



The Relationship Between Family Characteristics and Feeding Patterns with Stunting Incidence in Toddlers

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ABSTRACT

Background: Stunting is a chronic growth disorder in children caused by long-term malnutrition. This condition remains a public health problem in Indonesia. Family characteristics and feeding practices play an important role in determining children's nutritional status. However, community-based empirical evidence is still limited. Therefore, this study aims to analyze the relationship between family characteristics, feeding practices, and stunting among children aged 12–59 months.

Methods: This study used a cross-sectional design conducted in Limo Village, Depok City. The sample consisted of 328 mother-child pairs selected using probability sampling with cluster sampling technique, where all integrated health service posts (posyandu) were used as strata. Data were collected through a structured questionnaire to assess family characteristics and feeding patterns, as well as anthropometric measurements to determine stunting status. Data analysis was performed using the Chi-Square test with a significance level of 0.05. This study obtained ethical approval from the relevant ethics committee, and all respondents gave their consent after receiving an explanation.

Results: The results indicate a significant association between family characteristics including maternal age, maternal education, family income, number of children, and family type and stunting ($p < 0.05$). Similarly, feeding practices were also significantly associated with stunting ($p = 0.026$). Furthermore, stunting was more prevalent among children of mothers with low educational attainment, families with incomes below the minimum wage, and those with suboptimal feeding practices.

Conclusion: The incidence of stunting in toddlers is significantly influenced by family characteristics and feeding practices. These findings emphasize the importance of family-based interventions that focus on strengthening responsive parenting and proper feeding practices. Further research using a longitudinal design or intervention is recommended to support stunting prevention efforts at the community level.



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INTRODUCTION

Stunting remains a serious public health problem and a global challenge, particularly in developing countries. According to [UNICEF, \(2021\)](#), approximately 150.2 million children under five worldwide are stunted, with a global prevalence of 22.3%. The highest burden is observed in

Asia and Africa, accounting for 51% and 43%, respectively. In Southeast Asia, Indonesia ranks second after Timor-Leste, with a prevalence of 30.8% [Rahman et al. \(2023\)](#). Although the national prevalence of stunting has decreased to 19.8%, this figure remains above the public health threshold set by the WHO and has not yet reached the national target of 14%.

Stunting is a condition of growth impairment caused by chronic malnutrition and recurrent infections, characterized by a child's height being below the standard for their age. The impact of stunting not only affects physical growth but also cognitive development, learning ability, and increases the risk of non-communicable diseases in adulthood, such as cardiovascular disease [\(Ekawati & Rokhaidah, 2022\)](#); [Wulandari et al., 2025](#)). In the long term, the high prevalence of stunting has the potential to reduce the quality of human resources and a country's economic productivity [\(Haerianti et al., 2024\)](#).

The occurrence of stunting results from the interaction of multiple factors. Direct factors include inadequate nutritional intake, recurrent infectious diseases, low birth weight, and premature birth, while indirect factors include socioeconomic conditions and family characteristics, such as maternal age, parental education level, family income, number of children, family type, and living environment [\(Siregar et al., 2024; Samsuddin et al., 2023; Suryaningsih et al., 2022\)](#). Family characteristics play an important role in determining the ability to make health decisions and optimally meet the nutritional needs of children. Several studies have shown a significant relationship between family characteristics and feeding patterns and the incidence of stunting. Low maternal education and limited family income are often associated with an increased risk of stunting in children [\(Dasril & Annita, 2019; Rahmah et al., 2023\)](#). Additionally, responsive and structured feeding practices have been shown to support child growth and development, while inappropriate or permissive feeding practices can increase the risk of stunting [\(Astika et al., 2020; Yanti, 2023\)](#). However, most studies have examined family characteristics and feeding practices separately therefore, empirical evidence on their combined influence remains limited, particularly in urban areas. This study aims to analyze the relationship between family characteristics and feeding practices and stunting among children aged 12-59 months.

West Java Province, particularly Depok City, is an area with a high number of toddlers. Based on the 2023 Indonesian Health Survey, the prevalence of stunting in Depok City was recorded at 14.3%. Although this figure is relatively lower than the national average, there are still areas with higher local prevalence of stunting, one of which is Limo Village [\(Dinas Kesehatan Depok, 2024\)](#). Therefore, this study aims to analyze the relationship between family characteristics (mother's age, mother's education, family income, number of children, and family type) and feeding practices with stunting incidence among infants aged 12–59 months in Limo Village, Depok City, as a basis for developing family- and community-based interventions.

METHODS

Study Design

This study is a quantitative study with an analytical observational design using a cross-sectional approach. This design was chosen because it allows researchers to analyze the relationship between family characteristics and feeding practices and stunting at a single point in time without providing intervention. This approach is suitable for identifying relationships between variables and describing the prevalence of stunting at the community level. The study was conducted in a community-based setting in an urban area, involving mothers and children under five who attended integrated health service posts (posyandu) in each sub-district. Data were collected using structured questionnaires completed by the respondents, along with anthropometric measurements of the children conducted during posyandu activities.

