

Original Research

Midwives' Roles in Community-Based Stunting Prevention: A Qualitative Study in Primary Health Services

Nastiti Aryudaningrum¹, Asri Hidayat², Herlin Fitriani Kurniawati³

¹ Departement of Midwifery, Universitas Negeri Surabaya, Surabaya, Indonesia

² Department Master of Midwifery, Universitas 'Aisyiyah Yogyakarta, Yogyakarta, Indonesia

³ Department of Midwifery, Universitas 'Aisyiyah Yogyakarta, Yogyakarta, Indonesia

ABSTRACT

Background Stunting remains a major public health concern in many low- and middle-income countries, with long-term consequences for cognitive development, educational achievement, and economic productivity. Midwives, particularly in decentralized health systems like posyandu in Indonesia, play a vital role in early prevention efforts. However, limited research has explored their contextualized contributions within community-based health services.

Objective This study aimed to explore the strategic roles of midwives in preventing stunting, focusing on their functions as healthcare providers, educators, and community facilitators.

Methods A qualitative phenomenological study was conducted involving six community midwives selected via purposive sampling. Data were collected through semi-structured in-depth interviews and analyzed thematically. Triangulation was performed using additional informants including coordinating midwives, nutritionists, and community health workers.

Results Four primary themes emerged: (1) midwifery care in stunting prevention; (2) community engagement and educational activities; (3) communication and health promotion strategies; and (4) identification of local health issues. Midwives were actively involved in growth monitoring, nutrition counseling, home visits, and cross-sectoral collaboration. Challenges included low community participation, persistent stigma, and limited awareness about stunting.

Conclusion Community midwives play a strategic role in stunting prevention through education, early detection, and collaborative community engagement. Strengthening their communication skills, cultural competence, and integration with local stakeholders is essential for optimizing the impact of stunting prevention programs and ensuring sustainable public health outcomes.

Cite this as: Aryudaningrum, N., Hidayat, A., & Kurniawati, H. F. (2025). The Midwives' Roles in Community-Based Stunting Prevention: A Qualitative Study in Primary Health Services. *Gaster*, 23(2). <https://doi.org/10.30787/gaster.v23i2.1932>

ARTICLE HISTORY

Received : 6 March 2025

Revised : 10 April 2025

Accepted : 3 May 2025

Available Online : 10 August, 2025

Published : 25 August 2025

KEYWORDS

Stunting, Midwifery Care, Community Midwife, Maternal and Child Health, Posyandu

CONTACT



Nastiti Aryudaningrum

nastitiaryudaningrum@unesa.ac.id

Midwifery Department, Universitas Negeri Surabaya, Surabaya, Indonesia.

INTRODUCTION

The first 1,000 days of a child's life, spanning the perinatal period to their second year, are critical for healthy growth and development. Stunting, a growth disorder mainly caused by chronic malnutrition and infection, can occur during this period. Defined by the WHO as a height-for-age score below 2 standard deviations, stunting negatively impacts physical growth, cognitive ability, and immune function, leading to a higher risk of disease (UNICEF, 2024). Long-term effects include lower educational achievement, reduced productivity, and increased susceptibility to degenerative diseases, which perpetuate poverty and health problems (Kurniawan et al., 2024; Rosyidah et al., 2021).

Stunting is a major global health problem that causes children to fail to reach their expected height, especially during early childhood, primarily affecting low- and middle-income countries. Stunting affected an estimated 161 million children worldwide in 2013, or about 24% of children under the age of five (UNICEF, 2024). This condition, rooted in chronic under nutrition during critical growth periods, leads to long-term effects, such as an increased risk of mortality, poor cognitive performance, and a higher likelihood of developing chronic diseases. Stunting also causes irreversible brain development problems, reducing learning capacity and educational outcomes (UNICEF, 2020).

