

SYSTEMATIC LITERATURE REVIEW: DETERMINANTS OF WOMEN'S EMPOWERMENT IN STUNTING PREVENTION

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ABSTRACT

Stunting has become a global priority program. In 2024 Indonesia intends to reduce the prevalence of stunting. Studies show that there is a relationship between women's empowerment and children's nutritional status. This study was conducted to identify women's empowerment variables that are used as assessment indicators in several scientific publications that have been carried out. This study uses a systematic literature review from electronic data sources that can be accessed and published from the Scopus database portal, a systematic review is carried out using the Prisma flow technique. The variables used to assess women's empowerment include women's ability to make decisions, including decisions to buy something, access health services, and other productive decisions, education level, economic level, employment, acceptance of violence, age, participation in the community, ability to communicate with partners, and confidence to speak and express opinions. Reducing the prevalence of stunting can start by building a society that is aware of equality from the individual and family level, providing opportunities for women to have the ability to make strategic decisions, and having sufficient knowledge and resources for children's nutritional needs.

Keywords: empowerment; stunting; women.

INTRODUCTION

Stunting has become a global priority program, especially in developing countries, including Indonesia, which targets the stunting prevalence of 14% in 2024. Children with stunting are at risk of experiencing physical disorders, mental growth, immune disorders, attacks of infectious diseases or chronic diseases, delays in learning and decreased productivity that have an impact on their economy in the future. This is feared to be an obstacle to human resource development. The first 5 years of a child's life or the pre-school period require full attention because during this period the child's growth is rapid, providing nutrition has a major impact that can have an effect until adulthood. Women have an important role in it (Zewdu & Halala Handiso, 2020).

Women are caregivers who are often given the main role in raising children at the household level. Because their role is often associated with the welfare of family members, especially children in their care. Studies show that there is a relationship between women's empowerment and children's nutritional status. Mothers with high empowerment have a 0.56 times risk of having stunted children compared to mothers with low empowerment. This shows that maternal empowerment is a protective factor in the incidence of stunting (Wassie et al., 2024). A study conducted by Sey-Sawo also stated the same thing, women's empowerment is related to the incidence of malnutrition in children under the age of five (Sey-Sawo et al., 2023).

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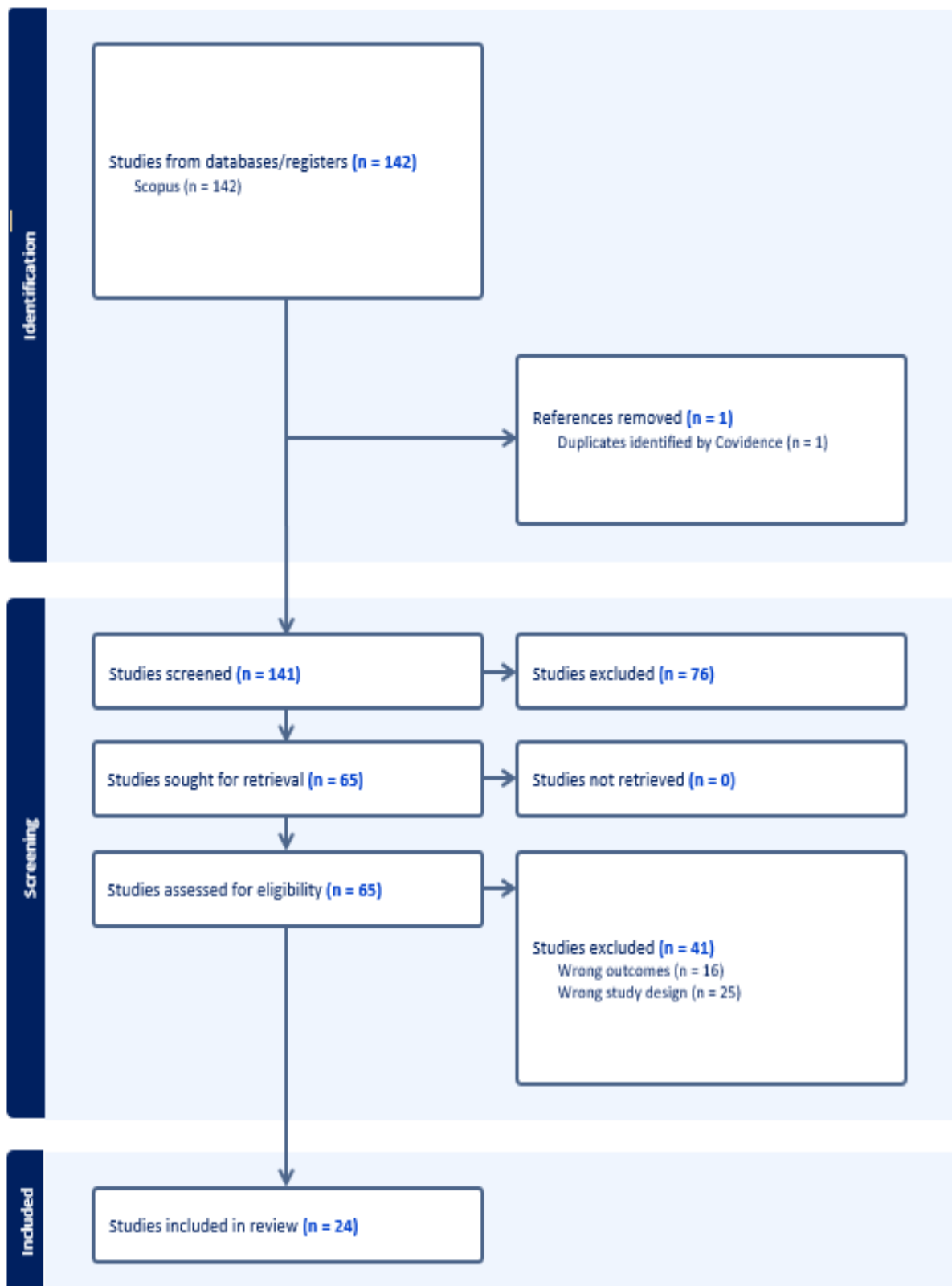
Women's empowerment in developing countries is still unfinished with the existence of strong mindsets, ideas, and cultures, for example, the existence of cases of marriage in women at an early age which ultimately eliminates the opportunity for a woman to get higher education or obtain training in order to improve skills and abilities. In the end, women cannot get a decent job, their independence in accessing resources is limited. The potential of women in contributing to the needs of the household is hampered. In fact, the role of women is very important to the type of food consumed by family members in a household (Riddle et al., 2023). This study for identify variables empowerment women who are made indicator evaluation women's empowerment in a number of literature and publications scientific that has done.

