

# The Influence of Education on Increasing the Knowledge of Mothers of Toddlers About the 8 Functions of the Family

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#### Abstract

Mother's knowledge is very important because it is one of the contributing factors to the emergence of stunting in toddlers. Mothers with low knowledge have a higher risk of their children experiencing stunting compared to mothers with sufficient knowledge. The family plays a very important role in efforts to prevent stunting. Preventing stunting in families can be associated with eight family functions that support each other. This study aims to analyze the effect of education on improving the knowledge of mothers with toddlers regarding the 8 family functions. The eight family funtions are the religious function, sosio-cultural function, affection function, protection function, reproduction function, socialization and education function, economic function, and environmental development function. This research method is quantitative, using a quasi-experimental design with a pretest-posttest questionnaire instrument. The sample consists of 30 mothers with toddlers at risk of stunting in the Family Planning Village (Kampung KB), Lembah Murai Village. Data analysis used the Paired T-Test to test the effect of education on the 8 family functions before and after the intervention. The results show an average knowledge score increase of 21.76 after the intervention. The results of the Paired T-Test indicate a p value of 0,000, which signifies a statistically significant difference between the scores before and after the education on the 8 family funtions. Therefore, a good family role is very important in forming healthy living patterns in toddlers, making the active role of the family the key to supporting the optimal growth and development of toddlers. It is recommended that the education program be carried out regularly by involving cadres as active companions to support the understanding of mothers with toddlers in stunting prevention.

Keywords: Education, Family Function, Stunting, Knowledge of Mothers of Toddlers

# **INTRODUCTION**

Families have an important role in preventing stunting, because the family is a group of individuals who interact with each other and have an important role in influencing the health of their family members. The family can be a factor that causes, prevents, or even improves health problems within the family (Silvanasar & Budiman, 2022). Family is very influential in supporting the growth and development of toddlers. Toddlers need attention from all family members, not just from the mother (Kusuma, Lidia Hatuti, 2022). Therefore, the family has a major role in various disease prevention efforts (Banul et al., 2022).

Prevention of stunting in the family can be associated with eight mutually supportive family functions. In the religious function, the family is tasked with introducing religious values to children. Socio-cultural function, the family helps children learn to socialize, such as interacting with the surrounding environment. The function of love, the family provides

affection and attention to children. The function of protection, the family ensures the safety and comfort of children.

Reproductive function, families plan the ideal number of children. Socialization and education function, families educate children to behave well. Economic function, ensuring children's needs are met and teaching children to save. Finally, the function of environmental development, the family teaches children to keep the house clean. Through education on these eight family functions, the family can be the vanguard in preventing stunting.

The problem of stunting faced by developing countries like Indonesia needs to be addressed seriously and sustainably, because it is a significant public health issue (Oktamarina, 2021). Stunting in toddlers is a global health problem that has a significant impact on children's growth and development. In addition to affecting physical health, stunting can also have a negative impact on children's cognitive and social-emotional development (Judijanto et al., 2024). One of the problems in toddler growth that is indirectly caused by low nutritional knowledge(Kresnawati et al., 2022). Family knowledge and support are important to prevent stunting in toddlers (Kusumaningrum et al., 2022).

Mothers with low knowledge have a higher risk of stunting than mothers with sufficient knowledge. Stunting is influenced by the mother's education, work, and income. Knowledge about stunting is very important, because lack of understanding can increase the risk (Fadlah & Saharuddin, 2023). Understanding about providing adequate nutrition to toddlers is also very important, because nutrition must be considered not only when children start consuming solid foods, but also when they become toddlers. Therefore, it is important for mothers to meet the nutritional needs of children, especially during the first 1000 days of life (Wati et al., 2022).

Based on the results of the 2022 Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in indonesia decreased from 24.4% in 2021 to 21.6% in 2022. In West Kalimantan, the stunting rate also declined from 29.8% in 2021 ro 27.8% in 2022. Meanwhile, in Pontianak City, the prevalence of stunting among toddlers was recorded at 19.7% in 2022 (Kementerian Kesehatan RI, 2022). The latest data from the 2023 Indonesian Health Survey (SKI) indicates that the prevalence of stunting in Pontianak City is 16.7% in 2023 (kementerian kesehatan RI, 2023).

