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Original Research

Family Assessment Device Among Families with Stunted Children Under Five Years in Kadu Village, Tangerang

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ABSTRACT

Nutritional status serves as an important indicator of health development in infants and young children. Insufficient growth in height and weight during the toddler stage can lead to nutritional issues that negatively impact health and may cause delays in cognitive development. This study aimed to examine the relationship between family functioning and the growth of toddlers with stunting in Kadu Village, Tangerang. A correlational design with a cross-sectional approach was applied, involving 64 families with stunted children under five years old. Data were collected using the Family Assessment Device (FAD), which measures seven dimensions of family functioning: problem-solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general functioning. The height and weight of toddlers were validated through health records and direct measurement. Statistical analysis revealed that the role factor had a significant negative correlation with both child height ($p = 0.001$; $r = -0.395$) and weight ($p = 0.002$; $r = -0.379$), while problem-solving showed a positive correlation with height ($p = 0.03$; $r = 0.271$). These findings indicate that parental roles and involvement in daily care strongly influence toddler growth. Roles and problem-solving are part of the family function. Strengthening family roles and problem-solving skills is essential to improving nutritional outcomes and preventing stunting.

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INTRODUCTION

The period from birth to five years of age is the most important in the human life cycle because during this time, there is rapid physical, cognitive, and emotional growth and development. In supporting growth and development in this period, optimal nutritional status is needed, so that growth and development can follow the age of the child, and the quality of life of children in adulthood can be optimal (WHO, 2020). During this period, there is very rapid brain development, which becomes the basis for the formation of learning abilities, behavior, and health in children under five years old. Good nutrition serves as a foundation for tissue growth, neural development, and plays a role in the development of endurance. If the nutritional status is not optimal, there will be growth and

development disorders in children under five years old, which results in children under five years old being at risk of disease and lagging in development (Tarmizi, 2024).

The efforts made by the government to improve nutritional status in Indonesia are to carry out Integrated Malnutrition Management by emphasizing the active role of families and communities, as well as multidisciplinary efforts related to malnutrition prevention by recommending outpatient treatment for uncomplicated malnourished children under five years old and hospitalization if there are complications until complications are resolved for children under five aged 6 to 59 months. If less than 6 months old and experiencing malnutrition, hospitalization is recommended, even in the absence of complications (Ministry of Health, 2019). Despite the government's efforts, stunting is still a significant problem of concern in children under five years old, especially in areas with a high prevalence of stunting. Policies and interventions for addressing stunting in each region of Indonesia vary. Some regions have a strong commitment and significant support from across sectors in preventing stunting. Regions with effective program management have successfully reduced the incidence of stunting.

Consumption of less nutritious food can cause nutritional problems in infants and children under five, such as stunting, underweight, and failure to grow, which is here in after referred to as nutritional status, so that good nutrition supports adequate growth of infants and children under five years old (Manurung et al., 2022). According to the 2025 nutrition survey results, the incidence of stunting in Indonesia was 21% (Setyorini & Lieskusumastuti, 2021). This figure remains a concern, particularly in areas with a high prevalence of stunting. The high prevalence of stunting does not only occur outside the island of Java but in Java itself, which is considered one of the regions with the best health levels in Indonesia, and still has a concerning percentage of stunting of more than 20%. East Java ranks first, with a prevalence of 32.8%, followed by Banten province, which has 29.6% of stunting cases, and Tangerang Regency, where 28.8% of stunting cases were recorded (Wardita et al., 2021).

