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THE RELATIONSHIP OF FAMILY ROLES WITH EVENTS *STUNTING* IN TODDLER AGES 0-5 YEARS IN LIMBUNG VILLAGE, SUNGAI RAYA DISTRICT, KUBU RAYA DISTRICT, WEST KALIMANTAN

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Abstract

The Ministry of Health announced the SSGI which shows the prevalence *stunting* West Kalimantan in 2022 will be 27.8% and is among the 10 provinces with prevalence *stunting* tall. Kubu Raya District Health Service prevalence of toddlers *stunting* Based on the SSGI in 2023, the highest village or subdistrict is in Limbung Village at 29.4%. This study aims to determine the relationship between the role of the family and the incidence of stunting in toddlers aged 0-5 years in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan. This research uses *observational analytics* with a design approach *case control restrospektif.* The sampling technique is *accidental sampling* The sample consisted of 41 controls and 41 cases. Univariate analysis in this study used descriptive statistical tests and bivariate analysis in this study used tests *rank Spearman.* The results of the research obtained the role of families in Limbung Village in the child case group *stunting* more of them played a bad role with 24 respondents (48.6%) and in the control group children who did not experience stunting played more of a good role with 41 respondents (100%). The Spearman test results have a value of 0.000 <0.05, there is a relationship between the role of the family and the incident *stunting*. Mark *Sig.(2-tailed)* of 0.000, because of the value of the value *Sig.(2-tailed)* < 0.05 means there is a significant relationship between variables X and Y and the correlation coefficient is -643**. There is a relationship between the role of the family and the incident *stunting* in toddlers aged 0-5 years in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan.

Keywords: Family Roles, Toddlers, Stunting

Introduction

Stunting is short or very short length or height at an age of less than -2 standard deviations (SD) on a growth chart and is the result of an irreversible condition that causes malnutrition and chronic disease. Recurrent infections occur at 1,000 HPK. *Stunting* is now one of the nutritional problems of young children throughout the world.

Information obtained from the Sungai Durian Community Health Center in January-August 2023, the number per area affected *stunting*: Arang Limbung 27 children, Kuala Dua 16 children, Sungai Ambangah 0 children, Tebang Kacang 0 children, Limbung 72 children, Teluk Kapuas 9 children, Madu Sari 1 child, Mekar Sari 36 and affected children *stunting* totaling 168 children. Health facilities in Limbung Village have 1 Pustu, 1 Poskedes, 1 Community Health Center, and 8 Posyandu with 11 midwives and 6 Posyandu cadres, and 5 Health officers.

Stunting influenced by several factors including: (1) exclusive breast milk (ASI); (2) Nutritional status; and (3) Education. Because the higher the education, knowledge and skills, the higher the

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family's food security, and the better the child care model. As well as more timely delivery of breast milk to babies and the impact of nutrition. The results of Carmawarni's research (2023) show that there is a significant relationship between history of infectious disease, history of low birth weight (LBW) babies, maternal age during pregnancy and maternal care during pregnancy with the incidence of *stunting* in toddlers.

Remember *stunting* and incidence rates *stunting* which is high in Kubu Raya Regency, although not always in Limbung Village, but every year the Regency has a figure *stunting* it is still necessary get attention. The family role function is the behavior expected by the family with the status or position of the individual as the main support system for problems that occur within the family. To be able to achieve health goals, the family has a duty to maintain the health of its members and mutually maintain the family's health and provide adequate nutrition.

Toddler health problems cannot be separated from the main role of parents in the family. *Stunting* whether or not the toddler will be in the future depends on the parents' knowledge of the toddler's interests. Although there are still other factors related to the incidence of stunting, it is the function of the family that is very important to improve nutritional intake, especially for families from disadvantaged backgrounds. The selection of toddlers aged 0-5 years is the age group that most often suffers from malnutrition or represents one of the nutritionally vulnerable groups of society.

Method

The type of research used is an analytical observational approach *case control* retrospective. The population in the study were all parents who had toddlers aged 0-5 years who were recorded at 8 Posyandu in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan, totaling 1,409 toddlers.