One of the important reasons for conducting this study is the high prevalence of stunting in Pontianak City in 2023, which reached 16.7%. The impacts of stunting include low intelligence, susceptibility to disease, low economic growth and labor productivity (Yuwanti et al., 2021). In the long term, this will affect the quality of life of individuals during their

productive years, which can contribute to an increase in the incidence of chronic degenerative diseases in the future (Noorhasanah, 2021). Mother's knowledge is very important because knowledge is one of the causal factors that contribute to the emergence of stunting in toddlers (Mila, Trisnawati, 2022). Previous research by Erfiana and Rahayuningsih (2021) showed a significant relationship between maternal knowledge and stunting prevention efforts. The results of this study became the basis for this study to analyze the effect of education on increasing the knowledge of mothers of toddlers about 8 family functions in stunting prevention efforts.

# **METHODS**

This research is a quantitative research with a quasi-experimental design, namely using the one group pretest-posttest design method. This research was conducted for 3 months from May to July 2024, with the research location in Kampung KB, Lembah Murai Village, Pontianak City, West Kalimantan. The intervention was given six times for three months. The intervention given was in the form of the Implementation of the Best Practice Model using PowerPoint presentation media.

The study population was all mothers who had toddlers aged 0-59 months from families at risk of stunting in the KB Village, Lembah Murai Village, with a research sample of 30 mothers of toddlers. The data collection technique used a questionnaire covering 8 family functions. The assessment criteria for the research results were determined by 4 measurement scales: score 1 for "never," score 2 for "sometimes," score 3 for "often," and score 4 for "always." Data analysis using Paired T-Test to test the effect of education on 8 family functions before and after intervention. The independent variables in this study are 8 family functions (religious, socio-cultural, love, protection, reproduction, socialization and education, economic and environmental development) while the dependent variable is the knowledge of mothers of toddlers

### RESULTS

In this study, there were samples of mothers who had toddlers aged 0-59 months totaling 30 people as respondents. From the research that has been conducted, the following data were obtained:

**Table 1 Characteristics of Toddlers** 

| Variables                  | n       | %      |
|----------------------------|---------|--------|
| Toddler Age                |         |        |
| Average Age of Toddlers    | 33.30 N | Months |
| Youngest Age               | 10 M    | onths  |
| Oldest Age                 | 54 M    | onths  |
| Gender                     |         |        |
| Man                        | 11      | 36.7   |
| Woman                      | 19      | 63.3   |
| Birth Status               |         |        |
| Premature                  | 2       | 6.7    |
| Non Premature              | 28      | 93.3   |
| Birth History              |         |        |
| Caesar                     | 6       | 20     |
| Normal                     | 24      | 80     |
| Birth Weight               |         |        |
| Low Birth Weight           | 4       | 13.3   |
| Not Low Birth Weight       | 26      | 86.7   |
| Birth Length               |         |        |
| <48 cm                     | 12      | 40     |
| >48 cm                     | 18      | 60     |
| <b>Immunization Status</b> |         |        |
| Incomplete                 | 18      | 60     |
| Complete                   | 12      | 40     |

Based on Table 1, the characteristics of toddlers are known that the average age of intervention toddlers is 33.30 with the youngest age being 10 months and the oldest age being 54 months. Most toddlers are female, 19 with a percentage of 63.3%. The birth status of toddlers is mostly non-premature with a percentage of 93.3% and the history of toddler births is 24 born normally with a percentage of 80%. Toddlers who do not experience low birth weight are 26 with a percentage of 86.7% and birth length> 48cm are 18 with a percentage of 60%. Toddlers with incomplete immunization status are 18 with a percentage of 60%.

