

Determination of Social Barriers in Treating Stunting in Donggala District

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Abstract: Stunting is still a public health problem in Indonesia. Short children result from chronic malnutrition, causing short-term and long-term adverse consequences if not treated at a young age. The purpose of the study was to elaborate on the determination of social barriers to the birth of social resistance in the handling of stunting in Donggala Regency. This study used qualitative research methods. The research was carried out from March 25 to April 25, 2021, in the working area of the Batusuya Health Center, Sindue Tombusabora District. Research informants are mothers of stunting toddlers. Key informants were the head of the puskesmas, nutrition officer at the puskesmas, village head, posyandu cadres, and community leaders. The number of informants is 15 mothers of stunting toddlers. The study results found that dietary restrictions became a social barrier in caring for stunted children. This was evidenced by the number of nutritious foods that were forbidden, such as stingrays and mangoes. This is exacerbated by the low income of mothers who cannot pay for their family's needs, including fulfilling their family's nutrition. The study concludes that knowledge becomes a social barrier for families in caring for stunting children, evidenced by the ability of informants who do not know about stunting. In addition, the family burden is high, so fulfilling; nutritious food is not sufficient. It is suggested to the local government to educate and change the people's way of thinking by changing their way of thinking that stunting is not a disease but a growth disorder.

Keywords: Social Barriers; stunting management; Social resistance

1. BACKGROUND

A third of the world's stunted children are India, and rural children are the worst affected(1). The determinants of stunting in indigenous children in rural Jharkhand and Odisha (India) require intervention and treatment(2).The World Health Organization (WHO) reports that a total of 49.2% of chronically malnourished children in Madagascar(3).We are placing the country experiencing the highest prevalence of stunting globally.

Stunting is still a public health problem in Indonesia. The results of a survey on the nutritional status of Indonesian toddlers in 2019 showed the prevalence of stunting was 27.67 per cent(4).This figure is still higher than the maximum tolerance for stunting set by the World Health Organization (WHO), less than 20 per cent.

The stunting rate in Central Sulawesi has decreased. Based on data on the prevalence of stunting in 2018 of 32.3%(5).Monitoring of Nutritional Status (PSG) in 2016 stunting prevalence was 32%(6).In 2017 it rose to 36.1%(7).

The prevalence of stunting in Donggala Regency from 2015 to 2017 experienced a significant increase. The majority of stunting in toddlers aged 0 - 59 months in 2015 was 32.5%, increasing to 33.9% in 2016 and increasing in 2017 by 39.5%(8).

The Batusuya Health Center, since 2018, has promoted a socialization program for handling stunting in toddlers by providing education on 1000 HPK (First Day of Life) to mothers for every posyandu activity. The socialization was carried out by conducting family counselling on the benefits of giving colostrum (First ASI). Colostrum is very beneficial for the baby's immune system. Mothers often ignore the colostrum because it is considered dirty and unhealthy. Low education, low knowledge, low economic status, and a lot of prohibited food provide social barriers to stunting handling (Interview results, 21 – 24 January 2021).

Social barriers that are not handled comprehensively have implications for the emergence of social resistance, where families tend to reject the stunting label for toddlers with appropriate characteristics. The family's rejection of the stunting title affects family participation in handling stunting at the family level. To deal with stunting properly requires a new culture born of compromise or social acceptance. Therefore, this study aims to determine conceptually and practically the determination of social barriers (in the form of low education, low knowledge, employment, low income, low economic status, culture, and dietary restrictions).

2. METHOD

Types of Research

The research method used is qualitative research with a phenomenological approach to photographing the facts in families with stunting toddlers.

Research Sites

The research was conducted from March 25 to April 25 2021, in the working area of the Batusuya Health Center, Sindue Tombusabora District, Donggala Regency, Central Sulawesi Province.

Research Informants

Research informants are mothers of stunting toddlers. In addition, it involved the following vital informants: the head of the puskesmas, the manager of the nutrition program at the puskesmas, the village head, community leaders, and posyandu cadres.

