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Knowledge of the Pasaman community in fulfilling nutritional needs in the first 1000 days of life

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ABSTRACT

Malnutrition, especially the stunting category, is a big problem for the people in Pasaman today, because it has a broad impact on aspects of life which include health, social, culture and the economy. This study aims to identify the knowledge of the people in Pasaman about fulfilling nutrition at 1000 HPK and knowing the eating patterns of the Pasaman community at 1000 HPK. This study used qualitative research methods. Data was collected through participatory observation techniques and in-depth interviews. With the number of informants as many as 35 people. The results showed that in general, the community's knowledge of fulfilling nutrition in 1,000 HPK had received counseling and socialization from the village midwife and Posyandu cadres. However, this knowledge has not been seen in the people's diet at 1,000 HPK. The practice of daily eating patterns during the 1,000 HPK era was still the same as the habits that occurred before there was counseling. Food for pregnant and lactating women is prioritized is a matter of taste and preference, not about the nutritional content of food. Likewise with baby food 0-6 years, mothers already know that babies must be given exclusive breastfeeding, but there are still some mothers who do not give breast milk, because they think that breast milk is not filling for babies.

1. Introduction

The nutritional status of children under five is an indicator to determine the level of welfare of a nation's children. If malnutrition in children under five in a country exceeds WHO standards, then it can be said that the level of welfare of the country's children is not good. There are several categories of malnutrition, namely *stunting*, *wasting* and *underweight* (GNR, 2018) . Based on the 2021 SSGBI prevalence rate for the national under five nutritional status is *stunting* 24.4%, *wasting* 7.1%, and *underweight* 17.0%. Meanwhile, the nutritional figures for toddlers that are in a good category according to WHO standards are *stunting* <20%, *wasting* <5%, and *underweight* <10% (Kemenkes RI, 2021). So it can be said, the nutrition of Indonesian toddlers is still in a bad condition.

As a review of the literature, there are several previous studies as a reference, namely, first (Ruswati et al., 2021) says that the results of the intervention showed an increase in mother's knowledge of prevention efforts stunting through optimizing the First 1000 Days of Life. There is an average increase mother's knowledge before the intervention and after the intervention from 7.92 to 8.92. Later in writing (Damayanti et al., 2021) said that knowledge about stunting had long been known and detected by health institutions in the regions, but it was not revealed that the problem of stunting was wrapped in cases of malnutrition as a health issue that is currently a national concern.

All of the categories of malnutrition in toddlers, *stunting* is the estuary of all forms of malnutrition. *Stunting* is a condition of failure to thrive in children under five due to chronic malnutrition so that children are too short for their age. Malnutrition occurs since the baby is in the womb and in the early days after the child is born, but only appears after the child is 2 years old (Dani et al., 2015).

Children who suffer from *stunting* are more susceptible to disease and as adults are at risk of experiencing degenerative diseases (Atmarita & Zahrani, 2018) . In addition, *stunting* also results in low children's learning abilities and reduces productivity (Tumilowicz, Beal, & Neufeld, 2018) and (Rosmalina, Luciasari, & Ernawati, 2018).

The effects of *stunting* are not only in the health sector but also in the economy (Minarto, 2018). In the economic sector, stunting is estimated to cause a loss of 2-3% of a country's Gross Domestic Product (GDP). In addition, stunting can also hinder economic growth, increase poverty, and widen inequality. In Indonesia, the state's economic losses are equivalent to 390 trillion per year (Ministry of National Development Planning/Bappenas, 2018). Meanwhile, Galasso and Wagstaff estimate that the loss of GDP due to *stunting* is even greater, namely 5-7% (Galasso & Wagstaff, 2019) . Therefore, serious efforts to prevent *stunting* need to be made.

To prevent *stunting*, it is important to focus on the nutritional and health conditions of pregnant women, nursing mothers, newborns and children under two years of age (Simbolon, 2014) . This situation is known as the First 1,000 Days of Life (HPK), which starts from the conception of the fetus until the baby is 2 years old (UNICEF, 2019). The 1,000 HPK period is considered the most critical period in life because during this period there is very rapid physical and brain growth and development (Susanti, Handayani, & Raharjo, 2017) . The period of 1,000 HPK is also known as the golden period (*golden period). period*) in life (Susanti et al., 2017) . This is because after 2 years of age, it is difficult to reverse the initial deficit in linear growth (Dewey, 2020).

