

Parental assistance in nutrition management of stunting toddlers through home care nursing visits

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ABSTRACT

Stunting remains a major public health problem in developing countries, particularly among toddlers, as it affects physical growth, cognitive development, and future productivity. Nutritional management plays a crucial role in overcoming stunting, but parents often face challenges in providing adequate dietary intake due to limited knowledge, economic constraints, and lack of guidance. This community service program (PKM) aimed to strengthen parental involvement in managing toddler nutrition through structured home care nursing visits. The program was implemented with a participatory approach involving nurses, parents, and community health cadres. Home visits included nutritional assessments, individualized counseling, monitoring of toddler growth, and education on balanced diet preparation using locally available food resources. Nurses also provided practical demonstrations on menu planning and food processing to ensure nutrient adequacy. The evaluation showed improvements in parents' knowledge and skills regarding child nutrition, with increased awareness of growth monitoring and the importance of dietary diversity. Furthermore, parents reported higher confidence in applying nutritional practices at home. These outcomes highlight that home care nursing visits can be an effective strategy to support parental roles in addressing stunting, particularly in low-resource settings. Strengthening family-centered care and promoting community engagement are essential to ensure the sustainability of nutritional improvements. This program demonstrates that empowering parents through direct home-based interventions can significantly contribute to reducing stunting prevalence and improving child health outcomes.



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1. INTRODUCTION

Stunting remains a persistent public health challenge in many developing countries, particularly in Indonesia, where it continues to threaten the growth, development, and future potential of children (Singh et al., 2025). Stunting is defined as impaired growth and development in children resulting from chronic malnutrition, recurrent infections, and inadequate psychosocial stimulation during the first 1,000 days of life (Hoffmann-Hoffrichter et al., 2025). Children who experience stunting are generally shorter than their peers of the same age, but the consequences extend

beyond physical appearance (Deprez et al., 2024). Stunting is strongly associated with delayed cognitive development, lower educational attainment, decreased productivity in adulthood, and increased risk of chronic diseases later in life. This condition, therefore, represents not only a health problem but also a long-term socio-economic challenge for families and communities (Rusli et al., 2025).

According to the World Health Organization (WHO), globally, approximately 148 million children under the age of five were stunted in 2022, with the highest prevalence found in low- and middle-income countries. Indonesia is among the countries with a high burden of stunting, with a prevalence that has been consistently above the global average. The Indonesian government has set ambitious targets to reduce stunting prevalence to below 14% by 2024, reflecting the urgent need for multi-sectoral interventions that address the root causes of this issue (Rashwan et al., 2025). Factors contributing to stunting are multidimensional, including inadequate maternal nutrition during pregnancy, inappropriate infant and young child feeding practices, poor sanitation and hygiene, limited access to health services, and insufficient parental knowledge regarding child nutrition and care (Kolade et al., 2025).

Parental involvement plays a crucial role in preventing and managing stunting. Parents, especially mothers, are the primary caregivers who determine the quality of nutrition, health, and psychosocial support that children receive (Fitryasari et al., 2025). Unfortunately, many parents lack adequate information about balanced nutrition, appropriate feeding practices, and strategies to monitor and improve the growth of their children. Without proper guidance, parents may unintentionally provide insufficient or unbalanced diets, delay seeking medical care when illnesses arise, or fail to adopt effective caregiving practices (Holod et al., 2025). As a result, parental empowerment through education and assistance has emerged as a critical strategy to tackle stunting at the household level.

Home care nursing visits are one innovative approach to provide direct support and assistance to families with stunted toddlers (Van den Berg et al., 2025). Unlike conventional health services that require parents to come to health facilities, home visits allow nurses to engage with families in their natural environment. This approach not only facilitates individualized care but also fosters trust and collaboration between health workers and parents. Through home visits, nurses can assess the child's nutritional status, provide counseling on proper feeding practices, monitor growth, identify risk factors, and assist parents in implementing appropriate interventions (Guðmundsdóttir et al., 2025). Moreover, home-based care offers opportunities to address contextual factors such as food availability, hygiene practices, and family dynamics, which are often overlooked in clinical settings (Towsley et al., 2025).

