THE INFLUENCE OF FAMILY SOCIO-ECONOMICS AND SOCIAL SUPPORT FROM THE FAMILY SUPPORT TEAM ON STUNTING
(Cases in Families at Risk of Stunting in Purwadadi District, Ciamis Regency, 2024)

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ABSTRACT

The problem of stunting which a part of the double burden of malnutrition has a very detrimental impact both in terms of health and economic productivity. The causes of stunting are divided into specific factors and sensitive factors. Sensitive factors that are considered to have an influence on the incidence of stunting are the family's socio-economic and also the social support provided by the family support team who have an important role in efforts to prevent stunting. The socio-economic factors that influence the incidence of stunting in risk of stunting families in Purwadadi District are the level of education from the parents, family income level, participation in family planning programs as a contraception acceptor and the number of children in the family. All forms of social support provided by the family support team in the form of informational, instrumental, emotional, appreciation and friendship/social integration support have an influence on the incidence of stunting in families at risk of stunting in Purwadadi District. The social support from the family support team on stunting that has the most dominant influence on the incidence of stunting in families at risk of stunting in Purwadadi District was informational support and friendship/social integration support.

Keywords: Family Socio-Economic; Family Support Team; Social Support; Stunting.

INTRODUCTION

In the framework of developing the quality of human resources, the problem of stunting which is one part of the double burden of malnutrition has a very detrimental impact both in terms of health and economic productivity and in the short and long term. Stunting has an impact on child development. In the short term, stunting is related to the development of brain cells which will eventually cause the level of intelligence to be suboptimal, this means that children's cognitive abilities in the long term will be lower and ultimately reduce productivity and inhibit economic growth (BKKBN, 2021). Presidential Regulation Number 72 of 2021 concerning the acceleration of stunting reduction explains that stunting is a disorder of child growth and development due to chronic malnutrition and repeated infections which is characterized by the length or height of the child's body being below the standard set by the minister who handles government affairs in the health sector. Currently, the prevalence of stunting tends to fluctuate from year to year, increasing from 35.6 percent in 2007, 36.8 percent in 2010, 37.2 percent in 2013 and starting to decline to 30.8 percent in 2018 and again decreasing to 27.7 percent in 2019 and 24.4 percent in 2021. The prevalence of stunting in 2023 is 21.5 percent, only decreasing by 0.1 percent from the previous year, which was 21.6 percent in 2022. The wide disparity between provinces and the still quite slow average decline are challenges in the framework of accelerating the reduction of stunting to 14 percent in 2024. The prevalence of stunting in Ciamis Regency increased from 18.6 percent in 2022 to 25.4 percent in 2023 based on the results of a national nutritional health survey. Meanwhile, the prevalence of stunting in 2023 was 1.1 percent of the total number of toddlers measured in Purwadadi District.

The stunting reduction acceleration program is any effort that includes specific interventions, namely interventions to address the direct causes of stunting and sensitive interventions, namely interventions implemented on the indirect causes of stunting. Efforts to accelerate the reduction of stunting are carried out through family assistance to target risk of stunting families. Family assistance is a series of activities that include counseling, facilitation of referral services and facilitation of the provision of social assistance which aims to increase access to information and services to risk of stunting families such as pregnant women, postpartum mothers, children aged 0-59 months, and all prospective brides/prospective couples of fertile age through 3 months of pre-marital assistance as part of marriage services for early detection of stunting risk factors and making efforts to minimize or prevent the influence of stunting risk factors (BKKBN, 2023).

Family assistance activities in an effort to accelerate stunting reduction are carried out by the Family support team. The family support team was a group of personnel formed and consisting of midwives, empowerment and family welfare cadres and family planning cadres to carry out assistance including counseling, facilitating referral services and facilitating the receipt of social assistance programs for prospective brides/prospective couples of fertile age, pregnant women, postpartum mothers, children aged 0-59 months and conducting surveillance of risk of stunting families to detect early risk factors for stunting. In various conditions, the composition of the family assistance team can be adjusted by collaborating with midwives from other villages/sub-districts or involving nurses or other health workers.