The reasons why children become *stunted* are very complex. The various causes of *stunting* can be broadly categorized into two, namely direct and indirect. Direct causes contribute as much as 30 percent to *stunting* and indirect causes contribute as much as 70 percent (Ministry of Villages, Development of Disadvantaged Regions and Transmigration, 2016). Direct causes are related to health problems and indirect causes are related to non-health problems. The Minister of Health of the Republic of Indonesia (2014-2019 period) Nila R. Moeloek said the root of the *stunting problem* lies in indirect causes (Kesehatan, Indonesia, Menkes, & Moeloek, 2018).

In West Sumatra the prevalence rate of *stunting* in 2021 is 23.3% (Ministry of Health RI,

2021). This figure is already lower than the national figure of 24.4% (Menko, PMK, 2021) . However, in several areas the rates are still high, one of which is in Pasaman Regency the *stunting rate* in toddlers is 30.2% (kahzminag.id.2022).

Incidence of *stunting* is closely related to food intake because *stunting* is a condition of chronic malnutrition and the source of nutrition is food. Meanwhile, food in humans is determined by culture. Although, in the environment where humans live there are many sources of food, but not all of them are used as food. This is according to Kalangie, (1994) because not all sources of food are considered food by the community.

Obstacles to humans utilizing various food sources in their environment are the limitations of people's cultural knowledge about food as a source of nutrition. This problem can be seen as an *emic* and *etic* gap (Meiyenti, 2006) . In this case *emic* is human knowledge about food that is needed by humans to live and *etic* is the scientific view of food as a source of nutrition.

Nutritional intake is not only determined by the type of food consumed, but sanitation and hygiene issues can also affect nutritional intake. Poor sanitation and hygiene can cause children to easily get bacterial infections so that children can experience diarrheal diseases. If diarrhea occurs repeatedly, it can hinder the nutritional intake of the food consumed by the child. In light of this explanation, this research focuses on fulfilling nutrition in the 1,000 HPK because the problem of malnutrition, especially the *stunting category* , is largely determined by food intake at that time. Therefore, this study tries to answer the question: How is the knowledge of the people in Pasaman about nutrition fulfillment at 1000 HPK? What is the diet of the Pasaman people at 1000 HPK?

To understand the community's knowledge about food needs in 1000 HPKs, a cognitive anthropological approach was used. This approach is found in Goodenough's thinking which views culture as a system of knowledge. According to Keesing, for Goodenough the culture of a society consists of everything that a person must know or believe in so that he can behave in a way that is acceptable to members of that society (Keesing, 1997). Culture is a way of life for a society that will guide it to behave and act. Culture determines all aspects of life including determining what food should be consumed for nutritional needs in life.

Human nutritional needs must be met by consuming nutritious food. However, the food consumed by humans does not necessarily meet nutritional standards, because the food consumed by people is very much determined by eating habits that originate from the culture of the community, especially the beliefs that develop in that society. Foster & Anderson (1986) say that beliefs about food often show a negative relationship between food and health, as in some African countries there is a belief that eating eggs in boys will cause them to become thieves and girls will have bad morals. Later, Pelto also said that belief determines appropriate food intake during pregnancy and lactation (Pelto, 1987) . So, people's beliefs are not necessarily in accordance with nutritional needs, this is what affects people's nutritional conditions.

Based on the introduction above, the focus and objectives of this paper are to identify the knowledge of the Pasaman people about fulfilling nutrition at 1000 HPK and knowing the eating patterns of the Pasaman people at 1000 HPK.

2. Method

This research was conducted in Pasaman Regency, because the *stunting toddler rate* in Pasaman is still relatively high in West Sumatra. The Nagari that was used as the location for this study was Nagari Malampah, Tigo Nagari District. Nagari Malampah is included in the 10 villages that have the highest *stunting rate* in Pasaman Regency.

