

## **A Sociological Analysis of Stunting's Impact on Family Resilience: A Case Study in Karangmojo, Gunungkidul, Yogyakarta**

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### **Abstract**

This study examines the consequences of stunting on family resilience in the Karangmojo sub-district of Gunungkidul, where high stunting rates are connected to economic hardships that contribute to divorce. This study addresses a gap in the literature by employing a qualitative methodology guided by structural-functional theory, conflict theory, and symbolic interactionism to analyze the effects of stunting on family dynamics and resilience. Data were collected through interviews with the families and key stakeholders. The results of this investigation indicate significant changes in parenting practices, increased economic burden, and alterations in family dynamics. Despite these challenges, families exhibit resilience through adaptive strategies such as the implementation of improved nutritional practices and reliance on community support networks. This study emphasizes the urgent need for comprehensive policy interventions that address both immediate nutritional needs and broader socioeconomic factors that contribute to stunting and family stability.

**Keywords:** Family resilience, impact of stunting, socioeconomic factors, nutritional practices, divorce.

### **1. INTRODUCTION**

Stunted growth is characterized by the hindrance of a child's physical and cognitive development owing to chronic malnutrition (Atamou et al., 2023; Gharpure et al., 2021; Mulyaningsih et al., 2021; Roediger et al., 2020). In Indonesia, stunting has become a primary public health concern because of its significant impact on both individuals and society as a whole (Cameron et al., 2021; Mulyaningsih et al., 2021; Wicaksono & Harsanti, 2020). This study specifically examined the impact of stunting on family resilience in the Karangmojo subdistrict, Gunungkidul, an area that is well known for its high prevalence of stunting due to economic difficulties that have plagued the region (Dinkes, 2023; Raharja et al., 2019).

According to data from the World Health Organization (WHO) in 2020, Indonesia had the second highest prevalence of stunting in Southeast Asia, with a rate of 31.8% (Dhar, 2021; Hatijar, 2023). Although there was a reduction, the prevalence of stunting in Indonesia was still 21.6% in 2022 (Gita et al., 2023), with some regions such as Gunungkidul showing higher rates than the national average (Puspita, 2023). Meanwhile, based on data from the Wonosari Religious Court (Pengadilan Agama), economic difficulties were one of the main causes of divorce in Gunungkidul (Harsoyo & Darmawan, 2023; RMA, 2023). Economic hardship generally leads to inadequate nutrient intake, contributing to stunting and exacerbating family resilience (Rahmadiyah et al.

2024). The close relationship among child health, economic conditions, and family stability is a critical issue in social development and health (Bradley & Corwyn, 2002; Hosokawa & Katsura, 2017).

Difficult economic conditions not only impact the financial well-being of families, but also affect access to adequate nutrition and healthcare services for children (Bell et al., 2021). Instability within the family due to divorce exacerbates the psychological and physical condition of children (Apata et al., 2023; Nunes-Costa et al., 2009), thereby increasing the risk of stunting and other developmental issues. Consequently, the purpose of this study was to explore how stunting affects family resilience and the strategies used by families to address this challenge. The study begins with the assumption that stunting not only impacts the physical health of children but also influences family dynamics and economic stability, which in turn can adversely affect family resilience.

This study provides a deeper understanding of the solutions required to comprehensively address the problem of stunting. Additionally, it aims to identify adaptive strategies used by families to strengthen their resilience when facing this challenge. This study is supported by a strong theoretical background, which includes three sociological theories: structural functional theory, conflict theory, and symbolic interactionism. Structural functional theory helps explain how stunting can disrupt normal family and societal functions. Conflict theory highlights how economic inequality contributes to the prevalence of stunting, while symbolic interactionism provides insights into how families cope with and respond to this challenge individually. This approach allows this study to capture the complexity of an issue.

