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FACTORS RELATED TO FATHER INVOLVEMENT IN PREVENTING CHILHOOD STUNTING BASED ON TRANSCULTURAL NURSING THEORY IN RURAL AREAS

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ABSTRACT

Background: Stunting is still a global health problem, especially in rural areas. Research mostly focuses on the role of the mother in preventing stunting, while father involvement had not been reviewed much in previous research. This study aimed to analyse factors related to the father involvement in preventing chilhood stunting based on Transcultural Nursing Theory. **Methods:** This community based, cross sectional study conducted in rural areas in Jember regency. The study included 131 father. Samples were taken using the cluster random sampling technique. A questionnaire was used to collect data from August 1, 2024, to August 15, 2024 Statistical tests were carried out using Spearman Rho. **Results:** The statistical analysis showed that technology factors ($r=0.387$, $p<0.001$), kinship and social ($r= 0.422$, $p<0.001$), politics and law ($r=0.505$, $p<0.001$), economics ($r=0.288$, $p<0.001$,) showed significant positive correlation with father involvement in preventing chilhood stunting, while, religion, spirituality,and philosophy; cultural values, beliefs, and lifestyles; biological variables and education level did not correlate significantly. **Conclusions:** The current study suggests that father's involvement in prevent stunting among children was related to cultural beliefs and lifestyle. Health campaigns are needed to encourage greater paternal involvement in child care and stunting prevention.

Keywords: Father involvement; Stunting prevention; Transcultural nursing; Rural health; Toddler nutrition

Introduction

Stunting is a significant health problem that affects millions of children worldwide (Kassie & Asgedom, 2025). A global estimate indicates that 148.1 million children under five in the world in 2022 suffer from chilhood stunting (Mulyani et al., 2025) and 55% of stunted children reside in Asia (Ponum et al., 2020). In Indonesia, the prevalence of stunting in

children under five age is very high and currently ranks as the second highest in Southeast Asia. In 2021, the incidence of stunting in Indonesia was 24,4%, which decreased by 2,8% in 2022 to reach 21,6%. Although there has been a significant decrease, this prevalence rate still exceeds the WHO standard value, which should be below 20% (Liza Munira, 2023). Despite the declining trend in the national prevalence, the stunting rate in Jember Regency has increased drastically, reaching 34.9%, or approximately 35,000 children (Ministry of Health, 2023a). This condition makes Jember the district with the highest stunting cases in East Java, Indonesia.

Several studies have found a high risk of stunting in rural areas (Fatkuriyah et al., 2025; Lee et al., 2021; Lewis et al., 2015; Noviana et al., 2024). A national survey showed that prevalence of stunting in rural area (34,9%) was higher than in urban areas (27,3%) in East Java (Fatkuriyah et al., 2025). The incidence of stunting in rural areas is also closely linked to factors such as non-exclusive breastfeeding, low household socioeconomic status, lack of adequate sanitation facilities, maternal age under 20 years, unhygienic drinking water, limited access to healthcare services, incomplete immunisation, and poor environmental sanitation (Fatkuriyah et al., 2025).

cceleration of stunting reduction must reach below 20% according to the WHO standard value. Therefore, Indonesia has made strategic efforts to reduce stunting rates. committed to implementing a national strategy to accelerate the reduction in stunting prevalence by improving the preparation of family life, ensuring adequate nutritional intake, improving child care patterns, increasing access to and quality of health services, and increasing access to clean water and good sanitation. (Devi et al., 2025). The impact of stunting on children is quite serious. The long-term consequences of stunting are decreased physical growth and immunity, increased risk of degenerative disease, (Permatasari et al., 2025).

Most of the research on preventing stunting has focused on the role of the mother, as mothers spend significantly more time with children. However, research on the role of fathers in the incidence of stunting among toddlers is still rarely conducted. The study from rural India shows that in limited-resource setting, involvement of the father can reduce the incidence of stunting and standar of living on the child's nutrition(Inbaraj et al., 2020). Father were key family influencer who have impact on child health. Fathers' participation in health education and access to health services has a positive impact on maternal and child nutrition and reduces the risk of stunting in children (Mar'Ah Has et al., 2022). Fathers involvement on the reduce the risk of stunting, such as giving advice, providing money and supply healthy food. Research on father involvement in child care to prevent stunting has not been widely conducted, most studies focus on mothers. Therefore, factors related to

fathers' behavior in preventing stunting in children need to be evaluated.

