



Family Mobilization With Stunting Case Toward Children Under Five Years Old In Indonesia: Literature Review

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ABSTRACT

Stunting is the inadequacy of nutritional intake from the womb to the child at the age of five, which is indicated by the child having less length or height comparing to the age. In this study, the researcher linked family mobility as one of the factors causing the increasing case of stunting. The purpose of this literature study is to describe family mobilization with the stunting case in children under five in Indonesia. The research design used in this study was a traditional literature review. Articles are tracked using several search engines (Google Scholar, PubMed, Springer link, Sinta, and Plos One). The results of this study indicated that family mobilization in reaching health services can affect the nutritional status of children under five. The affordability of health services is caused by several factors such as road access, distance and travel time. It also relates to the family residence, the pattern of care provided, and the socio-economic status of the family which can cause children under five experiencing stunting. The conclusion in this study is that family mobilization such as a lack of family health attention in reaching health services, inadequate needs and a healthier lifestyle or low economic status, as well as a poor or lack parenting knowledge can cause children under five susceptible to infectious diseases so that the children are prone to stunting.

KEYWORDS

family mobilization, stunting, children under five

1. BACKGROUND

Providing healthy food and accelerating nutrition improvement is one of Indonesia's programs implemented by the Gerakan Masyarakat Sehat (GERMAS) to prevent and eradicate stunting (Kemenkes RI, 2017). According to the results of a survey by the World Health Organization (WHO), the incidence of stunting in Indonesia is the

third country with the highest prevalence of 36.4% in the Southeast Asia region (Kemenkes RI, 2018). Meanwhile, the prevalence of stunting in 2016 was 27.5% and increased to 29.6% in 2017. The current survey results show that the program issued by GERMAS needs to be adequately implemented. The family has the task of family development to facilitate the care and

fulfillment of family members in a healthy family environment (Susanto, 2015). Therefore, good family environment facilities can support the fulfillment of the needs and development of children in the family.

Stunting is a condition of growth and development of children who experience problems of inadequate nutritional intake from the womb to the age of five so that children have a length or height that is less when compared to their period. (Kemenkes RI, 2018). Causes of stunting include maternal nutritional deficiencies during pregnancy, exclusive breastfeeding practices, complementary feeding practices for children, frequent exposure to infections, low household socio-economic status, premature birth, short birth length, and low maternal height and education level. aging, food management, health care, water and environmental sanitation, urbanization, and natural and manufactured disasters (Tumilowicz, 2015).

The home environment is the place that most influences children's health, especially for children before entering school. Life experiences, such as frequent housing movements, can hinder the development of a home environment that is conducive to a child's well-being (Krupsky,

2019). Family mobilization and healthy and adequate housing is an aspect of family functioning that impacts the physical and mental health of the family and its members and the long history of living in the environment where the family currently lives (Friedman, 2010).

Family mobility is a family relationship and interaction with the closest external environment, such as; health workers, friends, work, neighbors, extended family, schools, houses of worship, recreational groups, and social groups. Changes in environmental facilities and social characteristics through a change of residence may indirectly affect children's health (Lawrence, 2015). Especially in stage II families, namely families with their first child and continuing until the baby is 30 months old, where if the family at this stage is in a new community environment, they will experience difficulties in communicating or adapting (Friedman, 2010), because communication skills in the family at this stage are not good enough, toddlers are also more vulnerable to being influenced by family and home environmental settings because of their ability to interact independently of inadequate ecological settings such as adolescents or adults. (Krupsky, 2019).

Greater instability and confusion will affect internalizing and externalizing behavior, developmental delays, and overall physical health (Beck, 2019). Families will also experience difficulties in receiving health services when they move their residence too often (Busacker, 2012), so that the vaccines received by children when they were toddlers were not fulfilled (Clair, 2018), children become susceptible to disease, immunity decreases, and children repeatedly fall ill. For this reason, the housing conditions are inadequate, and the distance between the house and health services is too far (Aoun, 2015) can reduce the ability of families to maintain adequate nutritional status of children and receiving health services (Krupsky, 2019).

Based on some of the descriptions above, for this reason, in this study, the authors wanted to find out more about the linkage of family mobilization to the incidence of stunting in children under five. This is because families need to facilitate and control the fulfillment of children's nutritional needs, especially families with children under five who have stunting problems, by looking at the distance and time traveled by the family from home to the point of receiving health services as a trigger factor. Therefore, it is necessary to have

further studies through a literature review study on Family Mobilization with Stunting Incidents in Toddlers in Indonesia.

2. METHODS

The research design is a literature review. This literature review was compiled using the traditional literature review method by collecting articles using article search engines, namely Google Scholar, PubMed, SpringerLink, Sinta, and PloseOne. This article was searched using the keywords family mobilization, stunting, toddlers, family mobilization, and children under five years old.

