

THE EFFECT OF ECONOMIC PRESSURE AND QUALITY OF LIFE ON THE QUALITY OF FAMILY PARENTING WITH STUNTING CHILDREN

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Abstract

Currently, Indonesia is still facing a health problem, namely stunting. This condition can be caused by various factors, both directly and indirectly. Indirect causes of stunting that are currently of common concern include family conditions, both economically, socially, and the quality of parenting given to children. The purpose of this research is to analyze the effect of economic pressure and quality of life on the quality of family parenting with stunted children. This research involved 69 mothers with stunted children aged 2-5 years. The research location is in Bubulak Village, Bogor City, West Java. Sampling was done using non-probability sampling using purposive sampling technique. The correlation test shows that economic pressure has a significant correlation with the quality of life and quality of parenting. Quality of life is significantly related to the quality of parenting. The results of the regression test show that economic pressure does not affect the quality of parenting, while the child's age affects the quality of parenting, as does the quality of life which has a significant positive effect on the quality of parenting.

Keywords: economic pressure, quality of life, quality of parenting, stunting

PENGARUH TEKANAN EKONOMI DAN KUALITAS HIDUP TERHADAP KUALITAS PENGASUHAN KELUARGA DENGAN ANAK STUNTING

Abstrak

Saat ini, Indonesia masih dihadapkan permasalahan kesehatan, yaitu stunting. Kondisi tersebut dapat disebabkan oleh berbagai faktor baik secara langsung maupun tidak langsung. Faktor penyebab stunting secara tidak langsung menjadi perhatian bersama saat ini diantaranya adalah kondisi keluarga baik itu secara ekonomi, sosial, hingga kualitas pengasuhan yang diberikan kepada anak. Tujuan dari penelitian ini adalah untuk menganalisis pengaruh tekanan ekonomi dan kualitas hidup terhadap kualitas pengasuhan keluarga dengan anak stunting. Penelitian ini melibatkan 69 ibu dengan anak stunting yang berusia 2-5 tahun. Lokasi penelitian berada di Kelurahan Bubulak, Kota Bogor, Jawa Barat. Pengambilan contoh menggunakan non-probability sampling dengan menggunakan teknik purposive sampling. Uji korelasi menunjukkan bahwa tekanan ekonomi memiliki hubungan signifikan dengan kualitas hidup dan kualitas pengasuhan. Kualitas hidup berhubungan signifikan dengan kualitas pengasuhan. Hasil uji regresi menunjukkan tekanan ekonomi tidak berpengaruh terhadap kualitas pengasuhan, sedangkan usia anak berpengaruh terhadap kualitas pengasuhan, begitu juga dengan kualitas hidup berpengaruh signifikan positif terhadap kualitas pengasuhan.

Kata kunci: kualitas hidup, kualitas pengasuhan, stunting, tekanan ekonomi

INTRODUCTION

Indonesia is endowed with abundant wealth, both in terms of natural resources and human resources. The current quality of these resources poses a challenge for Indonesia to improve as an effort to achieve Golden Indonesia 2045. However, Indonesia is currently faced with various problems, one of which is a health problem, namely stunting. According to the World Health Organization (WHO) (2014) in Global Nutrition Targets 2025, stunting is an irreversible growth and development disorder that is largely affected by inadequate nutritional intake and recurrent infections during the first 1000 days of life. According to UNICEF in BAPPENAS (2011), stunting is essentially affected by direct and indirect factors, the direct factors related to stunting are child characteristics such as gender, child weight, low energy and protein food consumption, and the presence of respiratory infection diseases and diarrhea. Indirect factors that can affect the occurrence of stunting include improper parenting patterns, non-exclusive breastfeeding, health services in the form of incomplete immunization, and family characteristics such as parental occupation, parental education, and family economic status.

Based on the 2018 Basic Health Research, the national stunting prevalence reached 30,8%. Based on the Window of Health Data and Information, the Ministry of Health of the Republic of Indonesia (2020), the prevalence of stunting in Indonesia was recorded at 27,6%. Although this figure has decreased compared to 2018 (30,8%), it is still above the standard set by WHO that the prevalence of stunting in a country should not exceed 20%. Stunting often occurs due to indirect factors that are not widely realized by the community, this is evidenced in research conducted by Lestari, Margawati and Rahfiludini (2014) which states that 8 out of 10 children who experience stunting have parents with low education, and families with low economic status.

