

## Conference

# Stunting and the Grande Multipara Phenomenon From the Gender Perspective

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**Abstract.** Stunting is a form of malnutrition caused by inadequate food intake, repeated infections, and lack of psychosocial stimulation. It has an impact on growth and development disorders but is more accurately referred to as undernutrition. In this regard, the role of the mother is important and problems that occur during pregnancy are very likely to contribute to stunting. This study aimed to describe stunting and the grande multipara phenomenon from a gender perspective. A qualitative approach was used to explore in-depth information about the behavior of pregnant women, parity and exclusive breastfeeding at Panglima Sebaya Hospital in July 2019. Based on the results of interviews with pregnant women, most knew about exclusive breastfeeding because health workers often provided counseling to mothers during and after pregnancy. However, mothers with multiple parity / grande multipara had difficulty carrying out exclusive breastfeeding because the time between the children was close. The village midwife informant said that many pregnant women have used family planning, especially the millennial generation; they have been exposed to a lot of media including social media, and many are independent, can decide for themselves to use family planning and choose the method of family planning. Stunting and grande multipara are closely related to gender inequality in the domestic environment.

**Keywords:** stunting, grande multipara, gender, breastfeeding

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## 1. Introduction

Stunting is a form of malnutrition due to inadequate food intake, repeated infections, and lack of psychosocial stimulation that has an impact on growth and development disorders, but is more accurately referred to as undernutrition. Every year, one in seven neonates (20 million worldwide) have low birth weight (LBW; <2500 g) and 1 in 4 (165 million) is stunted (low height for age)[1]. Children were defined as stunted if their height for age was more than two standard deviations below the median WHO Child Growth Standards [2].

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Stunting is estimated to be experienced by 21.3% of children under five or 144 million children under five worldwide in 2019. In Southeast Asia, it is estimated that around 55.9 million children under five are stunted. WHO states that the prevalence of stunting above 20% is a public health problem [3]. The consequences of stunting in children are both short-term and long-term and include increased morbidity and mortality, as well as inhibited development of self-potential [4]. Research reports that boys are more susceptible to malnutrition than girls [5]. However, stunted girls tend to remain short in adulthood, perpetuating the trans-generational cycle of malnutrition [1].

Stunting is caused by multifactors [6,7]. Indirect determinants of stunting are lack of financial and socio-economic resources available to households (eg education and employment) and inadequate political will [8]. Related to this, the role of the mother has an important position, problems that occur during the pregnancy period are very likely to contribute to stunting [9]. Government policies that are not pro-mother/women can have an impact on development. One of them is the decrease in Human development index. More broadly, poor growth early in life reduces human capital, including educational attainment and income potential, and increases vulnerability to non-communicable diseases.

Studies have consistently linked maternal malnutrition (short stature, low Body Mass Index (BMI), anemia) with low birth weight and stunting in offspring [10]. Improved maternal education has also been associated with improved child nutrition and lower mortality [11]. Maternal malnutrition results in fetal growth restriction, and infectious diseases in pregnancy can lead to premature birth. Both of these conditions are important contributors to stunting in early childhood, although the relative contribution varies by region of the world [12,13].

Pengarusutamaan Gender (PUG) or Gender Mainstreaming is a development strategy to achieve justice and equality in accordance with Presidential Instruction No. 9 of 2000 concerning PUG in National Development. The concept of gender mainstreaming was developed from the efforts of women's groups to empower women more as a strategy and series of activities that support women's participation at the policy-making level. PUG supports changes in patriarchal relations into partnerships and equality, voices gender justice in the domestic or public sphere, PUG is a shared responsibility as a determining factor in policies starting from planning, making and enforcing policies.

