

Review article

Model Conceptual of Culture and Health-Seeking Behavior Among Mothers of Children with Stunting: A narrative review

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Abstract

Socio-cultural factors can have a significant impact on the occurrence of stunting in children. Mothers with limited health literacy may need help comprehending the nuances of nutrition and malnutrition in children. This can lead to inadequate nutrition for their children, resulting in stunting. Unfortunately, a shortage of literature thoroughly explains the connection between health-seeking behavior theory and child stunting. This study entails a comprehensive narrative review that delves into the correlation between maternal health literacy, culture, and health-seeking behavior, particularly regarding child stunting. The CINAHL, PubMed, Scopus, Web of Science, and Cochrane Library databases were searched for published papers from 2009 to 2023. The search terms were maternal health literacy, culture, health-seeking behavior, and children with stunting or malnutrition. A comprehensive conceptual model can provide invaluable guidance for innovative research on caring for stunted children in rural areas. By amalgamating the concepts of culture and healing-seeking behavior with maternal health literacy, a more nuanced understanding of the problem of child stunting can be achieved. This can lead to the development of complementary and supportive interventions to improve maternal health literacy. Therefore, we should explore the potential benefits of such a model in our research endeavours.

INTRODUCTION

Stunting is a significant global public health concern that adversely affects the linear growth potential of children. Globally, about 149.2 million children under five years old (22%) are still stunted, according to the World Health Organization (WHO).¹ The issue is particularly severe in developing countries, where it contributes significantly to child mortality rates.² According to the results of the Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in

Indonesia has experienced a decline from 24.4% in 2021 to 21.6% in 2022.

Stunting is primarily caused by chronic undernutrition and infection during pregnancy up to the second year of life.^{3,4} The immediate negative consequences of stunting include a compromised immune system, inhibited physical development, and impaired cognitive function in children under the age of five years.^{2,5} Over the long term, stunting can lead to decreased school performance during childhood and an

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increased risk of chronic diseases in adulthood.^{5,6}

WHO conceptual framework on stunting, one of the factors influencing child growth and development is socio-cultural.⁷ Previous research conducted in developing nations has demonstrated that cultural beliefs can have an impact on the practices related to the early introduction of complementary feeding.⁸⁻¹⁰ The high prevalence of stunting in Indonesia is partly influenced by cultural factors in healthcare, including community beliefs related to dietary taboos or restrictions that reduce nutritional intake in children.¹¹

The following text discusses available concepts that provide nurses with constructs and strategies to understand how cultural influences impact mothers' health-seeking behaviors when caring for their stunted children. These concepts can also help design interventions for family caregivers who take care of stunted children based on their culture. However, there needs to be more knowledge about caring and parenting skills in this context. Therefore, improving maternal health literacy is of critical cultural importance in determining a mother's child's health-seeking behavior. This paper describes the primary constructs and research findings related to culture, health-seeking behavior, and maternal health literacy. Additionally, it proposes a new integrated conceptual model that recognizes the influence of culture in seeking behavior and the importance of improving maternal health literacy.

The aims of this review are correlation between maternal health literacy, culture, and health-seeking behavior, particularly about child stunting.

METHODS

Study Design and Narrative Review Approach

This study employed a comprehensive narrative review design, which is particularly suited for synthesizing diverse and heterogeneous literature to develop a coherent understanding of complex phenomena such as maternal health literacy, culture, and health-seeking behavior in relation to child stunting. The narrative review approach allows for an integrative synthesis of qualitative and quantitative studies, theoretical frameworks, and conceptual models, facilitating a broad exploration of the topic beyond the constraints of systematic reviews. This method emphasizes critical engagement with the literature, enabling the identification of thematic patterns, gaps, and emerging concepts relevant to nursing practice and public health.¹² The narrative review was conducted following MacLure's (2005) principles of intertextual connectivity, critique, and dialogic interaction, which involve iterative reading, interpretation, and synthesis of the literature to construct a meaningful narrative that informs nursing knowledge and intervention development.¹²

Data Sources and Search Strategy

A rigorous and systematic search was conducted across multiple electronic databases to ensure comprehensive coverage of relevant literature. The databases searched included CINAHL (Cumulative Index to Nursing and Allied Health Literature), PubMed, Scopus, Web of Science, and the Cochrane Library. These databases were selected for their extensive indexing of nursing, medical, public health, and social science research, ensuring a multidisciplinary perspective on the topic. The search covered publications from January 2009 to December 2023 to capture contemporary evidence and theoretical advancements in maternal health literacy,

culture, and health-seeking behavior related to child stunting.