METHOD

This study used a systematic literature review of accessible electronic data published on the Scopus database portal using the keywords "women's empowerment" "stunting or malnutrition" and "children". The inclusion criteria in this study were articles published in the last 5 years (2019 to 2024) and can be accessed in full paper. While the exclusion criteria were research with non-observational studies (intervention-based). The collection of articles from the database was carried out by an author and then reviewed using a prism diagram to select journals that were deemed most suitable and able to answer the research questions.

The total data collected from the Scopus database is 142 studies. From 142 there is a duplication of 1 article. After cleaning, 141 articles were obtained. The next stage is a brief selection by reviewing the title and abstract to assess the suitability with the research objectives and expected output, resulting in 76 articles. Then a strict screening is carried out by reviewing the article in depth to ensure that the article contains an explanation of the variables related to women's empowerment, so that 24 articles are selected that are considered most appropriate to answer the research questions. The process of literature selection can be seen based on the following graph:

Figure 1 Summary of Article Search Results (Prisma Chart).



Source: Researcher's collection, 2024.

RESULTS

Based on the results of the systematic literature review, it can be seen that the characteristics of the study can be seen in the following table:

Table 1 Characteristics of Studies Related to Women's Empowerment and Stunting.

Characteristics studies	Percentage
Data source	
Secondary data	41.7%
Primary Data	58.3%
Research Location	
Africa	66.7%
Asia	33.3%

Source: Researcher's collection, 2024.

In the research conducted previously known, a lot of researchers use primary data sources (58.3%) than those using secondary data sources. This type of research is mostly conducted in countries in the African and Asian Regions. For evaluate aspects empowerment of women some variable that used is as following:

Table 2 Characteristics of Studies Related to Women's Empowerment and Stunting.

Variables	Percentage
Work	12.5%
Education	37.5%
Age	8.3%
Participation in community (group)	4.1%
Ability to communicate with partner	4.1%
Economic level index	25%
Ability taking decision (have autonomy for taking, especially Regarding the Decision to buy something, access Health services)	45.8%
Confidence to speak and express opinions	4.1%
Acceptance of violence	12.5%

Source: Researcher's collection, 2024.