This condition reflects that one in three Indonesian children has impaired growth due to chronic malnutrition. At the regional level, Banten Province has a stunting rate of 29.6% with approximately 209,600 toddlers suffering from stunting, and Tangerang District has a high number of cases of children under five years old with nutritional problems, especially among low-income families with limited access to health services (Badan Pusat Statistik Provinsi Banten, 2023). One village in Tangerang District continues to face challenges in improving the nutritional status of children under five years old. Based on data from the local community health center, there are several cases of underweight children under five years old, height below age standards, and cases of children under five years old with anemia. This condition indicates that various factors influence the nutritional status of children in the neighborhood, both directly, such as inadequate diet, and indirectly, through factors like parents' education level, socioeconomic conditions, access to clean water, and environmental sanitation (Odoms-Young et al., 2024).

The active role of the family is needed in providing nutrition to children under five. Families can implement strategies to help maintain the nutritional needs of children under five years old. The role of the family in this case is as both educator and provider, where parents prepare food and educate their children to develop good eating habits. Families who play a good role in paying attention to their children's nutrition will have a better child's nutritional status (Siregar, 2016). The role of the family towards children under five years old is a process of interaction between parents and children. This interaction involves the role of parents in implementing daily habits, including parenting, hygiene, and healthcare practices. The family serves as a role model for children under five years old in developing daily living habits. A good family role is the foundation for developing a healthy lifestyle in children under five years old, enabling them to avoid various diseases and prevent stunting optimally.

The family serves as a role model for children under five years old in developing daily living habits, especially in the feeding process, which can influence a child's growth, so that their height and weight are appropriate for their age. There is an influence of the role of the family on the weight status of children (Susilowati et al., 2022). Parents who are busy with work may be less involved in paying attention to what their toddlers eat, which can affect their height, weight, and nutrition. A toddler's height can determine whether or not they are stunted. Toddlers who are too short for their age, usually due to malnutrition, experience weight loss and slowed growth (WHO, 2020)

Inadequate height and weight during toddlerhood can lead to nutritional problems that affect their health, resulting in delayed cognitive development. Impaired cognitive function has a long-term impact, especially during school age, when thinking processes are required. At this age, children will have difficulty absorbing information and understanding learning concepts, resulting in a decline in academic achievement (Handina, 2024). In addition to reduced cognitive function, suboptimal height and weight in toddlers can also cause intellectual disability and make them susceptible to disease, so that as adults they may be at risk of chronic illness (Handayani et al., 2023).

Based on interviews with representatives from the community health center that handles child nutrition issues, there were 75 toddlers suffering from stunting in Kadu Village in 2024. Based on interviews with the village head of Kadu, many efforts have been made to address stunting by involving medical personnel, but stunting still occurs. This shows the need for community involvement, especially families, in addressing stunting. Therefore, researchers are interested in conducting research to examine how family functioning relates to toddler growth, including height and weight in toddlers. The purpose of this study was to identify role factors to height dan weight in children with stunting, specifically in Kadu Village in Tangerang District.

METHODS

This study employed a correlational design with a cross-sectional approach. The study was conducted onsite at all integrated Posyandu in Kadu village, Tangerang District, from February 2024 to June 2024. This study obtained ethical clearance from the Ethics Committee of LPPM UPH, as indicated in number 072/IRB-UPH/VIII/2023.

The questionnaire used in this study was the Family Assessment Device (FAD), which consists of 53 questions covering seven factors: problem-solving, communication, roles, emotional responses, emotional involvement, behavior control, and general functioning. This questionnaire is already available in Indonesian and has been tested for validity and reliability using item factor analysis (IFA) with a total of 2,740 respondents by (Mutiah et al., 2023).The results of the IFA indicated that the seven-factor model correlated well with the data. answer choices on a Likert scale, namely always, often, sometimes, and never. The ordinal Cronbach's alpha (α) for each aspect was around 0.467 to 0.830 (Mutiah et al., 2023).The results of the IFA indicated that the seven-correlated factor model fit the data acceptably [$\chi 2$ (1304) = 4983.556, $p < .001$; RMSEA = .032 (90% CI = .031-.033), CFI = .904, TLI = .899, SRMR = .089].