The research inclusion criteria included a paper research design that was analyzed cross-sectionally, case studies, one group pretest-posttest, family populations with toddlers aged 1-5 years, families with family members (toddlers) who experience stunting problems, studies measuring family mobilization using a questionnaire or interviews covering affordability and accessibility (mileage, travel time, and facilities), where the research was conducted in the community, stunting was measured (TB/U) using anthropometry Z-score or AnthroPlus, written articles in Indonesian or English, research conducted in Indonesia, articles were published between

January 2015-April 2020, explaining stunting, explaining family mobilization, Indonesian-language articles listed in Sinta Indonesian Journal.

Research exclusion criteria include studies that deviate from the topic of interest, research in articles not conducted in Indonesia, articles resulting from conferences or proceedings, articles not full-paper, articles containing only abstracts, articles found published in two or more journals or duplicates, articles retracted or withdrawn from the journal due to a violation of publication ethics. Searching for papers through the systematics above obtained nine results of scientific articles originating from research results, as shown in Figure 1 flowchart of the Database Search Process. The results of the review of 9 articles are outlined in the results and discussion sub-chapters so that the researcher's questions will be answered in the conclusions sub-chapter.

3. RESULTS

Based on the results of the literature review conducted, it is known that there is a relationship between family mobilization and the incidence of stunting in toddlers. Families living in rural areas have a 1.32 times greater chance of experiencing stunting

under five than families living in cities, because access to health services such as health centers or hospitals is easier to reach in urban areas than in rural areas. As many as 60% of families are far from health services, and as many as 40% of families are close to health services (Willianarti, 2017).

This is in line with other research, where toddlers who live in rural areas are more stunted (53.3%) than toddlers who live in urban areas (34.9%) (Rachmi, 2016). As many as 76.2% of mothers with toddlers who have close access to health services will make more routine visits to the public health center than mothers who have access to health services that are far away. The distance to the place of health services which far do not affect mothers under five in fulfilling primary immunization as much as 78.9%. Apart from that, costs also become an obstacle for families utilizing health services because families with a higher socio-economic status and living in urban areas will prefer referral health services such as hospitals and practicing doctors/clinics. Families who have low socio-economic status and live in rural areas prefer to use primary health services (Kullu, 2018).

Toddlers who have poor maternal parenting experience more cases of stunting, as much as 65.7%, compared to

toddlers who have good maternal parenting, as much as 24.4% of toddlers experience stunting (Kullu, 2018). This happened due to the lack of education and knowledge of mothers under five in utilizing the available health services properly, and the lack of access to health service facilities in Wawatu Village were also factors causing the poor parenting style of mothers towards their children. family access in reaching

health services is limited, so this will result in fulfilling basic immunization and monitoring the growth of toddlers, so that toddlers will experience a history of recurrent infections and toddlers will experience higher stunting. a higher prevalence of stunting was experienced by toddlers who did not routinely go to posyandu in the last 3 months with a p-value = 0.018.

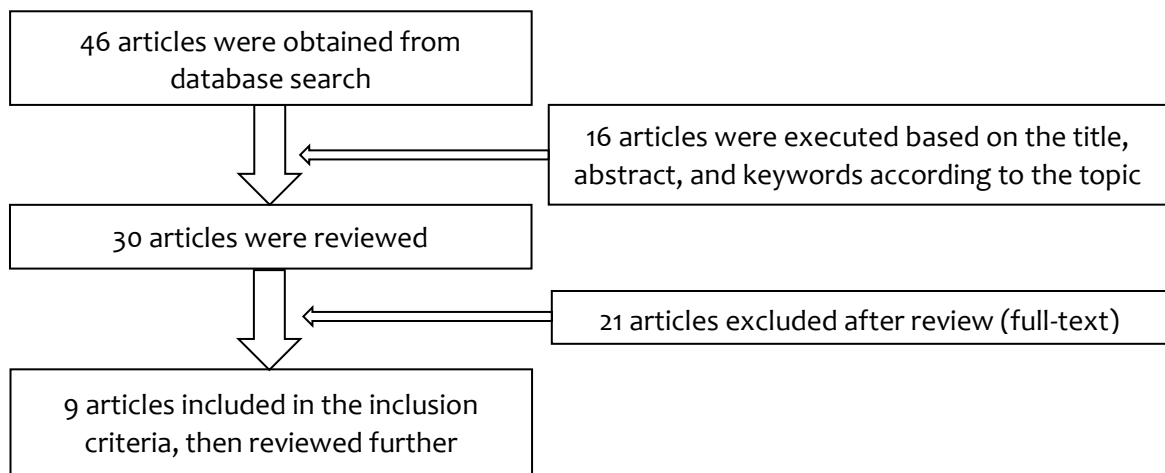


Figure 1. Database Search Process

Table 1. Results of Analysis of Family Mobilization with Stunting Incidents in Toddlers in Indonesia