According to Notoatmodjo (2010), the socio-economic status of the family such as the level of family income, education level and type of parents' work, as well as cultural aspects have implications or are related to a person's health status or degree. The growth and development of children in a family are influenced by the type of work or income level of the parents, the level of education of the parents, the number of children in a family, and cultural factors in the family's consumption behavior habits (Soetjiningsih, 2014). Family socioeconomic factors such as parental education level, family income level, and availability of food for consumption by the family have an influence on the occurrence of stunting in children. The availability of food for consumption is the level of a family's ability to meet the need for adequate food consumption in terms of quality, quantity, and safety of the food consumed. Lack of sufficient nutrients in the food consumed by children increases the risk of children experiencing stunting (Adriani, 2017).

The factors that play a role in determining a person's health status are socioeconomic levels. Various socioeconomic factors of the family also influence the growth of the child. These socioeconomic factors of the family include: parental age, education, occupation, and family income. These factors will affect the pattern of parenting and nutritional fulfillment in children. The socioeconomic picture of the family of stunted children that will be described in this study includes parental age, education level, employment status, family income, family planning participation and the number of children in the family.

In addition to family socio-economics, social support from the community provided by the family support team was considered to have an influence on health problems, including the occurrence of stunting cases in children. Community support refers to social support that is viewed by community members as something that is accessible or available to community members who are viewed as supportive people who are always ready to provide help and assistance when needed. Support for individuals as family and community members refers to the comfort, attention, appreciation, or assistance provided by other people or groups/social communities to individuals (Friedman, 2016). Community social support that can be given to individuals or families who are part of the community includes informational support, emotional support, instrumental support, emotional support, assessment/appreciation support and friendship/social integration support (Sarafino, 2016).

Based on this introduction, this research discusses the influence socio-economic include of age, education level, employment status, family income level, family planning participation and number of children and social support from the family support team includes informational

support, instrumental support, emotional/esteem support, appraisal support and companionship support on the incidence of stunting in families at risk of stunting in Purwadadi District, Ciamis Regency.

METHOD

This research was an analytical survey using quantitative methods with a cross-sectional design conducted in Purwadadi District in the period March - May 2024. Respondents in this research were families at risk of stunting in Purwadadi District with a population of 420 families with a sample of 50 research respondents. To obtain the required data, the technique used is filling out a questionnaire by asking respondents directly for answers to questions in the questionnaire through interviews. Researchers meet respondents directly to provide questions in the questionnaire. The author asks the respondents' willingness to be able to answer questions in the questionnaire truthfully, if the respondents are willing then the data collection process can be carried out. Data processing was carried out using computer statistics applications. Data analysis was conducted using univariate analysis through frequency distribution tables and bivariate analysis using the chi-square test.

RESULTS AND DISCUSSION

Table 1 Overview of Stunting Incidents in Purwadadi District.

Stunting Incident	Amount (n)	Percentage (%)
Stunting	19	38
No Stunting	31	62

Source: Primary Data of the Study.

Based on the research results, it was found that 19 respondents (36%) had children based on the measurement results were stunting and 31 respondents (68%) were not stunting.

Table 2 The Influence of Family Socio-Economic on Stunting Incidence.

Family Socio-Economics	p-value
Age	0.006
Family Education Level	0.003
Employment Status	0.007
Family Income Level	0.004
Family Planning Participation	0.002
Number of children in Family	0.001

Source: Data Analysis with Chi-Square Test.

Based on the results of statistical analysis tests, it is known that the socio-economic factors that have an influence on the incidence of stunting in risk of stunting families in Purwadadi District were education level, family income level, family planning participation and the number of children in the family (p-value <0.005).

Table 3 The Influence of Family Education Level on Stunting Incidence.

Family Education Level	Stunting (n)	Percentage (%)	p-value
High Education Level	5	26.4	0.003
Low Education Level	14	73.6	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that stunted children in Purwadadi District were mostly from parents who had low levels of education (did not graduate from elementary school, elementary school or equivalent, and junior high school or equivalent), namely 14 stunted children (73.6%), while 5 stunted children (26.4%) were in families with parents with higher levels of education (high school or equivalent).

Table 4 The Influence of Family Income Level on Stunting Incidence.

Family Income Level	Stunting (n)	Percentage (%)	p-value
High Income Level	2	10.6	0.004
Low Income Level	17	89.4	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that stunted children in Purwadadi District were mostly from parents who had low-income levels, namely (below the district minimum salary of Ciamis Regency), namely 17 stunted children (89.4%), while 2 stunted children (10.6%) were in families with high income level.