Low economic status is closely related to poverty, based on BPS data (2020) it is mentioned that the number of poor people in Indonesia as of September 2019 reached 27,55 million people, with the percentage of poor people at 10,19%. This figure increased by 0,41% per March 2020. Poor economy in the family causes the family to experience economic pressure. According to Blom et al. (2019) economic pressure occurs if material needs cannot be met, and the family is unable to pay installments and bills.

The economic problems that occur have implications for the lives of the community at large, this was conveyed by Masarik et al. (2012) that economic pressure becomes an indicator of a low-quality life. Based on data from the US News and World Report Data in the Human Development Report (2019), it shows that the quality of life of the Indonesian people ranks 40th out of 80 countries surveyed. Indonesia's score is relatively low compared to other countries, which is 1,8 out of a scale of 10. The lowest indicators are in the health system with a score of 0,1 and in economic stability with a score of 0,4. According to Park et al (2003) families with a good quality of life are able to meet the needs of clothing, food, and shelter well, so that family members can enjoy life together and have the opportunity to do important things in life.

The lack of fulfillment of food and nutrition needs in the family impacts every period of a child's growth and development. This will disrupt the quality of family life and certainly the future of the child. In addition to the quality of life and economic conditions, an equally important thing to support the growth and development of stunted children is the parenting environment. Parenting carried out by the family is an important aspect in the growth and development of stunted children (Prendergast & Humphrey, 2014). As many as 1 in 5 children experience stunting due to improper parenting patterns (BPS, 2020).

The Ministry of Health of the Republic of Indonesia (2018) states that nutrition problems are not only related to health problems, but also affected by various indirect conditions. Therefore, improvement efforts must include efforts to prevent and reduce direct disturbances (specific nutrition interventions) and efforts to prevent and reduce indirect disturbances (sensitive nutrition interventions). Based on this, stunting occurs through a fairly complex process, not just a nutritional problem but many other factors affect it such as economic pressure and quality of life in the family and parenting patterns carried out in the family. Therefore, it is important to conduct a study related to the factors that affect the occurrence of stunting, mainly related to economic pressure and the quality of family life on the quality of family parenting with stunted children, as one of the efforts to break the chain of intergenerational malnutrition that is currently happening.

The various changes that occur in the family become an important and interesting study to measure the effect of economic pressure and the quality of family life on the quality of family parenting with stunted children so that all elements of society can evaluate and improve self-competence and break the chain of intergenerational malnutrition. This research aims to: 1) identify family characteristics, economic pressure, family quality of life, and quality of parenting families with stunted children; 2) analyze the correlation

between family characteristics, economic pressure, family quality of life, and quality of family parenting with stunted children; 3) analyze the effect of family characteristics, economic pressure, family quality of life and quality of parenting in families with stunted children.

METHODS

This research used a cross-sectional study design using interview methods and the assistance of offline questionnaires. The research was conducted in the Bubulak sub-district, West Bogor District, Bogor City, West Java. The determination of the research location was made considering that the stunting rate in the sub-district is quite high according to the local health center's stunting data for 2021 and is still a stunting locus area. The research time was carried out from December 2021 to May 2022, which includes preparation, research proposal preparation, data collection, data analysis, and ended with writing a research report. The research sample was taken using non-probability sampling using purposive sampling techniques. The population of this study is families with stunted children aged 2-5 years (toddlers) and living in the Bubulak sub-district, West Bogor District, Bogor City, West Java. The sample in this study is 69 mothers. Data were obtained from the Sub-district, Health Center, and related agencies.