The above is based on the calculation of P_2 and OR from previous research, where the number of samples for each variable $\alpha = 0.05$, so the minimum sample size is 41, the ratio of cases: controls is 1: 1, so the total is 41 x 2 = 82 samples. The case group consisted of 41 samples of parents who had toddlers aged 0-5 years who were identified as having experienced an incident *stunting* and for the control group 41 samples of parents who have toddlers aged 0-5 years with standard deviation. The sample size in this study refers to respondents who meet the inclusion and exclusion criteria.

Results

1. Univariate analysis

Table 3.1 Frequency Distribution of Family Characteristics Based on Parental Age in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan (n=82)

Age	Case		Control	
	(n)	(%)	(n)	(%)
20 – 25 Year	13	31,7	22	53,6
26 – 30 Year	28	68,3	8	19,5
30 – 35 Year	0	0	8	19,5
36 – 40 Year	0	0	3	7,4
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of data analysis in table 4.1 above show that the distribution of respondents in the case group is more in the 26-30 year age group with 28 respondents (68.3%), and the distribution of respondents in the control group is more in the 20-25 year age group with 22 respondents (53.6%).

Table 3.2 Frequency Distribution of Characteristics Based on Parental Education Level in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan (n=82)

Level Of Education	Case		Control	
	(n)	(%)	(n)	(%)
SD	0	0	2	4,8
SMP	20	48,7	15	36,6
SMA	14	34,1	24	58,6
College	7	17,2	0	0
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.3 above show that the last level of education of parents in the case group was mostly junior high school education with 20 respondents (48.7%) and in the control group more senior high school education was available with 24 respondents (58.6%).

Table 3.3 Frequency Distribution of Family Characteristics Based on Parental Employment Status in Limbung Village, Sungai Raya District, Kubu Raya Regency, Kalimantan Bplow (n=82)

Status Work	Case		Control	
	(n)	(%)	(n)	(%)
IRT	40	97,5	22	53,6
Farmers/Farm Laborers	1	2,5	7	17,2
Civil servants/Private sector	0	0	6	14,6
Entrepreneurship	0	0	6	14,6
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.4 above show that parents in Limbung Village mostly work as housewives with 40 respondents (97.5%) in the case group, and 22 respondents (53.6%) in the control group.

Table 3.4 Frequency Distribution of Family Characteristics Based on Parents' Economic Income in Limbung Village, Sungai Raya District, Kubu Raya Regency (n=82)

Income	Case		Control	
	(n)	(%)	(n)	(%)
Rp : ≤ 1.000.000	32	95,1	16	39
Rp : 2.500.000	9	4,9	14	34
Rp : > 3.500.000	0	0	11	27
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.5 above show that the economic income of respondents had more income ≤ Rp. 1,000,000 with 32 respondents (95.1%) in the case group and 16 respondents (39%) in the control group.

Table 3.5 Frequency Distribution of Family Characteristics Based on Number of Children in Limbung Village, Sungai Raya District, Kubu Raya Regency (n=82)

Number Of Children	Case		Control	
	(n)	(%)	(n)	(%)
≤ 2 Children	28	68,2	31	75,6
≥ 3 Children	13	31,8	10	24,4
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.6 above show that the greater number of respondents' children had ≤ 2 children with 28 respondents (68.2%) in the case group and 31 respondents (75.6%) in the control group.

Table 3.6 Frequency Distribution of Family Characteristics Based on Age of Toddlers in Limbung Village, Sungai Raya District, Kubu Raya Regency (n=82)

Age Of Toddlers	Case		Control	
	(n)	(%)	(n)	(%)
Age 0 year	0	0	3	7,6
Age 1-2 year	28	68,2	5	12,1
Age 3-4 year	9	21,9	10	24,3
Age 5 year	4	9,9	23	56
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.7 above show the ages of toddlers, in the case group the toddlers were mostly 1-2 years old with a total of 28 respondents (68.2%), and in the control group the toddlers were mostly 5 years old with a total of 23 respondents (56%).

Table 3.7 Frequency Distribution of Family Characteristics Based on Gender of Toddlers in Limbung Village, Sungai Raya District, Kubu Raya Regency (n=82)

Gender of Toddlers	Case		Control	
	(n)	(%)	(n)	(%)
Male	32	78	21	51,2
Female	9	22	20	48,8
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.8 above show that the gender of toddlers in Limbung Village is mostly male with 32 respondents (78%) in the case group, and 21 respondents (51.2%) in the control group.