Table 5 The Influence of Family Planning Participation on Stunting Incidence.

Family Planning Participation	Stunting (n)	Percentage (%)	p-value
Using Contraception	1	5.3	0.002
Not Using Contraception	18	94.7	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that most stunted children in Purwadadi District were in families who not using contraception method as a family planning acceptor, namely 18 stunted children (94.7%), while 1 stunted child (5.3%) was in a family who using contraception method as as a family planning acceptor.

Table 6 The Influence of Number of Children in Family on Stunting Incidence.

Number of Children	Stunting (n)	Percentage (%)	p-value
More than 3 Children	2	10.6	0.001
Less than 3 Children	17	89.4	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that stunted children in Purwadadi District were mostly in families with more than 3 children or in one family, namely 17 stunted children (89.4%), while 2 stunted children (10.6%) were in families with 2 children including 1 stunted child in it.

Table 7 The Influence of Family Socio-Economic on Stunting Incidence.

Community Social Support	p- value
Informational	0.001
Instrumental	0.003
Emotional	0.002
Appreciation	0.003
Social Integration Friendship	0.001

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that all forms of social support provided by the family support team include informational, instrumental, emotional, assessment/appreciation and friendship/social integration support have an influence on the incidence of stunting in families at risk of stunting in Purwadadi District. The social support of the community that has the most dominant influence on the incidence of stunting in families at risk of stunting in Purwadadi District is informational support and friendship/social integration support.

Table 8 The Influence of Informational Support on Stunting Incidence.

Informational Support	Stunting (n)	Percentage (%)	p-value
Good Informational Support	2	10.6	0.001
Poor Informational Support	17	89.4	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that stunted children in Purwadadi District were mostly in families who received poor social informational support, namely 17 stunted children (89.4%), while 2 stunted children (10.6%) were in families who had good social informational support.

Table 9 The Influence of Instrumental Support on Stunting Incidence.

Informational Support	Stunting (n)	Percentage (%)	p-value
Good Instrumental Support	4	21.1	0.003
Poor Instrumental Support	15	78.9	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that stunted children in Purwadadi District were mostly in families who received poor instrumental support, namely 15 stunted children (78.9%), while 4 stunted children (21.1%) were in families who had good instrumental support.

Table 10 The Influence of Emotional Support on Stunting Incidence.

Emotional Support	Stunting (n)	Percentage (%)	p-value
Good Emotional Support	3	15.8	0.002
Poor Emotional Support	16	84.2	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that most stunted children in Purwadadi District were in families who received poor emotional support, namely 16 stunted children (84.2%), while 3 stunted children (15.8%) were in families who had good emotional support.

Table 11 The Influence of Appreciation Support on Stunting Incidence.

Emotional Support	Stunting (n)	Percentage (%)	p-value
Good Appreciation Support	4	21.1	0.003
Poor Appreciation Support	15	78.9	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that most stunted children in Purwadadi District were mostly in families who received poor appreciation support, namely 15 stunted children (78.9%), while 4 stunted children (21.1%) were in families who had good appreciation support.

Table 12 The Influence of Friendship/Social Integration Support on Stunting Incidence.

Emotional Support	Stunting (n)	Percentage (%)	p-value
Good Friendship Support	2	10.6	0.001
Poor Friendship Support	17	89.4	

Source: Data Analysis with Chi-Square Test.

The results of research data analysis showed that stunted children in Purwadadi District were mostly in families who received poor friendship support/social integration, namely 17 stunted children (89.4%), while 2 stunted children (10.6%) were in families who had good friendship support/social integration port.

DISCUSSION

The Influence of Family Socio-Economic Status on Stunting Incidence

Education was one of the important aspects in supporting human quality. The level of parental education affects and the level of parental knowledge in child care patterns and family nutritional fulfillment including in efforts to prevent stunting in children in providing good parenting patterns for children and adequate nutritional fulfillment during the child's growth and development. The influence of family income on the incidence of stunting in children is assessed by the family's ability to meet the availability of nutritious food for the family, including for children who are in their growth period. Lack of family income certainly affects the family's ability to provide nutritious food consumption for all family members, causing malnutrition in children which ultimately causes stunting in children. Socio-economic status of the family such as the level of family income, education level and type of parents' work, as well as cultural aspects have implications or are related to a person's health status or degree

The family planning program is intended so that each family has good family planning including deciding the number of children to have. In this research, it was found that the incidence of stunting in Purwadadi District occurred in families with poor family life planning where the family did not become contraception acceptors and the number of children was not ideal in the family (more than 3 people) and the spacing between births of children was too close (less than 3 years) causing parents to have less than optimal parenting patterns for children so that children experience malnutrition and stunting occurs.

