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## Parenting Styles Related To Stunting Among Dayak Meratus Mothers: A Qualitative Study

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### Abstract

This research sought to figure out the knowledge and parenting patterns of mothers who have stunted toddler among isolated community of the Dayak Meratus Tribe. The research was a qualitative study. Data collection was carried out by in-depth interviews, observation, and an FGD in Batuah Village, Kotabaru, Indonesia. The participants were the district head, the public health center head, the village head, the adat leader, and several mothers who have stunting toddlers (18 persons). The content analysis method was employed for data analysis. Data validation was performed by triangulation, where the methods and data sources used were compared against one another, as well as peer discussion to collect feedback, checking the findings for refinement, and improvement of the findings. The Dayak Meratus mothers lacked sufficient knowledge of stunting. This is related to isolated residential areas, inadequate transportation and communication facilities, lack of access to health services and education. However, traditional leaders have better knowledge about stunting. They can explain the meaning of stunting and its causes. Generally, mothers do not give exclusive breastfeeding, giving complementary foods too early. Toddlers and pregnant women abstain from various foods that can encourage stunting. The cleanliness of the child's body is less concerned because it is rarely bathed. This is due to the lack of availability of clean water and sanitation facilities. If they are sick, the traditional healer treats them by giving them a decoction of leaves and roots that has been passed down from generation to generation. It is suggested that the local government should provide nutrition and health education for society on a regular basis with the involvement of adat figures.

**Keywords :** *parenting styles, stunted under-fives children, The Dayak Maratus Tribe*

### Introduction

Stunting in toddlers is one of the public health issues in Indonesia. The results of the Basic Health Research of 2018 revealed that the national stunting prevalence was at a rate of 30.8% (1), while the results of the Indonesian Nutritional Status Survey of 2022 revealed that stunting among children under the age of five was at the prevalence rate of 21.6% (2). As designated by the World Health Organization, a prevalence rate above 20% will categorize stunting as a public health issue (3).

The stunting prevalence in South Kalimantan Province is relatively higher than the national figure (24.6%), and Kotabaru is among the regencies with the highest stunting prevalence in the province (31.6%) (2). At the district level, the highest prevalence was found in Pamukan Barat District (37.2%) (4). Pamukan Barat District is adjacent to East Kalimantan Province. Part of the area belongs to the Meratus Mountains, home to the Dayak Meratus tribe, including Batuah Village. The people are extremely isolated with poor facilities and infrastructures.

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Those who are in need of health services must take a six-hour walk on footpaths to Sengayam Public Health Center that is situated at the heart of the district. According to Sanjaya et al. (2016), the Meratus Dayak people harness their traditional healing abilities or techniques to deal with health issues. Not only is it driven by the strong cultural element prevailing in the Meratus Dayak community, this practice is also caused by the lack of other options than consulting *dukuns* (witch doctors) who are believed to be in possession of special abilities. The treatment of a disease by a witch doctor has become a common practice due to the geographical and secluded conditions of the area and the lack of trained human resources for the handling of health issues (5). Fuentes et al. (2020) posit that isolated tribal people usually have low quality of life due to low levels of education, occupation, access to services, and familial composition (6).

A preliminary study of the isolated adat community of the Dayak tribe in Batuah Village found that the tribespeople were generally illiterate due to the absence of education facilities in the area and because mothers cared for their under-fives instinctively over the generations. It was a habit to feed children at the age of five with rice only or with *kerupuk* (crackers) and no side dish. Such a practice may cause stunting in under-fives children. Based on the results of the antropometric measurement conducted by the researchers on 27 toddlers in the area, 59.2% were found to suffer stunting. There has been no research on stunting against the sociocultural background of the Dayak tribe. This research sought to figure out the knowledge and parenting patterns of mothers who have stunted toddler among isolated community of the Dayak Meratus Tribe.

## Method

This research employed a qualitative method and is presented in a descriptive-explorative manner. It was conducted on an isolated community among the Dayak Meratus tribe in Batuah Village, Sengayam District, Kotabaru Regency, South Kalimantan Province, Indonesia. The data collected covered the knowledge of mothers with toddlers, the mothers' diets during pregnancy, the mothers' parenting style, and the mother's hygienic and sanitary practices.

Eighteen research subjects (informants) consisting of the Meratus Dayak adat leader, the Head of the Public Health Center of Sengayam, a nutritionist, the Head of Batuah Village, integrated services post cadres, and mothers with toddlers were selected by purposive sampling. The research instruments utilized were a video camera, a list of questions for the focus group discussion, and an in-depth interview guide. Information was collected from the informants through an FGD, in-depth interviews, participant observation, and documentation.