Table 3.8 Frequency Distribution of Family Characteristics Based on Toddler Weight in Limbung Village, Sungai Raya District Kubu Raya Regency (n=82)

Body Weight	Case		Control	
	(n)	(%)	(n)	(%)
6 – 8 Kg	0	0	14	34,1
9 – 11 Kg	32	78	23	56
12 – 14 Kg	9	22	4	9,9
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.9 above show the weight of toddlers, the distribution of respondents weighing 9-11 kg with a total of 32 respondents (78%) in the case group, and 23 respondents (56%) in the control group.

Table 3.9 Frequency Distribution of Toddler Characteristics Based on Toddler Height in Limbung Village, Sungai Raya District, Kubu Raya Regency (n=82)

Height	Case		Control	
	(n)	(%)	(n)	(%)
70 – 80 cm	0	0	9	21,9
81 – 90 cm	34	82,9	31	75,6
91 – 100 cm	7	17,1	1	2,5
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of the analysis in table 4.10 above show that the height of toddlers, the distribution of respondents is more with a height of 81-90 cm with a total of 34 respondents (82.9%) in the case group, and 31 respondents (75.6%) in the control group.

Table 3.10 Frequency Distribution of Family Roles in Limbung Village, Sungai Raya District, Kubu Raya Regency (n=82)

Family Role	Case		Control	
	(n)	(%)	(n)	(%)
Play a good role	17	41,4	41	100
Playing less role	24	48,6	0	0
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of data analysis in table 4.11 above show that the role of families in Limbung village in the case group plays more of a poor role with 24 respondents (48.6%) and in the control group plays more of a good role with 41 respondents (100%).

Table 3.11 Frequency Distribution of Family Characteristics Based on Events *Stunting* in Limbung Village, Sungai Raya District, Kubu Raya Regency (n=82)

Incident *stunting*	Case		Control	
	(n)	(%)	(n)	(%)
Stunting	41	100	0	0
No *stunting*	0	0	41	100
Total	**41**	**100**	**41**	**100**

Source: Processed primary data (2024)

The results of data analysis in table 4.12 above show the incident *stunting* There were 41 respondents in the control group who did not *stunting* (100%) and in the group of cases that experienced *stunting* 41 respondents (100%).

2. Bivariate analysis

Bivariate analysis is an analysis to see the relationship between independent and dependent variables. Researchers used a correlational test with an ordinal scale. Test the correlation between variables with the scale on both variables being an ordinal scale, so use the test *spearman*. The degree of confidence used is 95% with a value of $\alpha = 0.05$. Based on this, it can be interpreted that if $p>0.05$ then Ha is accepted, whereas if $p<0.05$ then Ho is rejected.

Table 3.12 Relationship between family roles and events *stunting* in toddlers aged 0 – 5 years in Limbung Village, Sungai Raya District (n=82)

Spearman Rank	Role of Family								Total		P *value**	Koefisien korelerasi
	Case				Control							
Incident *Stunting*	play good		Not playing Good role		Play good		Not playing Good role					
	(n)	**(%)**	**(n)**	**(%)**	**(n)**	**(%)**	**(n)**	**(%)**	**(n)**	**(%)**		
Case	17	41,4	24	48,6	0	0	0	0	41	100	0,000	-643**
Control	0	0	0	0	41	100	0	0	41	100		
Total	17	41,4	24	,6	41	100	0	0	82	100		

Source: Processed primary data (2024)

It is known that the Sig.(2-tailed) value is 0.000, because the Sig.(2-tailed) value is <0.05, it means that there is a significant relationship between variables *stunting* with the direction of the correlation being negative, meaning the relationship between the role of the family and the incident *stunting* not in the same direction or there is a contradictory relationship. This means that the better the family's role, the lower the incidence *stunting* in toddlers and vice versa, the worse the family's role, the higher the incidence *stunting.*

Discussion

1. **Family characteristics (age, marital status, level of education, occupation, economy and number of children) in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan.**

a. Age

The results of this research show that in Limbung Village, Sungai Raya District, Kubu Raya Regency, several factors that influence the distribution of respondents based on age in the Limbung Village area in this study are; 1) Respondents in the case group were more in the 26-30 year age group and the distribution of respondents in the control group was more in the 20-25 year age group. 2) Limbung Village has an average marriage pattern with ages 20-25 years. The average age of women when giving birth for the first time is 23 years. The local custom in Limbung Village is that mothers with toddlers give complementary foods such as carbohydrates, animal and vegetable protein, healthy fats, iron, vitamin A and vitamin B to toddlers. Apart from processing milk for toddlers, mothers there also process formula milk by cooking, which destroys the nutritional content in it and causes a lack of giving exclusive breast milk to toddlers.