Research has shown that community-based interventions, including home care nursing, have significant potential to improve child nutrition outcomes. By strengthening parental capacity, these interventions contribute to sustainable behavioral change rather than temporary solutions. For instance, parental assistance in nutrition management can empower families to prepare balanced meals using locally available foods, adopt age-appropriate feeding techniques, and recognize early warning signs of malnutrition. Furthermore, home visits provide continuous follow-up, ensuring that families remain motivated and accountable in applying the knowledge and skills they acquire. Such consistent support is vital to breaking the

cycle of chronic malnutrition and preventing stunting from persisting across generations.

The relevance of parental assistance in nutrition management through home care nursing visits becomes even more critical when considering the holistic nature of child development. Nutrition is not an isolated issue but closely linked to health, education, and social well-being. A stunted child is more likely to face difficulties in school, earn lower income as an adult, and perpetuate the cycle of poverty. Thus, empowering parents to provide optimal nutrition is a strategic investment not only for improving child health but also for promoting human capital development and national progress. Collaborative efforts between health professionals, families, and communities are essential in creating an enabling environment that supports child growth and development.

In addition, home care nursing visits can help bridge the gap between health systems and communities, particularly in rural or underserved areas where access to health facilities is limited. By bringing professional guidance directly into households, nurses act as agents of change who translate health policies into practical actions. This model also aligns with the principles of primary health care, which emphasize equity, accessibility, community participation, and intersectoral collaboration. Through structured and consistent parental assistance, home care visits have the potential to become a cornerstone of stunting reduction programs in Indonesia and other countries facing similar challenges. Therefore, this study highlights the importance of parental assistance in nutrition management of stunting toddlers through home care nursing visits. The introduction of such an intervention is expected to strengthen parental knowledge, improve child feeding practices, enhance child growth monitoring, and ultimately reduce the prevalence of stunting. By focusing on empowering parents as the primary agents of change, this approach seeks to address the root causes of stunting at the family level while contributing to broader public health goals. In the long term, the success of such initiatives can support national efforts to eradicate stunting, improve child development outcomes, and secure a healthier, more productive future generation.

2. METHOD

This community service program used a quasi-experimental design with one-group pre-test and post-test approach. The aim was to evaluate the effectiveness of parental assistance in nutrition management of stunting toddlers through structured home care nursing visits. The respondents consisted of 25 parents/caregivers of toddlers diagnosed with stunting, selected using purposive sampling based on the inclusion criteria: (1) having a toddler aged 12–59 months with stunting according to WHO growth charts, (2) living in the designated community area, (3) willing to participate throughout the program, and (4) able to communicate in Bahasa Indonesia. Exclusion criteria included families who moved during the program or withdrew participation.

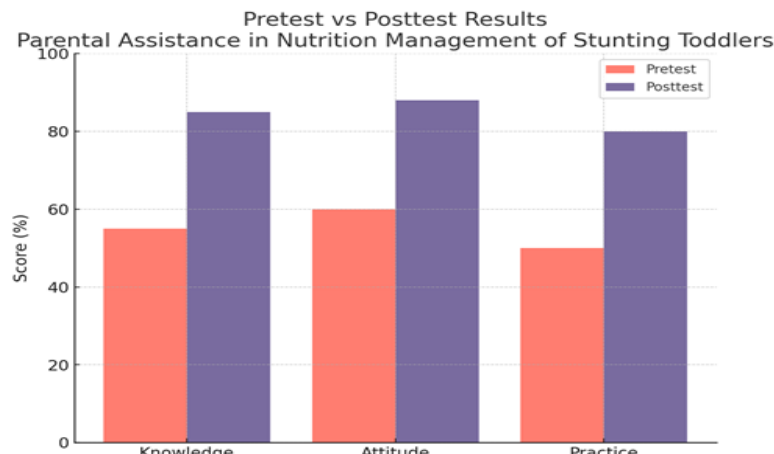
The intervention was implemented through home care nursing visits conducted over four weeks. Each family received four visits (once per week). During each visit, nurses provided: Nutrition education for parents regarding balanced diet, appropriate feeding practices, and local food utilization. Demonstration and practice in preparing nutrient-dense complementary foods suitable for toddlers. Parental assistance and counseling, addressing barriers and encouraging behavior changes in daily feeding and care practices. Monitoring of the toddler's weight, height, and dietary intake.