In regulating public policy, it is very important to pay attention to gender inequality. The state has the authority to influence national policies, legislation, budget allocations and so on. Thus the state can create, strengthen, exacerbate or reduce social

inequalities. The potential importance of national policies promoting women's education, incorporating women into the political system and labor market, and targeting specific health problems can affect women through physiological roles. Women's health in reproduction deserves special attention because it has the potential to link women's social values with key parameters of child health. In 116 countries, national markers of female empowerment (the ratio of female to male life expectancy at birth) were associated with reduced stunting. The Gender Inequality Index (GII), which provides a national composite indicator of women's status in society relative to men, is associated with neonatal, infant and child mortality in 138 countries [14].

Regarding gender issues related to stunting, empowering women is the most important strategy. However, there are still many families with high parity / grande multipara in the middle to lower economic community. This has an impact on the economic resilience of the family. The results of the nutrition status monitoring of the Paser Health Service, in 2017 it was known that as many as 31.8 percent of the 34,000 children in Paser, or around 10,812 children were stunted (a condition of failure to thrive in children under five due to chronic malnutrition, especially in the first 1,000 days of life), whereas in 2016 the stunting rate in Paser was lower at 24.6 percent. Data on deliveries at the Panglima Sebaya Hospital reported that there were still pregnant women with grande multipara. Based on this, it is necessary to explain how stunting and the phenomenon of grande multipara in a gender perspective are.

## 2. Methods

This type of research uses a qualitative approach to explore in-depth information about the behavior of pregnant women in determining the amount of parity and how to give exclusive breastfeeding at Panglima Sebaya Hospital. The use of the method in this study is expected to understand the mother's behavior in determining the amount of parity. While the phenomenological approach aims to describe the meaning of life experiences experienced by several individuals, about certain concepts or phenomena, by exploring the structure of human consciousness. The place of this research was carried out at the Panglima Sebaya Hospital when the research began in July 2021. The informants in this study were 3 midwives, 5 mothers gave birth. Data collection techniques used are interviews (interviews), observation, and documentation. Determination of informants based on patient registration data information with snowball sampling. Data analysis in this study used the concept given by Miles and Huberman who suggested that motivation in qualitative data analysis was carried out interactively

and took place continuously at each stage of the research so that it was completed and the data was saturated. Meanwhile, data processing is analyzed using content analysis, namely by collecting all the same data or information and can represent the desired information. Then the data is presented in the form of a metamatrix and interpreted in the form of a script (narrative). This research was approved by the Research Ethics Commission Institute Of Technology And Health (ITEKES) Bali, Indonesia nomor 04.0551/KEPITEKES-BALI/XI/2021.

### 3. Result and Discussion

Based on the results of interviews with maternity mothers, most mothers know about exclusive breastfeeding because health workers often provide counseling to mothers since pregnancy. However, mothers with multiple parity / grande multipara have difficulty giving exclusive breastfeeding because the distance of the children is too close.

*\_ "I breastfed my child not until 2 years old, how come Ma'am, not yet 2 years, I'm pregnant again, then I once breastfed her sister, why is my stomach hurting. In the end, my sister gave me formula milk" (Mother 1)*

*\_ "Starting from the third child, I have given baby milk, ma'am, because my milk is not enough, ma'am, if I force the baby to cry, ma'am" (Mother 2)*

*\_ "I'm breastfeeding ma'am but alternately with baby's milk, I'm worried that there's not enough breast milk, ma'am, because I was traumatized by my experience, doc, when I was the second child, I was forced to give breast milk, uh, the baby was yellow, the nurse said because I didn't drink enough, even though I kept on drinking. Suckle my baby ma'am, yes finally at home I give baby milk ma'am so that it doesn't fuss too." (Mother 3)*