No	Family Mobilization	Stunting			Reference
		P	PR/OR	CI 95%	
1	Residence (town/village)	0,000	1,32	Not mentioned	(17)
		<0,001	2,23	1,95-2,55	(14)
2	Access to Health Services	0,011	3.067	(1,358 – 6,924)	(18)
		0,018	Not mentioned	Not mentioned	(19)
		0,808	1.205	0,268-5,423	(20)
		0,003	Not mentioned	Not mentioned	(13)

4. RESULTS

Based on the description of family mobilization and the incidence of stunting in children under five, children who experience stunting can be identified starting from children who are still in the womb to children aged under five, where this incident is caused by inadequate nutritional intake from in the womb to toddler age (Kemenkes RI, 2018). This is a family problem that can be experienced from the first stage of the family with a new partner to the second stage of the family with the birth of the first child and continues until the baby is 30 months old (Friedman, 2010). At this stage, the family begins to separate and move from the original family to form a new family by preparing for a new type of living together. The family starts to plan the time of pregnancy to change their role as parents. During this pregnancy, the task of family development began until the family continued the second stage of the family with the first child until the baby was 30 months old. Parents must start learning to catch and understand the baby's cry, such as the difference between a baby's cry between expressions of discomfort, hunger, overstimulation, illness, or fatigue. Good baby care, early recognition and provision of management of physical health problems,

normal growth and development, immunization, safety measures, general health promotion (lifestyle), and family interaction are family health concerns at this stage, starting with preparation for becoming parents. Other concerns regarding family health are families having difficulty accessing and inadequate health service facilities, parent-child relationships, inter-sibling relationships, parenthood (including child abuse and neglect), and problems transitioning into parenting roles. (Friedman, 2010).

If an area has a community with difficulty accessing and contacting health services, children are more vulnerable to malnutrition, which can affect their growth. The distance to health services makes parents' upbringing less good because families always consider the costs to be incurred, so families will tend to prioritize their income to be used for food rather than for treatment, considering all the existing limitations (Mentari, 2020). This happens more often in rural areas than in urban areas, because access and travel time for families to reach health services is easier and faster because families have better transportation and road access (Indrastuty, 2018). Factors like these tend to influence families to change their place of residence so that

families get a better environment and socio-economic progress (jobs, economic status) (Lawrence, 2015). Relocation of residence is a positive life change, such as increased family economic status, adequate employment to meet needs and a healthier lifestyle, and wider access for families to reach healthcare facilities. Children who move the earliest in life are more likely to come from families with the lowest socioeconomic average (Merrick, 2018), and the prevalence of stunting is higher among children at the poverty threshold or economic status included in quintile one (Indrastuty, 2018).

Mobilization of residence is closely related to instability and chaos in early life (Busacker, 2012). Children from families with greater instability and disorder are more susceptible to negative health outcomes such as internalization and externalization of child behavior, delayed development, and poor overall physical health (Krupsky, 2019). So that chaotic household conditions can reduce children's ability to maintain a healthy nutritional status. children who move more than three times in their lifetime have worst physical health, oral health, and chronic conditions compared to children who drive less frequently because this movement leaves families without well-

coordinated health care and sustainable. Children under five who do not routinely attend and check themselves at the public health center in the last three months are more likely to experience stunting due to the lack of coverage and utilization of routine growth monitoring programs, and not having a child growth and development monitoring card resulting in families not knowing the growth and development problems experienced by their children. Children who moved three or more times in early childhood came from single-parent families. Lack of family support and increased responsibility can stress parents, allowing parents to abuse children such as neglect (Merrick, 2018). The level of abuse is higher for working parents compared to non-working parents (Merrick, 2018). The employment status of working and non-working mothers significantly influences the incidence of stunting among toddlers. The attention given by mothers who do not work is more than mothers who have jobs. The busyness and workload they carry cause the mother to need more attention in preparing food for their toddler (Indrastuty, 2018). This is a trigger factor for parents to give poor parenting to their children so that children's nutrition is not fulfilled properly, and finally, children are more prone to stunting

(Maywita, 2018). Therefore, families must pay more attention to the quality and quantity of nutritional intake in children's food. Undernourished children can cause delays in body growth and brain development, and toddlers are more susceptible to exposure to infectious diseases due to their low immunity of toddlers (Kullu, 2018).

5. CONCLUSION

Based on the results of a review that was carried out on the nine articles obtained, it is known that there is a link between family mobilization and the incidence of stunting caused by several factors. These factors often occur in stage two families, such as lack of attention to family health in reaching health services, inadequate needs and healthier lifestyles or low economic status, and poor parenting styles.

AUTHOR CONTRIBUTIONS

Substantial contributions to conception, data collection, data analysis: Elsa Yolanda Talapessy. Writing and finishing manuscript: Elsa Yolanda Talapessy, Tantut Susanto, Latifa Aini Susumaningrum.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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