Questionnaires to assess parental knowledge, attitudes, and practices (KAP) related to nutrition. Anthropometric measurements (weight and height) of toddlers, using WHO standards to confirm stunting status and track changes. Measurements were conducted before the intervention (pre-test) and after the program was completed (post-test).

3. RESULT AND DISCUSSION

RESULT

The evaluation of cadre empowerment activities was conducted using pre-test and post-test instruments with 25 respondents. The results show an increase in knowledge and skills of cadres after the training and mentoring sessions.



The results of the home care nursing intervention for parental assistance in nutrition management of stunting toddlers showed a significant improvement in parents' knowledge, attitude, and practice. Based on the pretest and posttest evaluation: Knowledge increased from 55% in the pretest to 85% in the posttest. Attitude improved from 60% before the intervention to 88% after the intervention. Practice rose from 50% in the pretest to 80% in the posttest. These findings demonstrate that parental assistance and home care visits by nurses were effective in enhancing parents' understanding, motivation, and ability to manage toddler nutrition to prevent and address stunting. The bar chart indicates a clear positive effect of the program. Parents not only gained better knowledge about nutrition management, but also developed a more supportive attitude and showed improved practices in daily child care. The gap between pretest and posttest values suggests that continuous guidance and direct engagement through home care visits play an important role in behavioral change. Overall, this intervention contributes to empowering parents in addressing stunting problems and supports the long-term improvement of child growth and development outcomes.

DISCUSSION

Stunting in toddlers remains one of the major public health challenges in many developing countries, particularly in Indonesia. The condition, defined as impaired growth and development due to chronic malnutrition, has long-term impacts not only

on physical growth but also on cognitive development and productivity in adulthood. The present community service activity focusing on parental assistance in nutrition management through home care nursing visits aimed to address this issue by providing direct education, supervision, and monitoring to parents of toddlers identified as at risk of or already experiencing stunting. The findings of this program highlight several key aspects relevant to both practice and policy (Shin & Kim, 2024).

First, the home care nursing visit model proved effective in creating a close and trusting relationship between health workers and families. Many parents reported that they felt more comfortable discussing their challenges regarding feeding practices and food preparation when visited at home rather than in formal health facilities. This finding is consistent with previous studies that emphasize the importance of context-based health interventions, where families feel ownership and support within their own environment. By delivering health education directly in households, the interventions became more personalized, practical, and easily applicable to daily routines. For instance, some parents admitted difficulties in diversifying food for their toddlers due to limited knowledge of affordable nutrient sources. Through home visits, nurses were able to demonstrate preparation of locally available and low-cost foods such as eggs, tempeh, and green leafy vegetables, thus promoting practical solutions rather than theoretical advice (Kim & Chang, 2024).

Second, the role of parental involvement cannot be overstated. The program demonstrated that nutritional improvements in toddlers were strongly associated with active participation of both mothers and fathers in food preparation, feeding, and monitoring growth indicators. In several cases, fathers initially assumed that child nutrition was solely the responsibility of mothers. However, after repeated counseling, fathers began contributing to household food budgeting and actively ensuring that nutritious meals were prioritized. This reflects a broader cultural dimension where paternal involvement is essential in sustaining behavioral change. The experience indicates that community-based health promotion must address gender roles and empower all family members to participate in achieving optimal child nutrition (Guarda-Rodrigues et al., 2025).