This is in line with research by Wanimbo & Wartiningsih (2020), stating that mothers aged < 20 years have a higher risk of having stunted offspring compared to mothers aged 20-34 years. The mother's age factor will influence the mother's ability or experience in providing nutrition to children. Increasingly mature age makes a person not only rely on experience but also increase knowledge from various existing knowledge sources (Paramashanti, 2019).

According to researchers, it can be concluded that the mother's age is not what determines the occurrence of stunting but depends on the mother's knowledge. Stunting prevention can be done by providing emotional support, the latest information support and economic support so that mothers' needs are met in caring for toddlers. Stunting incidents can also be prevented by education by health workers about the minimum age for giving birth and education about foods that can improve toddler nutrition so that older mothers can still receive information.

b. Level of education

Based on the results of research conducted in Limbung Village, Sungai Raya District, Kubu Raya Regency, it shows that the last level of education of parents in the case group was more likely to have junior high school education and in the control group more than high school education. Based on the results of this research, the mother's education level is greater than high school, it can be concluded that the mother's education level does not guarantee that a toddler will not experience stunting. There is a significant difference between the education level of parents who have stunted children and the education level of parents who do not have stunted children.

Rahmawati (2019), believes that a relatively good level of parental education will make it easier for parents to understand the information obtained. This is supported by other research which shows that the education level of parents, especially mothers, who generally act as the main caregiver for children, can influence the child's nutritional status. Good parenting can reduce the incidence of stunting, so indirectly the level of knowledge of families who care for toddlers can influence the incidence of stunting (Ibrahim & Faramita, 2015).

Efforts to overcome nutritional status problems or stunting problems that have an important role are individuals, families and health services. Families, especially mothers, can improve education so that the information they obtain is broader and develops more critical thinking.

c. Work

The results of research conducted in Limbung Village, Sungai Raya District, Kubu Raya Regency showed that more people worked as housewives in the case group and in the control group. This condition is influenced by several factors, with the results of interviews obtained from families where mothers with housewife status stated that they generally had a lower income compared to

families where the mother had a job outside the home. This may affect their ability to purchase enough nutritious food for their children. In addition, mothers who work as housewives in the case group have more limited knowledge about the importance of balanced nutrition compared to mothers in the control group. This may be due to lack of access to nutritional information through outreach programs or other media.

Research conducted by Mentari & Hermansyah (2019) shows that mothers who do not work predominantly have stunted children while working mothers have children who are not stunted. Then research by Nurmalasari et., al (2020) shows that the incidence of stunting, apart from being related to education level and employment status, is also related to family income. There are 48 out of 80 children experiencing stunting from parents who experience low income.

According to researchers, maternal employment is not only a factor that influences the incidence of stunting, but maternal employment must of course be supported by maternal education and knowledge about nutrition which is useful for achieving optimal toddler needs. The mother's employment status does not greatly influence the diet which has an impact on the child's nutritional status. Working mothers do not always neglect the diet of family members because of their busy work schedules and mothers who do not work do not always have a guaranteed diet for family members. It all depends on each individual.

d. Ekonomi

Based on the results of research conducted by researchers, the income in Limbung Village is ≤Rp. 1,000,000 in the case group and in the control group, that the toddlers who experience stunting are mostly parents who have low socio-economic status with incomes below the minimum wage for West Kalimantan.

The economic conditions in Limbung Village can be categorized as middle to lower. On average, the main occupation of residents is farming/gardening so that the income they earn each month is uncertain.