One of the factors that influences health status, including family nutrition, is socio-cultural. Culture is the most important thing in family health counseling and education, especially to prevent stunting in childhood. Strategies to prevent stunting in toddlers according to the transcultural nursing theory of Leininger (Januarti & Hidayathillah, 2020). According to the previous studies, several family socio-cultural determinants that contribute to stunting include education, employment, income, eating habits, and feeding practices, as well as the social and cultural environment (Harahap et al., 2024). According to a previous study, culture-based nursing interventions significantly improve the nutritional status of toddlers (Cahyani et al., 2019). Compared to other developing countries, Indonesia has not conducted extensive research on the socio-cultural determinants of toddler stunting. So there needs to be innovation in new research related to factors related to father involvement in preventing stunting in toddlers based on transcultural nursing theory in rural areas of Jember Regency. This study is an effort to play a role in solving the problem of stunting.This study aimed to analyse factors that correlated with the father involvement in preventing chilhood stunting based on the transcultural nursing theory.

Methods

This study was used a correlation study design with a cross-sectional approach. This study was conducted between August 1, 2024 to August, 15, 2024 in Jember Disctrict, East java, Indonesia. The population were father who have under five years old children, as recorded by Pusat Kesehatan Masyarakat (Public Health Center. Samples were taken using the cluster random sampling technique. The sampling unit used was from 5 villages, 131 respondents were involved.

The inclusion criteria in this study were fathers with toddlers aged 6-59 months registered in 34 villages as the locus for accelerating stunting reduction in Jember Regency who lived with their children and could read and write. The exclusion criteria used were respondents who refused to participate in the study and did not complete the questionnaire. The independent variables in this study were technology; religion, spiritually, and philosophy; kinship and social family; cultural values, beliefs and lifestyle; political and legal; economic; biological; and education. The dependent variabel was father involvement in preventing chilhood stunting. It refers to the father’s involvement in caregiving, supply healthy food, physical play involvement, and cognitively stimulating activities.

Data collection was carried out using a questionnaire. The instrument was adopted from previous studies (Bogale et al., 2022; Rochmatillah, 2017). The validity and reliability of each questionnaire have been tested. A total of

35 people were compliant. For the pilot study, statement items whose r table was >0.334 were used. Cronbach's alpha reliability test result (0.861-0.957>0.7) was interpreted as reliable or consistent.

Data analysis is carried out using the Spearman-Rho test. The results of data processing are presented in tables and diagrams. This study has obtained ethical clearance from the Nursing Research Ethics Commission (KEPK) of the University of Muhammadiyah Jember, with the number 0195/KKEPK/FFIKES/XII/2024.

Results

Table 2 shows that most of the respondent have a good level of technology (50.4%); positive level of religion; spirituality and philosophy (69.5%); kinship and social (63.4%); cultural values,belief and ways of life (70.2%); politics and law (56.5%); many respondent have sufficient level of economy (37.4%); have positive of biological (64.9%) and education level mostly finished high school (36.6%).

Statistical analysis using Spearman Rho Test found that technology (r=0.387, p<0.000), kinship and social (r=0.422, p<0.000), political and law (r=0.505, p<0.000), economy (r=0.288, p<0.001), and biological (r=0.285, p<0.001) positively correlate with father involvement in preventing chilhood stunting. While the variables religion,spirituality and philosophy (r=0.014, p<0.876), cultural values, beliefs, and ways of life (r=0.056, p<0.522), and level of education (r=-0.119, p<0.176) are not significantly correlated with the father involvement in preventing chilhood stunting.

Discussion

The results showed that of the eight factors of Leininger's transcultural nursing, five factors were significantly related to father involvement in preventing chilhood stunting.

Technology

Tecnology factor dominantly good (50.4%) on father involvement in preventing chilhood stunting. There was correlation between technology and father involvement in preventing chilhood stunting. The leningier transcultural nursing theory hypothesis that technology variables are among the cultural influences on individual behavior. The use of technology is often related to the positive and negative impacts resulted. Technology can help fathers access information and determine appropriate actions to prevent stunting in children (Ina et al., 2021). According to (Bogale et al., 2022) research's, stated that fathers who had heard information about children feeding was significantly associated with good father involvement in child feeding. Less technology utilization in father on rural areas based on research's result was the lack of using the health service center and lack of electronic devices to support preventing stunting.

Religion, Spirituality, and Philosophy

Respondent's distribution based on religion, spirituality, and philosophy showed that most of respondents have positive religiosity a philosophy about preventing chilhood stunting, approximately 69.5% of respondents. According to the theory of Leiningier, religion provide a powerfull motivation to place truth above ell else, even above one's own life, this includes religious habits that have a positive impact on health, client perceptions of health and how to adapt to their current situation (Has et al., 2018). The values of the father's beliefs and religious values will influence behavior, parenting patterns and daily health practices. The values of affection and responsibility of parents, especially fathers, in a religion encourage good parenting practices such as attention to growth and development, encouraging mothers to breastfeed exclusively. Religiosity plays a very important role in increasing community participation in utilizing health service facilities, which has an impact on reducing stunting (Rizal & Hamzah, 2023).