3. RESEARCH RESULT

1. Educational Factor

Based on the results of this study, the education of fathers and mothers is not much different. Informants have good formal education (graduated from high school). Informants can read and write. Informants rarely use posyandu for weighing, nutrition consultations, and health checks.

The results of tracking the families of their stunted toddlers did not come to the posyandu because they felt uncomfortable with health workers and other mothers about their child's growth and development. As the following interview results:

How do you know about stunting?

"There's nothing. At least it's just weighing and measuring. We just don't feel good when we meet officers and other mothers asking about children". (Da, mother, 29/3/2021).

Another informant stated that:

"Maybe there is a notification from you, we don't know. Take care of children and husband. So we don't know what stunting is." (Ul, mother, 29/3/2021).

A mother's education level also determines whether or not it is easy for a mother to absorb and understand the nutritional knowledge obtained. Education is needed so that a person, especially a mother, is more responsive to dietary problems in the family and is expected to take appropriate action early on.

The results of interviews with key informants are as follows:

What is the relevance of education to understanding stunting?

"Education is no longer a problem. Everyone has gone to school. What exists now is educated unemployment." (Cc, Village Head, 1/4/2021).

Furthermore, other vital informants stated that:

"There are also those who go to high school but are less active. So if I depend on habits." (Dd, Community Leader, 1/4/2021).

Based on the information obtained directly from informants, it was found that education was not a social barrier for families in caring for stunting children. It is proven that mothers who have a minimum high school education (high school or equivalent) also have stunting children. This means that the level of education is not a barrier or a driver for stunting.

2. Knowledge Factor

Mothers of stunting toddlers have low nutritional knowledge. Knowledge of maternal nutrition is associated with the incidence of stunting in children under five. As the following interview results: How do you know about stunting?

"aai I don't know what stunting is." (Da, mother, 29/3/2021).

Other informants stated as follows:

"Don't know what stunting is, and there is no family action when they know the child is stunting. Just heard the word stunting on TV." (Ul, mother, 29/3/2021).

According to critical informants are:

What is your method of providing stunting socialization to mothers of toddlers?

"I often go to the community to provide socialization about stunting. Mothers already understand more than those who don't. Generally, those who do not know, because they are ashamed to convey it." (Bb, Officer, 3/4/2021).

Furthermore, other vital informants stated that:

"Some mothers are lazy to go to posyandu. Another cadre who came to his house told him about anything." (Ee, Kader, 3/4/2021).

Ignorance of nutrition information can lead to a lack of quality or nutritional quality of family food, especially the food consumed by toddlers. One of the causes of dietary disorders is the lack of nutritional knowledge and applying nutrition information in daily life. Knowledge of maternal nutrition affects attitudes and behaviour in choosing food ingredients, which will further affect the nutritional status of their families. Based on the results of the information obtained directly from the informants, it was found that knowledge became a social barrier for families in caring for stunting children. This is evidenced by the understanding that the informants are less aware of stunting.

3. Job Factor

When asked the question: How does work correlate (relationship) with toddler care patterns? The work of homemakers dramatically influences the way of care for stunting toddlers as a result of the following interviews:

"Fortunately, I didn't work. At home, it's hard not to play. They are fussy. I love to cry uncontrollably. I don't know what he wants." (Da, mother, 29/3/2021).

Other informants stated otherwise as to the following interview results:

"My son rarely cries. He's very patient. But it's a bit skinny. He said the cadres were stunted." (Sat, mother, 29/3/2021).

The results of the search on the cadres found that: How does the work of mothers of children under five affect stunting in children under five?

"As long as I am a cadre, sir. There is no mother here, and we are all well, take care of the children. I said stunting is not a disease. Just keep on feeding so that the body is good. If the body is good, the height is also good" (Ee, mother, 30/3/2021).

The informant further stated that:

"It just depends on the arrangement. My family works outside, but the child is still well taken care of, it's okay." (Dd, mother, 30/3/2021).