This research is an anthropological research that uses an ethnographic approach. Through this approach, understanding the knowledge and behavior of the community in meeting nutritional needs by understanding phenomena that occur naturally as they exist. In this case, the focus will be on food patterns and practices in the First 1,000 Days of Life.

The research data consists of primary data and secondary data. Primary data was collected using participatory observation techniques and in-depth interviews. This requires researchers to be in the field in the midst of the people being studied. Observation data in the form of community actions and behavior in fulfilling nutrition during the 1,000 HPK period in the form of food practices from pregnant women, nursing mothers, babies 0-6 months and babies aged 7-23 months. Meanwhile, the data obtained from the interviews is knowledge about food for nutritional fulfillment during the 1,000 HPK period. This knowledge includes the diet of pregnant women, breastfeeding mothers, food intake for babies aged 0-6 months, and MP-ASI for babies aged 7-23 months. Secondary data is in the form of written data in the form of the distribution of *stunting rates* in Pasaman Regency and literature sources relevant to the research theme.

In conducting the research, the research team took the Nagari Malampah community as informants to obtain data for a total of 35 people. The people who become the informants are the people who are responsible for preparing and who are the references in determining the type of food for people related to the First 1,000 Days of Life. The people depend on the type of family. If the family is in the form of a nuclear family, the informants can be mothers, fathers and other adult family members. If the family is an extended family, the informants can be grandmothers, mothers, fathers and other adult family members. In addition, informants can also come from the Nagari Malampah community in general.

2. Result and discussion

The results of the research that have been found show that the knowledge of the Nagari Malampah community about fulfilling nutrition in 1,000 HPK is generally good, but there are still some small communities who still do not understand the fulfillment of nutrition in children. People who lack knowledge about child nutrition are people who have low levels of education and are uneducated. The following is a clear explanation:

- **An overview of stunting in Nagari Malampah**

Based on data from the Bappeda of Pasaman Regency in 2021, there were 20,523 toddlers, with 5,567 *stunted* children or 27.13%. Meanwhile, in Nagari *Malampah* there were 295 children and 80 children or 27.12% were recorded as stunted. This figure is still far from what is tolerated by WHO, which is below 20%.

Table 1. The Highest Stunting Rate in Pasaman Regency

No	Nagari Name	District Name	Number of Toddlers	Stunting Rate	Percent
1	Taruang-Taruang	Rao	951 Children	320 Children	33.65%
2	Padang Gelugur	Padang Gelugur	737 Children	299 Children	40.57 %
3	Muaro Tais	Mapattunggul	577 Children	265 Children	45.93 %
	Panti Timur	Panti	596 Children	227 Children	38.09 %
4	Ganggo Hilia	Bonjol	721 Children	209 Children	28.99 %
5	Simpang Tonang Utara	Simpang Tonang	510 Children	168 Children	32.94 %
6	Muaro Seilolo	Mapatjuangl Sel. Sil	495 Children	175 Children	35.35 %
7	Cubadak Tengah	Duo Koto	256 Children	113 Children	44.14 %
8	Malampah	Tigo Nagari	295 Children	80 Children	27.12 %
9	Simpang	Simpang Alahan Mati	255 Children	66 Children	25.88 %
10	Kota Nopan	Rao Utara	222 Children	50 Children	22.52 %

Source: Pasaman Regency Bappeda Archives 2021

From table 1 above it can be seen that Nagari Malampah is included in the 10 highest villages having stunted *children*. This condition has not changed much from the 2018 data that Nagari Malampah is also included in the nagari category which has the highest *stunting* toddler rate in Pasaman Regency.

Children who are stunted in *Nagari Malampah*, especially in *Jorong* Kampuang Tabek. This jorong is the *jorong* that has the most *stunted children*. *Stunted* children do not only occur in poor families, but also in some rich families. Families with *stunting rates* know their child's condition from the explanation by the village midwife and Posyandu cadres that their child is *stunted*.