Family economic pressure is measured using an instrument from Raharjo et al. (2021), with Cronbach's alpha 0,745. The dimensions of economic pressure consist of objective economic pressure and subjective economic pressure. Objective economic pressure consists of 5 indicators, including: (1) per capita income, (2) wife's employment status, (3) husband's employment status, (4) comparison of income and expenditure, (5) comparison of debt and assets. Subjective economic pressure is seen from the perspective of difficulties felt in family life with 18 statement items related to income and work. This variable is answered using a Likert scale (1-3), namely 1 = never, 2 = sometimes, 3 = often. Family quality of life uses an instrument modified from the Beach Center on Disability (2015), with Cronbach's alpha 0,938. It consists of 6 dimensions to measure family quality of life, namely, family interaction (6 statements), life (4 statements), health (4 statements), emotional well-being (6 statements), material well-being (12 statements), and support for families with stunted children (4 statements). This variable is answered using a Likert scale (1-5), namely 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, 5 = very satisfied. Quality of parenting uses a quality of parenting questionnaire from Herawati (2018) which has been modified referring to the quality of parenting of the HOME Inventory (Caldwell & Bradley, 1992), with Cronbach's alpha 0,729. The dimensions of quality of parenting consist of eating and health parenting patterns, and psychosocial parenting patterns. This variable is answered using a Likert scale (1-3), namely 1 = no, 2 = sometimes, 3 = yes.

The data obtained were then processed using Microsoft Office Excel 2019 software and analyzed using the Statistical Package for Social Science (SPSS) 25 program. The data processing process includes editing, coding, entry, cleaning, scoring, analyzing, and interpreting data. Data quality control is carried out through reliability tests on economic pressure instruments, family quality of life, and quality of parenting with the Cronbach alpha method. Data processing is done using descriptive analysis, correlation analysis, and regression analysis. Descriptive analysis is done to identify the minimum value, maximum value, average, number, percentage, and standard deviation of family characteristics, family economic pressure, family quality of life, and quality of family parenting with stunted children. Correlation analysis is done to determine the correlation between family characteristics, economic pressure, quality of life and quality of family parenting with stunted children. Regression analysis is done to determine the Effect of family characteristics, economic pressure and quality of life on the quality of family parenting with stunted children.

RESULTS

Family Characteristics

The research results in Table 1 show that the age of mothers ranges from 17 to 54 years with an average age of 34,1 years and the age of fathers ranges from 19 to 65 years with an average age of 39,5 years. The average education of mothers and fathers is junior high school graduates with a duration of education of 9 years. The mother's job is dominated by housewives (97,1%) and the rest are private employees (2,9%). The father's job is dominated by laborers (77,9%). The average family size is in the small family category, with the smallest number of family members being 3 people and the most being 8 people. The average per capita income per month is IDR481.922,7.

Table 1 Minimum, maximum, average, and standard deviation of sample family characteristics

Characteristics	Minimum	Maximum	Average±SD
Mother's age (year)	17	54	34,1±7,0
Father's age (year)	19	65	39,5±8,0
Length of Mother's Education	4	16	8,9±2,5
Length of Father's Education	6	16	9,3±2,8
Children's Age (year)	2	5	3,2±1,0
Large family (people)	3	8	4,5±1,0
Per capita income (IDR/month)	150000	1675000	481922,7±307547,9

Note: SD= standard deviation

Economic Pressure

Table 2 shows that the total family economic pressure is in the medium category (62,5%) with an average index of 47,2. Based on dimensions, the objective economic pressure of the family is in the high category (46,4%) with an average index of 62,7. This is indicated by the statement that more than half (59,4%) of the family's per capita income is in the poor category, the father has unstable work (58,0%), the mother who does not work (85,5%), has expenses that are greater than income (66,2%), and has debt less than 50% of the assets owned (56,5%).

The subjective economic pressure of the family is in the medium category (55,1%) with an average index of 42,9. This is indicated by the statement that the sample sometimes feels difficulty in meeting the needs of children (58,0%), is not satisfied with family income (71,0%), and feels pressured when there is an economic crisis (55,1%). However, the family is still able to pay for electricity every month (50,7%), and has enough money for home installments/rent (65,2%).