Based on the information obtained directly from the informants, it was found that work was not a social barrier for families in caring for stunting children. This is evidenced in the work of mothers who are generally housewives, so they spend more time at home caring for their children.

4. Income Factor

Stunting children under five is triggered by insufficient family income, even though families meet their daily needs but have restraining children. As the following interview results: How is income related to food fulfilment for toddlers?

"The income is only from poor fishermen. To meet our daily food difficulties. We hope that our children will be helped." (Sat, mother, 29/3/2021).

According to other informants are:

"It's tough to fulfil nutrition—expensive materials. Milk is costly. If the child is stunting, it's not just milk. There's porridge; there are eggs. If you only rely on daily food, your child will continue to be like this." (Ma, mother, 29/3/2021).

This was confirmed by the Village Head that: What is the condition of the income of the people in your village?

"People here depend a lot on social assistance. Especially if you don't go to sea. Plus, parenting stunting children becomes increasingly difficult for them. There should be special assistance from health. For example, as in the past, providing additional food at the posyandu. Don't depend on small village funds. While many things must be financed." (Cc, mother, 30/3/2021).

Based on the results of the information obtained directly from the informants, income became a social barrier for families in caring for stunting children. This is evidenced by the low income of mothers who cannot pay for their family's needs, including the fulfilment of their family's nutrition.

5. Socio-Economic Factors

Family size determines nutritional status, but nutritional status is also determined by other factors such as family support in providing nutritious food and the family's socioeconomic level. Families with less socioeconomic conditions accompanied by a large number of children will result in a lack of attention and affection for children and primary needs such as food, clothing, and housing or housing that cannot be fulfilled. As the following interview results:

How do you feel about the economic conditions in dealing with family needs?

"We live with five people. Meanwhile, the fisherman Sometimes brings results. Sometimes there isn't either. But just being satisfied is getting more expensive. People with good incomes don't have a problem." (Da, mother, 29/3/2021).

Furthermore, other informants stated as follows:

"The burden on the family is getting heavier. His father is still having difficulty doing business since the earthquake until the corona, sir. It's hard to find the money. Children need to eat. Anything is done." (Ul, mother, 29/3/2021).

According to critical informants as follows:

"It is difficult for people to run businesses, from small people to rich people. Palu people are getting more difficult because the impact of covid is even more powerful." (Cc, mother, 2/4/2021).

Based on the information obtained directly from the informants, it was found that the economic burden became a social barrier for families in caring for stunting children. This is evidenced that a high family burden, for example, a large number of family members, will provide a high family cost burden, so to reduce family costs, a small number of family members is needed because it will automatically provide a high family burden as well. The family burden is related to the fulfilment of nutritious food and clothing, health, education, and others.

6. Cultural Factor

Pregnant women should not eat shrimp because shrimp is considered to interfere with childbirth. It is recommended that mothers drink coconut water before delivery because it is supposed to cleanse the baby's skin after birth. Abstinence from eating squid and stingrays for pregnant women is considered to impact the fetus in bone formation. Children whose mothers do not pay attention to these taboos have bone disorders and are generally slow to walk.

As the results of the following interview: What foods do mothers abstain from being associated with stunting toddlers?

"Abstain from eating squid, stingrays and Moringa leaves. I don't know either. But I've also heard that children are slow to walk if their mothers often eat squid during pregnancy. I think the same is the genuine part. They all have no bones. (Da, mother, 29/3/2021).

Other informants also stated that:

"Eating petai causes rheumatism. People who often eat petai also cause odour. Especially if you pee, breastfeeding mothers should not eat petai. Later the child's urine smells of petai ". (Ul, mother, 29/3/2021).

In addition, there is also a cultural understanding which states that:

"Abstaining certain leaves make the body achy. Kale vegetables make the body sore and gout. Even though it is delicious to eat if it is made anointing. Suitable for breastfeeding mothers. But it can't be every day or too late". (Ti, mother, 29/3/2021).