Poor families who have *stunted children* always bring their children to the Posyandu and provide them with vitamins and deworming medicines provided by midwives and Posyandu staff. They are afraid that the direct cash assistance (BLT), assistance from the Family Hope Program (PKH) and other assistance will be decided by the government if they do not bring their children to Posyandu. Even though they came to the Posyandu and brought the medicine given by the midwife and staff, there were some who forgot or didn't give it to their children when they got home. Meanwhile, for wealthy families who have *stunted children* , they do not accept the explanations given by the village midwife and Posyandu staff. They feel that their children already have enough nutrition and food. *Stunted* children who come from affluent families choose not to come to Posyandu or participate in government *stunting* prevention programs.

The Pasaman Regency government together with the Nagari Malampah government have made every effort to reduce the *stunting rate* in the nagari. Nagari Malampah is one of the locus locations for the government of Pasaman Regency through the Health Office. The Health Office provided assistance in the form of milk and additional food to the people of Nagari Malampah who have stunted *children* . Once a month, the community picks up milk and additional food to Lubuk Attitudeing , the capital of Pasaman district. The government facilitated their transportation by providing a bus to come pick up milk and extra food to the Pasaman District Health Office in Lubuk Attitude. However, there

are still many people who don't want to pick up extra milk and food from Lubuk Attitude, for the reason that their children don't like these foods. Based on the testimony of several mothers who have *stunted children* , the location of the pick-up milk and additional food is very far away and the milk is not liked by their children. They feel that it is better not to pick up the extra milk and food rather than piling it up and wasting it at home because their children don't want to drink it.

Furthermore, the Nagari Malampah government also continues to work to reduce the *stunting rate* in the nagari. The Nagari Malampah government has provided a budget to provide additional food to stunted children *through* village midwives and Posyandu officers in the village area. This additional food is carried out by Posyandu officers once a month at each Posyandu . Every month, the additional food is always changed, for example, in the first month, boiled eggs, and in the second month, green bean porridge. In addition, the Nagari Malampah government also provides assistance to families with stunted *children* . The assistance provided was in the form of 10 kg of rice, ½ board of eggs, milk, and others. This assistance is given once a year directly provided by the nagari administration and its apparatus to the field.

- **Fulfillment of Nutritional Needs in the First 1,000 Days of Life is Reviewed from Community Knowledge in Nagari Malampah**

    1) *Knowledge of Nutrition and Diet Pregnant and Breastfeeding Mothers*

There are still quite a lot of pregnant and breastfeeding women in Nagari Malampah who have not paid attention to the diet that should be applied during pregnancy and breastfeeding. They think that food problems during pregnancy and breastfeeding are nothing to worry about. Most of the people know about good nutritious food, that is, the food must have a side dish (protein) with vegetables and fruit. They obtained this knowledge from village midwives and Posyandu cadres. However, what should be done during pregnancy and breastfeeding, in the application of the results of their knowledge is not done. Some of them feel lazy to do things that have been socialized by midwives and Posyandu cadres . Midwives and Posyandu cadres have also tried their best to inform all pregnant and breastfeeding women so that they can carry out the recommendations according to health standards.

Knowledge about nutrition and diet during pregnancy and breastfeeding also depends on the level of education. For those with higher education, they already know nutrition and diet during pregnancy and breastfeeding. They understood more quickly what was conveyed by midwives and officers during socialization and classes for pregnant women. Even though those with higher education understood more quickly what was conveyed by midwives and officers, not a few of them still ignored it. Their daily food during pregnancy is not much different from the food before they were pregnant. For food they prioritize taste compared to the nutritional composition of the food. The composition of their food, especially rice with makeshift side dishes in the form of fish, salted fish and chili sauce cannot be left behind. Meanwhile, vegetables are only perfunctory because vegetables are not an important food for them.

Meanwhile, pregnant and lactating women who had very low education (did not finish elementary school), they tended not to really understand what the midwives and staff

delivered. In the schedule for pregnancy checks and class activities for pregnant women, mothers with low education also diligently attend according to the set time, but they do not hear and do not understand what the officers say when delivering material on the lifestyle of pregnant and breastfeeding women. When asked about nutritious food, they answered that they forgot about nutritious food and ideal food for pregnant and lactating women that had been conveyed by midwives and cadres.