Study Setting and Population

The study was conducted in Limo Village, Depok City, West Java Province, from June to November 2025. This area was chosen because it has a large number of toddlers and cases of stunting are still found even though the city's prevalence is relatively lower than the national average. The

study population consisted of all mothers with toddlers aged 12–59 months residing in Limo Village, totaling 1,169 toddlers. Respondents included in this study were mothers who were permanent residents of the study area, willing to be respondents by signing a consent form, able to read and write, and had children in good health at the time of anthropometric measurement. Mothers or children with congenital abnormalities or chronic diseases that could affect growth, mothers who were not the primary caregivers of the toddlers, and respondents who were not present during data collection were not included in the study.

Sample Size and Sampling Technique

The sample size was determined using the Slovin formula with a margin of error of 5%, resulting in a minimum sample size of 298 respondents. To anticipate possible dropouts, the sample size was increased by 10%, resulting in a total sample of 328 respondents used in this study. The sampling technique used probability sampling with a cluster sampling approach, in which all 14 integrated health service posts in Limo Village were used as research clusters. Furthermore, the sample size in each area was determined proportionally based on the number of toddlers in each neighborhood unit using the quota sampling technique.

Ethical Considerations

This study has obtained ethical approval from the Research Ethics Committee of the National Development University "Veteran" Jakarta with ethical letter number 180/IX/2025/KEP. All respondents were given an explanation of the objectives, procedures, benefits, and risks of the study before data collection was carried out. The confidentiality of respondent data was guaranteed, participation was voluntary, and respondents had the right to withdraw at any time without consequences.

Data Collection Instruments and Procedures

Instruments

Data collection was conducted using a structured questionnaire consisting of several sections. Family characteristics included the mother's age, mother's education level, family income, number of children, and family type. Feeding practices were measured using the Comprehensive Feeding Practices Questionnaire (CFPQ), which consisted of 49 items on a five-point Likert scale. Stunting status was determined based on height-for-age (HAZ)* using WHO anthropometric standards, with a criterion of z-score < -2 SD.

Procedures

Data collection was carried out by researchers with the assistance of posyandu cadres who had been given prior explanation about the research procedures. Data on family characteristics and feeding practices were obtained by administering questionnaires directly to mothers of toddlers. Toddler height was measured using a microtoise, and the results were compared with the WHO anthropometric standards table to determine stunting status. The independent variables in this study included family characteristics (mother's age, mother's education, family income, number of children, and family type) and feeding practices, while the dependent variable was the incidence of stunting in toddlers.

Data Analysis

Data were analyzed using statistical software. Univariate analysis was performed to describe the frequency distribution and percentage of each research variable. Bivariate analysis was used to analyze the relationship between family characteristics and feeding practices with stunting using the chi-square test, with a significance level of 0.05.

Limitations

The cross-sectional design of this study limits the ability to draw causal conclusions between independent variables and stunting. In addition, the use of questionnaires as a data collection tool

has the potential to cause information bias. However, the use of standardized instruments and controlled data collection procedures is expected to minimize this potential bias

RESULTS

Table 1. Frequency Distribution of Respondent Characteristics (n=328)

Characteristics	Frequency (n)	Percentage (%)
Mother's Age		
<20 years	33	10.1
≥20 years to ≤35 years	239	72.9
>35 years	56	17.1
Mother's Education		
Primary Education	68	20.7
Secondary Education	204	62.2
Hihet Education	56	17.1
Family Income		
<Minimum Wage (Depok City IDR 5,195,720)	185	56.4
≥Minimum Wage (Depok City IDR 5,195,720)	143	43.6
Family Type		
Living with Immediate Family	192	58.5
Living with Nuclear Family	136	41.5
Number of Children		
≤2 (having one to two children)	240	73.2
>2 (having more than two children)	88	26.8
Gender of Toddler		
Male	153	46.6
Female	174	53.4
Infant Immunization History		
Basic Immunization Complete	284	86.6
Basic Immunization Incomplete	44	13.4
Infant Infection History		
History of infection in the Last 3 months	62	18.9
No history of infection in the Last 3months	266	81.1
Feeding Practices		
Poor	165	50.3
Good	163	49.7
Stunting		
Stunting	50	15.2
Not stunted	278	87.8

Table 1 shows that the respondents were predominantly mothers of productive age with a secondary level of education. Most families had incomes below the regional minimum wage and lived in nuclear families, with a relatively small number of children. The characteristics of the children were generally balanced in terms of sex, with most having received complete basic immunizations and having no recent history of infection. Feeding practices were relatively evenly distributed between good and poor categories. The prevalence of stunting among children in this study was 15,2%, indicating a notable public health concern.