The population was families (parents) with a child under five years old who had nutritional problems (stunting) and resided in the Kadu villages in Tangerang Regency. The study employed a total sampling approach to collect respondents, using inclusion criteria that included families (parents) who care for children under five years old experiencing nutritional problems (stunting). Following the inclusion criteria, a total of 64 respondents were included in this study. Validation was conducted by researchers in coordination with Posyandu cadres to verify records in the maternal and child health book (KMS) and measure the children's weight and height. The way to determine whether a toddler is stunted is by measuring their weight and height, comparing it with the WHO growth curve on the child health book (KMS) and finding that it is below -2 SD (Z-score). Subjects who agreed to participate were asked to complete an informed consent form. Data was collected directly by the researcher after the respondents had finished their Posyandu services, which took around 15-20 minutes.

Univariate and bivariate analyses were performed in this study. All variables are normally distributed except for the Roles factor. Therefore, we used the Pearson correlation for the variable with normally distributed data and Spearman's rho for the variable with data that do not meet normality assumptions (The role factors with Child's height and Child's weight).

RESULTS

The study findings were presented in Tables 1-3. Based on Table 1, it can be observed that 64 respondents with toddlers suffering from stunting had an average age of 31 years old, and their toddlers were 28 months old

Table 1. Characteristics of Respondents (n=64)

Characteristics	Mean	Minimum-Maximum	Standard Deviation	Lower-Upper 95 % CI
Mother's Age (y.o)	31.98	23 - 51	6.925	30.25 - 33.71
Family Income (Rp)	3,914,062	1,000,000 - 16,000,000	2,334,820	3,330,841 - 4,497,283
Child's Age (months)	28.27	2 - 58	15.612	24.37 - 32.17
Child's Height (Cm)	81.09	47 - 103	11.698	78.17 – 84.01
Child's Weight (Kg)	9.41	3 - 15	2.188	8.86 – 9.95

Table 2. Distribution Factors of Family Assessment Device (n=64)

Factors	Mean Score	Min-Max	Standard Deviation	Lower-Upper 95% CI
Problem-solving (Question 1-5)	15.86	11-20	1.94	15.37-16.34
Communication (Question 6-11)	18.06	11-23	2.70	17.39-18.74
Roles (Question 12-29)	21.05	13-54	5.01	19.79-22.30
Affective responsiveness (Question 20-25)	17.13	11-22	2.15	16.59-17.66
Affective involvement (Question 26-32)	20.25	14-25	2.21	19.7-20.8
Behaviour control (Question 33-41)	26	16-34	3.122	25.22-26.78
General functioning (Question 42-53)	**35.03**	20-47	4.41	33.93-36.13

Table 2 revealed that 64 respondents, in carrying out family functions, most performed general functions, with an average score of 35.03.

Table 3. Correlation of Family Assessment Factors with Child's Height (n=64)

Factors	Child's Height	
	p-value	**r**
Problem-solving	0.03	0.271
Communication	0.565	0.073
Roles	0.001	-0.395
Affective responsiveness	0.494	0.087
Affective involvement	0.084	0.024
Behaviour control	0.063	0.233
General functioning	0.221	-0.155

Based on Table 3, it can be observed that problem-solving and roles factor correlate with the child's height.

Table 4. Correlation of Family Assessment Factors with Child's Weight (N=64)

Factors	Child's Weight	
	p-value	**r**
Problem-solving	0.057	0.24
Communication	0.441	0.098
Roles	0.002	-0.379
Affective responsiveness	0.685	0.052
Affective involvement	0.729	0.044
Behaviour control	0.068	0.229
General functioning	0.384	-0.111

DISCUSSION

In addressing the issue of stunting, many efforts have been made that involve factors outside the family itself. However, the incidence of stunting remains a focus in health issues. Factors within the family are an important part of overcoming this problem, so it is essential to involve the family in overcoming stunting, especially the role and function of the family in caring for infants and toddlers (Rahayuwati et al., 2025)