In the Nagari Malampah community, pregnant women always check their pregnancy once a month because they are worried that bad things will happen to the condition of their fetus. Every time they check with the village midwife, they are given as much blood-adding medicine as they can consume for 1 month. They were told to take the drug once a day at night before going to bed. However, the antihypertensive drugs that had been given by the health workers were not consumed until they ran out. Many pregnant women in *Nagari* Malampah were found not wanting to finish the medicine given by the health workers because they felt bored and forgot to take it. Blood-boosting drugs given by officers can be left up to 10-15 bottles.

During pregnancy and breastfeeding, their eating patterns have quite obvious differences. During pregnancy, most of the pregnant women find it difficult to eat. By default, he always feels nauseous every day and has no appetite to eat anything. Appetite drops very drastically at the age of 3 months pregnant until delivery. During pregnancy, her diet really changed a lot from before pregnancy. On a daily basis, they eat rice 3 times a day with very small portions, swallowing just 2 spoonfuls of rice is forced. In addition, they also consume vegetables and fruits, but not so regularly every day. To increase their stamina, they consume milk for pregnant women suggested by the village midwife. Milk for pregnant women recommended by village midwives is branded lactamil, lovamil, Frisomum, or other types. This milk has high protein, so that the development of the fetus becomes better.

In the breastfeeding phase, most of them feel a change that is very different from the pregnancy phase. Precisely eat more portions and more often. In this phase, they eat 3-5 times a day, they feel hungry because they have to breastfeed their baby all the time. During breastfeeding, they eat rice with chicken, fish and vegetables. Vegetables are not consumed every day, because not everyone in his family likes vegetables. In addition, once a week they also consume fruits, such as mango, papaya and salak. This fruit is obtained on Saturday market day in Nagari Malampah. The diet of pregnant and brestfeeding women can affect the development of the baby's condition, because babies aged 0-6 months are still dependent on breast milk. If a pregnant and breastfeeding mother's diet is regular and healthy, the availability of milk is always sufficient for the amount needed by the baby. In addition, the milk given to children also remains healthy and fresh. Healthy breast milk consumed by babies aged 0-6 is one way to prevent children from stunting. Vice versa, if the diet of a pregnant and breastfeeding mother is irregular, then the availability of breast milk becomes less. Insufficient amount of breast milk, can affect the development of the baby.

2) *Knowledge of Nutrition and Diet for Infants Aged 0 – 6 Months*

In the Nagari Malampah community, in general, babies aged 0-6 months have not been

given food other than breast milk. They were prohibited by the village midwife and Posyandu officers from giving food or other drinks to babies who were not yet 6 months old. Every time they come to the posyandu, they are always reminded by the village midwife and posyandu staff not to give them other food. According to mothers who have babies in *Nagari* Malampah, the village midwife advises them to give only breast milk to their babies, and this milk is sufficient for the food and drink needs of babies aged 0-6 months. Midwives said that babies aged 0-6 months still have immature intestines and are not yet able to accept other food or drinks that enter their stomachs. The village midwife also conveyed the impact that occurs when providing additional food and drinks to babies aged 0-6 months. One of the impacts that occur is that the baby's intestines can be injured by sharp non-breastfeeding food and drinks, which can cause death in the baby. Mothers who have children aged 0-6 in this village follow what the midwife has said, for fear that something bad will happen to their baby.

Even though the village midwife's explanation was followed by most of the women in Nagari Malampah, there were still a small number who still did not want to follow the suggestions from the village midwife or posyandu staff. They still provide additional food to the baby, because the baby always cries non-stop. These mothers think that babies who cry are because they are hungry and breast milk alone is not enough for their babies. Seeing their babies crying, mothers feel sorry for their babies so they are given extra food to their babies. Ideally, babies aged 0-6 months have not been allowed by doctors to provide additional food. If babies aged 0-6 months are given additional food, it will cause disturbances in the baby's intestines. If the baby's intestines have problems, then the development of the baby's condition can get worse, it can even cause the baby to become stunted. Therefore, babies aged 0-6 are recommended by doctors t o give only breast milk.