Stunting is a widely studied health issue, particularly in terms of its impact on children's physical and cognitive development (Cameron et al., 2021; Handryastuti et al., 2022). Socioeconomic factors, particularly family income, are the most important factors influencing the occurrence of stunting (Asuman et al., 2020; Bradley & Corwyn, 2002; Pitoyo et al., 2022; Rizal & Van Doorslaer, 2019; Utami et al., 2019). Other studies emphasize the importance of family involvement and the environment in reducing the prevalence of stunting among children (Wicaksono & Harsanti, 2020; Yani et al., 2023). Interventions aimed at improving family resilience in children under five years of age also play a significant role in preventing and managing stunting (Rahmadiyah et al., 2024). However, existing studies still have limitations in that they comprehensively integrate economic, health, and family stability aspects. This study aims to fill this gap by examining the impact of stunting from a more holistic perspective and integrating economic,

health, and family dynamics with a sociological approach to provide a more comprehensive understanding of the prevention and management of stunting in children.

The significance of this study lies in its attempt to broaden the understanding of stunting beyond its immediate health effects by highlighting how economic conditions and family stability interact and influence each other. By understanding this dynamic, it is hoped that this research will make a significant contribution to the existing literature and provide new insights for policymakers to formulate more effective interventions. An integrated and holistic approach is expected to help address the problem of stunting comprehensively, improve family resilience, and support sustainable socioeconomic development in economically vulnerable areas, such as Gunungkidul.

## 2. METHODS

### *The Research Design*

This study utilized a qualitative research design with a descriptive approach, aiming to comprehensively describe the phenomenon being investigated without attempting to explain cause-and-effect relationships or test hypotheses (Colorafi & Evans, 2016; Hall & Liebenberg, 2024). Descriptive research focuses on "what" occurs, "who" is involved, "where" it occurs, and "how" the process or phenomenon unfolds (Ayton, 2024; Bradshaw et al., 2017). Therefore, this study aims to delve into the impact of stunting on family resilience in Karangmojo District, Gunungkidul, to gain a comprehensive understanding through field data collection. By exploring the experiences and perspectives of the participants, it is hoped that this study will provide rich insights and contribute to effective strategies for addressing stunting.

### *The Research Informants*

The informants in this study comprise the Karangmojo Community Health Center, Karangmojo Sub-district Office, and Karangmojo community members who have infants with a history of stunting. The informants were selected using the purposive sampling technique. This technique allows researchers to choose informants with specific characteristics relevant to the purpose of the study (Denieffe, 2020; Hassan, 2024). The selection criteria included families with infants with a history of stunting, health workers who handled stunting cases, and government officials responsible for public health programs. Five families were interviewed to provide in-depth

information about their experiences and views on stunting and family resilience. To maintain confidentiality, these families were identified with code names such as A, B, C, D, and E.

### *Methods and Tools for Data Collection*

This study utilized various tools and methods for data collection to obtain comprehensive information about the impact of stunting on family resilience in Karangmojo District, Gunungkidul. First, in-depth interviews were conducted using a semi-structured interview guide (Mannan, 2020; Priyadarshini, 2020; Striepe, 2021). The purpose of this method is to explore in-depth information about families' experiences and views related to stunting and family resilience. The interviews enabled the researcher to gain rich and detailed insights directly from informants. Second, participant observation was conducted by the researcher at the study location. The purpose of this observation method was to observe stunting directly and to understand family interactions while maintaining resilience. Observations were conducted transparently and tailored to the data that needs to be obtained, providing an accurate picture of the situation faced by families. Third, the documentary method was used to collect important documentation, health reports, and related documents from Puskesmas and sub-district offices. The use of these documents is crucial for supplementing data obtained from interviews and observations and for providing an additional context that supports the findings of the study. By combining these three methods, this study provided a comprehensive and in-depth picture of the impact of stunting on family resilience.

### *The Validity and Reliability of Data*

The validity of the data in this research was ensured through the application of various triangulation methods, which guaranteed the accuracy and consistency of the information obtained. First, triangulation of sources was used by collecting data from various sources, such as interviews with family members, health officers, and local government officials. This method ensures that the information obtained is accurate and consistent from different perspectives. Second, triangulation techniques were applied using various data collection techniques, including in-depth interviews, participant observations, and documentation. The use of these techniques allows the verification of findings from different perspectives, thereby enhancing the reliability of the data. Third, triangulation of time is achieved by collecting data on two different dates: March 13 and April 27, 2024. The collection of data on two different dates ensured that the findings of the research were consistent over time, thereby reducing the likelihood of temporal bias. Additionally, the reliability

of the data was obtained through continuous observation and discussion with competent parties in the research topic. Through this triangulation approach, the research ensured that the data obtained were valid and reliable, providing a strong foundation for the analysis and conclusions that were drawn.