Table 2 Distribution of samples based on economic pressure

Economic pressure	Category						Min-Max	Average±SD
	Low (<60)		Medium (60-80)		High (>80)			
	n	%	n	%	n	%		
Objective	6	8,7	31	44,9	32	46,4	10,0-90,0	62,7±18,5
Subjective	26	37,7	38	55,1	5	7,2	8,3-80,5	42,9±16,4
Total Economic Pressure	20	29,0	45	62,5	4	5,8	13,7-78,2	47,2±14,4

Notes: n= number of respondent; % = percentage; min-mx = minimum to maximum; SD= standard deviation

Quality of Life

The research results show that the total family quality of life is in the low category (55,1%), some others are in the medium category (42,0%) and high (2,9%) with an average index of 57,7. Seen in terms of dimensions, family interaction is in the medium category (56,5%) with an average index of 68,7. This is based on the statement that the family feels satisfied having time together (52,2%) and loves and cares for each other (54,4%). However, in terms of openness between family members to discuss anything, it still feels ordinary (33,3%), as well as when the family goes through a slump (31,9%). The family life dimension is in the medium category (55,1%) with an average index of 60,5. This is indicated by the statement that the family feels satisfied being able to enjoy life (59,4%) and the family has high hopes for life (52,2%). However, the family feels dissatisfied with life that sometimes makes it slump (37,7%). Family health is in the low category (100,0%) with an average index of 57,44. This is indicated by the statement that the family feels neutral towards sick family members affecting activities at home (43,5%) and feels dissatisfied with the presence of sick family members affecting the welfare of life (24,6%).

The emotional well-being of the family sample is in the medium category (72,5%) with an average index of 71,7. This is based on the statement that the family feels satisfied with the support given to relieve stress (56,5%) and feels comfortable when at home (75,4%). However, the family feels not comfortable enough when at work (36,2%). The material well-being of the family is in the low category (56,5%) with an average index of 56,3. This is supported by the statement that the family feels dissatisfied because it is unable to buy nutritious food (30,4%), and tends to be neutral when receiving installment payment bills (37,7%), the family also feels dissatisfied because it cannot buy what it wants (31,9%). Support for families with stunted children is in the high category (96,7%). This is indicated by the statement that families feel satisfied with the assistance to handle stunted children (73,9%), whether it is social, economic assistance, or health

facilities from the local health center (Table 3).

Table 3 Distribution of samples based on quality of life

Quality of life	Category						Min-Max	Average±SD
	Low (<60)		Medium (60-80)		High (>80)			
	n	%	n	%	n	%		
Family Interaction	18	26,1	39	56,5	12	17,4	16,6-100,0	68,7±15,4
Life	29	42,0	38	55,1	2	2,9	37,5-100,0	60,5±11,0
Health	69	100,0	-	-	-	-	6,2-50,0	36,5±14,9
Emotional well-being	9	13,0	50	72,5	10	14,5	45,8-100,0	71,7±11,5
Material well-being	39	56,5	27	39,1	3	4,3	20,8-97,9	56,3±15,0
Support the child's family	-	-	3	4,3	66	96,7	60,0-100,0	95,9±17,5
Stunting	38	55,1	29	42,0	2	2,9	36,1-82,6	57,7±8,9

Notes: n= number of respondent; % = percentage; min-mx = minimum to maximum; SD= standard deviation

Quality of Parenting

The research results in Table 4 show that the total quality of parenting of families with stunted children is in the medium category (52,2%) with an average index of 76,4. The eating and health parenting patterns are in the medium category (60,9%) with an average index of 76,6. This is indicated by the statement that mothers rarely give additional food containing fat to children (53,6%), do not make a regular eating schedule for children (39,1%), and children do not have their hair cleaned (shampooed) at least 2 times a week (30,4%). However, mothers provide exclusive breastfeeding for children for two years (89,9%), and regularly take children to the integrated health post (88,4%). The psychosocial parenting patterns of families are in the medium category (46,4%) with an average index of 76,3. This is supported by the statement that children are allowed in various games (89,9%), parents convey positive feelings to children (98,6%), do not give physical punishment to children (62,3%). However, children rarely do activities outside the home (62,3%), children rarely have their health checked regularly (55,1%), and parents sometimes scold children (59,9%).