The search strategy employed a combination of controlled vocabulary (e.g., MeSH terms) and free-text keywords to maximize retrieval sensitivity and specificity. Key search terms included “maternal health literacy,” “culture,” “health-seeking behavior,” “child stunting,” “child malnutrition,” “infant feeding practices,” and “caregiving behavior.” Boolean operators (AND, OR) were used to combine terms effectively, for example: (“maternal health literacy” OR “health literacy”) AND (“culture” OR “cultural beliefs”) AND (“health-seeking behavior” OR “healthcare utilization”) AND (“child stunting” OR “malnutrition”). The search was supplemented by manual screening of reference lists from relevant articles to identify additional pertinent studies not captured in the database search.

Data Extraction and Synthesis

Data extraction was performed systematically using a structured template to capture essential information from each included study. Extracted data elements included study objectives, design, population characteristics, setting, key findings related to maternal health literacy, cultural factors, health-seeking behaviors, and implications for nursing practice. The extraction process was iterative, allowing for refinement of themes and categories as the review progressed.

The synthesis employed narrative techniques to integrate findings across studies, emphasizing thematic analysis and conceptual mapping. This approach facilitated the identification of recurring patterns, contradictions, and gaps in the literature. The synthesis process involved critical appraisal of the methodological rigor and relevance of each study, contextualizing findings within nursing theory and practice. The narrative synthesis aimed to construct a comprehensive

conceptual model that elucidates the interplay between maternal health literacy, culture, and health-seeking behavior in influencing child stunting outcomes.

RESULT

Maternal Health Literacy and Its Impact on Stunting

Maternal Health Literacy (MHL) is defined as the cognitive and social abilities of women to access, understand, and critically evaluate health information, which ultimately supports the promotion and maintenance of their own health and that of their children. Nutbeam’s framework categorizes health literacy into three progressive levels: functional, interactive, and critical health literacy.¹⁶ Functional health literacy encompasses basic knowledge and comprehension of health risks, enabling individuals to follow health instructions but not necessarily fostering autonomy or advanced skills. Interactive health literacy involves more advanced cognitive and social skills that empower individuals to actively seek health information and apply it confidently. Critical health literacy extends beyond individual understanding to include awareness of socio-economic determinants, enabling individuals to navigate and challenge social and economic adversities.¹⁴

The review identified that mothers with limited health literacy often face challenges in understanding the complexities of child nutrition and malnutrition, which can result in inadequate nutritional practices and contribute to stunting.¹⁷ A study conducted in Laos revealed that maternal health literacy scores were significantly higher in urban compared to rural areas, with approximately one-third of mothers experiencing difficulties in accessing, comprehending, evaluating, and applying maternal and child health information. Health professionals were the primary source of maternal and child health information for these mothers.

Furthermore, factors such as maternal education level, household income, maternal health status, and frequency of antenatal care visits were significant predictors of higher maternal health literacy.¹⁸

Cultural Influences on Child Stunting

Culture is a multifaceted construct encompassing shared knowledge, values, customs, laws, and social practices acquired by individuals as members of a community.^{19,20} It includes tangible and intangible elements such as symbols, beliefs, and social norms that shape behaviors and interactions.^{21,22} Anthropologically, culture profoundly influences individuals throughout their lifespan, shaping health behaviors and caregiving practices.

Socio-cultural factors are critical determinants of child growth and development.⁷ Empirical evidence from developing countries indicates that cultural beliefs significantly influence infant feeding practices, particularly the timing and nature of complementary feeding.⁸⁻¹⁰ In Indonesia, cultural factors such as dietary taboos and community beliefs have been implicated in the persistence of high stunting rates by limiting children's nutritional intake.¹¹ These findings underscore the necessity of integrating socio-cultural considerations into interventions aimed at reducing child malnutrition to enhance their effectiveness and sustainability.