Based on the table, the variables that become determinant in women's empowerment is women's ability to make decisions (45.8%). The decision-making ability referred in this case is the decision to buy something, access health services, and other productive decision variables, education level (37.5%), economic level (25%), occupation (12.5%), acceptance of violence (12.5%), age (8.3%), participation in the community, ability to communicate with a partner, and confidence to speak and express opinions (4.1%).

DISCUSSION

The problem of stunting needs to be seen in a more comprehensive aspect not only limited to nutritional deficiencies, the clinical course, and the resulting curative stages. Looking at the determinants of the social environment by capturing the role of mothers is important, considering that in many countries mothers are the main caregivers, but their role is not followed by the capacity and social support. Some of the variables that are determinants of the incidence of stunting include employment, education, age at marriage of the mother, participation in the

community, ability to communicate with spouse Economic level (wealth index), decision-making ability (autonomy for household decisions, decisions to buy things, access health services, and other productive decisions), confidence to speak up and express opinions, and acceptance of violence.

In certain social conditions, women experience obstacles in providing maximum nutritional needs for their children. This is related to the roles and capacities. Empowered mothers can take more of a role in caring for their children, but in some countries empowerment of women is still a barrier. Gender equality and women empowerment still become problems in countries in Asia and Africa so this topic is more often studied and reported in that region, 66.7% of the studies carried out in Africa and 33.3% carried out in the Asian region. Based on a report from the United Nations it is known that only a little women live in countries with high levels of women's empowerment and high gender equality. More than 90% of women live in countries with less women's empowerment and large gender gaps (UN, 2023).

Women take care of their children from breastfeeding, preparing and finding the food, seeking medical care from preventive to curative. In this modern era, the group of working mothers is starting to show an increasing trend. Ironically, research conducted by Sharaf shows that men (fathers) do not divert their time to take care of children when mothers work. This means that the mother's role in the household is irreplaceable. So that the mother's work will reduce the time, attention and quality of care for children (Zewdu & Halala Handiso, 2020).

There is a tendency that the division of roles between working mothers does not place mothers in a favorable position. The narrow division of roles between husband and wife often causes role tension, men are required to behave, take masculine roles and avoid feminist roles, so that household responsibilities are not done together. Working mothers are still burdened with household responsibilities that should be replaced by their husbands. In certain communities gender conflict still occurs when someone takes on a role that is not in accordance with their gender. There are stereotypes and social consequences that will be accepted. Men who do women's work will receive social discrimination which results in feelings of role failure, stress and prolonged frustration where these consequences are often associated with one's self-esteem (Rushing & Powell, 2015). This traditional view should be abandoned by instilling the paradigm that the dual roles undertaken by men and women can be a leverage and provide opportunities for both to learn from each other. By taking on the role of doing work, women will appreciate the role of working, as well as husbands who will better understand the role of caregiving. This is certainly related to the mother's capacity to access the necessary resources. When women have income, they can maximize it to fulfill basic needs that are in accordance with the needs of children.

On the other hand, working as a mother also increases income from the family that can be allocated in an effort to solve family needs, including the need for healthy food and in accordance with nutritional needs. Studies have shown that the chances of children with stunted growth in children of non-working mothers are 2 times that of working mothers in boys and 1.8 times that in girls. In addition, the chance of a non-working mother not being exposed to information about stunting prevention is 2 times that of a working mother (Zewdu & Halala Handiso, 2020). The probability of malnutrition among children of working mothers with at least five family members is 2.5 times higher than the probability of malnutrition among children of working mothers with less than five children. With an increase in family members, there is a possibility of sharing resources within the household, which consequently reduces the nutritional intake received by each individual in the family.

Improving child nutrition and empowering women are important and closely interconnected strategies, one intervention is usually to provide employment to women, but it turns out that maternal employment can affect the nutritional status of children by different mechanisms. Maternal employment can affect children's well-being through changes in time allocation,

especially for women engaged in heavy work in the agricultural sector in rural areas. Where with additional work on women will reduce the time for breastfeeding and preparing food. So, it is precisely the compilation of women given the opportunity to get additional work can actually have a negative impact on child nutrition completion because of the relocation of time intended for children.

Another aspect of empowerment that is also assessed is a mother's education and knowledge. Pre-school children whose mothers do not have good knowledge about nutrition are 4 times more likely to be stunted than children of mothers who have good knowledge. Because knowledge encourages a person to practice proper nutrition, so does a mother's education, where education was found to be the strongest predictor of stunting in the children studied. Educated mothers were not seen to have good health-seeking behaviors, good feeding practices, and were likely to engage in healthy activities during pregnancy. Uneducated mothers were 3.3 times more likely to have stunted children compared to uneducated mothers. Increasing maternal education by 1 year can reduce the likelihood of stunting in children by 6.8% (Amaha & Woldeamanuel, 2021). Maternal education associated with the incidence of stunting in children is also in accordance with research conducted by Paul in India (Paul & Saha, 2022).