There was no correlation between religion, spirituality, and philosophy and father involvement in preventing chilhood stunting. The lack of correlation between religion, spirituality, and philosophy (RSP) and father involvement in preventing childhood stunting can be attributed to several potential reasons such as many people may identify as religious or spiritual but do not necessarily apply those values in daily parenting practices. The results of this study contradict previous studies which stated that most mothers have positive religiosity & philosophy and influence the mother's proper behavior in feeding toddlers with stunted growth (Maulina et al., 2024).

Beliefs may stay at the personal or ritual level (prayer), without influencing concrete behaviors like feeding practices, hygiene, or seeking health services. In many cultures, childcare and nutrition are viewed as the mother's responsibility, regardless of the father's religious or philosophical beliefs. While religions promote care and compassion, specific teachings about nutrition, child growth, or stunting are often absent. Less religion, spirituality, and philosophy in father on rural oreas based on research's result was still believe in false myths, such as prohibitions on pregnant women eating certain foods (for example fish or eggs) which are actually nutritious.

Kinship and Social

There was correlation between kinship and social and father involvement in preventing chilhood stunting. The results of this study in line with research (Maulina et al., 2024) which states that there was relationship between social and family support factors and feeding patterns in stunted toddlers. Social and kinship factors comprise family support indicators (Suniyadewi et al., 2024). The leningier transcultural nursing theory provide insight into how interpersonal relationships and social structures within a patient's culture influence health behaviors, decision making, and

acceptance of care. Kinship and social factors will affect perceptions of illness and treatment, access to health services. For example, patients from rural areas may have more faith in shamans or traditional medicine because of the social influence of the community. The presence of strong kinship ties and supportive social environments encourages fathers to be more involved in preventing childhood stunting by: providing support and knowledge, creating positive role models, normalizing male participation in childcare, and increasing the father's sense of responsibility and accountability.

Cultural Values, Beliefs, and Ways of life

There was no correlation between cultural values, beliefs, and ways of life and father involvement in preventing chilhood stunting. Based on transcultural theory culture is an inseparable part of people's daily lives (Suniyadewi et al., 2024).This might because cultural values promote family and child well-being, they might not explicitly encourage or expect fathers to be involved in daily caregiving or health-related decisions. The results of the study differ from the previous study (Bogale et al., 2022) which stated that fathers who had good culture were significantly associated with good fathers involvement in child feeding. The result of this research showed 70.2% respondent have positive cultural value and lifeways about father involvement in preventing chilhood stunting. This may be due to in many cultures, mother remain the primary caregivers, regardless of paternal beliefs or values (Yunitasari et al., 2021). Fathers may support or supervise but not directly participate in feeding, food preparation, or health-related tasks .

Politics & Law

Politics and law factor dominantly good (56.5%) on father involvement in preventing chilhood stunting The research showing a relationship between regulatory and policy factors and father involvement in preventing childhood stunting indicates that supportive laws, policies, and regulations can directly influence how much fathers participate in child nutrition and health. The Indonesian government has created several policies and programs, including the BKKBN (National Population and Family Planning Agency) actively encouraging family planning officers to socialize the importance of the role of fathers in parenting to prevent stunting and the "Exemplary Father Movement (GATe)" Program in 5 Quick Win BKKBN supports fathers to be role models in the family, including in ensuring that children receive adequate nutrition. This regulatory approach positions fathers as an integral part of the stunting prevention strategy both through direct education and through social norms driven by policies and regulations.

Economic

The research results show a relationship between economic factors and father involvement in preventing chilhood stunting. It suggests that a family's financial condition directly influences how

much a father participates in efforts to ensure their child's proper nutrition and growth. According to (Maulina et al., 2024) research, stated that there was a relationship between economic factors and feeding patterns in stunted toddlers. The result of this research showed 37.4% respondents have sufficient economic. Fathers in families with better economic status can afford nutritious food, supplements, clean water, and healthcare services. Father with less economy may be absent or disengaged on childcare, either due to working long hours. Economic factors often correlate with education level and digital access. Fathers from better-off families are more likely to receive information about stunting, understand its risks, and know how to prevent it. In this research, most of father work as self-employed (80.2%) and have montly income less than regional minimum wage (78.6%). A father's work as a self-employed person with an uncertain income or even low wages can have an impact on malnutrition in toddlers.