### *Data Processing Stage*

Data obtained from the interviews were recorded and transcribed verbatim for further analysis. A thematic analysis was employed to identify the main themes related to the impact of stunting on family resilience. Thematic analysis involved several steps. Initially, interview transcripts were transcribed verbatim to ensure accurate and comprehensive information. Second, the transcripts were thoroughly read and relevant sections of the text were marked during the initial coding phase. Third, the coded segments were grouped into main themes that mirrored the patterns and meanings of the data. Fourth, the identified themes were reviewed at the theme review stage to ensure their appropriateness with the available data. This review process is crucial for ensuring that the generated themes accurately reflect the information contained in the data, thereby providing a strong foundation for the analysis and conclusions drawn. By undertaking these systematic steps, this study aimed to uncover the profound impact of stunting on family resilience in the Karangmojo Subdistrict.

## **3. RESULTS**

The study involved five families with infant children who had a history of stunting in the Karangmojo Subdistrict, Gunungkidul. The demographic information of these families is presented in Table 1.

**Table 1. Demographic Information for Families**

Informant	Number of family members	Child's age	Child's gender	Child's last education level	Average monthly income (million rupiah)
Family A	4	12 y, 2 y	female	SMK	2,5
Family B	4	14 y, 4 y	male, female	SMA	2
Family C	4	12 y, 2 y	male, female	SMP	2
Family D	5	6 y, 2 y, 2 y	male, female	SD	3



Family E	4	6 y, 2 y	male, female	SMK	4
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Table 1 displays the number of family members, age of the child, gender of the child, highest education level of the family, and average monthly income for each family participating in the study. These data provided a basic demographic profile of the families participating in the study.

Table 2 presents information about the health and nutrition of the children from the families involved in this study.

**Table 2. Health and Nutrition**

Informant	Height & weight of the 1st child (cm, kg)	Height and weight of the 2nd child	Frequency of illness in the last 6 months	Daily food types	Distance to health facility
Family A	130, 26	76, 9.4	rare	vegetables, fruit, rice	3 km
Family B	140, 35	92, 11	Rare, only fever	vegetables and fruits, seldom	2.5 km
Family C	130, 26	76, 9	rare (2 x)	vegetables, fruits, rice	4 km
Family D	140, 35	78, 9.3	quite often (cough and cold)	vegetables, Protein, Tempeh	3 km
Family E	140, 35	80, 11	Rare (2 x fever)	vegetables and sufficient nutrition	4 km

Table 2 presents data on the height and weight of children from each family, the frequency of illnesses experienced by children in the past six months, the types of daily food consumed, and the distance of the family's residence from the nearest health facility. This information provides an overview of the health and nutritional conditions of children in families, which are the focus of this study.

Information regarding family strategies for ensuring children's nutrition and the assistance received from the government or organizations is presented in Table 3.

**Table 3. Strategies and Assistance for Nutrition**

Informant	Strategies to Ensure Nutrition	Assistance from Government or Organizations
Family A	Providing fruits and vegetables daily	Provision of eggs
Family B	Providing adequate meals and maintaining cleanliness	Provision of eggs
Family C	No specific strategy, child's nutrition is fulfilled	Provision of eggs and food
Family D	Providing adequate and balanced meals	Provision of eggs and food
Family E	Providing adequate and balanced meals	Food assistance every 3 months

Table 3 displays the various strategies employed by families to ensure that their children receive adequate nutrition. Family A ensured their children's nutrition by providing them with fruits and vegetables every day, while Family B ensured cleanliness and sufficiency of food. Family C does not have a special strategy, but considers that their children's nutrition needs to be met. Families D and E implemented balanced and sufficient food provision. Additionally, the table indicates that all families received aid in the form of egg and food donations from the government or organizations, with Family E receiving periodic food assistance every three months.

The following information presents data on family knowledge of stunting and access to stunting prevention programs, as displayed in Table 4.