**Table 2 Characteristics of Mothers of Toddlers** 

| Variables                 | n    | %    |
|---------------------------|------|------|
| Mother's Age              |      |      |
| Average Age               | 33.  | 67   |
| Youngest Age              | 20 y | ears |
| Oldest Age                | 43 Y | ears |
| <b>Mother's Education</b> |      |      |
| Elementary School         | 2    | 6.7  |
| Junior High School        | 8    | 26.7 |
| Senior High School        | 20   | 66.7 |
| Mother's Job              |      |      |
| Doesn't work              | 26   | 86.7 |
| Work                      | 4    | 13.3 |
| Married Status            |      |      |
| Marry                     | 28   | 93.3 |
| Divorce Life              | 2    | 6.7  |

| Variables                  | n    | %    |
|----------------------------|------|------|
| Age of Menarche            |      |      |
| >13 Years                  | 7    | 23.3 |
| <13 Years                  | 23   | 76.7 |
| Age of Marriage            |      |      |
| <21 Years                  | 16   | 53.3 |
| >21 Years                  | 14   | 46.7 |
| Age of First Childbirth    |      |      |
| Average Age at First Birth | 23.  | 43   |
| Youngest Age               | 16 y | ears |
| Oldest Age                 | 36 Y | ears |
| Birth History              |      |      |
| Non Health Facilities      | 1    | 3.3  |
| Health Facilities          | 29   | 96.7 |
| Birth Assistance           |      |      |
| Non Health Workers         | 1    | 3.3  |
| Health workers             | 29   | 96.7 |

Based on Table 2 characteristics of mothers of toddlers, it can be seen that the average age of mothers of toddlers who were given intervention was 30.67, the youngest mother was 20 years old and the oldest mother was 43 years old. Most of the education levels of mothers of toddlers were high school graduates with a percentage of 66.7%. There were 26 mothers of toddlers who did not work. The marital status of mothers of toddlers was mostly married with a percentage of 93.3% as many as 28. The age of first menstruation of mothers of toddlers was mostly <13 years, as many as 23 with a percentage of 76.7%. The age of marriage <21 years was 16 with a percentage of 53.3%. The average age of mothers giving birth for the first time was 22.43, with the youngest age being 16 years old and the oldest age being 36 years old. Many mothers of toddlers had a history of giving birth at Health Facilities as many as 29 with a percentage of 96.7% and used health worker delivery assistants as many as 29 with a percentage of 96.7%.

**Table 3. Functions of Religion** 

|                                   |       | Tabic     | J. Funct | TOHS OF ICO | Jigion |           |       |        |
|-----------------------------------|-------|-----------|----------|-------------|--------|-----------|-------|--------|
| Variables                         |       | Pre-test  |          |             |        | Post-test |       |        |
| Function of                       | Never | Sometimes | Often    | Always      | Never  | Sometimes | Often | Always |
| Religion                          |       |           |          |             |        |           |       |        |
| Patience                          | 0     | 10        | 43.3     | 46.7        | 0      | 0         | 16.7  | 83.3   |
| Scripture                         | 0     | 13.3      | 70       | 16.7        | 0      | 6.7       | 36.7  | 56.7   |
| Religious story<br>book           | 6.7   | 33.3      | 43.3     | 16.7        | 0      | 16.7      | 26.7  | 56.7   |
| Worship                           | 6.7   | 16.7      | 47.7     | 30          | 0      | 0         | 30    | 70     |
| Short prayers                     | 3.3   | 16.7      | 46.7     | 33.3        | 0      | 3.3       | 30    | 66.7   |
| Avoid religiously prohibited acts | 3.3   | 3.3       | 36.7     | 56.7        | 3.3    | 0         | 13.3  | 83.3   |

Based on Table 3, the functions of religion, dIt is known that the behavior of parents of toddlers before and after the intervention on the variable of religious function in the statement

of always listening to children with the letters of the holy book, always reading children religious story books, always inviting and teaching children to worship from an early age, both experienced an increase of 40%.