Data processing was carried out by studying all data from the semi-structured interviews, listening to the recordings, transcribing the interviews, summarizing the data, and creating a data matrix to facilitate the data interpretation. Data analysis was conducted using the content analysis method by drawing inferences or interpreting messages in an objective, systematic manner.

The validity of the research results was ensured by increasing the quality of the researchers in field activities and conducting triangulation on methods, data sources, and theories. The methodological triangulation was performed on multiple methods, namely in-depth interviews and unguided interviews with varied informants. Data source triangulation was performed not only to the information derived from the informants, but also on the observation results and the report documents and profiles of relevant institutions at the village, public health center, district, and regency levels. In addition, a discussion was held with peers to obtain feedback, check for the results for betterment purposes, and add more necessary data. Theoretical triangulation was conducted by comparing relevant theoretical perspectives, both from reference books and from the findings of other research works.

## Results

### A. The Definitions and Causes of Stunting

From the results of the in-depth interviews and FGD, it was figured out that the knowledge of stunting and its causes differed from one informant to another. The following are the definitions of stunting conveyed by some mothers with stunted under-fives:

"... I have no idea of what stunting is. The (child's) father is short too. All of his (the father's) siblings are

short. I'm taller, 150 cm. He (the father) is as tall as my ears" (SR).

"I have no idea..." (Mw).

"I don't know, never heard of it." Mar).

Meanwhile, below is the explanation of a Pamukan Barat District figure of the definition and causes of stunting:

"Stunting denotes shortness... Above dwarfness, just being short... Maybe it is caused by the people's unawareness of health and the lack of infrastructures... In addition, many of the people engage in in-family and underage marriages. They are accustomed to living for the day only over the generations... No education is available, and houses are distant from one another" (SS).

Based on the informants' explanations above, it is obvious that their knowledge of stunting was lacking. Some informants linked the term stunting to short stature. The public figure interviewed revealed that in the Meratus Dayak community in Batuah Village there were practices of underage and consanguine marriages between individuals and their cousins, nephews, or other blood-related individuals. These practices were attributed to low educational level and clustered dwellings that were sparsely arranged. Each dwelling cluster was inhabited by an extended family, limiting the inhabitants' social interactions to only among themselves.

The phenomenon of underage and consanguine marriages was also mentioned by the most prominent Dayak adat leader in Batuah Village.

"My wife gave birth at the age of 12 by SC (section caesaria). There is another member of our community, having yet to have her first menstruation, still 9 or 10 years old but already married. All (couples) were third cousins, or second. My father has eleven siblings, spread at several dwelling points in RT (neighborhoods) 7 and 9. They are blood-related. Many of them establish in-family marriages, at least between first cousins or with nephews" (PK).

"In some cases, perhaps stunting is the result of in-family marriages. There are many of them... In other words, the fathers are still blood-related, and their married children are first cousins to one another... Marrying first cousins is actually against the Dayak tradition" (PK).

As for the definition and causes of stunting, PK explained as follows:

"We can see there are children with abdominal swelling too, maybe because of worm infections... Worm infections may cause stunting. Their nutrition intake is irregular. Many of them suffer itching and scabs. There are even some with scabs all over their entire scalp. Clean water and soap are unavailable" (PK).

"Some do not shower for two to three days... There is a river at the valley, but since it takes effort to go down to the river, they rarely take a bath" (PK).

"...Toddlers are supposed to have their health conditions maintained... The fact is that they are fed irregularly and as a result they suffer stunting" (PK).

## **B. Under-five Parenting Style**

### **1. Maternal care during pregnancy**

Regarding pregnancy examination and care, some informants conveyed the following:

"Pregnancy examination is conducted by nearby witch doctors, never by the public health center. It's too far away from the Public Health Center of Sengayam" (M).

"(We) only go to the public health center in cases of severe illnesses. (The patient) is carried on a stretcher all the way to the public health center" (C).

"After childbirth, (the mother) is given a specialized concoction by the witch doctor" (S).

The information on dietary consumption during pregnancy was as follows:

"During pregnancy, I still have an appetite for foods, except for fish, chicken, and other meat. I can't stand the smell... I only eat eggs and certain vegetables... spinach, cabbage, carrots, and fruits. Mustard greens are not to my taste. If I'm forced to eat them, it will make me dizzy and nauseous" (W).

"I can eat everything... rice, vegetables, spinach, yardlong bean, carrots, everything is to my liking. I cook the dish at home" (R).