Studies in regions such as Indonesia show that stunted children exhibit lower cognitive ability and educational achievement, which in turn affects their lifetime earning potential (Lestari et al., 2024). Socio-demographic and environmental factors play an important role in determining the extent of stunting. Household size, sanitation practices and access to clean water are significant factors, as illustrated in a study conducted in Rwanda (Kalinda et al., 2023). Public health interventions emphasize the importance of optimizing nutrition during pregnancy and early childhood to prevent stunting. Ethiopia's success in reducing stunting demonstrates the effectiveness of a tailored approach, although continued efforts are needed to meet global development goals (Wassie et al., 2024). Addressing stunting requires a comprehensive strategy, such as improving sanitation, nutrition, and access to health and education services. Community-based efforts such as nutrition education and providing nutrient-dense foods are essential. Supporting families through education promotes sustainable solutions that ultimately improve health and economic well-being (Kusumawardani et al., 2020; Le Roux et al., 2020).

Stunting remains a significant public health problem in many low- and middle-income countries, with long-term consequences on child development, educational attainment, and economic productivity. Among the key actors in stunting prevention are midwives, who play an important role in improving maternal and child health, particularly during the first 1,000 days of life, a critical period for growth and development (Achadi et al., 2020). Midwives have the responsibility to educate mothers on nutrition, advocate for exclusive breastfeeding, conduct regular monitoring of growth indicators, and implement early intervention when signs of stunted growth appear.

In addition to clinical responsibilities, midwives serve as community liaisons, fostering collaboration with local health workers and stakeholders to strengthen stunting prevention programs. This includes increasing access to sanitation, improving food security, and encouraging family participation in health-

enhancing practices (Aisyah & Suparni, 2022; Kusumawardani dkk., 2020). Community-based midwifery is also associated with the implementation of sustainable nutrition initiatives such as home gardening and food supplementation, particularly in underserved populations (Afzal dkk., 2021; Dougnon dkk., 2021).

Despite evidence highlighting the importance of midwives in stunting prevention, there is limited understanding of their contextual role in integrated community health services, particularly at the grassroots level, such as in *posyandu*. Most previous studies have focused on quantitative outcomes or broader programmatic interventions, leaving a gap in qualitative insights into midwives' perspectives, challenges and adaptive strategies in delivering stunting-related health promotion in their communities.

This study seeks to address this gap by exploring the role of midwives in stunting prevention through their involvement in *posyandu*-based services. The novelty of this study lies in its focus on the experiential dimension of community midwifery practice that emphasizes the role of midwives as health service providers and agents of social change in a decentralized health system. By understanding how midwives navigate their roles at the intersection of clinical care, education, and community empowerment, this study provides new insights to inform policy and strengthen grassroots strategies for stunting reduction.

METHOD

This qualitative study, guided by the Standards for Reporting Qualitative Research (SRQR), employed a phenomenological approach to explore and describe the lived experiences of community midwives, particularly their roles in maternal and child health services within natural contexts. Six community-based midwives were selected through purposive sampling, with the inclusion criteria being midwives who held a valid professional registration certificate and were responsible for community-based maternal and child health services, while those practicing solely at independent clinics or unavailable due to illness or official leave were excluded. The sample size adhered to the principle of data saturation. To enhance credibility and depth, data triangulation was conducted by incorporating additional insights from a coordinating midwife, a nutrition officer, and two community health workers. Data were collected through semi-structured interviews with open-ended questions and analyzed thematically to identify recurring patterns. To ensure the validity and trustworthiness of the data, the researchers performed member checking by confirming findings with participants, maintained detailed field notes, and engaged in peer debriefing throughout the analytical process. Ethical clearance was obtained from the Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta (No:2908/KEP-UNISA/V/2023), and official permission for data collection was secured from the local government office (No: 070/346/16/2023).workers.