Furthermore, other informants also stated that:

"It is not recommended for boys to eat chicken wings and heads because they are believed to be forgetful." (Mi, mother, 29/3/2021).

The cultural understanding was also conveyed by the informants as follows:

"Eating twin bananas while pregnant can cause twins to be born together." (Nov, mother, 29/3/2021).

Respecting cultural understanding is sometimes very detrimental to the family because, as the informant admits that:

How is a cultural account associated with food?

"Eating eggs can cause ulcers in children." (Sat, mother, 29/3/2021).

Another myth, as stated by the informant that:

"Certain types of fish are forbidden to eat because someone has helped our family. If it is violated then we people will suffer from skin diseases." (Ra, mother, 29/3/2021).

According to critical informants as follows:

"Ethnicity is closely related to the emergence of taboos for pregnant women, for example the prohibition of eating squid or stingrays, because they are considered to suffer from bone disorders when their child is born." (Dd, community leader, 3/4/2021).

Based on the information obtained directly from the informants, it was found that the Kaili ethnicity/culture was not a social barrier for families in caring for stunting children. This is evidenced by the variety of certain foods with a specific nutritional composition, so it is not due to myths in certain cultures or tribes that cause people to be malnourished.

The Kaili people have food often served for breakfast in rice, fried fish, grilled fish, moringa leaf vegetable (Uta Kelo), young jackfruit vegetables.

7. Food taboos

Even in conditions of hunger, people tend to choose not to eat rather than having to eat available food, which is a taboo because it is firmly embedded in the community based on the information they get from their ancestors, which has been passed down from generation to generation. People's eating patterns are influenced by the culture that has taboos (bans), as stated by the following informants:

How is the relationship between dietary restrictions and mothers?

"Mango and some types of fish are prohibited for consumption by women during menstruation" (Kh, mother, 29/3/2021).

For women, information problems affect their behaviour. As the following interview results:

"Frequently eating tofu and tempeh makes them infertile". (Su, mother, 29/3/2021).

Understanding that comes from culture causes families to believe it often, as stated by the following informants:

How about the food that is abstained with the child being born?

"Eating shrimp during pregnancy causes the child to be born to be stooped." (Ti, mother, 29/3/2021).

Furthermore, another informant stated that:

"Eating octopus is prohibited during pregnancy, for the fetus will be entangled in the placenta when it is born." (Sa, mother, 29/3/2021).

According to critical informants as follows:

"There are many types of foods that are forbidden, including eating shrimp and octopus during pregnancy, including being prohibited from eating mangoes during menstruation." (Dd, community leader, 4/4/2021)

Based on the results of information obtained directly from informants, it was found that dietary restrictions became a social barrier for families in caring for stunted children. This is evidenced by the culture of eating as an individual thing. Each family has its own eating culture. It's just that eating culture needs to refer to a balanced nutritional pattern and essential toddler care.

4. DISCUSSION

1. Education

Mother's education determines children's health because, with adequate education, mothers will be more selective and creative in providing excellent and nutritious food to their children. Stunting in children under five is more common in mothers with low education. This is due to a society still developing that the support from the family to pursue higher education is still not maximized. Indirectly, the mother's education level will affect the mother's ability and knowledge about health care, especially in understanding knowledge about nutrition.

Education is generally carried out in the family, school, and community environment. Thus the family is one of the institutions that carry out the duties and responsibilities in achieving educational goals in general. The general purpose of education is to strive for the family to become a complete person. This is a family responsibility.

In this family, children receive primary education informally about civilized and religious life attitudes. Families who ignore primary education make their future family members threatened. The future of the family is determined by wealth and achievements and morality and spirituality.

Nadhiroh (2015) states that there is a significant relationship between the education level of the father or mother and the incidence of stunting in toddlers(9). This can be caused because mothers have an essential role in parenting, and nutritional intake is given to their children under five. Mothers with higher education have extensive knowledge, especially about the importance of nutrition in children, so that they can find out the impact on toddler growth, such as stunting(10).