**Table 4. Knowledge and Access to Stunting Prevention Programs**

Informant	Knowledge about stunting	Access to Stunting Prevention Programs
Family A	Adequate, affects child development	Yes, provision of sufficient nutrition
Family B	Already aware, can prevent	Yes, only knowledge
Family C	Adequate, regular guidance	no
Family D	Somewhat aware, like height and malnutrition	Yes, assistance from health center (for 3 months)
Family E	Just somewhat aware	Yes, assistance from health center

Table 4 presents the data regarding the level of knowledge among families about stunting and their access to stunting prevention programs. Family A had sufficient knowledge about stunting and understood that it affected children's development. They also had access to stunting prevention programs with adequate nutritional supplementation. Family B had knowledge about stunting and



prevention measures, but only had access to information and knowledge. Family C also had sufficient knowledge and received regular guidance, but did not have access to stunting prevention programs. Family D only had basic knowledge about stunting, such as height and low weight, but they received assistance from health centers for three months. Family E only had basic knowledge about stunting and received assistance from health centers.

Information regarding changes in child-rearing practices and dietary habits, as well as family attitudes towards the sustainability of preventive stunting intervention programs, is presented in Table 5.

**Table 5. Changes in Parenting and Views on the Program**

Informant	Changes in Parenting and Eating Patterns	Continuity of Intervention
Family A	Improved parenting and nutrition, regulated eating patterns	Need for evaluation with existing programs
Family B	Ensuring adequate meal portions and not skipping meals, providing sufficient nutrition	Adding PMT (additional food provision) programs
Family C	Improved and more varied eating patterns and nutrition for children	Quite good, regularly implemented
Family D	Paying more attention to eating patterns and nutrition, hindered by the child's picky eating	Need to increase PMT programs
Family E	Paying more attention to eating patterns and nutrition, hindered by parents who are active smokers	The program runs smoothly, need to enhance socialization efforts

Table 5 demonstrates the alterations that took place in the domains of childcare and feeding practices as well as the households' stance on the sustainability of preventative measures for stunting. Household A documented an uptick in childcare and nutritional management but believed that evaluations were necessary for existing programs. Household B ensured that children received appropriate portions, refrained from wasting any meal time, and supplied sufficient nutrition, suggesting the implementation of supplementary food programs (PMT). Household C expanded the variety of meals and nutritional content for their children and deemed the existing programs satisfactory and regularly conducted. Household D paid more attention to meal patterns and nutrition despite facing challenges in getting children to eat, and believed that additional PMT programs were required. Household E also paid more attention to meal patterns and nutrition, despite the constraints imposed by active smoking parents, and they felt that the programs were running smoothly but that socialization needed to be enhanced.

Information regarding family resilience in stunting faces is shown in Table 6.



**Table 6. Family Resilience**

Theme	Family A	Family B	Family C	Family D	Family E
Experience Facing Stunting	Sad, worried, health check-up	Shocked, child difficult to feed	Shocked, child difficult to feed	Shocked, child difficult to feed	Shocked, child difficult to feed
Impact on Family	Changes in eating patterns and activities	No impact on activities, mutual support	No impact on activities, mutual support	No impact on activities, mutual support	No impact on activities, mutual support
Adaptation Strategy	Balanced nutrition, taking vitamins	Providing food and milk	Providing food and milk	Providing food and milk	Paying attention to child's eating patterns and nutrition
Supports and Barriers	Health and food resources, economic barriers	Health and nutrition resources, economic barriers	Health and nutrition resources, economic barriers	Health and nutrition resources, child's difficulty in eating	Health and nutrition resources, parents are active smokers
Focus Group Discussion	Consultation and sharing experiences, very useful	Strengthening and sharing experiences, very useful	Strengthening and sharing experiences, very useful	Sharing information and strengthening, very useful	Sharing information and strengthening, very useful
Role of Tradition and Culture	Cleanliness, breakfast, positive changes	Utilizing local ingredients, paying attention to nutrition	Utilizing local ingredients, paying attention to nutrition	Cultural practices do not affect, focus on eating patterns and nutrition	Culture influences, need better action

Table 6 depicts various aspects of family resilience in confronting stunting, including experiences, impact on the family, adaptive strategies, support and barriers, focus group discussions, and the roles of tradition and culture. Family A feels sad and worried and conducts regular health checkups. They experience changes in eating and activity patterns due to stunting and employ adaptive strategies, such as balanced nutrition and vitamins. Economic barriers are their main challenge, but focus group discussions help them with consultation and sharing experiences. Traditions such as maintaining hygiene and morning breakfast show positive changes in this family.

