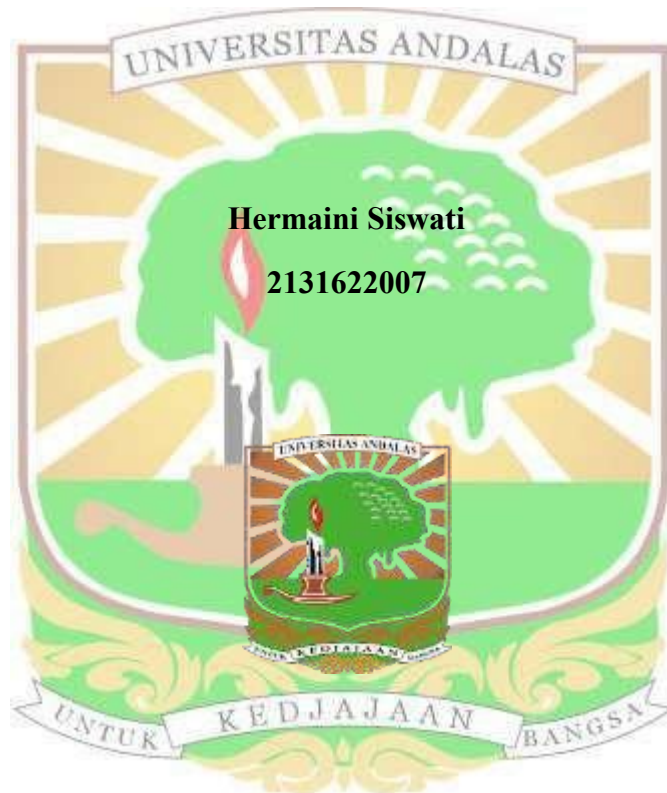


**DUKUNGAN SOSIAL DALAM PENGASUHAN BALITA STUNTING:
SUATU STUDI DI NAGARI TANJUNG, KOTO VII, SIJUNJUNG,
SUMATERA BARAT**

DISERTASI



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**DUKUNGAN SOSIAL DALAM PENGASUHAN BALITA STUNTING:
SUATU STUDI DI NAGARI TANJUNG, KOTO VII, SIJUNJUNG, SUMATERA
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Abstrak

Stunting merupakan masalah multidimensional yang berkaitan dengan gizi, kesehatan, pengasuhan, relasi sosial, kondisi sosial ekonomi, dan lingkungan sosial-budaya keluarga. Penelitian ini bertujuan mengidentifikasi bentuk dan sumber dukungan sosial yang diterima pengasuh balita stunting, menganalisis hubungannya dengan praktik pengasuhan, serta menjelaskan mekanisme relasional dukungan sosial dalam pengasuhan balita stunting di Nagari Tanjung, Kabupaten Sijunjung, Sumatera Barat. Penelitian menggunakan pendekatan *mixed methods* dengan desain *Sequential Explanatory*. Tahap kuantitatif melibatkan 47 pengasuh utama dan dianalisis menggunakan uji *Chi-Square* dan *Odds Ratio* (OR). Tahap kualitatif dilakukan melalui wawancara mendalam, observasi, dan dokumentasi, kemudian dianalisis secara tematik. Kedua jenis data diintegrasikan melalui *connecting, merging, joint display*, dan *meta-inference*. Temuan menunjukkan bahwa pengasuh utama didominasi ibu kandung, yaitu 45 dari 47 pengasuh. Pola pengasuhan cenderung berpusat pada ibu dan keluarga inti, tetapi tetap melibatkan keluarga luas dalam tingkat yang berbeda. Dalam konteks Minangkabau, kondisi ini lebih tepat dipahami sebagai transformasi pola pengasuhan, bukan penyimpangan dari pola tradisional. Praktik pengasuhan berada pada kategori baik pada 85,1% pengasuh. Dukungan keluarga berhubungan secara bermakna dengan praktik pengasuhan (OR = 10,000; p = 0,019), demikian pula dukungan tenaga kesehatan dan kader Posyandu (OR = 9,250; p = 0,049), sedangkan dukungan komunitas dan pemerintah tidak menunjukkan hubungan yang bermakna secara statistik. Temuan terintegrasi menunjukkan bahwa masalah utama dukungan sosial bukan ketiadaan sumber dukungan, melainkan kesenjangan antara ketersediaan sumber daya dukungan dan aktualisasinya dalam kehidupan pengasuh. Integrasi temuan menghasilkan lima kualitas relasional, yaitu kedekatan, kepercayaan, empati, interaksi berulang, dan pendampingan kontekstual. Berdasarkan temuan tersebut dirumuskan Mekanisme Relasional Dukungan Sosial (MRDS) sebagai model konseptual yang menjelaskan bagaimana dukungan dari berbagai sumber dapat hadir, diterima, dimaknai, dan digunakan dalam praktik pengasuhan. MRDS tidak merupakan model kausal atau mediasi statistik yang telah diuji. Implikasi penelitian adalah perlunya penguatan keterlibatan keluarga, pendampingan tenaga kesehatan dan kader Posyandu yang lebih berkelanjutan dan kontekstual, penguatan peran komunitas, koordinasi antarpemberi dukungan, serta pendampingan keluarga berbasis kebutuhan dan konteks.