Table 4 Distribution of samples based on quality of parenting

Quality of parenting	Category						Min-Max	Mean±SD
	Low (<60)		Medium (60-80)		High (>80)			
	n	%	n	%	n	%		
Eating and Health Parenting Patterns	-	-	42	60,9	27	39,1	60,2-91,1	76,6±8,2
Psychosocial Parenting Patterns	7	10,1	32	46,4	30	43,5	46,5-95,3	76,3±11,4
Quality of Parenting	4	5,8	36	52,2	29	42,0	56,4-90,9	76,4±8,5

Notes: n= number of respondents; % = percentage; min-mx = minimum to maximum; SD= standard deviation

The correlation between family characteristics, economic stress, quality of life, and quality of parenting

The research results based on the correlation test in Table 5 show that economic pressure has a significant negative correlation with quality of life. The higher the family's economic pressure, the lower the quality of life of families with stunted children. Economic pressure also has a significant negative correlation with quality of parenting. The higher the family's economic pressure, the lower the quality of parenting provided by the family to the stunted child. In addition, the quality of life has a significant positive correlation with quality of parenting. The higher the family's quality of life, the higher the quality of parenting provided by the family to the stunted child.

Table 5 The correlation between family characteristics, economic stress, quality of life, and quality of parenting

Characteristics	Economic Pressure	Quality of Life	Quality of parenting
Mother's age (year)	-0,101	-0,136	-0,001

Table 5 The correlation between family characteristics, economic stress, quality of life, and quality of parenting (continue)

Characteristics	Economic Pressure	Quality of Life	Quality of parenting
Father's age (year)	0,009	-0,100	0,052
Length of Mother's Education	-0,162	0,019	0,150
Length of Father's Education	-0,106	0,019	0,199
Children's Age (year)	0,165	-0,137	0,093
Large family (people)	-0,147	-0,118	-0,061
Per capita income (IDR/month)	-0,098	-0,016	0,079
Economic Pressure	1	-0,501**	-0,291*
Quality of Life		1	0,514**
Quality of parenting			1

Notes: *) significant at $p < 0,1$; **) Significant at $p < 0,01$.

The Effect of Family Characteristics, Economic Stress, Quality of Life on Parenting Quality

The results of the linear regression test on the model variables against the quality of parenting of families with stunted children in Table 6 show that the Adjusted R Square value is 0,272. This explains that as much as 27,2 percent of the model variables Effect the quality of parenting of families with stunted children with the remaining 72,8 percent Effectd by other variables outside this study. The child's age has a significant positive effect ($\beta = 0,205$; $p = 0,062$) on quality of parenting. This means that for every one unit increase in the child's age, the quality of parenting increases by 1,642 points. The research results show that the quality of life of families with stunted children ($\beta = 0,497$; $p = 0,000$) has a significant positive effect on quality of parenting. This means that for every one unit increase in the family's quality of life, it will increase the quality of parenting by 0,473 points.

Table 6 The Effect of family characteristics, economic pressure, quality of life on quality of parenting

Variable	Non-Standardized Coefficient (B)	Standardized Coefficient (β)	Sig.
Constant	40,331		0,001
Mother's age (year)	0,113	0,110	0,436
Father's age (year)	0,190	0,057	0,656
Length of Mother's Education	0,465	0,152	0,241
Length of Father's Education	1,642	0,205	0,062*
Children's Age (year)	-0,798	-0,102	0,468
Large family (people)	3,906E-7	0,014	0,910
Economic Pressure	-0,076	-0,128	0,277
Quality of Life	0,473	0,497	0,000**
F			4,173
Sig			0,001 ^b
R Square			0,358
Adjusted R Square			0,272

Notes: *) significant at $p < 0,1$; **) Significant at $p < 0,01$.

DISCUSSION

The research results show that the average age of mothers and fathers is in the middle adult category, this age is still classified as productive age (Hurlock, 1980). The average education of mothers and fathers only reaches junior high school level with a study period of 9 years. According to Wahyuni and Monika (2017), education is one of the factors that Effect in determining a person's economic status and job. In this study, most mothers work as housewives and fathers as laborers. The size of the sample family is included in the small family category with an average of 4 people, this means that the family has a few dependents in meeting daily needs. According to Firdaus and Sunarti (2009), the more the number of family members,

the higher the economic pressure experienced. The economic condition of the sample family is mostly included in the poor category. This shows that most of the per capita income in the sample is still below the poverty line (BPS, 2021), although on average it is above the poverty line. Family income is related to the ability of households to meet needs, whether it is clothing, food, or shelter.