Families B to E reported surprise upon learning that their children had difficulty eating and showed minimal impact on daily activities with mutual support. Common adaptive strategies include providing food and milk, except for Family E, which focuses on children's eating and nutritional patterns. The barriers faced include limited health and economic resources, with



additional challenges for children who have difficulty eating or smoking. Focus group discussions were evaluated as very useful by all families to share information and strengthen each other. The influence of tradition and culture varies, from utilizing local resources to the need for better actions to address negative cultural influences.

The results of the interviews with community health workers regarding their perceptions of stunting, intervention evaluation, and needs and expectations are presented in Table 7.

**Table 7. Interview Results with Health Center Staff**

Theme	Statements from Health Center Staff
Perception of stunting	Impacted by economic factors and lack of parental knowledge, stunting is considered a significant challenge that can hinder the potential of human resources.
Intervention evaluation	The implementation of the program PMT and home visits for newborns has been deemed effective. A reduction in cases of stunting has been observed as compared to the previous year.
Needs and Expectations	It is essential to provide guidance to parents of infants regarding appropriate and adequate nutrition. The PMT program should be supplemented with items like formula.

Table 7 displays the results of interviews with health officers regarding the key themes. Regarding the perception of stunting, the community health officer stated that stunting is influenced by economic factors and parents' lack of knowledge and is viewed as a significant challenge that can hinder human resource potential. Evaluation of interventions shows that the PMT (Supplementary Food Grant) program and visits to newborns are considered effective, with a decrease in stunting cases compared to the previous year. For the needs and expectations, the community health officer stated the need for guidance for parents of infants on good and sufficient nutrition and added that the PMT program should be supplemented with materials such as milk.

The results of the interviews with the head of the health office regarding policies and programs, community participation, and vision for the future are presented in Table 8.

**Table 8. Interview Results with the Subdistrict Head (Camat)**

Theme	Statement from the Subdistrict Head
Policies and Programs	Through the Village Budget (APBDes), funds

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Community Participation	are allocated for stunting reduction activities Stakeholders are involved in reducing stunting education. Health cadres and community leaders play a crucial role in educating about stunting and sanitation.
Vision for the Future	The health examination and counseling of prospective spouses for the generation of stunting-free individuals. Counseling adolescent girls on nutrition. Priority steps: giving greater attention to infants experiencing stunting through health cadres.

Table 8 presents the results of the interviews with the village head regarding various main themes. Regarding policies and programs, the village head stated that special funds were allocated for stunting reduction activities through the Village Budget and Expenditure (APBDes). Community involvement involves engaging the public in education on reducing stunting, with a key role played by health cadres and community leaders in providing education on stunting and sanitation. The vision for the future includes health screenings and counseling for prospective brides to create a generation free of stunting, counseling adolescent girls about the importance of nutrition, and prioritizing attention to stunted infants through the active role of health cadres.

## DISCUSSIONS

### 1. Based on Functional Structure Theory

The functional structure theory emphasizes the importance of various structures in society to maintain stability and social order (Britanica, 2024; Durkheim, 1964; Greve, 2022; Nickerson, 2024; Ormerod, 2020). In the family context, this theory highlights that the family functions as a supportive unit for the development of individuals, particularly children (Darling-Hammond et al. 2020). Functionalism views the family as a social institution with a crucial role in socialization, fulfilling basic needs, and shaping individuals' identities and behaviors (Allen & Henderson, 2022; Zeybek & Kasap, 2020). However, when serious health issues, such as stunting, arise, the family's ability to perform its functions optimally can be impaired (Ekholuenetale et al., 2020; McGovern et al., 2017; Precious et al., 2023). Stunting, caused by chronic malnutrition, can lead to growth and cognitive developmental problems in children, hindering their ability to develop properly (Ekholuenetale et al., 2020; Mustakim et al., 2022; Taslim et al., 2023).

