design an Expert System for Pregnant Women Disease Diagnosis in a Private Hospital. *Jurnal Informasi Dan Teknologi*, 6, 93–98. <https://doi.org/10.60083/jidt.v6i1.480>
- Tamir, T. T., Gezhegn, S. A., Dagnew, D. T., Mekonnen, A. T., Aweke, G. T., & Lakew, A. M. (2024). Prevalence of childhood stunting and determinants in low and lower-middle income African countries: Evidence from standard demographic and health survey. *PLoS ONE*, 19(4 April), 1–16.

<https://doi.org/10.1371/journal.pone.0302212>

- Taslim, N. A., Farradisya, S., Gunawan, W. Ben, Alfatihah, A., Barus, R. I. B., Ratri, L. K., Arnamalia, A., Barazani, H., Samtiya, M., Mayulu, N., Kim, B., Hardinsyah, H., Surya, E., & Nurkolis, F. (2023). The interlink between chrono-nutrition and stunting: current insights and future perspectives. *Frontiers in Nutrition*, 10. <https://doi.org/10.3389/fnut.2023.1303969>
- Wand, H., Naidoo, S., Govender, V., Reddy, T., & Moodley, J. (2024). Preventing Stunting in South African Children Under 5: Evaluating the Combined Impacts of Maternal Characteristics and Low Socioeconomic Conditions. *Journal of Prevention*, 45(3), 339–355. <https://doi.org/10.1007/s10935-024-00766-2>
- Yakub. (2020). Pendidikan Informal Dalam Prespektif Pendidikan Islam Informal Education in Islamic Education Perspective Yakub. *Tarbawi : Jurnal Pendiidkan Agama Islam*, 05(01).
- Yani, F., Shah, M., Retno, W., & Luqman, P. (2023). Access and utilization of health services improved by trained posyandu cadres in rural Indonesia. *European Journal of Public Health*, 33(Supplement_2). <https://doi.org/10.1093/eurpub/ckad160.805>