The economic pressure of families with stunted children in this study is included in the medium category. According to Raharjo et al. (2015), economic pressure is a multidimensional concept including objective and subjective aspects of work and income. Objective economic pressure is in the high category. According to Herawati (2018), families with a steady and stable job status tend not to experience economic pressure compared to families with unstable and unstable job status, families with low income find it difficult to meet their living needs. and on the subjective dimension is in the medium category. This means, most families with stunted children feel quite pressured by their economic conditions, especially on the objective dimension. This is caused by most of the sample families being categorized as poor, expenditures exceeding income, mothers not working, and families having debt. The subjective economic pressure dimension is included in the medium category, this is indicated by mothers who feel satisfied with their husband's work even though they sometimes find it difficult to meet family needs, and sometimes feel that family income is not enough to meet living needs. According to Conger et al. (1990) both children and parents as part of family members can give an assessment of the economic difficulties faced by the family. The assessment of poor economic conditions in the family can be caused by economic pressure that comes from physical and social factors (Sunarti, 2005).

The research results show that more than half of the respondents have a low category of family quality of life. Families feel that their lives are not good enough and are not satisfied from several aspects. This is reinforced by the statement that quality of life is a feeling and statement of satisfaction of an individual's overall life and in terms of mental status, others around him must acknowledge that the individual is living a life in a comfortable condition, far from threats, and basic needs are fulfilled (Afiyanti, 2010). The low quality of life is supported by the health dimension which is also in the low category. This is due to the condition of the family that has less good physical members and does not have adequate first aid supplies in the form of medicines at home. The material welfare dimension is also in the low category. This is because families are unable to meet the needs of nutritious food, unable to buy desired items, and find it difficult to pay installments every month. A family can be said to have a quality of life when all dimensions of quality of life are well fulfilled and are in the high category. This is in line with the statement that quality of life more specifically relates to health referring to the physical, psychological, and social health domains, which are seen as different areas affected by a person's experiences, beliefs, hopes, and experiences (Testa & Simonson, 1996).

The quality of parenting given in more than half of the respondents in this study is included in the medium category, as well as both of its dimensions, namely eating and health parenting patterns, and psychosocial parenting patterns which are in the medium category. The research results show that respondents have fulfilled parenting patterns quite well as seen from the routine of mothers bringing children to the integrated health post. Although there are still some aspects that have not been well fulfilled, such as mothers who rarely provide additional food for children, and the lack of maintaining the cleanliness of the child's body. In addition, mothers who tend to resign to the situation and are less motivated about life make parenting not optimal, the lack of support from partners and family environment also society makes family life not as expected. This can also occur because parenting and family life, including the adequacy of nutrition and child health, have not been a priority for parents (Leinonen et al., 2003).

The correlation test shows that economic pressure has a significant negative correlation with quality of life and quality of parenting. This means, the higher the economic pressure experienced by the family, the lower the quality of life and quality of parenting. This is supported by the statement from Kumalasari et al. (2018), that economic pressure significantly affects financial management, strategy and quality of life. Economic pressure is generally felt by the community or families with low socio-economic status which implies the process of providing fulfillment of resources both physically, materially, socially, and psychologically. The research results are supported by the statement from Elder et al. (1995) that economic pressure affects the quality of parenting and child development, where the higher the economic pressure, the worse the quality and child development. Economic pressure will have an impact on mental health so it affects low marital support. Negative marital interaction is associated with poor parenting.

The correlation test results also show that quality of life has a significant positive correlation with quality of parenting. This means, the higher the quality of life of the family, the higher the quality of parenting as well. Quality of life implies management in the family, there is a strong correlation between mother and father couples between assessments of family function, parenting stress, and social correlations (Pisula & Porebowic, 2017). Based on the research conducted by Ribé et al. (2018), there is a significant correlation

between caregiver burden and family quality of life. According to Yusselda and Wardani (2016), there is a meaningful correlation between family support (emotional, instrumental, and appreciation) including in this case parenting, with quality of life. The condition of family life describes the quality internally in the family, including the parenting given by parents to children. The better the quality of life of the family, the better the facilities, affection, and time given by parents to children. This can happen because, families with a good quality of life, will have attention and place parenting for child growth and development at the top of family life.