Women's autonomy to make decisions is also one of the variables to assess women's empowerment. Autonomy is defined as the ability to make strategic life choices, obtain information and use it as a basis for decision-making and also the control women have over their lives including control over material resources, authority to make decisions independently, and freedom to exercise physical mobility (Paul & Saha, 2022). Decision-making ability is closely related to autonomy when the mother has autonomy related to material and financial resources, the mother has the opportunity to use it in an effort to fulfill the needs of her children and access the necessary health services.

In carrying out her role as the primary caregiver for her child, maternal autonomy over material resources and access to finance is critical because it allows her to divert resources to expenditures related to nutritional management and access to compulsory health services. Furthermore, mothers who have autonomy over household resources are more likely to access health services during pregnancy, which is highly relevant to neonatal births (Paul & Saha, 2022). Maternal education also influences the provision of additional food other than breast milk at an important child age. In this study, there was a lack of knowledge about breastfeeding in children, resulting in only 40% breastfeeding after 6 months to 23 months. This indicates that maternal ignorance of breastfeeding is an important factor for intervention. Knowledge about maximum breastfeeding practices in addition and additional food needs to be optimized. This education can be obtained by mothers when they receive Antenatal Care (ANC), but not all mothers can access ANC services 4 times as recommended.

Early marriage can also lead to low self-esteem, which can then hinder women's empowerment. This is related to the ability to decide and make choices. A person with a mature age has more consideration to make a decision because they are able to recognize the capacity to achieve life goals even if opposed by others and have the potential to achieve a standard of living that makes them empowered, accepted, recognized and valued in society (Yaya et al., 2020). Marriage at an early age does not guarantee such opportunities; rather, it can deprive girls of higher education and skills training, resulting in employability and loss of independence (Sey-Sawo et al., 2023). These results are in line with research conducted in Indonesia, the results of which state that children born to young mothers are more at risk of nutritional disorders because immature young mothers provide the wrong parenting (Supadmi et al., 2024).

When women are socially independent, they have more opportunities to participate in social areas, have self-confidence and engage in activities where they can share information about child feeding, have the ability to divert the budget for child food, which of course has a major impact on the nutritional status of children (Mekonnen et al., 2021).

In allocating family resources, women need autonomy, but this autonomy is not possessed by women who often experience domestic violence and accept the violence they experience. Acceptance of violence can allow for partner domination of resources and suppress women's decision-making roles, including in terms of income placement, purchase of goods, so it is possible that with the conditions she experiences a woman is unable to communicate her needs including to meet the needs of children. The end she disappears forcing them to use feeding practices available at home that are cheaper and less nutritious (Mekonnen et al., 2021). Acceptance of violence committed by their husbands is one of the factors that place women in vulnerable conditions, lack of family support, have limited access and are isolated from social networks, isolation of mothers has a negative impact on their independence (Sasaki et al., 2023). It is important to educate people who are aware of gender equality from the individual and family levels, strive for gender-responsive stunting interventions and help change stereotypical attitudes, actions that uphold women's subordination.

CONCLUSION

The variables used to assess women's empowerment include women's ability to make decisions both decisions to buy something, access health services, and other productive decisions, education level, economic level, employment, acceptance of violence, age, participation in the community, ability to communicate with partners, and confidence to speak and express opinions. There needs to be a policy that not only puts pressure on women's empowerment program interventions in stunting prevention efforts but also intervenes from the root of the problem in order to help women become empowered by increasing women's education, opportunities to get jobs, participate in community activities and get opportunities to have access to become independent and empowered.

Efforts to reduce the prevalence of stunting can start from the most basic level by building a community that is aware of equalizing from the individual and family levels. Opening up opportunities so that women/mothers have the ability to make strategic decisions, have sufficient knowledge and resources to strive to complete children's nutritional needs. Stunting prevention interventions must also be gender responsive so that they can help change norms, stereotypes, and attitudes that uphold the subordination of women.