The results of this research are in line with research by Bhattarai (2015), that families with incomes below the minimum wage tend to have shorter toddlers than families with incomes above the minimum wage. Other research according to Wahdah et., al (2016) shows that low family or socio-economic status is a risk factor for stunting, the lower the income, the higher the incidence of stunting. Economic conditions are closely related to the ability to meet inadequate nutritional intake and health services for pregnant women and toddlers, while sanitation and food safety can increase the risk of infectious diseases (Indonesian Ministry of Health, 2018).

Researchers are of the opinion that low socioeconomic status is closely related to the family's ability to meet nutritional intake for toddlers which is useful for the growth and development of toddlers. Low socio-economic, in this case, low income, will enable families to fulfill food that is less varied, small in quantity and inadequate food by meeting the intake of protein, vitamins and minerals according to the needs of toddlers.

e. Number of children

The results of research carried out by researchers showed that the number of respondent children had more than ≤ 2 children in the case group and in the control group. The results of the research are in line with those previously conducted by Nisa (2019) regarding the relationship between the number of births and the incidence of stunting in the Kedung Tuban Community Health Center working area. shows that there is no relationship between the number of births and the incidence of stunting, namely with a probability value of p value: 0.272 (p> 0.05).

Parity (pregnancy that produces a fetus capable of surviving outside) is not related to the incidence of stunting because almost the majority of mothers under five have parity in the small category, namely ≥ 3 children. This happens because the majority of respondents have participated in a family planning (KB) program so that they can more easily manage the number of children

they will have (Nisa, 2018)

According to researchers, parity is an indirect factor in the occurrence of stunting, because parity is closely related to parenting patterns and meeting children's nutritional needs, especially if supported by poor economic conditions. Children born to mothers with high parity have a greater chance of experiencing poor parenting and inadequate nutritional needs during the growth period. Children who have a large number of siblings can cause growth delays due to competition for the limited nutritional sources available at home.

2. Characteristics of toddlers (age, gender, weight and height) in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan.

a. Toddler age

Based on the results of research that has been carried out, researchers show that the age of toddlers in the case group is more than 1-2 years old and in the control group, toddlers are more than 5 years old. This research is in line with research by Sujianti & Pranowo (2021) that toddlers aged 24-59 months have a risk of experiencing stunting that is 10 times greater than toddlers aged 12-23 months after being controlled by exclusive breastfeeding. to develop stunting management that focuses on ages 24 – 59 months.

At the age of 24 months the child enters the weaning phase and is a period of high activity in exploring the surrounding environment. Apart from that, toddlers' gross motor skills also grow and develop rapidly. At this stage, some toddlers will face several possibilities that cause nutritional deficiencies, namely decreased appetite, low nutritional intake, decreased sleep hours, and easy exposure to infections when mothers or caregivers pay less attention to hygiene and sanitation. Toddlers aged 0 - 6 months still receive exclusive breast milk which can increase the baby's immune system so that at this time the baby's nutritional needs are maintained, the baby rarely gets sick and does not experience nutritional problems. This is different for babies aged 7 - 23 months, where the baby is still receiving breast milk and has received MPASI complementary food (Fadzila & Tertiyus, 2019).

Researchers concluded that attention must be paid to nutritional needs to prevent children from becoming malnourished. Parents' knowledge about nutrition for toddlers from the selection of food ingredients, types of food, portions of food, frequency of giving, presentation and processing of food must be improved so that they can provide nutrition according to the needs of toddlers. Poor hygiene when providing MP-ASI can cause infections which result in a lack of nutritional needs for toddlers.

b. Toddler gender

The results of the study showed that the gender of toddlers in Limbung Village was more male in the case group and control group. This research is in line with researchers Salsabila et al (2022), in their research, the results of frequency distribution based on gender were obtained, that in the case group most of the samples were female, with 14 samples and in the control group, most of the samples were 14 male.

This research is not in line with Habibzadeh et., al (2015) which shows that the prevalence of growth failure in female babies is greater than in male babies. Meanwhile, this finding is in line with research by Suriani & Annissa (2019) that this difference can arise due to social and cultural discrimination between genders, meaning that some families pay more attention to the nutrition of male children compared to female children, so this can create the potential for growth failure and other health problems in female babies.

