Jurnal Ilmiah Keperawatan Stikes Hang Tuah Surabaya
P-ISSN 2085-3742 | E-ISSN 2598-1021
http://journal.stikeshangtuah-sby.ac.id/index.php/JIKSHT/article/view/401

LITERATURE ARTICLE

A Literature Review: The Relationship of Family Resilience with The Incidence of Stunting in Children

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ARTICLE INFORMATION

Article history
Received (13th, December 2024)
Revised (13th, January 2025)
Accepted (10th, April 2025)

Keywords
Family Resilience; Family Role; Food; Stunting

ABSTRACT

Introduction: *family is the factor that influences the growth of children in a family. Stunting is a condition that must be of special concern because it can resistor the physical development and mental of children. The family's role and function in increasing family resilience is very needed in the compliance nutritional status of children under five.* ***Objectives:*** *The aim of this study was to see the relationship between family resilience and the incidence of stunting in children.* ***Methods:*** *This study used a literature review method, and the literature search procedure was conducted using databases such as PubMed and Google Scholar. Keywords included "family resilience," "family role," "family function," "stunting," "malnutrition," and "food security." Inclusion criteria covered peer-reviewed quantitative studies (cross-sectional, case-control, cohort) published between 2016–2021 in English or Indonesian, with full-text availability. Exclusion criteria included non-full-text articles, narrative reviews, case reports, and unrelated topics.* ***Results*** *8 journals sorted by research topic. 2 journals discuss the role of family and family support on nutritional status related to stunting and 6 journals discuss food security related to stunting. The findings indicate that multiple aspects of family resilience, including family roles, food security, parenting, and dietary diversity, play a crucial role in preventing stunting.* ***Conclusions:*** *From this study it was concluded that there was a relationship between family resilience with stunting in children.*

Jurnal Ilmiah Keperawatan is a peer-reviewed journal published by Sekolah Tinggi Ilmu Kesehatan Hang Tuah Surabaya (STIKES Hang Tuah Surabaya)

Website: http://journal.stikeshangtuah-sby.ac.id/index.php/JIKSHT
E-mail: jurnalilmiahkeperawatan.sht@gmail.com / jik.sht@stikeshangtuah-sby.ac.id

Introduction

Malnutrition is a multi-factorial condition largely associated with poor diet or severe and recurrent infections, especially in underprivileged populations. Among the forms of malnutrition are stunting, overweight, and wasting (Rahut et al., 2024). Of the three forms of malnutrition, currently, the most common nutritional problem experienced by children under five in the world is stunting. Globally, there are around 149 million children in the world who are stunted. In 2018, more than half of the world's stunted toddlers came from the Asian continent (81.7 million cases), while more than a third lived in Africa (58.8 million cases). Based on data from the World Health Organization (WHO), Indonesia has the third highest prevalence of stunting in Southeast Asia, with an average prevalence from 2005-2017 of 36.4%. However, in 2019, this figure decreased to 27.67%. Despite the decrease in prevalence, stunting in Indonesia is still a serious problem because the prevalence rate is still above 20%, which means it has not reached the WHO target of below 20% (Teja, 2019; Unicef/ WHO/The World Bank, 2019)

Stunting is defined by the World Health Organization (WHO) as a condition where children experience growth retardation due to poor diet or recurrent infections and are at great

risk of illness and death. Stunting is also defined as a condition where toddlers have a length or height less than their age. This condition is measured by length or height according to age (TB/U), which is less than –2 standard deviations (SD) based on WHO child growth standards (World Health Organization, 2019). Toddlers who experience stunting in the future will experience difficulties in achieving optimal physical and cognitive development. The devastating effects of stunting can last a lifetime and can even affect the next generation (Unicef/ WHO/The World Bank, 2019)

Based on data from the United Nations Children's Fund (UNICEF), the causes of stunting can be categorised into three causes, namely basic causes, underlying causes, and immediate causes (UNICEF, 2021). Direct and indirect factors can influence children's nutritional status. Direct factors include food, infectious diseases, and child characteristics (male gender, low birth weight (LBW), food consumption). Education, knowledge, maternal attitudes, and family economic status, as well as low birth weight have a relationship with the incidence of stunting in children under five (Swarjana & Kartika, 2022). Meanwhile, indirect factors are related to parenting patterns, not exclusive breastfeeding, health services, and family characteristics (parents' occupation, education and economic status) (Vonaesch et al., 2017). All causes of stunting are interrelated and provide a significant influence or determination (Schultink, 2015) . The parental pattern had correlations with the malnutrition occurrence, especially concerning nutrition, breast milk, immunization, and cleanliness (Aini & Marenda, 2021).