Some mothers in Nagari Malampah still violate doctors' recommendations not to give additional food to babies aged 0-6 months. Additional food given to babies aged 0-6 months is instant milk and baby porridge which is sold in stalls. The additional food given to this baby is 2 tablespoons mixed with hot water. They give this extra food when the baby is crying continuously. The porridge is made the same as milk which is not too thick, so the baby is silent because it is considered to have felt full. Mothers who provide additional food to their babies who are aged 0-6 months have received explanations from the village midwife and posyandu staff about the impact this will have on the baby, but these mothers feel that they cannot bear a baby who cries continuously. They think that in the past, it was common for people to give extra food to babies aged 0-6 months, but nothing happened to the babies. That reason is the benchmark for mothers who still provide additional food or drinks to babies at the age of 0-6 months.

3) *Knowledge of Nutrition and Diet for Infants Age 7 – 23 Months*

Village midwives and posyandu officers have socialized to all mothers who are pregnant, breastfeeding, have children under two, and toddlers to provide healthy food for their children. Every mother who has children who are still under the supervision of a midwife in Nagari Malampah, is always informed about what food should be given to her baby. The village midwife always advises mothers who have babies to give food to babies over 6 months old. Most mothers who have babies admit that their babies are

given additional food at the age of 7 months and above or when the village midwife has allowed them to provide food. Usually in the 6th month the village midwife has informed the mother to provide additional food for her baby. The Nagari Malampah village midwife provided knowledge of the right types of food for baby growth. This socialization was delivered directly by the village midwife and officers when the mother brought her baby to the posyandu.

For babies aged 7-23 months, the mother provides food that according to her is nutritious and also provides food that has been suggested by the midwife. The mother who has a baby in Nagari Malampah feeds her child 3 times a day. In general, they provide additional food divided into 2 age groups, namely 7-12 months and 13-23 months. For babies aged 7-12 months, they provide additional food in the form of porridge and fruit (bananas, avocados, dragons and papayas), while babies aged 13-23 months switch to eating crushed rice/team mixed with chicken eggs. boiled and various vegetables (spinach, carrot, and chicken soup) and fruit. They believe that this food is a food that has high enough nutrition to increase the growth of the baby.

Even so, there are other factors that become a problem for parents in fulfilling their baby's nutrition. The first factor is finances, which makes it increasingly difficult to buy nutritious food for babies, so they provide a variety of foods for their babies. Some of them think that nutritious food for babies is food that is expensive and is bought at the market, even though they have livestock, even in their neighborhood there are still fruits that can meet the nutritional needs of babies. The second factor is the baby who doesn't want to eat. Complaints of the baby not wanting to eat are common in the Nagari Malampah community. They have tried to give food to their babies, but the rice that is fed to the babies is always brought back by the babies from their mouths. They are confused with babies who don't want to eat and never finish food every time they are fed. Her children prefer to eat snacks bought at the nearest shop. They gave their children to eat snacks out of pity. Consuming snacks makes children feel full, thus making children lazy to eat nutritious foods. Food with poor nutrition can be one of the factors that causes reduced growth in children, causing stunting. They think that their children are better off eating light food than having no food enter their child's stomach. They do not realize that it is precisely because their children consume stall food that contains high calories that the children do not have an appetite for the food their parents give them .

4) *Knowledge of Sanitasi and Hygiene*

Sanitation and a clean lifestyle are closely related to stunting cases. One of the steps in preventing stunting is implementing healthy and clean behavior. A healthy environment and behavior can prevent germs from sticking to children, so that no child has intestinal worms or a bloated stomach. In general, in Nagari Malampah, the cleanliness of the living environment is quite clean, but there are several household environments that are quite concerning. Hygiene in the household is also affected by inadequate economic life. They are busy working for farming and as laborers, so they pay little attention to the cleanliness of the conditions in the house. In the room of the house that looks less clean and feels with a damp aura. Then look at the clean water facilities and *water closets* that are still inadequate, there are even some households that still don't have these facilities.