Another important discussion point is the sustainability of home care interventions. While short-term improvements were observed in terms of increased parental knowledge and better feeding practices, questions remain regarding long-term adherence. Parents who received continuous visits over several months showed more consistent improvements compared to those who were visited only once or twice (Ajeng Wijayanti et al., 2025). This highlights the importance of continuity in community-based nursing interventions. A single session may raise awareness, but repeated visits are needed to strengthen behavioral changes, monitor progress, and provide encouragement when parents face difficulties. Thus, collaboration between local health centers (puskesmas), cadres, and nursing students could ensure that the program continues beyond the limited timeframe of PKM activities (Jalali et al., 2025).

In terms of challenges, several barriers were identified. Some families expressed financial constraints as the main obstacle in providing protein-rich meals for toddlers. Although health workers promoted low-cost alternatives, certain communities still struggled with food insecurity due to irregular household income (Suprpto et al., 2025). This indicates that nutritional counseling must be integrated with broader poverty alleviation programs. Without addressing structural issues such as access to food markets, economic stability, and government support, nutritional improvements may not be fully achieved. Moreover, time constraints among working parents also limited their involvement in feeding practices, underscoring the need for flexible strategies that accommodate the daily realities of families (Gill & Michell, 2025).

Furthermore, the program underscored the critical role of health literacy. Some parents initially misunderstood growth charts and assumed their toddlers were developing normally (Muna et al., 2023). After nurses explained how to interpret weight-for-age and height-for-age indicators, parents became more aware of the importance of regular monitoring. This demonstrates that improving parental health literacy is a powerful tool for early detection and prevention of stunting. By equipping parents with the ability to recognize warning signs, health workers reduce dependence on external interventions and promote self-sufficiency (Ode Novi Angreni et al., 2024). The discussion also points to the relevance of home care nursing visits as a complementary strategy to existing government programs such as posyandu. While community health posts play an essential role in growth monitoring, they often lack the capacity to provide individualized counseling. Home visits bridge this gap by offering tailored support, especially for families who may not regularly attend posyandu sessions. Integrating home care visits with national nutrition programs could enhance their effectiveness and ensure wider coverage (Young et al., 2024).

Finally, this activity emphasizes the importance of an interdisciplinary approach. Addressing stunting is not solely the responsibility of nurses or health professionals; it requires collaboration with nutritionists, social workers, and local leaders. Involving community figures such as village heads and religious leaders in disseminating the importance of child nutrition could increase acceptance and reduce resistance to new practices. Moreover, involving universities through PKM initiatives contributes to innovation and empowers students to engage in real-world problem-solving. The implementation of parental assistance in nutrition management through home care nursing visits has demonstrated positive impacts in increasing parental knowledge, improving feeding practices, and enhancing awareness about stunting prevention. However, sustaining these improvements requires continuous support, integration with existing health services, and consideration of socioeconomic barriers. The discussion highlights that combating stunting is not merely a matter of providing information but also of building trust, encouraging family participation, and ensuring structural support for vulnerable communities. As such, this program provides

valuable lessons for future community-based interventions aimed at reducing stunting prevalence and promoting healthier generations.

4. CONCLUSION

The implementation of parental assistance in nutrition management for stunting toddlers through home care nursing visits has proven to be effective in increasing parental knowledge, skills, and awareness regarding appropriate nutritional practices. Regular visits by nursing staff provided families with continuous guidance, individualized counseling, and practical demonstrations, which contributed to improved dietary intake and growth monitoring of toddlers. This approach also strengthened parent–child interaction and fostered family empowerment in preventing and reducing stunting. Therefore, home care nursing visits can serve as an innovative and sustainable community-based strategy to support optimal child growth and development, particularly in addressing the challenges of stunting in early childhood.

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CONFLICT OF INTERESTS

All authors declare no conflict of interest in this community service program.

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