Kata kunci: dukungan sosial; pengasuhan balita stunting; mekanisme relasional; kualitas relasional; keluarga *saparuik*.

SOCIAL SUPPORT IN THE PARENTING OF STUNTING TODDLERS: A STUDY IN TANJUNG NAGARI, KOTO VII, SIJUNJUNG, WEST SUMATRA

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Abstract

Stunting is a multidimensional problem associated with nutrition, health, caregiving, social relationships, socioeconomic conditions, and the sociocultural environment of families. This study aimed to identify the forms and sources of social support received by caregivers of stunted children under five, analyze their relationship with caregiving practices, and explain the relational mechanism of social support in caregiving in Nagari Tanjung, Sijunjung Regency, West Sumatra. The study employed a *mixed methods* approach with a *Sequential Explanatory* design. The quantitative phase involved 47 primary caregivers and was analyzed using the *Chi-Square* test and *Odds Ratio* (OR). The qualitative phase consisted of in-depth interviews, observation, and documentation, followed by thematic analysis. The two strands of data were integrated through *connecting, merging, joint display, and meta-inference*. The findings showed that primary caregivers were predominantly biological mothers, accounting for 45 of the 47 caregivers. Caregiving tended to be centered on mothers and the nuclear family, while extended family members remained involved to varying degrees. In the Minangkabau context, this pattern is better understood as a transformation of caregiving practices rather than a deviation from traditional family patterns. Caregiving practices were categorized as good among 85.1% of caregivers. Family support was significantly associated with caregiving practices (OR = 10.000; $p = 0.019$), as was support from healthcare workers and Posyandu cadres (OR = 9.250; $p = 0.049$), whereas community and government support were not significantly associated with caregiving practices. The integrated findings indicate that the main issue is not the absence of social support sources, but the gap between the availability of support resources and their actualization in caregivers' everyday lives. The integration of findings generated five relational qualities: proximity, trust, empathy, repeated interaction, and contextualized accompaniment. Based on these findings, the Relational Mechanism of Social Support (RMSS) was formulated as a conceptual model explaining how support from various sources becomes present, accepted, interpreted, and used in caregiving practices. RMSS is not a causal model or a statistically tested mediation model. The study implies the need to strengthen family involvement, promote more sustained and contextualized accompaniment by healthcare workers and Posyandu cadres, strengthen community involvement, improve coordination among support providers, and develop family accompaniment based on needs and context.

Keywords: social support; caregiving of stunted children under five; relational mechanism; relational qualities; *saparuik* family.