Health-Seeking Behavior in the Context of Stunting

Health-seeking behavior refers to the actions undertaken by individuals to maintain or restore health, encompassing a broad spectrum of activities from preventive measures to treatment and rehabilitation.²³ It is widely recognized that mere dissemination of health information is insufficient to induce behavioral change; understanding local attitudes, decision-

making processes, and contextual factors is essential for effective health interventions.²⁴

The literature reveals a paucity of studies linking health-seeking behavior theories directly to child stunting, highlighting a gap in knowledge, particularly within the Indonesian context.²⁵ Most existing research focuses on limited health issues, neglecting the broader spectrum of health behaviors related to child nutrition. A qualitative study in Africa explored parental challenges in seeking healthcare for child growth and development, finding a preference for biomedical treatments as the initial approach, supplemented by traditional medicine practices.²⁶ Women often resorted to self-medication or home remedies instead of utilizing preventive or professional health services. Factors influencing health-seeking behavior included perceived health needs, quality of care, financial constraints, geographic accessibility, gender roles, and cultural health beliefs.²⁷

Intersection of Culture and Health-Seeking Behavior

Conceptual analyses and empirical studies consistently demonstrate that cultural factors exert a significant influence on health-seeking behaviors.²⁸⁻³¹ This review corroborates these findings, defining cultural health-seeking behavior (CHSB) as the culturally influenced actions parents undertake when seeking health services for their children.^{25-27,32,33} Key cultural determinants include the influence of extended family members, particularly grandparents, reliance on traditional medicine and healers, health perceptions, and patterns of healthcare utilization.

Notably, maternal caregiving behaviors for stunted children are often shaped by extended family dynamics, with grandmothers frequently assuming decision-making roles regarding child health.³³ Eley et al. (2019) identified three

primary social and cultural factors influencing healthcare motivation: family, cultural upbringing, and peer relationships. Their study emphasized the pivotal role of social networks in shaping health-seeking behaviors and provided nuanced insights into the varying influences across different social relationships.³³

Indonesia's diverse and cosmopolitan healthcare landscape further complicates health-seeking behaviors. Despite the availability of professional healthcare providers, a substantial proportion of health services are delivered by informal or non-conventional providers, a pattern common in many low- and middle-income countries.³⁴

DISCUSSION

Integrating Maternal Health Literacy, Culture, and Health-Seeking Behavior in Addressing Stunting

The nexus between maternal health literacy, cultural influences, and health-seeking behavior is complex and critically important in understanding and addressing child stunting. While numerous studies have explored health-seeking behavior

during pregnancy, there remains a significant gap in research focusing on how these factors collectively impact child nutrition and growth outcomes.³⁵

Maternal health literacy is a foundational element influencing how mothers interpret and act upon health information related to child nutrition. Enhanced health literacy enables mothers to make informed decisions, engage effectively with healthcare providers, and adopt appropriate caregiving practices. However, this capacity is often moderated by cultural beliefs and social structures that shape health behaviors and caregiving roles.

The influence of extended family, particularly grandmothers, is a salient cultural factor affecting maternal caregiving practices. In many Indonesian communities, grandmothers hold authoritative roles in child-rearing decisions, which can either support or hinder optimal nutritional practices depending on prevailing cultural norms.³³ Understanding these dynamics is essential for nursing professionals aiming to design culturally sensitive interventions that engage not only mothers but also influential family members.