**Table 4. Socio-Cultural Functions** 

| Variables                           | Pre-test |           |       |        | Post-test |           |       |        |  |
|-------------------------------------|----------|-----------|-------|--------|-----------|-----------|-------|--------|--|
| Social and<br>Cultural<br>Functions | Never    | Sometimes | Often | Always | Never     | Sometimes | Often | Always |  |
| Interact                            | 0        | 10        | 43.3  | 46.7   | 0         | 0         | 23.3  | 76.7   |  |
| Media access                        | 10       | 20        | 36.7  | 33.3   | 3.3       | 0         | 23.3  | 73.3   |  |
| Kissing the hand                    | 0        | 3.3       | 36.7  | 60     | 0         | 0         | 10    | 90     |  |
| Greeting/Saying hello               | 0        | 0         | 46.7  | 53.3   | 0         | 0         | 13.3  | 86.7   |  |
| Using games together with friends   | 0        | 3         | 46.7  | 43.3   | 0         | 0         | 23.3  | 76.7   |  |

Based on Table 4 socio-cultural functions, dIt is known that the behavior of parents of toddlers before and after the intervention on the socio-cultural function variable in the statement of always teaching children to greet/say hello when meeting other people and always teaching children to play together with friends, both experienced an increase of 33.4%.

**Table 5. Functions of Love** 

| Variables               |       | Pre-test  |       |        |       | Post-test |       |        |
|-------------------------|-------|-----------|-------|--------|-------|-----------|-------|--------|
| <b>Function of Love</b> | Never | Sometimes | Often | Always | Never | Sometimes | Often | Always |
| Hugging/stroking        | 0     | 0         | 33.3  | 66.7   | 0     | 0         | 0     | 100    |
| Looking into the eyes   | 0     | 10        | 36.7  | 63.3   | 0     | 3.3       | 6.7   | 90     |
| Reading fairy tales     | 6.7   | 40        | 43.3  | 10     | 0     | 16.7      | 36.7  | 46.7   |
| To love and to care     | 0     | 0         | 36.7  | 63.3   | 0     | 3.3       | 3.3   | 93.3   |
| Routine time            | 0     | 6.7       | 26.7  | 66.7   | 0     | 0         | 13.3  | 86.7   |

Based on Table 5 functions of love, It can be seen that the behavior of parents of toddlers before and after the intervention on the variable of the function of love in the statement of always reading fairy tales to children, before the intervention with a percentage of 10% and after the intervention with a percentage of 46.7% which means there was an increase of 36.7%.

**Table 6. Protection Functions** 

| Variables                        |       | Pre-test  |       |        |       | Post-test |       |        |
|----------------------------------|-------|-----------|-------|--------|-------|-----------|-------|--------|
| Protection<br>Function           | Never | Sometimes | Often | Always | Never | Sometimes | Often | Always |
| Dress your child in safe clothes | 0     | 0         | 30    | 70     | 0     | 0         | 10    | 90     |
| Safe home environment            | 0     | 6.7       | 30    | 63.3   | 0     | 0         | 3.3   | 96.7   |
| Supervision                      | 0     | 6.7       | 33.3  | 60     | 0     | 0         | 10    | 90     |
| Don't shout                      | 20    | 26.7      | 20    | 33.3   | 6.7   | 3.3       | 33.3  | 56.7   |
| Not to scare                     | 16.7  | 30        | 30    | 23.3   | 10    | 10        | 26.7  | 53.3   |
| Respond                          | 0     | 6.7       | 40    | 53.3   | 0     | 0         | 23.3  | 76.7   |

| Variables                            |       | Pre-test  |       |        |       | Post-test |       |        |
|--------------------------------------|-------|-----------|-------|--------|-------|-----------|-------|--------|
| Protection<br>Function               | Never | Sometimes | Often | Always | Never | Sometimes | Often | Always |
| quickly                              |       |           |       |        |       |           |       |        |
| Monitor<br>development<br>and growth | 0     | 0         | 26.7  | 73.3   | 0     | 3.3       | 3.3   | 93.3   |
| Exclusive breastfeeding 0-6 months   | 3.3   | 13.3      | 26.7  | 56.7   | 0     | 3.3       | 10    | 86.7   |
| MP ASI 6-24 months                   | 3.3   | 6.7       | 20    | 70     | 0     | 0         | 13.3  | 86.7   |
| Safe home environment                | 0     | 3.3       | 30    | 66.7   | 0     | 0         | 16.7  | 83.3   |

Based on Table 6 protection functions, dIt is known that the behavior of parents of toddlers before and after the intervention on the protection function variable in the statement always creates a safe home environment to avoid the risk of accidents, before the intervention with a percentage of 63.3% and after the intervention with a percentage of 96.7% which means there was an increase of 33.4%.