People who don't have clean water facilities and a *water closet*, usually they go to a neighbor's house or to a relative's house to take a bath, wash the latrine (MCK).

One of the cases occurred in the residents of Jorong Tabek Nagari Malampah who still do not have clean water and a water closet (WC). The absence of these facilities made him feel overwhelmed when doing MCK. Every day they have to pick up clean water from a neighbor's house or to a relative's house as a household need. Without a bathroom and *water closet* (WC), they feel overwhelmed at night when family members need to defecate. Overcoming this problem, they defecate (BAB) by means of their term "flying toilet", which means putting their defecation into a bag and throwing it towards the back of the house by the river. Until now they do not have a bathroom and the public bathroom is quite far from the house, because they are still unable to build a private bathroom and water closet. They admit that they do not yet have enough money to build the facility.

Furthermore, household waste disposal is also carried out by collecting or collecting it behind the house beforehand until it is dry. The garbage is burned and if there is trash that cannot be burned, then it is thrown into the river close to the house. They think that throwing garbage into the river is much easier than burning it. They think throwing garbage into the river will be drained by river water when it rains. Their treatment of throwing garbage into the river has become a habit that has been copied from their earlier families. They do not know that throwing garbage into the river can block the flow of river water, causing flooding because so far their village has never experienced flooding.

4. Conclusion

In general, the knowledge of the Nagari Malampah community about fulfilling nutrition in 1,000 HPK is good, they have received counseling and outreach about nutritious food for pregnant women, nursing mothers, children aged 0-6 months, and for children 7-23 months. They obtained this knowledge from explanations by the village midwife when checking their pregnancies or at the Posyandu from health workers and Posyandu cadres. Only a small proportion still did not understand even though they admitted that they had received counseling. They are mothers with low education only up to elementary school level.

However, it is very unfortunate that the knowledge that the people of *Nagari* Malampah have obtained is not clearly reflected in the diet of the 1000 HPK. In practice they still carry out the prevailing customs in that society. For example, the food of pregnant women does not really pay attention to the nutritional content of the food they consume. What matters is the taste and preference of the food because many pregnant women have difficulty eating (no appetite for food). For babies 0-6 months is a period of exclusive breastfeeding, on average mothers already know, but in practice there are still those who don't want to comply for the reason that breast milk alone is not enough to make their babies full. Furthermore, for children aged 7-23 months, this is the period when children receive complementary food for ASI (MP-ASI) and they also receive counseling about this. However, in practice not all do as socialized.

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References

Atmarita, & Zahrani, Y. (2018). Situasi Balita Pendek (Stunting) di Indonesia. *Buletin Jendela : Data Dan Informasi Kesehatan*, *1*, 1–56.

Buisman, L. R., Poel, E. Van De, Donnell, O. O., & Doorslaer, E. K. A. Van. (2019). What explains the fall in child stunting in Sub-Saharan Africa? *SSM - Population Health*, 100384. https://doi.org/10.1016/j.ssmph.2019.100384

Damayanti, R., Nugroho, A. B., Triarda, R., & Sari, I, P. (2021). Konteks Sosial-Kepercayaan & Warisan Kelembagaan: Faktor Berkembangnya Stunting Di Tingkat Lokal : Kajian Tentang Konteks Sosial-Kelembagaan Tumbuh dan Kembangnya Stunting di Trenggalek. *Sosioglobal : Jurnal Pemikiran dan Penelitian Sosiologi, 5(2), 129-148*. https://doi.org/10.24198/jsg.v5i2.32119

Dani, V., Satav, A., Pendharkar, J., Ughade, S., Jain, D., Adhav, A., & Sadanshiv, A. (2015). Prevalence of under nutrition in under-five tribal children of Melghat: A community based cross sectional study in Central India. *Clinical Epidemiology and Global Health*, *3*(2), 77–84. https://doi.org/10.1016/j.cegh.2014.08.001

Dewey, K. G. (2020). Reducing child stunting: Moving forward on evaluating effectiveness of programs. *Journal of Nutrition*, *150*(11), 2843–2845. https://doi.org/10.1093/jn/nxaa278

Foster, G., & Anderson, B. G. (1986). *Antropologi Kesehatan* (1st ed.). Jakarta: UI-Press.