Furthermore, stunting can also affect a person's dental and oral health. Dental and oral health is an important part of a healthy body, so it plays an active role in determining a person's health status (Baiju, 2017). A person with a healthy body will have healthy teeth and mouth. Stunting in toddlers can cause various problems, including the condition of the teeth and mouth; for example, it can affect the eruption time of primary teeth and increase the risk of dental caries (Abdat, 2019). Apart from being caused by chronic malnutrition, stunting is also caused by infectious diseases suffered for a long time, which can cause a decrease in appetite, which is related to the occurrence of dental caries. Dental caries causes pain, which interferes with chewing function and affects a person's nutritional status. If a toddler's nutritional status is disturbed, they will be at risk of stunting. Nutrition plays an important role in developing and defending oral health, especially the teeth and gums (Hamrun & Rathi, 2009). In people with dental caries, there is often a disruption in food intake, which is a factor causing a lack of nutrition, which can reduce the body's biological function or malnutrition. Many studies have been conducted to determine the relationship between dental and oral health, including dental caries, and the occurrence of stunting or nutritional problems and the results of these studies found a significant relationship between the occurrence of dental caries and stunting in children (Busman et al., 2018; Maulidah et al., 2019; Rahman et al., 2016)

Family is one of the factors that influences the growth patterns of children and toddlers in a family. Most children who suffer from stunting come from families with low purchasing power, poor housing conditions, no provision of clean water that meets health requirements, low parental education and unfavourable attitudes and habits (Bella et al., 2020). So, to avoid this happening in the family, family resilience is needed, which means the family can use the resources it has to achieve family independence and prosperity. According to Law No. 10 of 1992, family resilience is a dynamic condition of a family that has tenacity and toughness and contains material, physical and mental spiritual abilities to live independently, develop oneself and one's family to achieve a state of harmony in improving physical and spiritual well-being (Ministry of Women Empowerment and Child Protection, 2016). Meanwhile, family resilience is related to the family's ability to manage the problems they face based on the resources they have to meet their family's needs, which are measured using a systems approach that includes input components (physical and non-physical resources), processes (family management, family problems, coping mechanisms) and output (fulfilment of physical and psychosocial needs) (Dasril & Annita, 2019; Musfiroh et al., 2019).

Based on The Ministry of Women's Empowerment and Child Protection Number 6 of 2013 concerning the Implementation of Family Development, it is stated that the concept of family resilience and welfare will have a high level of resilience if it fulfils several aspects, including (1) Foundations of Legality and Family Integrity, (2) Physical Resilience, related to prevention and handling the problem of stunting with adequate food, adequate nutrition and maintaining family health, (3) Economic resilience, related to the family's material capabilities and family economic resilience in overcoming economic problems to prevent and handle stunting, (4) Social-psychological resilience, related to the role of the family in society which has an important role as a place for mothers and children to socialise positively, including parenting patterns related to nutrition and nutrition for children and pregnant women, and (5) Socio-cultural resilience, related to the use of social facilities for monitoring health and values. Family cultural values related to nutrition and health maintenance to prevent stunting. The existence of a good and optimal family resilience pattern or concept can make families more prepared and stronger in resolving the problems and difficulties they face. Of the five aspects of family resilience explained previously, physical resilience variables and indicators are fundamental in building physical resilience related to adequate food and nutritional adequacy and maintaining family health. Good nutritional status is determined by the amount of food consumed and nutritional adequacy. Families with strong physical resilience will become pillars in preventing various nutritional problems, such as stunting (Ministry of Women Empowerment and Child Protection, 2016; Rahayuwati et al., 2020)

An important factor in preventing malnutrition in toddlers is the family. Family participation and functioning in increasing family resilience are necessary in fulfilling the nutritional status of children under five. The existence of family support in providing nutritious food and the socio-economic level of the family greatly determines the nutritional status of children and children's health problems, which cannot be separated from the role of parents in the family. Based on the explanation above, this research aimed to see the relationship between family resilience and the incidence of stunting in children.

Methods

The inclusion criteria used in this study were: 1) a journal that discusses the topic of family resilience related to family participation regarding the nutritional status of toddlers and stunting in children, which includes food security; 2). Journals published in the last five years (from 2016-2021); 3). Articles in the form of quantitative study designs, such as cross-sectional studies, case-control studies, and cohort studies; 4). Journal in English and Indonesian; 5). Journal with full-text presentation.

Furthermore, the exclusion criteria in this study consisted of: 1). Journals that are not available in full-text presentation form; 2). Journals in the form of narrative reviews, case reports and case series, because based on the level of evidence pyramid, these three are at the lowest level; and 3). Journals that do not study research topics.