**Table 7. Reproductive Functions** 

| Variables                   |       | Pre-test  |       |        |       | Post-test |       |        |
|-----------------------------|-------|-----------|-------|--------|-------|-----------|-------|--------|
| Reproductive<br>Function    | Never | Sometimes | Often | Always | Never | Sometimes | Often | Always |
| Ideal number of children    | 20    | 20        | 20    | 40     | 3.3   | 6.7       | 20    | 70     |
| Arranging pregnancy spacing | 13.3  | 3.3       | 40    | 43.3   | 3.3   | 3.3       | 33.3  | 60     |
| Modest clothing             | 0     | 0         | 30    | 70     | 0     | 0         | 6.7   | 93.3   |
| Changing underwear          | 0     | 3.3       | 33.3  | 63.3   | 0     | 0         | 10    | 90     |
| How to defecate and urinate | 1     | 0         | 43.3  | 53.3   | 0     | 0         | 3.3   | 96.7   |

Based on Table 7 functions reproduction, it can be seen that the behavior of parents of toddlers before and after the intervention on the reproductive function variable in the statement always teaches children how to defecate and urinate, before the intervention with a percentage of 53.3% and after the intervention with a percentage of 96.7% which means there was an increase of 43.3%.

Based on Table 8 social and educational functions, It can be seen that the behavior of parents of toddlers before and after the intervention on the variables of socialization and education functions in the statement of always providing educational play equipment and always teaching children to tidy up toys after playing, both experienced an increase of 40%.

**Table 8. Socialization and Education Functions** 

| Variables                   | Pre-test Post-test |           |       |        |       |           |       |        |
|-----------------------------|--------------------|-----------|-------|--------|-------|-----------|-------|--------|
| Socialization and Education | Never              | Sometimes | Often | Always | Never | Sometimes | Often | Always |
| Function                    |                    |           |       |        |       |           |       |        |
| Praise                      | 0                  | 6.7       | 36.7  | 56.7   | 0     | 0         | 16.7  | 83.3   |
| Giving                      | 0                  | 0         | 43.3  | 56.7   | 0     | 0         | 13.3  | 86.7   |
| encouragement               |                    |           |       |        |       |           |       |        |
| Providing                   | 0                  | 13.3      | 50    | 36.7   | 0     | 0         | 23.3  | 76.7   |
| gaming tools                |                    |           |       |        |       |           |       |        |
| Accompanying                | 0                  | 6.7       | 33.3  | 50     | 0     | 3.3       | 10    | 86.7   |
| children to study           |                    |           |       |        |       |           |       |        |
| Play together               | 0                  | 6.7       | 40    | 53.3   | 0     | 0         | 20    | 80     |
| Tidying up toys             | 10                 | 3.3       | 33.3  | 53.3   | 0     | 0         | 6.7   | 93.3   |

Based on Table 9 economic functions, It can be seen that the behavior of parents of toddlers before and after the intervention on the economic function variable in the statement always teaches children not to buy too many snacks, before the intervention with a percentage of 33.3% and after the intervention 73.3% which means there was an increase of 40%.