The regression test results show that economic pressure does not affect quality of parenting. This is not in line with the research conducted by Sunarti et al. (2005) which states that economic pressure has a significant negative effect on parenting. However, this is in line with the research conducted by Abas (2007) that economic pressure does not have a significant effect on the parenting carried out by parents to children. Objectively, economic pressure on the family becomes a problem, but the perception of the family's poor economic condition subjectively does not make parenting in the family worse. This is also caused by the resignation attitude towards the family's economic condition and letting life flow as it is which of course has an impact on parenting in the family which is done as necessary according to the economic and environmental conditions in the family of stunting children.

The child's age has a significant positive effect on quality of parenting. This is in line with the research conducted by Abidin (2019) which states that the child's age has a significant effect on parenting. Each stage of age has risk factors including parenting patterns, mother's education, mother's job, and child's nutritional status. The older the child, the more abilities in various fields, so the need for fulfillment of life from various aspects also increases, so parents pay more attention to the needs for child growth and development (UNICEF, 2014).

Quality of life has a significant positive effect on quality of parenting. The research results are in line with the research conducted by Diana (2006) that a good quality of life will produce good parenting for child growth and development. The resources owned by the family determine the process of parenting. According to Indira (2017), the family condition affects the process of parenting given by parents, which involves family resources (socio-economic situation, housing situation), and family time (quantity and quality of parents interacting with children). Childcare is a series of obligations that must be carried out by parents. If childcare has not been well fulfilled, it often gives rise to conflicts, both within the child and between the child and parents, or even against their environment (Rakhmawati, 2015). A good family quality of life will be reflected in the optimal parenting given by parents of course to support good child growth and development, especially in terms of providing food and nutrition (Juwita & Agus, 2021).

Family conditions with fulfilled needs such as providing nutritious food to children, providing stimuli in the form of good parenting, are expected to be optimal during the child's growth and development period, so that in adulthood they have normal nutritional status and give birth to normal offspring, and have an impact on brain development and the child's social intelligence (Trihono et al., 2015).

This research has several limitations, namely this research only comes from the mother's point of view without any point of view from other family members such as fathers in families with stunted children. In addition, a comparative study is also needed between families with stunted children and families with generally normal children, to see the differences in terms of economic pressure, quality of life, and the quality of parenting provided by the family to the child.

CONCLUSIONS AND SUGGESTIONS

This study shows that the age of mothers and fathers is in the middle adult category. The average length of education of mothers and fathers is only junior high school graduates. Most mothers work as housewives and fathers as laborers. The average per capita income is still above the poverty line of Bogor City. The average respondent has 4 family members with an average age of 3 years old stunted children. More than half of the respondents are under medium economic pressure. Based on dimensions, almost half of the respondents' objective economic pressure is in the high category and more than half of the respondents' subjective economic pressure is in the medium category. More than half of the respondents have a low category of quality of life. Most respondents in the health and material welfare dimensions are in the low category. More than half of the respondents in the family interaction, life, and emotional welfare dimensions are in the medium category. Most respondents have high category support for families with stunted children. The quality of parenting of respondents more than half is included in the medium category. Eating and health parenting patterns, as well as psychosocial, more than half of the respondents are in the medium category. The correlation test results show that there is a significant negative correlation

between economic pressure and quality of life and quality of parenting. Quality of parenting also has a significant positive correlation with quality of parenting. The regression test results show that economic pressure does not affect quality of parenting, while the child's age and quality of life have a significant positive effect on quality of parenting.

Suggestions for future researchers to conduct research on economic pressure, quality of life, and quality of parenting of families with stunted children with respondents are fathers, so as to get a different perspective. Researchers can also add other factors to see the Effect on the quality of parenting of families with stunted children. Based on research, economic pressure is in the medium category so it is necessary for an effort for the sample to have additional sources of income besides the main source of income to pay installments and meet family needs. The quality of life of families with stunted children is in the low category, mainly in the health and material welfare dimensions. It is expected that families can implement a clean and healthy lifestyle and complete health facilities at home. In addition, additional family members are needed to work or additional sources of income so that family needs are optimally met. The quality of parenting of families is in the medium category, both in eating and health parenting patterns, and psychosocial parenting patterns. Families need to make child growth and development a top priority and optimize the parenting provided. Socialization is also needed from related government agencies regarding parenting patterns, fulfillment of balanced food and nutrition, and family resource management.

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