The low level of education of mothers and fathers allows for stunting in toddlers because the lack of parental knowledge about the importance of balanced nutritional intake will increase the risk of stunting.

2. Knowledge

Knowledge about health is very influential on a person's healthy behaviour because a person's healthy behaviour is influenced by learning about health(11). The selection of healthy and nutritious food for toddlers is an obligation for parents. The choice of healthy and nutritious food will affect the growth

and development of children. Nutrition is divided into 2 (two), namely macro nutrition and micronutrition. Macro-nutrients are protein, carbohydrates, and fats, while micronutrients are vitamins and minerals(12).

Mothers need to prevent stunting by consuming foods with the nutrients required during pregnancy and breastfeeding. Provide good nutrition to children, including exclusive breastfeeding and other essential nutrients. Routinely check pregnancy and the growth and development of children after birth; implement a clean and healthy lifestyle, especially washing hands before eating and having clean sanitation in the home environment.

Avoiding stunting does require thorough perseverance and effort from all parties. This responsibility does not only belong to the mothers but all family members(13).

3. Income

The level of family income is one factor that has a significant relationship with the incidence of stunting in children under five. Low economic status is considered a dominant influence on the incidence of underweight and stunting in children. Parents with adequate family income will have the ability to provide all the primary and secondary needs of the child.

Families with good economic status also have access to better health services. Children in families with low financial situations tend to consume less quantity, quality, and variety. A high economic rate makes people choose and buy nutritious and varied food.

In terms of monthly income, most of the informants have difficulty meeting their basic needs. The family intensely felt the gain after the big earthquake and facing the covid 19 pandemic. The prices of food ingredients were getting more and more expensive so that mothers bought food that was still affordable, plus the need for food, both vegetables and fruits, was increasingly unaffordable(14).

4. Work

Parents' occupations affect nutritional status, which results in stunting. Research conducted by Ibrahim and Feramita shows that there is a significant relationship between economic variables and the incidence of stunting in children(14).

Parents who do not have jobs will affect the family's economic situation. People's purchasing power of healthy and nutritious food will affect the nutritional status of children. So that occupational factors affect the incidence of stunting in children or toddlers(15).

5. Economic Status

The number of family members is not a factor that can affect the occurrence of stunting in children under five in rural and urban areas. The number of family members does not guarantee that the nutritional status of each family member will be better.

The number of family members, if balanced with the availability and distribution of food that is equitable and balanced, can reduce the risk of stunting in children under five. In the context of this research, the number of family members is accompanied by low income, so that it becomes a burden for the family. The high family burden has implications for the incidence of stunting.

Nutritional status has many factors, not only influenced by household members. Nutritional status is also influenced by family support in providing nutritious food and socioeconomic status. The number of family members does not guarantee the nutritional quality of its members. A large number of family members, when balanced with adequate nutrient intake, will reduce the risk of stunting.

In the past, people's understanding stated that "eating is not important to gather together". This understanding was by the times because necessities were available without providing relatively expensive money. With the growing population, the level of needs is increasingly varied, which impacts the availability of essential commodities, requiring an extreme level of competition, thus having implications for the high prices of necessities.

6. Culture

The cultural tendency to protect against stunting is not known from various notes or verbal messages, but the stigma of short people in society is also absent. The artistic movement to accommodate positive habits is reflected in the Kaili cultural perspective.

The relationship of the Kaili people with their environment, with their behaviour, with their illness and how their behaviour and disease affect Kaili's evolution and culture is always through a feedback process. The ecological approach is the basis for studying epidemiological problems, how individual and group behaviour determines the degree of health and different diseases in different populations.

Many modern diseases were not found in the ancient population. It does not mean that ancient humans were healthier than modern humans but that the conditions of archaic humans were caused by pathogens and environmental factors that were less numerous than those experienced by modern humans.