The number of children in a family also affects the parenting pattern and nutritional fulfillment provided, especially if the spacing of children is too close. If the family has a low socioeconomic level, the number of children not only causes a decrease in good parenting patterns but also affects family consumption which will have an impact on the nutritional status of children. This is because the more family members there are, the less attention will be given to each family member, so this will affect the mother in caring for and caring for her children, including in terms of food consumed by the child. The number of children that is not ideal in the family (more than 3 people) and the spacing between births that is too close (less than 3 years) makes parents have a less than optimal parenting pattern for their children so that children experience malnutrition and stunting. Family planning programs to limit child births by seeking healthy and planned pregnancies can be an effective effort to prevent stunting incidence in children.

Social Support on Stunting Incidence

The family support team provides informational support as assistance to families at risk of stunting related to efforts to prevent stunting through the provision of counseling regard optimal family care patterns and providing nutritious food consumption for children. The results of the study showed that there was an effect of providing informational support on the incidence of

stunting in risk of stunting families in Purwadadi District. The better the informational support provided by the family support team, the better the family's behavior in efforts to prevent stunting in children.

The family support team provides instrumental support as assistance to families at risk of stunting related to efforts to prevent stunting through the provision of facilities and infrastructure that support optimal family care patterns and the provision of good nutritious food consumption for children such as the provision of mother and child book and child development card, provision of providing additional food and social assistance. The results of the study showed that there was an effect of providing instrumental support on the incidence of stunting in risk of stunting families in Purwadadi District. The better the instrumental support provided by the family support team, the better the family's behavior in efforts to prevent stunting in children.

The family support team provides emotional support as assistance to families at risk of stunting related to efforts to prevent stunting through regular assistance and monitoring, providing assistance and creating comfortable conditions related to the assessment of optimal family care patterns and providing good nutritious food consumption for children. The results of the study showed that there was an effect of providing emotional support on the incidence of stunting in risk of stunting families in Purwadadi District. The better the emotional support provided by the family support team, the better the family's behavior in efforts to prevent stunting in children.

 The family support team provides assessment/reward support as a form of assistance to families at risk of stunting related to stunting prevention efforts through giving praise, gifts, and good motivation as a form of positive appreciation related to the assessment of optimal family parenting patterns and providing good nutritious food consumption for children carried out by the family. The results of the study showed that there was an influence on the provision of assessment/reward support for stunting incidents in risk of stunting families in Purwadadi District. The better the assessment/reward support provided by the family support team, the better the family's behavior in efforts to prevent stunting in children.

The family support team provides friendship support/social integration as a form of assistance families at risk of stunting related to stunting prevention efforts through providing mentoring time with targets, providing interpersonal communication, counseling and good empathy related to the assessment of optimal family parenting patterns and providing good nutritious food consumption for children. The results of the study showed that there was an effect of providing friendship support/social integration on the incidence of stunting in risk of stunting families in Purwadadi District. The better the friendship support/social integration provided by the family support team, the better the family's behavior in efforts to prevent stunting in children.

CONCLUSION

The results of the research show that the family socio-economic indicators that have an influence on the stunting incidence are education level and income level, this shows that increasing family knowledge regarding the risk of stunting needs to be increased so that parents have good knowledge in efforts to prevent stunting, apart from that efforts to improve the family economy through family economic empowerment efforts need to be made so that families have sufficient income to suffice the family's nutritional needs. Then the family socio-economic indicators which also have an influence on the incidence of stunting are participation in being a family planning acceptor and also the number of children in the family, this shows that the existence of a family planning program in family planning efforts is considered effective as an effort to prevent stunting. The social support provided by the family support team which is considered to have the most influence on the incidence of stunting is informational support and social integration support, therefore the role of the family assistance team in assisting families at risk of stunting in providing information and comfort as well as a sense of kinship was considered effective as an acceleration effort to prevent stunting incidence.

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