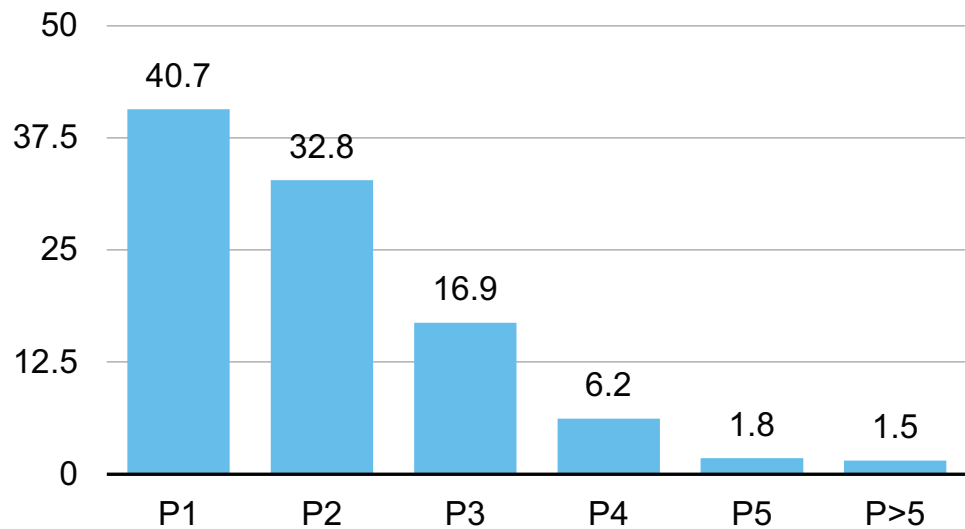
*"I only breastfed for 4 months, ma'am, after that I alternated with baby milk, because I often got dizzy, ma'am, at least when my grandma wants me, I just give her breast milk, ma'am," (Mother 4)*

Based on the results of interviews with midwives, exclusive breastfeeding for infants is inadequate, including for mothers with parity less than 3.

*\_ "Actually, we have informed the doc about exclusive breastfeeding and nutrition in the first 1000 days of life, but it's a hassle, doc, especially for mothers whose pregnancies are close together, so they are no longer breastfeeding." (Midwife 1)*

The results of interviews with other midwife informants were also the same as inadequate breastfeeding due to the distance between pregnancies being too close

## Total Parity in Maternity



**Figure 1:** shows that there are still many mothers with parity (P) more than two (26,4%) and 1.5% are grande multipara. (Source: obtain from primary data).

and feeling that breast milk production was low. Based on the results of interviews with pregnant women and village midwives, the reasons for giving birth more than 2 times include not being allowed to have family planning because of religious issues, wanting a boy/girl because the previous child has not had the same sex, the husband does not allow it for fear of the wife's sex drive hormones. decreased, not allowed to take hormonal contraception because of certain diseases but afraid of Intrauterine Device (IUD) and tubectomy, husbands don't want vasectomy because they think it will cause impotence, young people under 35 are afraid that their new husbands want to have children, afraid of divorce because they get caught on family planning while husbands want lots of children.

*"I don't use family planning because it can't be my religion, ma'am, and my husband also doesn't allow it, my husband said that family planning is not legal at all, every child brings their own fortune, I'm also still strong looking for food. Because of that, ma'am, I don't want to use family planning, as I said later, when it's time to stop, I stopped, ma'am, "That's the reason, if I just obey, Mom, I'm afraid of sin." (Mother 3)*

*\_ "actually I'm also tired of giving birth to this ma'am, my 8 children are now 5 people, of which 3 died, ma'am, when I was 3 months old or 4 months old, I forgot my mother, anyway, the child was when I was pregnant for the first time, then right before my third and third child. Yesterday, ma'am, before I got pregnant with this child, how are all my*

children girls, my husband wants a boy, how about it, ma'am, we are women who are looking for money, right also husbands, If I don't obey, what will happen, ma'am Yes, the husband likes to win himself, ah. I just give up, ma'am, with God, hopefully this is the last one, ma'am..."(Mother 5)

\_ "O, yes ma'am, I know that giving birth to a lot can be dangerous for me, right, ma'am, when I was pregnant with my 4th, at that time I gave birth to a midwife, but was immediately referred to the hospital because the midwife said the placenta was not born, ma'am, there was a lot of blood, ma'am .. he said bleeding. It took me a long time in the hospital, but what about it, ma'am... my midwife said would be sent for family planning, it would be dangerous, my husband just said, it's okay, there's a hospital, the proof is that you were safe. After all, it's just once, everything else is okay, it's just a scare, later if you take family planning you can't serve me ma'am....(Mother 4)