Biological

There was no correlation between biological and father involvement in preventing chilhood stunting. Biological factors such as a father's health, age, physical ability, emotional bonding, and hormonal changes can directly or indirectly affect his involvement in preventing childhood stunting. Biological variations in transcultural nursing relate to genetic differences between cultures that may or may not predispose certain groups to certain diseases. These factors influence not just capability but also motivation to support the child's growth and development. Biological fathers often feel a greater sense of emotional and genetic responsibility for their child's well-being. This biological bond can motivate more involvement in child growth monitoring, feeding decisions, and health care, especially during critical developmental stages. This study's results align with research (Heriawita & Sulastri, 2024) which states that genetic factors affect health levels by only 5%. The author argues that stunting is not a direct result of genetic factors alone. Stunting is often caused by a complex interaction between genetic and environmental factors, including inadequate nutritional intake.

Level of education

The research results show no relationship between education level and father involvement in preventing childhood stunting, it suggests that a father's formal education does not necessarily determine how actively he participates in child nutrition and care. The results of the research conducted by (Maulina et al., 2024) state that there was no correlation between mother's level of education and stunting toddler. This research result contrast with (Sugianti et al., 2024) which explains that father's education is related to the incidence of stunting which is associated with higher levels of knowledge, attitudes, behavior, and awareness regarding children's nutritional

adequacy, child growth and development, hygiene behavior, and utilization of health facilities.

The results of this study contradict previous studies which stated that father's educational status is an independent predictor of father's involvement in child feeding practices. Fathers with secondary education or higher are more likely to be involved in child feeding practices (Bogale et al., 2022). In this research, a father may have a high level of general education (university degree) but still lack awareness of stunting or how to prevent it. Fathers may be well educated but still lack the time or resources to get involved due to work demands or financial stress.

Conclusion

In conclusion, the present study found that technology, kinship and social, politics and law, economics, showed signifacant positive correlation with father involvement in preventing chilhood stunting. Community health nurses or policymakers can use these findings to design health promotion programs that involve fathers to improve their engagement in childcare and childhood stunting prevention, especially for those with fewer advantages in sociodemographic conditions.

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Table 1. Frecuency distribution respondents

Variables	Category	n	%
Father's age	17-25	18	13.7
	26-35	65	49.6
	36-45	48	36.6

Number of children	1-2	47	35.9
	>2	84	64.1
Level of education	Elementary school (SD)	31	23.7
	Junior High School (SMP)	35	26.7
	High School (SMA)	59	45
	University	6	4.6
Work	Civil servant	6	4.6
	Self-employed	105	80.2
	Farmer	20	15.3
Income	< Regional Minimum Wage	103	78.6
	≥Regional Minimum Wage	28	21.4

Table 2. Factors related to father involvement in preventing chilhood stunting

Category	Father Involvement in preventing stunting						Total		P	r
	Good		Sufficient		Less					
	n	%	n	%	n	%	n	%		
Technology										
Good	66	50.4	11	8.4	0	0	77	58.8		
Enough	18	13.7	17	13	0	0	35	26.7	0.000	0.387
Less	9	6.9	9	6.9	1	0.8	19	14.5		
Religion, Spirituality, and Philosophy										
Positive	91	69.5	36	27.5	1	0.8	128	97.7	0.876	0.014
Negative	2	1.5	1	0.8	0	0	3	2.3		
Kinship and Social										
Positive	83	63.4	18	13.7	1	0.8	102	77.9	0.000	0.422
Negative	10	7.6	19	14.5	0	0	29	22.1		
Cultural Values, Beliefs, and Ways of life										
Positive	92	70.2	36	27.5	1	0.8	129	98.5	0.522	0.056
Negative	1	0.8	1	0.8	0	0	2	1.5		
Politics & Law										
Good	74	56.5	10	7.6	0	0	84	64.1		
Sufficient	18	13.7	25	19.1	1	0.8	44	33.6	0.000	0.505
Less	1	0.8	2	1.5	0	0	3	2.3		
Economy										
Good	29	22.1	2	1.5	0	0	31	23.7		
Sufficient	49	37.4	24	18.3	0	0	73	55.7	0.001	0.288

Category	Father Involvement in preventing stunting						Total		P	r
	Good		Sufficient		Less					
	n	%	n	%	n	%	n	%		
Less	15	11.5	11	8.4	1	0.8	27	20.6		
Biological										
Positive	85	64.9	25	19.1	1	0.8	111	84.7	0.251	0.285
Negative	8	6.1	12	9.2	0	0	20	15.3		
Level of education										
Elementary school	25	19.1	6	4.6	0	0	31	23.7	0.176	-0.119
Junior high school	15	11.5	19	14.5	1	0.8	35	26.7		
High school	48	36.6	11	8.4	0	0	59	45		
University	5	3.8	1	0.8	0	0	6	4.6		