According to the study results, the maternal age of more than 31 years is associated with a higher risk status compared to mothers under 31 years old. It suggests that older maternal age makes a significant contribution to the fulfillment of children's nutritional needs. In the process of self-adaptation, the older the age, the more experience that shapes one's behavior (Priana et al., 2023). Mothers of a younger age have less experience and knowledge in fulfilling nutritional needs and accessing health services. However, maternal age does not have a significant relationship with nutritional problems in children under five, as it cannot be considered a single factor in determining these problems. In this modern era, there are numerous ways to obtain information, allowing individuals without prior experience to access a wealth of information, particularly information related to toddler nutrition (Priana et al., 2023).

The purchasing power of food needs can be determined by the income earned. Foodstuffs to be purchased will be adjusted to income. If food ingredients are expensive, it will undoubtedly reduce the family's interest in purchasing them, so they may not be able to provide these ingredients for consumption (Illahi, 2017). However, in this study, families with incomes above the minimum wage still have children under five with nutritional problems. In providing and processing food, it also requires the skills of mothers or those responsible for fulfilling the family's nutrition. Even though they have high purchasing power for food, if they cannot manage and prepare food consumed by the family, it can also be a factor in not fulfilling the family's nutritional needs optimally (Kasumayanti & Z.R, 2020).

Family function plays an important role in fulfilling a toddler's nutritional needs. One of the family functions performed by parents is the role (Mutiah et al., 2023). Based on the results of the study, parents' role is related to the height and weight of toddlers. This means that the role performed by parents has an impact on the growth of children, especially toddlers. The role of parents in monitoring the growth and development of toddlers is very important because it will influence the child's growth (Gandini et al., 2024). The influence of parental roles in toddler growth is the role of parents in caring for and providing nutrition to toddlers, thereby affecting their physical growth, namely their height and weight. Parents act as primary caregivers, ensuring that children receive adequate nutrition and stimulation during the critical early years, which directly impacts height and weight development. Research shows that parental involvement in monitoring growth and development is essential because parents are the closest individuals to the child and serve as the first source of education and health guidance (Gandini et al., 2024). Parents' active role in providing balanced nutrition, promoting healthy routines, and monitoring growth is a critical determinant of toddlers' physical development.

The role of parents is a determining factor in toddler growth. Parental support in health, hygiene, and monitoring of child development contributes directly to height and weight. Regularly, parents are needed to monitor the physical development of children, as well as their health (Lufthiani et al., 2023). Growth monitoring of children by parents is an early detection method for identifying possible growth delays, enabling parents to plan appropriate interventions to optimize their children's growth (Rahayuwati et al., 2025). The role of parents is a determining factor, as parental education and awareness of health practices and services influence growth indicators in toddlers (Dariotis et al., 2023).

The role of parents involves parents in meeting the basic needs of toddlers, such as nutrition, rest, and stimulation, which affect child growth. Adequate nutrition during the first two years of life is critical for physical growth and cognitive development, as this period represents the most rapid phase of brain and body growth. The important role of parents is to ensure that toddlers eat a variety of nutritious foods and to monitor their eating habits, which will prevent nutritional deficiencies and ensure that toddlers have optimal height and weight (Gross et al., 2019). Parents' active role in meeting basic needs is not only a matter of care but a determinant of toddlers' physical and developmental trajectory.

Family support in fulfilling nutritional needs is evident when the family carries out its functions properly. Based on the results of this study, there is no significant relationship between family function and nutritional status in children under five who have nutritional problems. In fulfilling family nutrition, especially for children under five, nutritional problems can arise due to various factors, which are often interrelated (Hanifah et al., 2017). Family function is not the only factor that causes nutritional problems in children under five. External factors from the family, such as socioeconomic status, access to health services, and environmental conditions, can also contribute to nutritional problems in children under five (Siramaneerat et al., 2024). Families may not perform their functions well, but they can provide nutritionally complete food, allowing children under five years old to avoid nutritional problems. Conversely, families may perform their functions well but struggle to meet their nutritional needs, thereby putting children under five years old at risk of nutritional problems.

