



HUSBAND'S ROLE IN CARING FOR STUNTED CHILDREN: PATRIARCHAL CULTURE PERSPECTIVE IN KUPANG

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ABSTRACT

Patriarchal culture shapes gender roles in childcare, often restricting fathers' involvement and placing the main caregiving responsibility on mothers. Such conditions may contribute to child health problems, particularly stunting, which remains a significant public health challenge in Indonesia, especially in East Nusa Tenggara. This study aimed to explore husbands' behaviour in caring for children with stunting from the perspective of patriarchal culture in Tarus Village, Kupang Regency. A qualitative exploratory research with an ethnographic approach was conducted through in-depth semi-structured interviews involving eight participants (four husbands and four wives) who met the inclusion criteria. Data were analysed using Interpretative Phenomenological Analysis (IPA). The analysis generated five major themes: (1) dominance of patriarchal culture, (2) limited involvement of husbands, (3) gender-based affection and stimulation, (4) emotional challenges in managing stunting, and (5) hope and resilience. These findings demonstrate how patriarchal norms restrict the father's role and reinforce the mother's primary responsibility in childcare. Patriarchal values significantly influence childcare practices, resulting in minimal paternal involvement in preventing stunting. To address this, gender-sensitive interventions are required, including father-focused training, public awareness campaigns, and family-supportive policies to strengthen paternal roles and reduce stunting prevalence.

Keywords: childcare; husband behaviour; patriarchal culture; qualitative study; stunting

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INTRODUCTION

Stunting remains a major global public health problem that reflects chronic undernutrition during the most critical periods of child development. According to the World Health Organization (WHO), approximately 22% of children under five worldwide were stunted in 2020, equivalent to more than 149 million children. This condition not only represents inadequate nutrition but also broader socio-cultural and economic inequalities.

In Indonesia, stunting has long been recognized as a serious issue affecting human resource development. National surveys indicate a decline in stunting prevalence from 37.2% in 2013 to 21.6% in 2022. Despite this progress, the prevalence remains above the WHO threshold of 20%, signaling the urgent need for sustained interventions. The government has set a national target to reduce stunting prevalence to 14% by 2024, yet disparities across regions remain significant. East Nusa Tenggara (NTT) is among the provinces with the highest stunting prevalence in Indonesia. Data from 2023 indicated that nearly 38% of children under five in NTT experienced stunted growth. Within Kupang Regency, although the prevalence decreased from 22% in 2021 to 13% in 2023, stunting remains a pressing issue that requires comprehensive and culturally sensitive strategies.

Stunting is not only a nutritional disorder but also a multifactorial phenomenon shaped by health systems, socioeconomic conditions, and cultural norms. Children with stunting often suffer long-term consequences such as reduced cognitive development, lower educational attainment, increased susceptibility to infectious diseases, and decreased economic productivity in adulthood. Therefore,

preventing and managing stunting requires both biomedical and socio-cultural approaches. Among the socio-cultural factors, gender roles within patriarchal systems play a critical role in shaping caregiving practices. In many Indonesian communities, including those in NTT, patriarchal culture positions men as breadwinners and women as primary caregivers. This division of roles often results in limited paternal involvement in childcare and health decisions, even though fathers' participation is crucial in promoting optimal child growth.

Patriarchal values influence not only the allocation of responsibilities but also the perception of caregiving. Men are often discouraged from engaging in childcare tasks, as such activities are culturally associated with women. This creates a cycle in which mothers bear the full burden of childcare, while fathers remain detached from direct involvement, despite their potential contributions to nutritional support, emotional care, and decision-making regarding healthcare. The impact of patriarchy on stunting has been documented in several studies. Research in Java and Eastern Indonesia has shown that households adhering to strict patriarchal norms often experience unequal distribution of food resources, prioritizing male family members over women and children. In addition, decision-making power is frequently concentrated in men, which can limit mothers' access to healthcare and nutritional resources for their children.

The role of fathers in childcare is increasingly recognized as an important factor in preventing stunting. Fathers can provide not only financial support but also emotional stability, encouragement for breastfeeding, participation in health check-ups, and shared responsibility for daily childcare tasks. When fathers are actively involved, children are more likely to receive adequate nutrition and health monitoring, which reduces the risk of stunting. However, cultural barriers remain a major obstacle to fathers' involvement. In patriarchal settings such as NTT, fathers who participate in childcare may be perceived as undermining traditional gender roles. This social stigma discourages men from contributing to childcare, reinforcing the cycle of maternal overburden and paternal disengagement. Such barriers need to be addressed through culturally sensitive interventions.