RESULTS

Overview of the research location

The study was conducted within the service coverage area of a primary health care center responsible for implementing community-based health programs in six villages. Within this jurisdiction, a total of 77 integrated health service posts

(*posyandu*) operate as the main platform for maternal and child health interventions at the grassroots level. The demographic profile of the area includes a total population of 50,046 people, comprising 24,866 males and 25,180 females. Among them, 6,203 are children under five years, a critical age group in the context of stunting prevention. According to recent public health surveillance data, the prevalence of stunting in this age group stands at 6.46%, equivalent to 389 identified cases. These figures highlight the need for strengthened community-level interventions and form the basis for examining the role of midwives in stunting prevention efforts in decentralized healthcare settings.

Table 1. Demographic Characteristics of Study Participants

Code	Group	Age (years)	Working Period	Education Level	Number of Assisted Posyandu
IU 1	Village Midwife	50	27	D-III	9
IU 2	Village Midwife	51	29	D-III	13
IU 3	Village Midwife	41	19	D-IV	18
IU 4	Village Midwife	51	28	D-III	12
IU 5	Village Midwife	50	27	D-III	18
IU 6	Village Midwife	55	31	D-III	7
IP 1	Midwife Coordinator	50	30	D-IV	-
IP 2	Stunting Program Officer	42	20	D-III	77
IP 3	Health Cadre	44	15	Senior HS	-
IP 4	Health Cadre	35	5	Senior HS	-

Source: Primary Data, 2023

Table 1 presents the demographic characteristics of the study participants, which included six village midwives, one midwife coordinator, one stunting program officer, and two health cadres. Participants' ages ranged from 35 to 55 years, with years of service varying between 5 and 31 years. Most midwives held a D-III qualification, with two attaining D-IV, and the health cadres had completed secondary education. The number of community health posts (*posyandu*) supervised by village midwives ranged from 7 to 18, while the program officer oversaw 77 *posyandu*.

Table 2. Thematic Result

Theme	Sub Theme
Midwifery Care at <i>Posyandu</i> in Stunting Prevention	1. Midwife Activities in the Community
	2. Services at <i>Posyandu</i>
	3. Establishing Communication and Approach to the Community
	4. Identification and Potential Problems in the Community

Source: Primary Data, 2023

DISCUSSION

Midwifery Care at Posyandu in the Prevention of Stunting

This qualitative study shows that the role of midwives in community based midwifery care is a process in which midwives take responsibility for the health of individuals, families and communities. This section provides a description of the specific aim of the study, which was to explore the role of midwives in community midwifery care.

1. Midwife Activities in the Community

As an executive midwife, the village midwife has the following duties main task is to carry out midwifery care outside the outside the *puskesmas* building or in their working area.

Based on interviews with Main Informants 1, 2, 3, and 4, it was found that midwifery services have a very important role, especially in maternal and child health (MCH) and family planning (KB), with the village midwife responsible for guidance in the area covered. Routine activities of midwives include services at various health facilities such as *puskesmas*, *posyandu*, and village clinic (PKD), as well as involvement in association activities. In addition, midwives also carry out tasks outside of health facilities, including providing counseling and conducting home visits, especially in rural areas. The division of work time shows that the first to fourth weeks are more focused on *posyandu* services, pregnant women's classes, toddler classes, and home visits, while administrative activities are generally carried out in the fifth week.

First Main Informant explained that her routine activities include several service delivery sites, namely at *puskesmas*, and *posyandu*, as well as association activities. In addition, she is also involved in maternal and child health (MCH) services and home visits, especially in rural areas.

The second main informant (IU 2) said that activities outside of health facilities include services at *posyandu*, counseling activities, and home visits.

Midwives are health workers who have an integral role in maternal and child health services at the community level. The results of the interview show that the village midwife has the main task of MCH (maternal and child health) and family planning services, especially in her working area. In addition, village midwives also carry out their role as implementers in the development of *posyandu* activities (Felipe-Dimog et al., 2023). Through *posyandu* activities, midwives monitor the health status of toddlers, especially related to the prevention and handling of stunting (Adam et al., 2023).

Posyandu for toddlers has an important role in stimulation, early detection, and early intervention of growth and development of toddlers through weighing and measuring height, therefore *posyandu* and *puskesmas* play a role as the frontline in finding stunting cases (Basrowi et al., 2022).