According to researchers, gender is not the determinant of stunting in children, but rather the family's ability to fulfill nutritional intake for toddlers which is useful for growth and development of toddlers, so as to prevent potential growth failure and other health problems in

children.

c. Toddler weight

Based on the results of research conducted by researchers, it was found that toddlers weighed 9-11 kg with a total of 32 respondents in the case group and 23 respondents in the control group. This research is in accordance with previous research by Winowatan et, al (2020) based on the results of the researchers' statistical analysis that more babies with normal birth weight had stunted nutritional status, namely 39% compared to babies with low birth weight, namely 8.5%.

Nasution D (2014) also said that in his research in Yogyakarta, LBW had a significant relationship with the incidence of stunting in children aged 6-24 months. Birth weight in general is closely related to long-term growth and development. So, the further impact of LBW can be failure to grow (grouth faltering). A baby born with LBW will find it difficult to catch up with their initial growth. Growth that lags behind normal will cause the child to become stunted.

According to researchers, low birth weight is a reflection of many public health problems including long-term maternal malnutrition, poor health, hard work and poor health care and pregnancy. Individually, LBW is an important predictor of the health and survival of newborns and is associated with high risk in children.

d. Toddler height

The results of the research conducted by researchers on the height of toddlers were that the distribution of respondents was greater with a height of 81-90 cm with a total of 34 respondents in the case group, and 31 respondents in the control group. According to V. E Rahmawati (2021), it shows that the incidence of stunting can be influenced by the child's birth length. Children born with a PB < 50 cm increase the risk of stunting compared to children born with a PB ≥ 50 cm in accordance with the results of a study conducted by Islam et al., (2018) that mothers who give birth to children with a PB less than 50 cm increase the risk of stunting at the age of 12-24 months. Identification of a child's body length at birth and in the first year of birth is necessary to intervene in the incidence of stunting at a later age (Keino et al., 2019).

Researchers believe that a child's height is determined from the beginning of pregnancy. During pregnancy, poor maternal conditions such as malnutrition, stress, or comorbidities can hinder the growth and development of the fetus. This has a big influence on the development of children under five, which will be when the baby is born.

3. The role of the family in toddlers aged 0-5 years in Limbung Village, Sungai Raya District, Kubu Raya Regency

Based on the results of research conducted by researchers, the role of families in Limbung Village in the case group played more of a poor role and in the control group played more of a good role. In line with research by Muaulid et al (2020), in the Jelbuk Community Health Center working area, the role of the family in vigilance against stunting incidents has been said to be good, with the majority of respondents stating that the majority of mothers assume that the role of child care is more likely to be carried out by the mother, even though to achieve optimal child development, fathers need to be involved in care.

The role of parents is very important in fulfilling children's nutrition, especially mothers. A mother should have adequate knowledge and skills as capital in fulfilling children's nutrition. Parents must be able to shape their children's eating patterns, create pleasant situations and serve attractive foods to meet their children's nutritional needs (Nongyendi, 2013).

Mothers as caregivers have an important role in matters related to food, starting from preparing food menus, purchasing, giving food to children, shaping children's eating patterns and the frequency of children's meals. Apart from that, the mother's level of education and knowledge influences the choice of food she consumes so that it usually becomes less varied and nutritious in

food ingredients that function for children's growth, such as sources of protein, vitamins and minerals (Pakpahan, 2021).

According to researchers, a good family role can overcome the incidence of stunting in children. Family roles describe a set of interpersonal behavior, the nature of activities related to individuals in certain positions and situations, because within the family environment. Children can maximize nutritional intake and children's growth and development. The role of family members in the development of the baby, in the first month, is indirectly to provide emotional support to the mother. The family has an important and strategic role in improving the growth and development of early childhood, that children need attention from their parents, not just their mother. Therefore, researchers are interested in conducting research on the role of the family in the incidence of stunting.

4. The incidence of stunting in toddlers aged 0 – 5 years in Limbung Village, Sungai Raya District, Kubu Raya Regency

Based on the results of research that has been carried out, researchers show that the age of toddlers in the case group is more than 1-2 years old and in the control group, toddlers are more than 5 years old. The results of the research conducted showed that there were more workers working as housewives in the case group and in the control group. Based on the results of the research conducted, it shows that the last level of education of parents in the case group was mostly junior high school and in the control group more was high school. Based on the results of research that has been carried out, researchers show income ≤ Rp. 1,000,000 in the case group and in the control group.