The case of Tarus Village in Kupang Regency illustrates the persistence of patriarchal norms in daily life. Interviews with families have revealed that fathers typically focus on economic activities, while mothers assume full responsibility for childcare and household duties. Even in cases where children are diagnosed with stunting, fathers' contributions are often limited to financial support or general advice, rather than direct engagement in caregiving practices. Understanding husbands' behaviour in caring for children with stunting requires exploring not only individual choices but also the cultural framework that shapes these behaviours. Patriarchy provides the lens through which men and women negotiate their roles within the family. This framework influences fathers' perceptions of their responsibilities and their willingness to engage in childcare.

Exploring paternal behaviour from a patriarchal perspective can shed light on why interventions to reduce stunting often face resistance or limited effectiveness. Programs that do not consider gender dynamics may fail to involve fathers adequately, leaving mothers as the sole actors in childcare. Therefore, analyzing stunting within the context of patriarchy is essential for designing gender-sensitive interventions. Previous interventions in Indonesia have largely focused on maternal education and nutrition programs. While these efforts are important, they may not fully address the structural gender inequalities that limit fathers' involvement. Without engaging men as active partners, the burden of preventing stunting remains disproportionately placed on mothers, potentially undermining program effectiveness.

A culturally grounded approach is needed to address stunting in NTT, where patriarchal norms are deeply embedded in social life. Recognizing the importance of paternal involvement, while addressing cultural barriers, can lead to more holistic and sustainable interventions. This includes promoting father-friendly health services, community-based education programs, and policies that support shared caregiving responsibilities. This study seeks to contribute to the understanding of

stunting by examining husbands' behaviour in childcare from the perspective of patriarchal culture in Tarus Village, Kupang Regency. By analyzing the interplay between cultural norms and caregiving practices, the research aims to provide insights for developing gender-sensitive strategies that can strengthen family resilience and reduce stunting prevalence.

METHOD

This study employed a qualitative exploratory design with an ethnographic approach to explore husbands' behaviour in caring for children with stunting within a patriarchal cultural context. The ethnographic method was chosen to capture cultural meanings, norms, and daily practices that influence paternal roles in childcare. Participants were selected using purposive sampling with predetermined inclusion criteria: (1) families with children diagnosed with stunting, (2) both father and mother living in Tarus Village, (3) willingness to participate in the study, and (4) agreement to provide informed consent. A total of eight participants were recruited, consisting of four husbands and four wives from families with stunted children in Tarus Village who met the criteria. Recruitment was facilitated with the assistance of local health professionals, including nutritionists, midwives, and nurses at the Tarus Primary Health Center.

Data collection was conducted through in-depth interviews using a semi-structured interview guide. The interviews explored paternal roles, caregiving practices, and perceptions related to stunting within the cultural framework of patriarchy. Each interview was recorded using a mobile device with participants' consent, transcribed verbatim, and supplemented by observational notes taken during the sessions. Data analysis followed the Interpretative Phenomenological Analysis (IPA) framework. This involved several steps: repeated reading of transcripts, identification of keywords, development of categories, and formulation of themes and subthemes. The analysis emphasized the participants' lived experiences and cultural interpretations, aiming to uncover patterns and meanings associated with paternal behaviour in the context of stunting. Ethical approval was obtained from the Research Ethics Committee of Universitas Strada Indonesia (No. 0823487/EC/KEPK/I/08/2025). All participants were informed about the objectives, procedures, confidentiality, and voluntary nature of the study before data collection. Written informed consent was obtained from each participant.

RESULT

A total of eight participants were involved in this study, consisting of fathers and mothers from families with stunted children in Tarus Village, Kupang Regency. Respondent characteristics are summarized in Table 1.

Table 1.
Respondent characteristics (n = 8)

Characteristics	f	%
Age (Years)		
25–34	2	25
35–44	4	50
45–54	2	25
Gender		
Male (Husbands)	4	50
Female (Wives)	4	50
Education Level		
Primary School	3	37.5
Secondary School	4	50
Higher Education	1	12.5
Occupation		
Farmer/Fisherman	5	62.5
Housewife	3	37.5

Themes Identified

Dominance of patriarchal culture

Patriarchal norms shaped the division of roles within families. Fathers perceived themselves as decision-makers and providers, while mothers carried full responsibility for childcare.