Regarding dietary restrictions during pregnancy, the following are some explanations from the informants:

"... There is no specific ritual for pregnancy. It is only that the side dishes are restricted. If the restrictions are broken, the consequence will be itching. Childbirth is usually followed by a ceremony and eating sticky rice and pork" (M).

“... Pregnant women are not allowed to take pineapples, chicken meat, and chicken eggs. They won't eat them for fear of itching” (M).

“... A pregnant (woman) can only eat a little. If she eats a lot, she will get ill... Half a scoop of rice is enough, perhaps only once a day. Fish is prohibited for three full months, and so is venison. Those are our restrictions at the mountains. Only rice is allowed for consumption, nothing else” (C).

“... Crabs are prohibited, and so are striped snakeheads, anchovies, eels, innards, bamboo shoots, and moringa” (PK).

The dietary restriction tradition that mothers practiced during the postpartum period is as follows:

“Especially after childbirth, only rice (is allowed for consumption)... (mothers) aren't allowed to eat fish and eggs for one full month. Vegetables are forbidden too. During the two years of breastfeeding period, there are a lot of dietary restrictions. After delivery, only rice is allowed” (PK).

## 2. Child feeding

The explanations of child feeding by mothers with toddlers were as follows:

“I breastfeed my child, there's only a small amount of breast milk that I produce” (I).

“... Breast milk only is not enough. My oldest child started solid feeding at the age of three months... My second child started porridge feeding at the age of one month. If they were not fed, they would cry” (I).

“We feed our child with mashed banana to let him fall fast-asleep” (S).

A mother explained about feeding for a child aged above one year as follows:

“A child has a meal of rice mixed with vegetables three times a day. Sometime he will have a side dish too. Vegetables are plentiful here. We only need to pick them from the forest” (I).

## 3. Infectious disease treatment

The common infectious diseases from which Meratus Dayak children suffer were cough, the common cold, diarrhea, and skin diseases. The following are some remarks from the informants:

“They usually suffer from cough and the common cold... They are treated with concoctions of roots from the forest. These diseases can be healed” (H).

“Sometimes diarrhea, cough, and the common cold, even to the point of vomiting. If we happen to be in Sengayam, we will seek treatment from the public health center. Most often the diseases are treated with massage and concoctions and they are healed” (I).

“My child has skin diseases, itching and scabs, long uncured. If he has a fever, he will not recover simply by taking drugs. Only after getting a massage will he recover” (Y).

## 4. Hygienic and sanitary practices

Hygienic and sanitary practices included bathing, defecating, urinating, extracting clean water, and hand-washing with soap. The following are some remarks from mothers with under-fives:

“... Defecation is done behind the house outside or sometimes at the river down there... There is a water closet beside the house, built by an officer from the public health center, but it lacks water. The stool is disposed of (somewhere else)” (R).

“We take a bath near the waterfall at dawn” (M).

“Some skip showering for two to three days. The river is far away... They rarely brush their teeth” (PK).

## Discussion

From the interviews it was found out that mothers with under-fives among the isolated Meratus Dayak tribe did not have a proper understanding of the definition and causes of stunting; some even never heard of the term. This was because the people in this settlement area did not receive any health information and socialization. Besides, they were of low educational levels. A public health center officer stated, “We are unable to visit the settlements in RT 6, 8 and 9 regularly every month as they are far away. It takes six to eight hours of walking to get there. Transportation is also difficult. This resonates with the findings of an earlier study that the isolated Dayak people's poor knowledge is attributed to their isolation, difficulty to reach, and limited facilities and infrastructures, including educational ones (7).

The participant observation carried out during home visits to mothers with stunted toddlers in the Dayak

community in Batuah Village revealed that all of the mothers with toddlers were illiterate and never received any formal education due to the inavailability of educational facilities within the area. Parenting was performed instinctively for generations. Under-fives were fed with rice only or with the addition of crackers, but the diets did not include side dishes, vegetables, and fruits. The locus was hardly accessible, and the people were living a sorry life with various limitations under the geographical conditions at the Meratus Mountains, Kotabaru Regency. Based on the research by Srimiati and Melinda (2020), mother's educational levels and attitudes were significantly correlated with child feeding. Mothers with good knowledge tended to practice proper feeding in terms of timing, amount, and texture (8).