**Table 9. Economic Functions** 

| Variables                       |       | Pre-test  |       |        |       | Post-test |       |        |
|---------------------------------|-------|-----------|-------|--------|-------|-----------|-------|--------|
| Economic<br>Function            | Never | Sometimes | Often | Always | Never | Sometimes | Often | Always |
| Source of income                | 0     | 10        | 36.7  | 53.3   | 0     | 3.3       | 16.7  | 80     |
| Manage<br>financial<br>expenses | 6.7   | 10        | 43.3  | 40     | 3.3   | 0         | 30    | 66.7   |
| Shop according to your needs    | 0     | 0         | 50    | 50     | 3.3   | 3.3       | 23.3  | 70     |
| Not many snacks                 | 3.3   | 20        | 43.3  | 33.3   | 6.7   | 0         | 20    | 73.3   |
| Save                            | 10    | 10        | 26.7  | 53.3   | 3.3   | 0         | 16.7  | 80     |

**Table 10. Environmental Development Functions** 

| Variables         |       | Pre-test  |       |        |       | Post-test |       |        |
|-------------------|-------|-----------|-------|--------|-------|-----------|-------|--------|
| Environmental     | Never | Sometimes | Often | Always | Never | Sometimes | Often | Always |
| Development       |       |           |       |        |       |           |       |        |
| Function          |       |           |       |        |       |           |       |        |
| Cleaning the      | 23.3  | 10        | 30    | 36.7   | 3.3   | 3.3       | 20    | 73.3   |
| house             |       |           |       |        |       |           |       |        |
| Throw garbage     | 3.3   | 3.3       | 33.3  | 60     | 0     | 0         | 10    | 90     |
| Don't scribble    | 6.7   | 20        | 33.3  | 40     | 0     | 3.3       | 16.7  | 80     |
| carelessly        |       |           |       |        |       |           |       |        |
| Energy saving     | 13.3  | 20        | 23.3  | 43.3   | 3.3   | 6.7       | 20    | 70     |
| Caring for        | 30    | 26.7      | 20    | 23.3   | 0     | 3.3       | 40    | 56.7   |
| plants            |       |           |       |        |       |           |       |        |
| Teaching          | 13.3  | 6.7       | 33.3  | 46.7   | 3.3   | 3.3       | 23.3  | 70     |
| children to flush |       |           |       |        |       |           |       |        |
| the toilet        |       |           |       |        |       |           |       |        |

Based on table 10 environmental development functions, It can be seen that the behavior of parents of toddlers before and after the intervention on the variable of environmental guidance function in the statement always teaches children not to scribble carelessly, before the intervention with a percentage of 40% and after the intervention with a percentage of 80% which means there was an increase of 40%.

Table 11. Results of Statistical Analysis of Differences in Pre and Post Scores of Family Function in the Lembah Murai KB Village

| Family Function     | Average | Standard  | Standard     | p value | n  |
|---------------------|---------|-----------|--------------|---------|----|
| Variables           | Value   | Deviation | <b>Error</b> |         |    |
| Before Intervention | 157.77  | 18,556    | 3,388        | 0,000   | 30 |
| After Intervention  | 179.53  | 11,714    | 2,139        |         |    |

Based on table 11, the results of the statistical test of the difference in family function scores before and after the intervention were given, showed that the average family function score before the intervention was 157.77. Measurements after the intervention showed an increase, obtaining an average score of 179.53. The results of the Paired T Test on the family function variable, obtained a p value = 0.000. This figure is below the Alpha value (0.05) which means Ha is accepted, so it can be concluded that there is a difference in the average knowledge score of respondents before and after being given intervention through education on 8 family functions.

### DISCUSSION

The role of a good family is very important in forming a healthy lifestyle in toddlers. By implementing a healthy lifestyle, toddlers can avoid various diseases, so that efforts to prevent stunting can be carried out optimally. The family also plays a role as a role model for toddlers in implementing healthy daily living habits, so that the active role of the family is key to supporting optimal growth and development of toddlers (Qolbi et al., 2020).

Based on the frequency results of the religious function variable, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers who always listen to their children with scriptures, read religious story books to their children, invite and teach their children to worship from an early age, there was an increase of 40%, previous research shows that the function of religion has an influence because the family is the first institution where children learn religious values and build their religious identity. In the family, religious values are instilled to form good children's character, encouraging them to carry out worship with full faith in God (Sugiarto, 2022). By sharpening spiritual intelligence, children can develop strong religious beliefs, have a good conscience, and always do good to others (Hafidz & Diana, 2022). Religious functions in the family can create better quality

because religious beliefs help individuals to have positive attitudes and behaviors and to give meaning to life in a better way (Ivana et al., 2022).