In this study, families reported significant changes in their daily eating patterns and activities in response to stunting. For example, Family A experienced changes in daily eating patterns and activities to ensure that their children received adequate nutrition, reflecting adaptations made by families to maintain stability and social functioning. They explained, "We now cook more vegetables and ensure the children eat three times a day." When children experience health issues, their families must adapt and change their routines to meet their unique needs. Additionally, Family A reported that they had to change their family's eating patterns to ensure that their children received adequate nutrition. They also had to make more frequent visits to health facilities, which affected their families' time and resources. This reflects how stunting can disrupt a family's ability to provide basic needs for children and affect the family's overall well-being.

In addition, the family's role in fulfilling needs is evident from the changes in child-rearing and nutritional patterns after stunting. For example, Family C demonstrated the significant role of the family in supporting children's development by paying more attention to their nutritional intake after learning about their stunted growth. This is consistent with Kong and Yasmin's (2022) findings, which emphasize the important role of the family in meeting children's basic needs including nutrition and health. Family C stated, "We now pay more attention to children's nutritional intake after learning that they experienced stunting."

Thus, this study shows that disorders such as stunting not only affect children, but also have an impact on family structure and dynamics. Within the framework of the functional structural theory, this disorder impairs the family's ability to perform its functions efficiently and effectively. Rahmadiyah et al. (2024) in their study emphasized the importance of interventions that not only focus on children affected by the impact but also provide support for families to overcome these challenges.

## 2. Analysis Based on Conflict Theory

Conflict theory emphasizes that tension and conflict arise when resources, status, and power are not equally distributed in society (Crossman 2019; Prayogi 2023). Inequality in society affects access to important resources such as nutrition and health services (Ramadan et al., 2021). This inequality can create significant differences in the health and nutritional status of children, especially in families in the lower economic strata (Hosokawa & Katsura, 2017).

This study demonstrates that families A and B face significant economic barriers and an inability to obtain adequate access to healthcare resources, exacerbating stunting conditions in their children. For example, Family A, with a monthly income of 2.5 million rupiah, has better access than Family B, which has a lower income. Variability in income and education reflects the inequality that influences children's ability to meet their nutritional needs. Raharja et al. (2019) also showed that parents' economic status and family food resilience were risk factors for stunting in toddlers. Family B reported, "Our income is not enough to buy nutritious food every day."

Previous studies conducted by Bozkurt et al. (2023) and Karmali et al. (2020), Straughan and Chengwei Xu (2023), and Swindle et al. (2014) support the argument that access to information and social support play a crucial role in influencing childcare and nutrition. Families with better access to information and social support are more likely to make significant changes in their childcare and nutritional practices, supporting the notion that disparities in access reflect differences in the ability to implement nutritional interventions.

Inequity in the reception of government or organizational aid also reflects structural conflicts in resource distribution. Interviews with health center staff and village heads further strengthened the view that economic disparities and lack of parental knowledge are the main causes of stunting. This analysis showed that disparities in access to critical resources, such as nutrition and healthcare, are the primary factors influencing stunting in children. The social and structural conflicts generated by these disparities exacerbate children's health conditions and hinder families' ability to provide adequate nutrition. Therefore, greater efforts are needed to ensure more equitable resource distribution and increase access to information and prevention programs for stunting.

In this case, families A and B receive aid from the government or other organizations, but the disparity demonstrates structural conflicts in resource distribution. Denieffe (2020) emphasized that economic disparities are the primary factors influencing the health of children in many communities. Family A states, "We receive egg help every week, but our neighbors only get it once a month."

#### Analysis Based on Symbolic Interactionism Theory

Symbolic interactionism theory, introduced by George Herbert Mead and Herbert Blumer, emphasizes the importance of social interaction in shaping individual meaning and reality (Blumer, 1994; Meltzer et al., 2020). This theory is relevant to this study because it focuses on how families respond and adapt to stunting issues through social interactions, both within the family and within

the wider social environment. In the context of stunting, symbolic interactionism helps explain how families construct their understanding of and actions toward childhood nutrition issues through daily interactions with family members, health workers, and the community.