In Central Sulawesi in general, and the Kaili people in particular, have local wisdom, which has a language that contains symbolic meanings and interpretive that enable them to carry out activities with high spirits. The Kaili tribe is an ethnic group with the largest population compared to other tribes.

7. Food taboos

Processing certain foods with a balanced nutritional composition requires essential food ingredients that are always available. When these ingredients are not available, the family will switch to instant food that is cheap and practical but not nutritious.

The eating pattern of society is a cultural concept related to food, which is heavily influenced by socio-cultural elements prevailing in that community group, such as social values, social norms and cultural norms related to food, what foods are considered reasonable and inadequate.

The eating habits or eating patterns of society are information that provides an overview of the types and amounts of foodstuffs consumed every day and is a characteristic of a particular group.

Changing these habits or mindsets is not easy, considering that this paradigm has been instilled since childhood. Many myths are not worth believing because they are irrational, but many are reasonable and make sense. Belief in the existence of external forces that control life makes humans as much as possible manage to control themselves and their families to avoid harm. For this reason, taboos, prohibitions, or taboos are made, which are nothing but a moral attitude to protect oneself from bad things that might happen.

According to Humaeni (2015), it is easier for women to believe in the sacredness of taboos, not precisely in the content of the taboo, but in the wisdom contained in the words of parents, especially mothers. Since childhood, adolescence, adulthood, pregnancy, childbirth and breastfeeding, women are constantly surrounded by taboos. Among the stages of life, pregnant women are the most anxious and believe in taboos because it is related to the condition of the fetus in their body(16).

In Juju's (2014) research on pregnant women in Banten cited by Humaeni (2015), for example, it was stated that women should not eat on large plates because they are worried that it will be challenging to give birth. Women who have just given birth are not exempt from food taboos. In addition to being prohibited from eating bananas because he is worried that the penis will come out of his genitals, he is also not allowed to eat catfish because he will experience bleeding(16).

Taboo or taboo is a strong social prohibition against words, objects, actions, or people considered undesirable by a group, culture, or society. Violation of the taboo is usually unacceptable and can be regarded as offensive. Some taboo actions or habits are prohibited by law, and their offence can result in severe sanctions. Taboos can be considered embarrassing, disgraceful, and harsh treatment by the surrounding community. People who violate taboos will get punishment from society(17).

From a sociological review, Webster (1973)19 suggested that the classification of nine types of taboos, namely: (1) individual taboos and social taboos, (2) reproductive life taboos, (3) taboos for women, (4) sexual taboos, (5) taboo on death and the deceased, (6) taboo on foreigners, (7) taboo on holy people, kings, tribal chiefs, nobles and religious figures, (8) taboo on sacred places, (9) taboo on food. These taboos have many meanings and use for people who believe and apply them to their lives. Even though it is difficult to rationalize by modern minds, people still believe in, follow, and avoid

violating taboos because it is a legacy of the thoughts of ancient parents who should have wisdom. If broken, there will be dire consequences that must be borne. These consequences can be in the form of physical suffering such as accidents, illness, and other misfortunes, or can be in the form of psychological such as mental disorders, crazy, stress, even death(18).

5. CONCLUSION

This study concludes that education is not a social barrier in dealing with stunting because the education of informants has a good category. Knowledge becomes a social barrier for families in caring for stunting children; this is evidenced by the ability of informants who do not know about stunting. Work is not a social barrier for families in caring for stunted children; this is evidenced by mothers staying at home more because, as housewives, they spend more time caring for children. The economic burden is a social barrier for families caring for stunted children. This is evidenced by the high family burden, with family burdens related to fulfilling nutritious food and clothing, health, education, and others. Income is a social barrier for families in caring for stunted children; this is evidenced by the low income of mothers who cannot finance their family needs, including fulfilling their family's nutrition. Culture is not a social barrier in treating stunting children; this is evidenced by culture and tradition providing essence for toddler growth. Food abstinence is a social barrier in caring for stunted children; this is evidenced by the prohibited many nutritious foods, such as stingrays and mangoes.

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