Galasso, E., & Wagstaff, A. (2019). The aggregate income losses from childhood stunting and the returns to a nutrition intervention aimed at reducing stunting. *Economics and Human Biology*, *34*, 225–238. https://doi.org/10.1016/j.ehb.2019.01.010

GNR. (2018). *Shining a Light to Spur Action on Nutrition*.

Kalangie, N. S. (1994). *Kebudayaan dan Kesehatan: Pengembangan Pelayanan Kesehatan Primer Melalui Pendekatan Sosiobudaya*. Jakarta: KBI.

Keesing, R. M. (1997). Teori-Teori Tentang Budaya, *52*(Sosial dan budays), 4–31.

Kemenkes RI. (2021). buku saku hasil studi status gizi indonesia (SSGI) tingkat nasional, provinsi, dan kabupaten/kota tahun 2021. *Angewandte Chemie International Edition, 6(11), 951–952.*, 2013–2015.

Kementerian Desa Pembangunan Daerah Tertinggal dan Transmigrasi. (2016). Situasi Balita Pendek.

Kementerian PPN/Bppenas. (2018). Intervensi Penurunan Stunting, (November).

Kesehatan, K., Indonesia, R., Menkes, D., & Moeloek, N. (2018). Cegah stunting dengan perbaikan pola makan, pola asuh dan sanitasi (1), (1), 1–2.

Meiyenti, S. (2006). *Gizi Dalam Perspektif Sosial Budaya* (Pertama). Padang: Andalas university Press.

Menko PMK. (2021). Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan Republik Indonesia, 5–6. Retrieved from www.kemenkopmk.go.id

Pelto, G. H. (1987). Cultural issues in maternal and child health and nutrition. *Social Science and Medicine*, *25*(6), 553–559. https://doi.org/10.1016/0277-9536(87)90079-7

Rosmalina, Y., Luciasari, E., & Ernawati, F. (2018). Upaya Pencegahan Dan Penanggulangan Batita Stunting: Systematic Review Interventions for Reducing Stunted of Children Under 3 Years: A Systematic Review. *Gizi Indononesia*, *41*(1), 1–14. https://doi.org/p-ISSN: 0436-0265 e-ISSN: 2528-5874

Ruswati, et al., (2021) Risiko Penyebab Kejadian Stunting Pada Anak. *Jurnal Pengabdian Kesehatan Masyarakat: Pengmaskesmas*, 1(2), 34-38, https://doi.org/10.31849/pengmaskesmas.v1i2/5747

Simbolon, D. (2014). Pengaruh Kepemilikan Jamkesmas Terhadap Status Kelahiran Dan Kejadian Stunting Pada Baduta Indonesia (Analisis Data Ifls 1993 – 2007) Effect Of The Poor Health Insurance On Birth Status dan kemungkinan terjadinya lost generation di Indo- 2002 dilaksanak, *03*(02), 55–65.

Susanti, E. M., Handayani, O. W. K., & Raharjo, B. B. (2017). Implementasi Penatalaksanaan Kasus Gizi Buruk Di Wilayah Kerja Puskesmas Cilacap Utara I. *Unnes Journal of Public Health*, *6*(1), 47. https://doi.org/10.15294/ujph.v6i1.11726

Tumilowicz, A., Beal, T., & Neufeld, L. M. (2018). A review of child stunting determinants in Indonesia. *Wileyonline Library*, (October 2017), 1–10. https://doi.org/10.1111/mcn.12617

UNICEF. (2019). *State of the World's Children 2019: Children, food and nutrition*. *Unicef*. Retrieved from https://www.unicef.org/media/63016/file/SOWC-2019.pdf

Yu, S., & Tian, L. (2018). Breeding Major Cereal Grains through the Lens of Nutrition Sensitivity. *Molecular Plant*, *11*(1), 23–30. https://doi.org/10.1016/j.molp.2017.08.006