\_ Since I gave birth to my 2nd child, ma'am, I have not been allowed to take injections, pills and implants, the doctor may say IUD or tubectomy, but I'm afraid ma'am, there have been a lot of incidents with my friends, ma'am, when I pee, the device comes out, isn't it scary? ma'am... if I might have fainted, hehehe..... when I was done giving birth my husband was called by the doctor, the doctor ordered my husband to do family planning, ewgh... but that's impossible, ma'am, where is there a husband who wants to do family planning.... right, ma'am... That's why my husband asked me to drink herbal medicine or massage it like that so I don't give birth again, but in fact, after being massaged, I'm still pregnant. I also have a disease, my husband doesn't want it, I just pray that I hope you stay healthy, ma'am, I feel sorry for my children who are still small. Is it true, ma'am, have you heard that the husband who is in family planning will have a problem? Yes, if that's the case, I don't want to, ma'am... I'm sorry for my husband, later I will also sin, ma'am, ..... (Mother 1)

\_ "I did not dare ma'am, at that time, ma'am, what I asked Mom for family planning then I tried one time, I didn't menstruate, ma'am... I was so scared, ma'am... I was afraid of why, I kept thinking about it, Ma'am, what if my husband know it. He wants a lot of children, , he says that, ma'am.... Finally, it's time to not inject anymore, I'm afraid ... if my husband asks for a divorce....." (Mother 2)

The village midwife informant said that many pregnant women have used family planning, especially the millennial generation, they have been exposed to a lot of media including social media, and more are independent, can decide for themselves to use family planning and choose their family planning method.

*I think there are many mothers who want to take part in family planning, some even ask for family planning immediately after giving birth, I think they understand the*

*doc... and long before we gave an explanation about family planning and the benefits of family planning and young mothers now you want KB, doc.... Even here, it was her husband who asked me a lot of questions.... Indeed, there are young mothers who don't want to use family planning, usually because of religious reasons, if it's a matter of belief, it's difficult, doc, but we're still trying to explain, doc, but in the end, doc, I'm back with the client, I think so... (Midwife 1)*

*"In my village, thank God, it's rare for grande multi-para. I remember there are only a few, that's usually because they don't have a son yet, doc... I've also motivated their husband, but yes, they still pregnant again for the sixth time, they don't have a son. I once said, doc... you'll have a son-in-law, won't you, sir? But instead, she said it was okay, the midwife, my wife is still strong, it's a pity if you don't have a son" (Midwife 2)*

*\_ Quite a lot, doc. who are grande multi, but only in certain villages, the locus is for religious reasons, doc. Young mothers also still have the same principles, like it or not, there are many who are happy, doc. So far, we have anticipated especially for maternity services, if the village is advanced, doc, it's on standby, there is a village ambulance and the residents work together, doc... this community has very good social relations... so far there have been no cases of death due to grande, but yes, doc, there seems to be a risk -risk of stunting, how about it, doc... there are more than one toddler at home... (Midwife 3)*

In 2012 World Health Assembly Resolution 65.6 set out six global nutrition targets for 2025 in the 'Plan for the comprehensive implementation of maternal, infant and young child nutrition'. It takes the struggle of every country for further improvement [15]. This policy brief includes the first target: a 40% reduction in the number of children under 5 years old who are stunted. This policy promises increased attention, investment and action for a range of cost-effective interventions and policies to achieve this target. Factors related to stunting include maternal factors, genetics, food intake and infectious diseases. Maternal factors play a very important role in reducing stunting cases [16]. Stunting is most common in the first 1000 days, from conception to age two, when children' linear growth are most sensitive to nutritional deficiencies and environmental stresses. During the first 500 days, from conception until about 6 months of age, the child is completely dependent on its mother's nutrition, either through the placenta during pregnancy or through breast milk for the first 6 months of exclusive breastfeeding. However, the greatest proportion of stunting occurred during the period of complementary feeding (6-23 months), a transition time of ~500 days from exclusive breastfeeding in the first 6 months of life.