Table 2. Cross-Tabulation Analysis of Stunting Risk Factors in Infants Aged 12-59 Months in Limo Village (n=328)

Variables	Nutritional Status				p-value
	Normal		Stunting		
	n (278)	% (84.8)	n (50)	% (15.2)	
Mother's age					
<20 years	22	66.7	11	33.3	0.008
≥20 years to ≤35 years	206	86.2	33	13.8	
>35 years	50	89.3	6	10.7	
Mother's education					
Primary Education	51	75	17	25	0.029
Secondary Education	176	86.3	28	13.7	
Higher Education	51	91.1	5	8.9	
Family Income					
<Minimum Wage (Depok City IDR 5,195,720)	143	77.3	42	22.7	0.019
≥Minimum Wage (Depok City IDR 5,195,720)	135	94.4	8	5.6	
Number of Children					
≤2 (having one to two children)	221	92.1	19	7.9	<0.001
>2 (having more than two children)	57	64.8	31	35.2	
Family Type					
Living with Nuclear Family	171	89.1	21	10.9	0.010
Living with Immediate Family	107	78.7	29	21	
Feeding Practices					
Poor	136	80.5	33	19.5	0.026
Good	142	89.3	17	10.7	

Table 2 presents the results of the analysis of the relationship between family characteristics and feeding practices and stunting among children aged 12–59 months in Limo Village. The bivariate analysis showed that maternal age, maternal education level, family income, number of children, family type, and feeding practices were significantly associated with stunting ($p < 0.05$). The highest proportion of stunting was observed among toddlers whose mothers were <20 years old and had a low level of education. Stunting was also more prevalent in families with incomes below the minimum wage, more than two children, and those living in extended family. In addition, toddlers with poor feeding practices had a higher prevalence of stunting compared to those with good feeding practices.

DISCUSSION

The findings suggest that stunting in Limo Village results from a complex interaction between maternal biological factors, family socioeconomic conditions, and family caregiving dynamics. These findings confirm that stunting is not caused by a single factor, but rather by the accumulation of multiple determinants within the family and social environment. This pattern is consistent with a systematic review by [Wemakor et al., \(2018\)](#) which states that the risk of stunting increases when maternal biological vulnerability is compounded by limited family support and socioeconomic constraints.

In terms of biological factors and knowledge, maternal age plays a significant role in the incidence of stunting. The highest proportion of stunting was found among toddlers of mothers aged <20 years (33.3%), indicating nutritional competition between the growth needs of the mother and the fetus, as well as limited physical and psychosocial readiness for caregiving. These findings are in line with the study by [Hasrun \(2024\)](#) which shows that mothers under the age of 20 have a higher risk of giving birth to stunted children. These results are also supported by [Wiertin et al., \(2025\)](#) which confirms that the ideal reproductive age plays a protective role against stunting through biological readiness and parenting maturity.

This biological vulnerability is exacerbated by low maternal education levels. The findings show a significant association between maternal education and stunting ($p = 0.029$). These

findings are consistent with [Hasrun \(2024\)](#), [Laksono et al., \(2022\)](#), and [Anggraini \(2025\)](#), which suggest that low maternal education is associated with limited understanding of nutritional information, health-related decision-making, and child growth monitoring. In Limo Village, mothers with lower education levels are more likely to engage in less healthy dietary practices, which may influence children's eating behaviors, as supported by [Marini et al., \(2025\)](#) and [Rahmah et al., \(2023\)](#) indicating that formal education indirectly affects parenting practices.

In terms of economic factors and family resources, family income shows a significant relationship with the incidence of stunting. Toddlers from families with incomes below the minimum wage have a higher proportion of stunting (22.7%) compared to families with incomes above the minimum wage (5.6%). These findings are in line with [Noviansari et al., \(2024\)](#), [Sangadji et al., \(2025\)](#), dan [Sunarmi et al., \(2023\)](#) which state that economic constraints have a direct impact on the ability of families to provide nutritious food, especially animal protein and micronutrients. However, [Nurhaida et al., \(2024\)](#) emphasize that income is not the only determining factor, but works together with parenting patterns and family support.

In addition to income, the number of children also plays an important role in the incidence of stunting. Families with more than two children have a stunting rate of 35.2%, which is much higher than families with two or fewer children. These findings are consistent with [Janah et al., \(2023\)](#), [Izah et al., \(2020\)](#), [Yani et al., \(2023\)](#) and [Fatmawati et al., \(2024\)](#), which state that an increase in the number of children leads to a more limited distribution of economic resources and parental attention. The difference in findings with [Elfrida et al., \(2024\)](#) shows that the influence of the number of children is highly dependent on the availability of family support, which in the context of Limo Village is still relatively limited.