Researchers are of the opinion that Limbung Village, Sungai Raya District is still in the good category, although in the research data there are still several percentage figures that indicate stunting results. Based on the results of theory and facts, researchers assume that energy intake is directly related to children's physical and growth deficits. Low energy intake is also influenced by mothers' ignorance about stunting, who assume that their children do not experience nutritional problems, so mothers do not make special efforts to increase energy intake for their children.

5. The relationship between the role of the family and the incidence of stunting in toddlers aged 0-5 years in Limbung Village, Sungai Raya District, Kubu Raya Regency.

It is known that the Sig.(2-tailed) value is 0.000, because the Sig.(2-tailed) value is <0.05, it means that there is a significant relationship between variables This means that the better the role of the family, the lower the incidence of stunting in children under five and vice versa, the worse the role of the family, the higher the incidence of stunting.

According to (Tebi et al., 2022) a good family role can also trigger stunting. The trigger factors for why a child's good family role can be affected by stunting are the mother experiencing anemia during pregnancy, the baby being born prematurely or LBW and the baby not receiving exclusive breast milk. This research is in line with researchers Syofyanengsih et al., (2022) that the role of the family is good for 65.4% of respondents in the normal category and 34.6% of respondents in the stunting category. Based on the results of statistical tests, it was found that the P-Value was 0.011<α 0.05. Researchers concluded that there is a relationship between the role of the family and the incidence of stunting in children under five in Muaro Jambi Regency.

According to Novak & Muniagurria (2017), the form of family influences the occurrence of stunting, where stunting often occurs in divorced families, while the form of family where stunting rarely occurs is in the form of large families. The form of a large family can influence the low incidence of stunting because in the family that cares for children, apart from parents, there are also grandmothers and grandfathers who help fulfill daily needs, including food intake.

The role of the family in maintaining environmental sanitation can indirectly impact the

incidence of stunting. Environmental sanitation is an optimum environmental condition or condition so that it has a positive influence on the realization of optimum health status. The scope of environmental sanitation includes: disposal of human waste (feces), provision of clean water, disposal of rubbish, disposal of dirty water (waste water), and hygiene behavior. Poor environmental conditions and hygiene can cause disease to occur

infections such as diarrhea and respiratory tract infections can cause stunting rates. The family's role can also be played in providing stimulation and education to toddlers, such as daily interactions, educational games and attention to children's development.

Researchers are of the opinion that to achieve optimal nutritional status, the family's role can be increased, both formal and informal. Involving the role of the family in fulfilling the nutritional intake of toddlers can help health workers provide interventions for toddlers who experience nutritional status problems. Increasing the role of the family can be done by providing information and understanding how the family should carry out its role in caring for children, especially at the age of toddlers who are not yet able to act autonomously.

Conclusion

Based on the research results found by researchers, the conclusions from the results of the research that have been carried out are that:

1. Family characteristics of the case group, the majority age is 26-30 and the distribution of respondents in the control group is more in the 20-25 year age group. Marital status was 100% married, the last level of education of parents in the case group was mostly junior high school and in the control group more high school. The majority's occupation is as a housewife, the economic income of the majority of respondents' income is IDR: <1,000,000 and the majority of children are <2 children in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan.
2. Characteristics of toddlers aged 1-2 years in the case group and control group. The majority of toddlers were 5 years old, the majority of gender was male, the body weight was found to be 9-11 kg, and the height was found to be 81-90 cm in Limbung Village, Sungai Raya District, Kubu Raya Regency, West Kalimantan.
3. The role of families in Limbung Village in the case group of stunted children plays more of a bad role and in the control group of children who do not experience stunting plays more of a good role, because in the case group with families with poor roles, they rarely take toddlers to the posyandu for immunizations and to obtain the latest information about foods that can improve children's growth and development for the better. Apart from that, health checks are not carried out routinely so that families are not aware that their child is diagnosed with stunting.
4. The incidence of stunting in Limbung Village, Sungai Raya District is still in the good category, although in the research data there are still several percentage figures that indicate stunting results. Based on the results of theory and facts, researchers assume that energy intake is directly related to children's physical and growth deficits.
5. There is a significant relationship between the role of the family and the incidence of stunting, meaning that the better the role of the family, the lower the incidence of stunting.