The condition of families that carry out good family functions but are not necessarily able to meet the basic needs, especially in fulfilling the nutritional needs of children under five years old. Parents' knowledge of nutritional needs according to age, as well as their ability to process food ingredients, are considered in the nutritional

status of children under five years old. Even though parents perform family functions effectively, if they lack knowledge of age-appropriate toddler nutrition, it can also contribute to toddler nutrition problems (Rachmawati et al., 2021).

The nuclear parents do not always carry out the caregiving role in the family. The culture of caregiving in Indonesia is also carried out by close relatives from the family, such as grandmothers or aunts. There is different information from the biological parents regarding toddler nutrition (Ciptanurani & Chen, 2021). The involvement of close relatives in caregiving can lead to different information on fulfilling toddler nutrition. Different experiences in providing food, serving, organizing menus, and determining quality meals for children under five can also affect the occurrence of nutritional problems in children under five who are cared for (Irene Fioresta et al., 2024).

Under certain conditions, family dynamics can contribute to nutritional problems in children under five years old. Families that lack internal functions, specifically a lack of communication, inadequate support for each family member, and insufficient emotional involvement in each family member, are at risk of having children under five years old with stunting (Wahyudi et al., 2023). Families that function well, characterized by good communication, can resolve conflicts effectively, and each family member exhibits reasonable behavioral control, tend to have children under five years old with good nutritional status as well (Al Isnaini et al., 2020). Caring for children under five requires cooperation among family members who support one another. Good and open communication is one way to solve and exchange ideas and information in preparing food for the nutritional completeness of children under five years old. Therefore, good family function can affect the nutritional problems of children under five years old.

One of the family's functions is the healthcare function, which involves the family's ability to recognize problems, decide on appropriate actions, and utilize health services. If a family does not perform an optimal healthcare function, then children under five years old in the family are at risk of nutritional problems (Kurniawati & Kulla, 2022). Based on this, the family's function in the form of a healthcare function can affect nutritional problems in children under five years old, as seen in the family's ability to recognize toddler nutrition problems and decide on the right actions related to fulfilling toddler nutrition needs. If the family can carry out this function well in caring for toddler nutrition, the risk of nutritional problems in children under five years old will be reduced (Yanti & Laksmi, 2021).

The limitation of this study is that the sample used should have been a total sample of 75, but due to the situation and data collection process, only 64 respondents were successfully collected. However, this sample is representative of one village because the sample comes from all health posts in the village.

CONCLUSIONS AND SUGGESTIONS

The study concludes that family roles significantly correlate with the height and weight of toddlers with stunting, while problem-solving is associated with height. This suggests that the way parents perform their caregiving roles, including monitoring growth, providing nutrition, and ensuring health practices, directly impacts physical development. However, family functioning alone does not guarantee optimal nutritional status, as external factors such as socioeconomic conditions and access to health services also play a role. Therefore, interventions should focus on empowering families to strengthen their roles and problem-solving abilities while addressing external barriers to nutrition.

To address the high prevalence of stunting and improve toddler growth outcomes, it is recommended that health education programs be strengthened to enhance parents' knowledge of age-appropriate nutrition, hygiene, and growth monitoring. Community-based support systems, such as Posyandu, should be optimized to provide continuous guidance and early detection of growth delays. Integrated interventions involving health, education, and social sectors are essential to overcome socioeconomic and environmental barriers that hinder adequate nutrition. Furthermore, empowering families through training on problem-solving and caregiving roles will help them fulfill basic needs such as nutrition, rest, and stimulation. Finally, future research should employ longitudinal designs to explore causal relationships between family functioning and child growth, ensuring evidence-based strategies for stunting prevention.

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