Article Search and Selection

The articles or journals used in this literature review research were obtained through international journal provider databases, namely PubMed and national journals via Google Scholar. In research using the PubMed database, keywords according to MESH (Medical Subject Heading) are used, which are then added with the boolean operators "AND" and "OR". The keywords used are "family resilience", "family role", "family function", and also "stunting" and "malnutrition". Apart from that, the keyword "food security" was also added. Meanwhile, journal searches on the Google Scholar database used the keywords "family resilience", "family role", "family function", and "stunting", as well as "malnutrition" and "nutritional status". Studies published within the year range of 2016-2021, ensuring the review reflects recent findings on the relationship between family resilience and stunting.

Data Extraction and Synthesis

There were 24.089 articles found using the PubMed and Google Scholar databases. Then, from those articles or articles found, the selection was conducted based on the inclusion and exclusion criteria, and 917 articles were selected. Furthermore, screening was applied to those articles by reading the related title, the research topic, and the abstract and full text of the articles. Of 917 articles, only 8 met the inclusion criteria of the study. In the end, four articles from PubMed were found, and the other four from Google Scholar have gained Sinta accreditation.

The data were taken from each selected article, including the title, the author and years of publication, country, methods, results, and the research conclusions summarised and presented in a table. Then, the data synthesis in the form of narrative synthesis prioritises the use of words and texts to summarise and explain the findings (Campbell et al., 2020).

Results

The results of searching for research articles or journals using the PubMed and Google Scholar search databases found 24,089 journals. Then, the search results for these journals were selected based on inclusion and exclusion criteria, and 917 journal findings were obtained. Next, the journals found are selected again by screening the titles related to the research topic and the journal's abstract and full text. Thus, the final search results obtained eight journals consisting of 4 journals from a PubMed search and four journals from a Google Scholar search that were accredited by Sinta (see Table 1)

Table 1. List of articles from PubMed and Google Scholar searches

Title	Author (Years of Publication)	Research Country	Research Method	Finding	Conclusion
The Family Role and the Dietary Pattern of Stunted Toddler	Wiliyanarti et al. (2020)	Indonesia	*Cross-sectional*	The family role towards stunted toddlersis 48,8% and toddlers with dietary patterns are more minor than 44,2%.	There is a relationship between the family role and the dietary pattern of stunted toddlers.
The Study of Nutritional Status of Children Based on the parenting and the Family Support.	Suharmanto et al. (2021)	Indonesia	*Cross-sectional*	Toddlers with a thin and fat nutritional status are more likely to happen to toddlers with bad family support.	There is a relationship between parenting and family support with the nutritional status of the toddlers.
The Relationship between the Food Security and Diarrhea with Stunting on Children Aged 13-48 Months in Subdistrict of	Safitri & Nindya (2017)	Indonesia	*Cross-sectional*	30,9% of toddlers experience stunting, and 61,8% are in a state of household food insecurity.	There is a relationship between food security and stunted toddlers aged 13- 48 months.

Manyar Sabrangan, Surabaya					
The Household Food Security of Stunted Children Aged 6-23 Months in Wilangan, Nganjuk Regency	(Fadzila & Tertiyus, 2019)	Indonesia	*Case-control*	Non-stunting children in the households with good food security 75,0% and stunting children in the families with bad food insecurity 41,7%.	There is a relationship between food security with the occurrence of stuntingin children.
The Relationship Between Agricultural Biodiversity, Dietary Diversity, Household Food Security, and Stunting of Children in Rural Kenya	M'Kaibi et al. (2017a)	Kenya	*Cross-sectional*	The prevalence of stunting *is* from 26,3% to 34,7%. The average score of the food biodiversity, household food insecurity is2,9 to 3,7 and 9,3 to 16,2, and the agricultural biodiversity is 6,6 to 7,2 items.	Household food security and agricultural biodiversity play an essential role in determining the level of stunting in children aged 24-59 months.
Stunting, Dietary Diversity, and Household Food Insecurity among Children under 5 Years in Ethnic Communities of Northern Thailand	Roesler et al. (2019a)	Thailand	*Cross-sectional*	The number of stunted children is less likely to meet the diversity of foods and drinks than the non-stunted children are63%:82%.	Stunting happens to children under five years old, and some of them show the diversity of destructive dietary patterns. However, the most severe stunting occurs in the household with the most minor asset.
Household Food Insecurity as a Predictor of Stunted Children and Overweight/ Obese	Mahmudiono et al. (2018a)	Indonesia	*Cross-sectional*	The prevalence of stunted children in Surabaya is 36,4%, household food security is	There is a relationship between malnutrition and food insecurity.