For instance, the family reported that interactions with health workers impacted their understanding of and actions related to child nutrition and health. Social interactions within the family and community help shape the knowledge, attitudes, and practices regarding stunting. This aligns with research conducted by Handberg et al. (2015) and Chen et al. (2020), who demonstrated that social meaning is created and transformed through daily social interactions. Family A stated, "The health workers at the community health center greatly helped us understand the importance of balanced nutrition."

In addition, the head of the household's highest level of education and access to information also influence social interactions related to nutrition knowledge and practices. Family C, who has a higher level of education, more easily understands the nutritional information provided, reflecting how education and access to information affect social interactions and nutritional practices within the family. Gunes (2015), Husnaniyah et al. (2020), and Yani et al. (2023) also showed that mothers' education plays a crucial role in determining children's health outcomes. Family C stated, "With higher education, we are more easily able to understand the nutritional information provided."

The analysis indicates that stunting not only affects children but also impacts the structure, dynamics, and social interactions within families. This hinders the family's ability to perform functions efficiently and effectively. For example, Ekholuenetale et al. (2020), McGovern et al. (2017), and Precious et al. (2023) create tensions and conflicts owing to unequal access to resources. In addition, stunting affects how families build their understanding and practice through daily social interactions. Therefore, effective interventions are required to help families overcome this challenge. These interventions should ensure a more equitable resource distribution and increase access to information and prevention programs, as recommended by Rahmadiyah et al. (2024) and Sukmawati et al. (2023).

### **Limitations and Future Research**

This study has several limitations that need to be taken into consideration. First, the limited sample size of five families from one sub-district may not fully represent the more extensive population;



thus, the results of this study may not be generalizable to other areas with different socioeconomic and cultural conditions. Second, the qualitative approach used in this study, including in-depth interviews and participant observations, is highly dependent on respondents and researchers' subjective perspectives, which can lead to bias in data interpretation. Third, this study did not collect longitudinal data; thus, it was unable to track the changes in family resilience and stunting conditions over time. Fourth, the variability in information access and social support received by families in this study may have influenced the results and conclusions obtained.

The foremost objective of this investigation is to concentrate on the family perspective without considering the viewpoints of other stakeholders, such as non-governmental organizations (NGOs) that also have a role in managing stunting. Constraints regarding resources and time for data collection and analysis may affect the extent and quality of research findings. Furthermore, this study did not conduct a comprehensive assessment of the psychological factors that may influence the resilience of families and stunting conditions, such as parental stress, mental health, and emotional support within the family. Lastly, this study does not consider other external variables that may affect family resilience, including changes in government policies, natural disasters, or economic crises that can significantly impact family conditions and the occurrence of stunting.

Future research should increase the number of families from various sub-districts with different socio-economic and cultural conditions to obtain a more comprehensive understanding of the impact of stunting on family resilience. Additionally, the use of a longitudinal approach is crucial for tracking changes in family resilience and stunting conditions over time. Future studies should also increase the involvement of various stakeholders, such as non-governmental organizations (NGOs), health officials, and policymakers, to obtain a more holistic perspective. The measurement of deeper psychological factors such as parental stress, mental health, and emotional support within families should also be considered to fully understand the impact of these factors on family resilience. Additionally, incorporating external variables such as government policies, economic conditions, and natural disasters in the research analysis is important for understanding how these factors affect family resilience and stunting conditions. Finally, research should evaluate the effectiveness of long-term and sustainable intervention programs and assess existing programs to improve the overall management of stunting.

## CONCLUSIONS

Research indicates that stunting is not solely a health issue, but also has profound implications for family resilience. Disruptions in the basic functions of the family, particularly in providing an environment that supports the growth of children, suggest that stunting weakens the social and economic foundation of the family, especially among those who are financially less well-off. The exacerbation of economic inequality exacerbates this situation, creating barriers that are difficult to overcome in accessing the necessary nutrition and health services. In addition, low levels of education and limited access to nutritional information weaken a family's response to stunting, making it a more structural challenge than an individual. Therefore, responsive and holistic policies are essential not only to address stunting, but also to strengthen family resilience. Policies targeting economic support, resource distribution, and nutrition literacy can play a critical role in rebuilding family resilience, which is eroded by the impact of stunting. This research reflects that strengthening family resilience through a comprehensive approach is key to creating a healthier and more prosperous society.

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