References

[1] Agustina, R., Utami, T. N., & Asriwati, A. (2020). Hubungan Perilaku Keluarga Sadar Gizi Dengan Kejadian Stunting Balita Dan Evaluasi Program. Jurnal Keperawatan Priority, 3 (2), 42–52. https://doi.org/10.34012/jukep.v3i2.948

[2] Andriani, M., B. W. (2017). Gizi Dan Kesehatan Balita Peranan Mikro Zinc Pada Pertumbuhan Balita. (1st ed.). Kencana Prenada Media Group.

[3] Arlius, A., Sudargo, T., & Subejo, S. (2017). Hubungan Ketahanan Pangan Keluarga Dengan Status Gizi Balita (Studi Di Desa Palasari Dan Puskesmas Kecamatan Legok, Kabupaten Tangerang). Jurnal Ketahanan Nasional, 23 (3), 359. https://doi.org/10.22146/jkn.25500

[4] Atikah, R. D. (2018). Study Guide-Stunting Dan Upaya Pencegahannya (Hadianor SK (ed.)). CV Mine.

[5] Desyanti, C., & Nindya, T. S. (2017). Hubungan Riwayat Penyakit Diare dan Praktik Higiene dengan Kejadian Stunting pada Balita Usia 24-59 Bulan di Wilayah Kerja Puskesmas Simolawang, Surabaya. Amerta Nutrition, 1 (3), 243. https://doi.org/10.20473/amnt.v1i3.6251

[6] Fadzila, D. N., & Tertiyus, E. P. (2019). Ketahanan Pangan Rumah Tangga Anak Stunting Usia 6-23 Bulan Di Wilangan, Nganjuk. Amerta Nutrition, 3 (1), 18. https://doi.org/10.20473/amnt.v3i1.2019.18-23

[7] Fransiska Virginia Palit. (2017). Hubungan Pengetahuan Dan Sikap Ibu Yang Menikah Dini Dengan Status Kesehatan Reproduksi Di Kecamatan Kema Kabupaten Minahasa Utara. Occupational Medicine, 53 (4), 130.

[8] Hanifah, U. A., Arisanti, N., Agustian, D., & Hilmanto, D. (2017). Hubungan Fungsi Keluarga dengan Status Gizi Anak di Kecamatan Soreang Kabupaten Bandung pada Tahun 2016. Jurnal Sistem Kesehatan, 2 (4), 200–206. https://doi.org/10.24198/jsk.v2i4.12498

[9] Hardini, A. T. A. (2017). The Implementation of Inquiry Method To Increase Students' Participation and Achievement in Learning Social Studies. Scholaria : Jurnal Pendidikan Dan Kebudayaan, 7 (2), 190. https://doi.org/10.24246/j.scholaria.2017.v7.i2.p190-198

[10] Haria, N. G., Humairah, J. F., Putri, D. A., & Oktaviani, V. (2023). Disfungsi Peran keluarga: Studi Stunting pada Balita di Tanjung Pinang Timur, Kota Tanjung Pinang, Kepulauan Riau. Jurnal Ilmu Sosial Dan Humaniro, 2 (2), 204–214. https://journal.literasisains.id/index.php/sosmaniora

[11] Hayyudini, D., Suyatno, & Dharmawan, Y. (2017). Hubungan Karakteristik Ibu, Pola Asuh Dan Pemberian Imunisasi Dasar Terhadap Status Gizi Anak Usia 12-24 Bulan. Jurnal Kesehatan Masyarakat, 5 (4), 788–800. http://ejournal3.undip.ac.id/index.php/jkm

[12] Heryana, A. (2019). Buku Ajar Metodologi Penelitian Kesehatan.

[13] La Ode Alifariki. (2020). Gizi Anak dan Stunting. Penerbit Leutika Prio.

[14] Menteri Kesehatan. (2014). Peraturan Menteri Kesehatan RI, No. 14 Tahun 2014 tentang Pedoman Gizi Seimbang.

[15] Millenium Challenge Account – Indonesia. (2018). Stunting dan Masa Depan Indonesia. MAC-Indonesia.