Mothers (SCOWT) in Urban Indonesia				42%.	
Moderate and Severe Household Food Insecurity Predicts Stunting and Severe Stunting among Rwanda Children Aged 6–59 Months Residing in Gicumbi District	Agho et al. (2019)	Rwanda	*Cross-sectional*	Children who come from families with medium household food insecurity have a probability of 2,47 times bigger to experience severe stunting.	There is a correlation between household food insecurity with the occurrence of stunting

As shown in Table 1, eight articles are found; two articles each discuss the family role and support on nutritional status, which is related to stunting. The other six articles discuss food security, also related to stunting. The research for those articles was done in different years and countries.Five articles were done in Indonesia, whereas the other three were done in Kenya, Thailand, and Rwanda. The majority of the articles use cross sectional research, and only one article uses a case-control study.

The relationship between family resilience and the incidence of stunting in children is influenced by various factors, including family roles, parenting support, food security, and dietary diversity. Wiliyanarti et al. (2020) found a significant association between family roles and dietary patterns in stunted toddlers, where families with greater involvement in meal planning and feeding practices had children with better dietary intake. Similarly, Suharmanto et al. (2021) reported that toddlers with poor family support and inadequate parenting were more likely to experience malnutrition, highlighting the critical role of family involvement in ensuring proper child nutrition.

Household food security was also identified as a key determinant of stunting. Studies by Safitri & Nindya (2017), Fadzila and Tertiyus (2019), and Agho et al. (2019) revealed that children from food-insecure households had a significantly higher prevalence of stunting. This suggests that food security plays a fundamental role in child growth and development. Additionally, dietary diversity and agricultural biodiversity were found to be important factors in reducing stunting. Research from Roesler et al. (2019) and M'Kaibi et al. (2017) indicated that households with limited dietary and agricultural diversity had restricted access to nutritious foods, which increased the risk of stunting.

Discussion

This section should discuss the implications of the findings in the context of existing research and highlight the limitations of the study. This article is a research article that uses the literature review method in its research process. In this article, there were eight journals found based on research topics related to family resilience and the occurrence of stunting in children. 2 journal findings each discuss the role of the family and family support for children's nutritional status related to stunting and 6 articles discuss food security with the occurrence of stunting.

Growth disorders that commonly occur in children, especially children under five years, are short stature or stunting. Stunting is a condition that requires special attention because it can

hinder a child's physical and mental development. So, to avoid this, it is necessary to strengthen family resilience in preventing and handling stunting, especially during the 1000 HPK (First Day of Life), by increasing family participation (Rahmadiyah et al., 2024). Family participation and functioning in increasing family resilience is necessary, including in fulfilling the nutritional status of children under five. Families are tasked with forming healthy and quality human resources free from stunting through developing family resilience and welfare based on eight family functions (religious, socio-cultural, love and affection, protection, social education, economics, reproduction, and environmental Conservation). The task or function of the family as a social system is related to achieving goals, integrity and solidarity, as well as patterns of continuity or maintenance of the family so that the system runs properly (Kementerian Koordinator Bidang Kesejahteraan Rakyat, 2013; Rahayuwati et al., 2020)

According to Friedman, roles are based on prescriptions and expectations. These roles explain how individuals must do something in certain conditions and situations to fulfil their expectations or other people's expectations regarding these roles. (Wiliyanarti et al., 2020) The role of the family towards toddlers is a process of interaction between parents and children, which includes the role of parents in implementing daily habits such as parenting, cleanliness, and obtaining health services. The role of the family is also very influential on children who experience stunting, especially in the toddler's eating patterns. Research conducted by Wiliyanarti et al. (2020) stated that the role of the family in the diet of toddlers who experience stunting is interconnected because most of the families in the study still needed to monitor their toddlers' diet regarding adequate food intake. Preventing stunting is related to the role of the family, where a good family role will be the basis for preparing a healthy lifestyle for toddlers to avoid various diseases (Qolbi et al., 2020)

A good family role can also be formed by family support. Family support for nutritional status shows a relationship between family support and the nutritional status of toddlers (Suharmanto et al., 2021). This research is in line with Latifah et al. (2018), who state that there is a significant relationship between family support and the nutritional status of toddlers. The more optimal the family support, the better the nutritional status of toddlers, and vice versa; the less family support given, the worse the nutritional status of toddlers. Families need to pay attention and fulfil the need for balanced nutritional intake for children under five by providing support. Family support and roles are important in meeting children's nutritional needs. Providing nutritious food according to needs is one of the efforts families can make to improve children's nutritional status. Family support is an internal function of the family. A family with a less supportive environment will cause a child to be more vulnerable to health problems, including stunting (Sa'diyah & Sari, 2020)