“Saya pikir tugas saya mencari uang, urus anak itu urusan istri” (P3).

Minimal paternal involvement

Daily childcare activities such as feeding, bathing, and health visits were performed mainly by mothers. Fathers admitted that their role was limited.

“Saya jarang ikut ke posyandu, biasanya istri yang bawa anak” (P5).

Gender-based affection and stimulation

Mothers expressed love through physical closeness, while fathers showed affection in more distant ways.

“Kalau saya lebih sering tanya kabarnya saja, yang peluk dan rawat itu istri” (P2).

Emotional challenges in facing stunting

Families experienced emotional distress when their child was diagnosed with stunting. Fathers felt worry and guilt but often chose silence.

“Awalnya saya kaget, sedih, merasa gagal sebagai orang tua” (P7).

Hope and resilience

Despite cultural and economic barriers, families—especially mothers—demonstrated resilience by using community health services and maintaining optimism.

“Kami tetap berusaha ikut posyandu, walau susah, supaya anak bisa sehat” (P1).

DISCUSSION

This study explored husbands' behaviour in caring for children with stunting within a patriarchal cultural context in Tarus Village, Kupang Regency. The findings revealed five main themes: dominance of patriarchal culture, minimal paternal involvement, gender-based affection and stimulation, emotional challenges, and hope and resilience. These themes highlight how patriarchal values significantly shape caregiving practices and limit fathers' active engagement in child health. The dominance of patriarchal culture was evident in how roles were divided within households. Fathers were expected to function primarily as breadwinners, while childcare was perceived as the responsibility of mothers. This finding is consistent with previous research in Indonesia showing that patriarchal norms reinforce gender-specific roles, leaving mothers to bear the primary burden of childcare and nutrition management (Lestari et al., 2021). Such division of roles may negatively influence stunting prevention, as fathers are less likely to participate in health-related decision-making.

Minimal paternal involvement in daily childcare emerged as a major concern. Husbands tended to contribute financially but rarely participated in direct caregiving activities such as feeding, health monitoring, or attending health services. Studies in other cultural contexts have shown that when fathers actively support maternal nutrition and childcare, the risk of stunting decreases significantly (Yusof et al., 2019). Thus, fathers' disengagement in Kupang families may partly explain the persistence of stunting in the region. Gender-based differences in showing affection and providing stimulation also reflect cultural expectations. Mothers were actively affectionate and involved in nurturing activities, while fathers displayed more distant and indirect forms of care. Research in patriarchal societies has similarly indicated that fathers often underestimate the importance of emotional and physical closeness for child growth and development (Hossain et al., 2020). Limited stimulation from fathers may hinder children's socio-emotional and cognitive development, both of which are crucial to stunting prevention.

Emotional challenges experienced by families further illustrated the psychological burden of raising a stunted child. Fathers often expressed denial, frustration, or resignation when faced with their child's condition. These emotions reflect broader cultural stigma, as stunting may be perceived as a parental failure. Prior studies suggest that stigma and emotional distress can reduce caregivers' motivation to seek health services or maintain consistent feeding practices (Akombi et al., 2017). Despite these challenges, hope and resilience were identified as important themes. Mothers, in particular, demonstrated resilience by seeking support from Posyandu and health professionals. This resilience reflects the adaptive strategies of families under cultural and economic constraints. However, without greater paternal involvement, maternal resilience alone may not be sufficient to prevent or manage stunting effectively. Overall, the findings emphasize that interventions to reduce stunting must address not only nutritional factors but also socio-cultural determinants. Programs that fail to incorporate gender and cultural perspectives may overlook critical barriers to paternal involvement. As suggested by UNICEF (2022), father-inclusive approaches—including health education, community awareness campaigns, and supportive policies—are essential to reducing stunting prevalence in patriarchal societies.

CONCLUSION

Patriarchal culture strongly shapes paternal behaviour in caring for stunted children in Kupang, leading to minimal involvement of fathers in daily childcare and health-related decisions. While mothers carry the primary responsibility, this unequal division of roles contributes to persistent challenges in stunting prevention. Strengthening paternal roles through gender-sensitive interventions, such as father-focused training, public campaigns, and family-friendly policies, is crucial to improving child health outcomes and reducing stunting prevalence.

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