In reality, women's empowerment cannot be the sole intervention to bring about meaningful change in solving public health problems, especially in relation to stunting. Men's commitment to gender equality is another contributing factor. Women's empowerment and men's sensitivity need to be implemented in tandem. Male involvement, especially in terms of women's equality, child care, and rejection of gender-biased traditional norms, is the best way to become a participatory health intervention strategy. Male involvement is a mediator towards improving children's health status while women's empowerment which is a form of awareness, and capacity building to seek the courage to make decisions, and transformative actions in various fields such as fulfillment of rights, economy, and health is a key factor in preventing women from being subjected to violence, becoming more empowered and independent to provide maximum efforts in meeting children's nutritional needs.

REFERENCES

- Amaha, N. D., & Woldeamanuel, B. T. (2021). Maternal factors associated with moderate and severe stunting in Ethiopian children: analysis of some environmental factors based on 2016 demographic health survey. *Nutrition Journal*, 20, 1-9. <https://doi.org/10.1186/s12937-021-00677-6>
- Bapolisi, W.A., Ferrari, G., Blampain, C., Makelele, J., Kono-Tange, L., Bisimwa, G., Merten, S. (2020). Impact of a complex gender-transformative intervention on maternal and child health

- outcomes in the eastern Democratic Republic of Congo: protocol of a longitudinal parallel mixed-methods study. *BMC Public Health*, 20, 1–11. <https://doi.org/10.1186/s12889-019-8084-3>
- Mekonnen, A.G., Odo, D.B., Nigatu, D., Sav, A., Abagero, K.K. (2021). Women's empowerment and child growth faltering in Ethiopia: evidence from the Demographic and Health Survey. *BMC Women's Health*, 21, 1–9. <https://doi.org/10.1186/s12905-021-01183-x>
- Paul, P., Saha, R. (2022). Is maternal autonomy associated with child nutritional status? Evidence from a cross-sectional study in India. *PLOS ONE* 17, e0268126. <https://doi.org/10.1371/journal.pone.0268126>
- Riddle, A.Y., Li, W., Bhutta, Z.A., Vlassoff, C., Taljaard, M., Kristjansson, E., Welch, V., Wells, G.A. (2023). Associations between dimensions of empowerment and nutritional status among married adolescent girls in East Africa: a structural equation modelling study. *BMC Public Health*, 23, 1–14. <https://doi.org/10.1186/s12889-022-14949-1>
- Rushing, C., Powell, L. (2015). Family Dynamics of the Stay-at-Home Father and Working Mother Relationship. *Am J Mens Health*, 9, 410–420. <https://doi.org/10.1177/1557988314549414>
- Sasaki, K., Watanabe, M., Ximenes, L., Pacheco, C., Higuchi, M. (2023). Associations between infant and young child feeding (IYCF) practice and attitudes toward intimate partner violence (IPV) in Timor-Leste. *BMC Women's Health*, 23, 1–9. <https://doi.org/10.1186/s12905-023-02206-5>
- Sey-Sawo, J., Sarr, F., Bah, H.T., Senghore, T., 2023. Women's empowerment and nutritional status of children in the Gambia: further analysis of the 2020 Gambia demographic and health survey. *BMC Public Health*, 23, 1–13. <https://doi.org/10.1186/s12889-023-15494-1>
- Supadmi, S., Laksono, A.D., Kusumawardani, H.D., Ashar, H., Nursafingi, A., Kusrini, I., Musoddaq, M.A., 2024. Factor related to stunting of children under two years with working mothers in Indonesia. *Clinical Epidemiology and Global Health*, 26, 101538. <https://doi.org/10.1016/j.cegh.2024.101538>
- [UN] United Nations. (2023). *Less than 1% of women and girls live in a country with high women's empowerment and high gender parity*. <https://unsdg.un.org/latest/announcements/less-1-women-and-girls-live-country-high-women%E2%80%99s-empowerment-and-high-gender>
- Wassie, E.G., Tenagashaw, M.W., Tiruye, T.Y., 2024. Women empowerment and childhood stunting: evidence from rural northwest Ethiopia. *BMC Pediatr*, 24, 30. <https://doi.org/10.1186/s12887-023-04500-5>
- Yaya, S., Odusina, E.K., Uthman, O.A., & Bishwajit, G. (2020). What does women's empowerment have to do with malnutrition in Sub-Saharan Africa? Evidence from demographic and health surveys from 30 countries. *Global Health Research and Policy*, 5 (1), Article 1. <https://doi.org/10.1186/s41256-019-0129-8>
- Zewdu, D., Halala Handiso, Y., 2020. Under-nutrition of 2–5 years old children and associated factor among employed and unemployed women: Comparative cross-sectional study. *Cogent Food & Agriculture*, 6, 1801215. <https://doi.org/10.1080/23311932.2020.1801215>