Stunting is the most common nutritional problem found in children in Indonesia, which can hinder children's development. Toddlers, as part of the family, are very dependent on family food consumption in consuming food. Malnutrition in family food consumption can cause a lack of nutritional intake in toddlers, the impact of which will extend to the child growing up. So, efforts are needed to deal with stunting, one of which is strengthening family food security. Family food security is part of family resilience. Family resilience will have a high level of resilience if it includes physical, economic, social-psychological, and socio-cultural resilience. Food security is based on physical resilience. The definition of food security or food security according to Law Number 7 of 1996 concerning food explains that food security is a condition of fulfilling food for households, which is reflected in the availability of sufficient food, both in quantity and quality, safe, equitable and also affordable (Arida et al., 2015; Rahayuwati et al., 2020)

The existence of a relationship between family food security and the incidence of stunting in toddlers (Safitri & Nindya, 2017). Most food-secure families have non-stunted toddlers, while food-insecure families with severe hunger mostly have stunted toddlers. Research conducted by Fadzila & Tertiyus (2019) also states that there is a relationship between household food security and the occurrence of stunting. Most of the toddlers in the study who were not stunted were in food-secure households, and the stunted toddlers were in food-insecure households. Household

food security is also influenced by many factors, such as (physical) land ownership supported by a suitable climate and human resources (HR). This is supported by research by Roesler et al. (2019b) which explains that children who live in households with the least assets or land have a high prevalence of stunting.

Another factor that influences household food security is agricultural policy, which also determines whether production actors or markets provide sufficient food (Arida et al., 2015). The role of the family is very important in providing and selecting food menus from when the mother is pregnant until childhood (Rahayuwati et al., 2020). Food diversity also needs attention because it illustrates the quality of food toddlers consume. M'Kaibi et al. (2017b) explain that household food security and agricultural biodiversity play an important role in determining the level of stunting in children aged 24-59 months. Additionally, research conducted by Altare, Delbiso, Mutwiri, Kopplow, & Guha-Sapir (2016) in Tanzania also explains that children from households that consume five or more food groups can have a lower chance of stunting.

Good food security is a top development priority in Indonesia. As one of the countries committed to reducing poverty, Indonesia has made various efforts to support the achievement of this agreement. Poverty reduction efforts that increase household access to food will greatly improve health and productivity (Rahayuwati et al., 2020). However, on the other hand, food and nutrition insecurity is closely related to the quality of human resources. According to the Food Security Agency, as explained in the literature, food insecurity is defined as food insufficiency experienced by a region, community, or household at a certain time to meet the standard physiological needs for growth and public health (Purwantini, 2016). Literature also reveals that food insecurity will lead to nutritional insecurity, so if food insecurity occurs, there will be a risk of malnutrition. Malnutrition is significantly related to food insecurity (Mahmudiono, Nindya, Andrias, Megatsari, & Rosenkranz, 2018b). This is in line with Agho et al. (2019), which states that there is a relationship between household food insecurity and the incidence of stunting. Children from households with moderate food insecurity are 2.47 times more likely to experience severe stunting, while children from households with severe food insecurity are more likely to be severely stunted compared to children aged 6-59 months from households with food security (Agho et al., 2019). Given the strong link between food insecurity and stunting, comprehensive interventions are needed to address this issue. One of the long-term approaches that can be implemented is family education by healthcare workers. By providing proper education, families can improve their knowledge of nutrition and adopt better feeding practices, ultimately helping to prevent stunting (Sastria et al., 2019).

Conclussion

Family resilience manifests the family's role, including food security. Family resilience contributes to the incidence of stunting and children's nutritional status. Family resilience will have a high level of resilience if it includes physical, economic, social-psychological, and socio-cultural resilience. Within family resilience, food security is part of physical resilience because it is related to adequate food and nutrition. Food consumption is closely related to nutritional problems. Stunting is a nutritional problem that can hinder a child's development, the impact of which will reach when the child grows up. So, efforts are needed to deal with the nutritional problem of stunting by strengthening family food security and avoiding food insecurity. Toddlers who are part of the family are very dependent on the family's food consumption in consuming their food because if there is a situation of food insecurity in toddlers, it will lead to nutritional vulnerability, which will risk causing malnutrition. So, this research concludes that there is a relationship between family resilience and the occurrence of stunting in children.

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