Based on the frequency results of the socio-cultural function variable, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers who always teach their children to greet/say hello when meeting other people and teach their children to play together with friends, there was an increase of 33.4%. Previous research shows that socio-culture is very influential because it is a key factor in decisions taken by mothers regarding child care and feeding patterns (Sugiarto, 2022). If the parenting and feeding patterns are not appropriate, there is a risk of causing a decline in nutritional status (Urielle et al., 2021).

Based on the frequency results of the variable of the function of love, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers who always read fairy tales to their children, before the intervention with a percentage of 10% and after the intervention with a percentage of 46.7% which means there was an increase of 36.7%, previous research shows that caring for and loving children through communication between mother and child will have a positive impact. With the discussion or interaction that is established, children will feel appreciated (Maghfiroh & Suryana, 2022).

Based on the frequency results of the protection function variable, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers who always create a safe home environment to avoid the risk of accidents, before the intervention with a percentage of 63.3% and after the intervention with a percentage of 96.7% which means there was an increase of 33.4%, previous research shows that the protection function is very influential because it creates a sense of physical, economic, and psychosocial security, and provides warmth in life. Child care at least includes protection from physical violence and the provision of decent food and clothing (Fitriana & Wirdanengsih, 2024). The behavior of holding a child's hand will provide a sense of security for the child. Then holding a partner's hand will further increase harmony in the household (Wijayanti & Berdame, 2019).

Based on the frequency results of the reproductive function variable, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers who always teach their children how to defecate and urinate, before the intervention with a percentage of 53.3% and after the intervention with a percentage of 96.7% which means there was an increase of 43.3%, previous research shows that the reproductive function is very influential because it functions to maintain generations and maintain family continuity, as well as guarantee generations within the family and society by providing new members for society (Kurniawati & Kulla, 2022). In maintaining family continuity, the main focus is not only on

the development of offspring, but also on healthy reproductive function and sexuality education for children and other family members (Savitri, 2020).

Based on the frequency results of the socialization and education function variables, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers in the statement of always providing educational play equipment and always teaching children to clean up toys after playing, both experienced an increase of 40%. Previous research shows that the function of education is very influential, based on the results of the interview it can be concluded that education for children is very important because education is the foundation for the future (Dati et al., 2021). Children will experience their first interaction with their parents. In this process, socialization and education occur, where parents teach children in various ways so that they can behave according to local community norms (Kawengian et al., 2022).

Based on the frequency results of the economic function variable, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers who always teach their children not to buy too many snacks, before the intervention with a percentage of 33.3% and after the intervention 73.3% which means there was an increase of 40%, previous research shows that the socio-economic conditions of the family have an effect on the strength of good energy and protein sources for children, this condition is related to purchasing power (Aristiyani et al., 2023). Family socio-economics, especially income, is an important indicator that influences the family's ability to meet nutritional consumption needs. Good income allows families to meet nutritional needs better (Budiastutik & Rahfiludin, 2019).

Based on the frequency results of the environmental guidance function variable, it can be seen that there was an increase before and after the intervention of the behavior of parents of toddlers in the statement of always teaching children not to scribble carelessly, before the intervention with a percentage of 40% and after the intervention with a percentage of 80% which means there was an increase of 40%. Previous research shows that the character of caring for the environment is important to be instilled from an early age so that the next generation has concern and love for the surrounding nature (Oktamarina, 2021). Environmental education taught in the family includes education about maintaining cleanliness, such as throwing rubbish in its place, because cleanliness is part of faith (Ramadhani et al., 2024). The family environment encourages healthy choices and lifestyles (Rosidin Udin et al, 2023)

# **CONCLUSIONS**

The results of this study indicate that there is an influence of education on the knowledge of mothers of toddlers about 8 family functions and there is a significant difference in the knowledge of mothers before and after the intervention. To improve maternal knowledge sustainably, it is recommended that educational programs be carried out routinely by involving cadres as active companions in providing information. This education is important to help mothers understand the role of the family in preventing stunting.

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