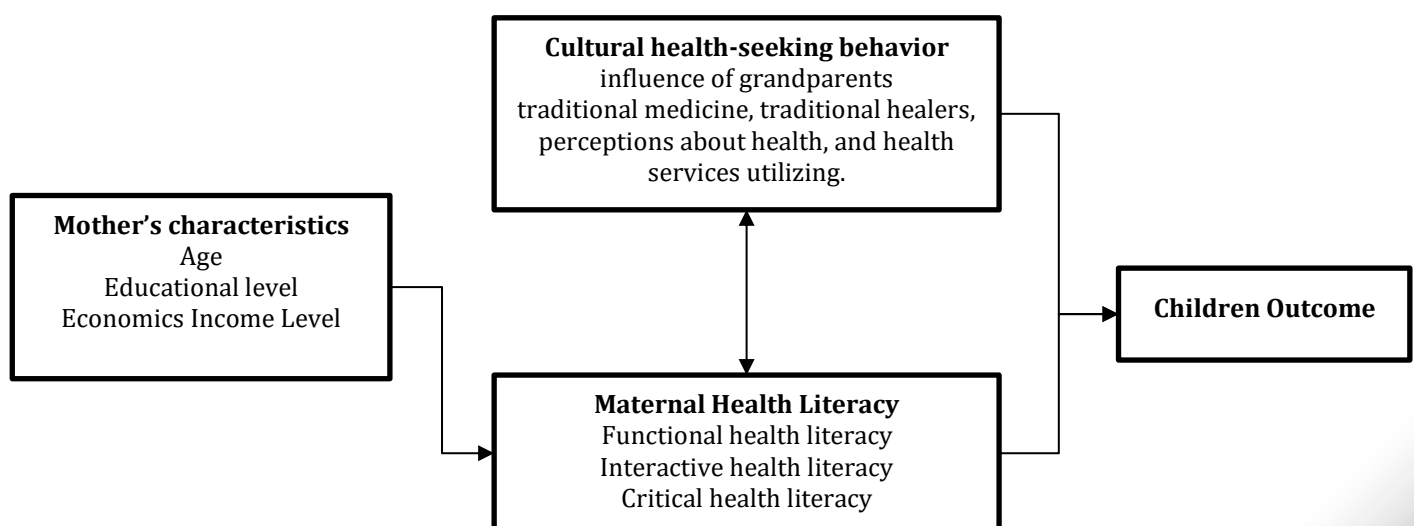


Figure 1
Model of Maternal Health Literacy, Culture and Health-Seeking Behavior Among Mothers of Children with Stunting in Rural

The proposed integrated conceptual model (Fig. 1) synthesizes maternal health literacy, cultural health-seeking behavior, and socio-demographic characteristics to provide a comprehensive framework for understanding the determinants of stunting in rural settings. This model acknowledges the multifactorial nature of stunting and emphasizes the importance of culturally tailored nursing interventions that enhance maternal health literacy while respecting and incorporating cultural values and practices.

Implications for Nursing Practice and Intervention Development

Nursing professionals play a pivotal role in addressing child stunting through culturally competent care and health education. The integrated model underscores the necessity for nurses to assess maternal health literacy levels and cultural contexts to tailor interventions effectively. Strategies may include culturally appropriate health communication, community engagement involving extended family members, and collaboration with traditional health practitioners to bridge gaps between conventional and cultural health practices.

Moreover, interventions should consider socio-economic factors such as maternal education, income, and access to antenatal care, which are significant predictors of maternal health literacy and health-seeking behavior.¹⁸ By addressing these determinants, nursing interventions can be more holistic and impactful.

Challenges and Future Research Directions

Despite the insights provided by this review, challenges remain in operationalizing the integrated model in diverse rural contexts. Variability in cultural practices, health system infrastructure, and socio-economic conditions necessitates adaptable and context-specific approaches. Future research should focus on empirical

validation of the conceptual model, exploring its applicability across different cultural settings and its effectiveness in guiding nursing interventions to reduce stunting.

Additionally, longitudinal studies are needed to examine how improvements in maternal health literacy and culturally informed health-seeking behaviors translate into sustained reductions in child stunting and improved developmental outcomes.

CONCLUSION

A comprehensive conceptual model has the potential to provide valuable guidance for innovative research on the care of stunted children in rural areas. By amalgamating the concepts of culture and health-seeking behavior with maternal health literacy, a more nuanced understanding of the problem of child stunting can be achieved. This understanding, in turn, can lead to developing complementary and supportive interventions to improve maternal health literacy. Furthermore, utilizing this new conceptual model can assist nursing professionals in appreciating the importance of cultural approaches in effecting a change in parental behavior toward caring for stunted children.

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