In relation to stunting, the community leader unveiled that in this area underage and in-family marriages were commonly practiced from generation to generation despite the adat ban on them. The in-family marriages practiced in the community were frequently between cousins. These practices were exacerbated by low educational levels of the people; many of them even never pursued formal education at school. The dwelling area was extremely isolated. The hamlet where the community lived was 12 km or four hours away by walk from the nearest outside community. The community was extremely exclusive and unable to engage in communications with external communities. The limited socialization with outsiders also caused limitations in life needs fulfilment, including in finding mates for marriages. Based on the observation, the children from families in in-family marriages were relatively smaller than other children of their age. Health risks were often found in communities practicing marriages with cousins (9). Consanguine marriages will result in genetically similar offsprings as the DNAs of the father and the mother are alike. This may have adverse effects on health, including albinism, hemophilia, and mental disorders. Another effect of consanguine marriages is short stature. Children born to couples in in-family marriages have problems with infertility and eventually see manifestations of the Ellis-van Creveld syndrome, which is related to dwarfism and stunting. Dwarfism is a condition of disorder characterized by a short stature due to medical or genetic disorder. An adult human is said to suffer dwarfism if he/she is 147 cm tall or shorter. This condition is more often referred to as a very short stature than as dwarfism (10).

Besides, the isolated people in Batuah Village also have the habit of marrying young below the age of 18 years. Daughters enter underage marriages to satisfy the will of their parents who marry them off to the sons of their siblings (they are cousins). The tradition of getting married young to a blood-related individual in the Meratus Dayak tribe has long endured from generation to generation. During a visit to Batuah Village, the researchers encountered teen girls who were married to their cousins and some of them were even carrying their under-five children on their back. Their complexions and facial expressions tended to be akin to one another as they were married to close relatives. Child marriage is a long-standing traditional practice all over the world. Females who are married young are not ready physically, physiologically, and psychologically, including in terms of parenting. As reported by Kasjono et al. (2020), there was a significant relationship between underage marriage and stunting. Women who were married at the age of no more than 20 years were at risk of having stunted children 1.7 times higher than women who were married older than 20 years (11). Similarly, Pangaribuan et al. (2020) discovered that underage marriage and teen pregnancy were related to stunting in under-fives. Toddlers of parents who were married young were more susceptible to disturbances to their growth and development (12).

Pregnancy care and delivery aid are performed by local witch doctors as the public health center are situated at a long distance and are hard to reach by four-wheel vehicles. During pregnancy, Dayak mothers may eat rice and crackers, sometimes added with eggs and certain vegetables. Therefore, they consume much carbohydrate and a little protein, vitamin, and mineral. In the study by Narasiang, Mayulu, and Kawengian (2016), it was found that pregnant women tended to consume low-carbohydrate, high-fat diets. Women must take in complete nutrients during pregnancy as these nutrients are necessary not only for themselves, but also for the foetus's health (13). Mariana et al. (2018) also reported that some pregnant women do not have a healthy diet in terms of amount and composition and thus fail to meet the balanced nutritional requirement. They skip breakfasts, take what is available and too little of it, and eat low-protein or nutritionally imbalanced foods. This leads to anemia in pregnant women and stunting in toddlers (14).

Exclusive breastfeeding by isolated Meratus Dayak mothers was still less than optimal. These mothers felt that their breast milk was not available in a sufficient amount, and their babies had yet to have their fill. Therefore, these babies were given complementary foods earlier. This might result in inhibited child growth. Sinaga & Siregar (2020) reported that the rate of exclusive breastfeeding in Indonesia is still low. A lack of family support, low mother's education level, cultural factor, premature childbirth, and ineffective breastfeeding counseling were to be responsible for it (15). Meanwhile, Elison et al. (2020) state that inability to produce breast milk, the baby's frequently falling sick due to being born prematurely, and a lack of family support rendered mothers unable to practice exclusive breastfeeding (16).

The complementary feeding practice common among isolated Dayak mothers with under-fives deserves attention. Most children were fed earlier (prior to reaching the age of six months). Babies were usually fed with mashed rice or with rice that was chewed by their mothers in advance. During feeding, the baby's legs were tied or pressed together and the baby's small mouth was forced to take the food in repeatedly until the baby is full. The baby would defecate immediately after each feeding. Early feeding could cause nutritional problems and stunting in the future. As discovered by Noverian Joshua Prihutama et al. (2018), early complementary feeding was significantly related to stunting. Infants aged 0–6 months actually only need breast milk as the main nutritional source. Complementary foods can be given after the infants reach the age of six months as a supplementary nutritional source for their optimal growth. Early complementary feeding (below the age of six months) may put infants at risk of suffering stunting (17). Similarly, Rusmil et al. (2019) and Yusida, Fathurrahman, and Ardiansyah (2022) found that a mother's behavior in feeding her toddler was related to stunting. Feeding adequacy and responsive feeding were related to stunting, but stunting was not influenced by time-appropriate, safe feeding (18), (19). Another study figured out that parenting and weaning age had significant effects on nutritional status (20).