Inadequate breastfeeding is a contributing factor to stunting after birth, growth disorders can begin at 3-5 months of life and become more prominent from 6 to 18 months. During this time, young children are exposed to many infectious diseases, such as diarrhea, which adversely affect growth [13]. There is also growing evidence that frequent consumption of microorganisms causes damage to the small intestine. The resulting condition, referred to as environmental enteric dysfunction, even without clinical symptoms, can cause growth retardation. Complementary foods received by children other than breast milk are often insufficient in nutrition and energy, so that it has a negative impact on growth. Harmful exposures during pregnancy and the first 2 years of life, a critical period for growth and development, have led to the program's focus on these "1,000 days" in the life cycle. Dietary interventions, including nutrition education and the provision of dietary supplements to malnourished mothers during pregnancy, result in improved fetal growth positioning the newborn for healthier growth. Interventions in the first 2 years of life include promotion of exclusive breastfeeding for the first 6 months of life and continued breastfeeding for at least the first 2 years, nutritional counseling to ensure adequate complementary feeding, and, if necessary in food insecure areas, provision of complementary foods that will be given to the child.

Multiple parity/grand multipara was associated with a lack of exclusive breastfeeding and duration of breastfeeding. However, the results of the interview show that there is gender inequality at the environmental and domestic levels. Most families in Indonesia adhere to an archaic culture, in this situation it is almost difficult for women to make decisions for their own reproductive health and family health. In addition to the husband who plays a role as a decision maker in the family, the lack of women's empowerment in the domestic environment often has a negative impact on the sustainability of family resilience. Ignoring gender inequality, raising the GDP of low-income countries from 10 percent to 50 percent would reduce stunting by half, from 48% to 23%. Taking gender inequality into account, raising GDP from the 10th to the 50th percentile would have a smaller effect, reducing stunting from 51% to 30% for countries in the 90th percentile for gender inequality, and from 39 to 23% for countries in the 90th percentile. country in the 50th percentile for gender inequality. In low-income countries (10th percentile GDP), reducing gender inequality from the 90th to 50th to 10th percentiles would reduce stunting from 51% to 39% to 30%. In middle-income countries (50th percentile GDP), a similar reduction in gender inequality would reduce stunting from 30% to 23% to 17% [1]

In all societies, women are the primary caregivers of children, and perform most of the household tasks. Women's lives are greatly affected by reproduction, which has a sharp and direct impact on their health and education, work, and income opportunities.



In a society where women are more submissive to their husbands, and this has a major influence on women's opportunities to gain freedom in determining their reproductive health.

Upstream, social, economic and environmental factors, including poor governance, misguided policies and politics, weak leadership, and limited technical capacity in nutrition, are important determinants [7]. In order to reduce stunting rates in Indonesia, integrated interventions are needed [17]. At the intermediate level, contributing factors include food insecurity, inadequate care resources, unsafe and unhygienic housing conditions, and limited access to and utilization of health services. At this level, nutrition sensitive programs and approaches for agriculture and food security, social safety nets, women's empowerment. Women can use the SDGs as a "collection tool" to the government to fulfill women's rights, realize gender equality and justice and strengthen Gender Mainstreaming in Development. the position of women in the Sustainable Development Goals. Women's groups and organizations can encourage the government to improve policies and practices that have been detrimental to women and have not received attention from the government or legislators in the domestic environment.

## 4. Conclusion

Stunting and grande multipara are closely related to gender inequality in the domestic environment. The patriarchal culture and religious community environment place mothers in a powerless position to make reproductive health choices and determine the amount of parity that is considered appropriate for themselves. The evidence shows that economic growth alone will not improve stunting without a commensurate investment in another accompanying intervention in this regard is gender equality. The number of children is also important for the health of the mother. In addition, gender-based differences imply that increasing family support related to health can also be a health promotion strategy for women. There is a need for future studies that can focus on specific forms of family support that effectively promote gender-based health at the domestic level.

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