From the perspective of family dynamics, this study found that toddlers living in extended families had a higher proportion of stunting (21.3%) compared to nuclear families (10.9%). This finding is in line with [Yani et al., 2023](#); [Nugrahani & Fitri, \(2023\)](#), and [Yusnida & Ariyanto, \(2025\)](#), which states that family structure affects the quality of childcare and child nutrition. In Limo Village, extended families do not yet function as effective support systems, particularly in terms of the division of childcare roles and decision-making regarding children's health. This condition differs from the findings of [Ciptanurani & Chen, \(2021\)](#) and [Wariin et al., \(2025\)](#) which show that extended families can be protective if communication and coordination of roles function well.

This unsupportive family structure and dynamics are related to the quality of internal family support, particularly the involvement of fathers. Low father involvement has the potential to increase the burden of childcare on mothers and reduce the consistency of health decision-making within the family. A systematic review by [Nurfatimah et al., \(2025\)](#) confirms that active and consistent involvement of husbands is significantly associated with improved maternal well-being and quality of childcare.

The dynamics of the family have an impact on feeding practices. The results of the study show a significant relationship between feeding practices and the incidence of stunting ($p=0.026$). These findings are in line with [Nurrasyidah et al., \(2023\)](#), [Septriliyana & Aryanti, \(2022\)](#) and [Lubis et al., \(2023\)](#) which state that unstructured, permissive, and unresponsive feeding practices increase the risk of stunting. [Evanda & Ritanti, \(2025\)](#) explain that mothers with low self-efficacy tend to have difficulty implementing consistent feeding rules, resulting in suboptimal child nutrition.

This finding is reinforced by [Ritanti & Aprilia, \(2024\)](#), which shows that families unable to perform five family health tasks are up to 3.944 times more likely to have stunted children. The difference in results with [Novitasari & Wanda, 2020](#) is thought to be influenced by differences in measurement instruments. The use of the Child Feeding Practice Questionnaire (CFPQ) in this study allows for a more comprehensive assessment of feeding practices, as explained by Musher Eizeman & Holub, (2007).

Limitations and Strengths

This study has limitations in the form of a cross-sectional design that does not allow for the determination of temporal cause-and-effect relationships. In addition, the homogeneity of income

data may affect statistical sensitivity, and the use of self-reported parenting data may potentially cause respondent subjectivity bias.

Implications for Practice and Policy

Further research is recommended using a qualitative approach to explore the dynamics of parenting in extended families in urban-fringe areas such as Limo Village. Longitudinal studies incorporating variables such as father involvement and maternal digital literacy are also needed to understand the influence of family dynamics on children's nutritional status more comprehensively. Theoretically, the findings of this study are consistent with Friedman et al.'s (2003) theory of family functions, particularly economic functions, health maintenance functions, affective functions, and socialization functions. The concept of "Avoid the 4 Excesses" from BKKBN,(2024) further reinforces the interpretation of maternal age and number of children as family characteristics contributing to the risk of stunting. Thus, the occurrence of stunting in Limo Village is the result of interactions between maternal characteristics, family economic conditions, household structure, and daily childcare practices.

CONCLUSION

This study provides a comprehensive understanding of stunting among toddlers by highlighting the role of maternal characteristics and family dynamics, including maternal age, education level, family income, number of children, family type, and feeding practices in influencing child growth. These findings emphasize that stunting prevention is closely related to the family's capacity to provide appropriate care and maintain child health. The results of this study have important implications for health service practices, policy development, and the implementation of family empowerment-based interventions to support sustainable stunting prevention.

For educational institutions, this study may serve as a scientific reference for the development of learning and research related to family roles and maternal readiness in preventing stunting among toddlers. For the Limo Community Health Center, the findings of this study may serve as a basis for strengthening more targeted education and counseling programs on responsive feeding practices and family planning services, particularly for young mothers and families with a larger number of children. Health workers are expected to enhance their capacity in providing family-based counseling to support mothers in improving the nutritional status of their children.

For future researchers, it is recommended to conduct longitudinal studies to further explore the dynamics of family roles in child care and nutrition, in order to provide a more comprehensive understanding of factors influencing children's nutritional status over time..

Author's Contribution Statement: All authors contributed substantially to the conception, execution, and documentation of this study. Desty Wijayanti was fully responsible for the conceptualization and design of the study, fieldwork and primary data collection in Limo Village, comprehensive statistical analysis, and drafting of the initial manuscript. Meanwhile, Ritanti, provided in-depth supervision throughout the research process, ensured strict adherence to research ethics guidelines, contributed significantly to methodological rigor, and critically reviewed the manuscript to ensure the quality of the intellectual content produced. All authors have reviewed and approved the final version of the manuscript and agree to be accountable for all aspects of the work presented herein.

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