The culture of dietary restrictions in the life of the Dayak community has endured through the generations. From pregnancy until childbirth, women tend to be prohibited from consuming fruits and foods containing protein such as rasboras, striped snakeheads, crabs, eggs, and bamboo shoots. Postpartum mothers only eat rice with no addition of side dishes, and they do only once a day. All kinds of fish, meat, fruits, and vegetables are prohibited, and if mothers break these prohibitions, it is believed that they will fall ill, suffer itching, and have fishy-smelling breast milk and the baby will have a bloated belly. As stated by Huda, Kartasurya, and Sulistiyani (2019), all dietary restrictions involving vegetables and fish that mothers of the Dayak tribe practice are aimed for the health of the mothers and the babies (21). On the other hand, Fadhillah (2018) discovered that most of the dietary restrictions involved animal protein and they were practiced for reasons of beauty, generational culture, parent advice, and the mothers' own conviction and poor knowledge (22). Muna mothers in Southeast Sulawesi who practice dietary restrictions tend to have stunted children (23).

The family health among the isolated Dayak people, too, needs attention. These people live with insufficient clean water availability, far-off water source locations, a lack of healthy water closet, and a house with cattle cages intact. From the observation it was found that some houses had chicken coops in the front room and underneath, while dogs were let loose near the dwellers and eat along with them. Some children had skin diseases, bloated stomachs, red eyes, tangled hair, blackened fingernails, and teeth with yellow-brown plaque. This indicates that these toddlers rarely took a bath, brushed their teeth, and practiced other hygienic and healthy behaviors. Families typically lacked such essentials as soap, toothbrushes, toothpaste, and towels. Indecent housing and poor hygienic and sanitary practices were among the causes of infectious diseases and malnutrition. Under-fives were susceptible to infectious diseases such as diarrhea, worm infections, skin diseases, and respiratory tract diseases. The research by Cahyono, Manongga, and Picauly (2016) in Kupang Regency found that environmental sanitation determined stunting in the mountainous ecosystem zone, energy intake did in lowland, and practice did in medium-altitude land (24). Meanwhile, Mbuya & Humphrey (2016) state that stunting in developing countries is caused by bad environments, which cause poor child hygiene and diseases, especially gastrointestinal infectious diseases and malabsorption. Insufficient clean water availability and poor hygiene and environmental sanitation have significant effects on malnourished children (25). In fact, clean water availability, healthy environments, and hygienic behaviors per se cannot eliminate stunting, but they

potentially spur the lowering of the stunting rate with comprehensive stunting mitigation program implementation (26), (27).

In treating diseases, the Dayak people in Batuah Village use traditional recipes with certain plant roots as part of their local wisdom. Additionally, child healing usually is performed by massaging or by witch doctors. As reported by Rusmiyati (2020) and Herlan et al. (2020), the treatment of diseases is performed by shamans or the elderly using concoctions and efficacious leaves from nature (7), (28). A study on the Tidung people revealed that the treatment of diseases is carried out by certain massaging techniques that are passed down through the generations as well as herbal medications, usually accompanied by certain spells or prayers (29). The Dayak people use various kinds of plants to treat diarrhea in children, including guava leaves, balik angin bark, crepe-ginger young stalk, cashew stalk, and gandaria bark (30).

## Conclusion

The mothers with stunted under-fives children among isolated community of The Dayak Maratus Tribe lacked sufficient knowledge about stunting, some have never even heard of the term stunting, but traditional leaders have better knowledge about stunting. Mothers do not give exclusive breastfeeding for 6 months, children and pregnant women abstain from various foods, children's body hygiene is not paid enough attention, traditional healers treat illnesses by giving concoctions from leaves and roots which are commonly found in this area.

It is suggested that health personnel and related parties should provide nutrition and health education for the people routinely with the involvement of adat leaders. It is necessary to provide the adat leaders themselves with nutrition and health education as it is expected that they should transfer the knowledge to their people. To improve the access to health services, the government of Kotabaru Regency needs to establish an integrated services post or treatment center around RT 6, 8, and 9. To reduce the isolation and increase the access to education, it is necessary to construct road facilities and establish an elementary school for the people.

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