According to (Fristiwi et al., 2023) areas *Posyandu* for toddlers has an important role in stimulation, early detection, and early intervention of growth and development of toddlers through weighing and measuring height, therefore *posyandu* and *puskesmas* play a role as the frontline in finding stunting cases (Fristiwi et al., 2023) the role of *posyandu* is a preventive measure against stunting. This preventive action is carried out by taking anthropometric

measurements to determine the nutritional status of toddlers. In addition, *posyandu* plays a role in counseling on nutritional health to increase awareness of mothers of toddlers regarding nutritional adequacy in toddlers. Both of these efforts are preventive roles carried out by *posyandu* to prevent stunting.

2. Midwife Services at *Posyandu*

Midwives in the community act as educators and implementers, in this case the midwife seeks to change the behavior of the community in her working area in accordance with health principles. Actions that can be taken by midwives are by providing counseling through *posyandu*, counseling at desk 5, and also minor obstetric examinations.

In the implementation of *posyandu*, desk 5 of the *posyandu* has an important role in public health services, especially in aspects of counseling, examination, and direct health education. Activities carried out at *posyandu* table 5 include examining the patient's condition, counseling on maternal and child health, and communication, information, and education (IEC) related to immunization. If immunization deficiencies are found, patients will be directed to the *puskesmas* for further services. In addition, desk 5 of the *posyandu* also serves as a consultation place for pregnant women and toddlers, as well as a counseling facility, where health cadres can consult with health workers in dealing with various problems in the community. In addition, desk 5 of the *posyandu*.

The First main informant (IU 1) explained that she is in charge of desk 5 of the *posyandu*, which includes counseling, examination, as well as education and providing health information to the community directly. However, there were several occasions where the main focus of her activities was counseling.

The second main informant (IU 2) said that her duties at *posyandu* desk 5 are related to health services, especially examinations. Currently, examinations are only conducted to check the patient's condition, and if immunization deficiencies are found, the patient will be directed to the *puskesmas* for further services. In addition, activities carried out at desk 5 also include communication, information and education (IEC) related to immunization.

The third main informant (IU 3) revealed that desk 5 of the *posyandu* is used as a place to conduct counseling, consult with mothers, and provide health services for children under five and pregnant women.

Meanwhile, the fourth main informant (IU 4) added that services at *posyandu* desk 5 also include counseling activities, where health cadres often consult with health workers in dealing with various problems in the community.

Village midwives in *posyandu* activities have an important role in providing education, especially in efforts to prevent stunting. This is because the provision of nutrition education can increase the knowledge and practices of mothers in fulfilling nutrition which can ultimately improve the nutritional status of children (Banowo & Hidayat, 2021). Increased knowledge and practice of nutrition are crucial for reducing stunting, a significant public health issue linked to chronic malnutrition, particularly in children under five. Health workers play a vital role in this educational effort across various settings, including clinics, communities, and schools. Studies indicate that structured health education significantly enhances knowledge about stunting among

mothers and caregivers, leading to improved feeding practices and health behaviors. For instance, interventions using audio-visual materials and hands-on demonstrations have shown marked increases in participants' understanding, with knowledge levels rising from 20% to 55% post-education and from 58.82% to 83.53% in another study (Faizi et al., 2022). Furthermore, empowering health cadres to utilize effective educational media has proven beneficial in disseminating nutritional knowledge, thereby fostering community engagement in stunting prevention (Rahmadi et al., 2022).

3. Establishing Communication and Approach to the Community

Establishing good communication in this study explains how midwives establish communication with cadres, community leaders, and the wider community.

In order to establish a good relationship with the community, health workers need to build emotional closeness and apply communication skills that are appropriate for the community's education level. An effective approach begins with building trust and emotional attachment so that the community is more open to health education or intervention. However, this process takes time, especially in understanding the social characteristics of the local community. One of the strategies used is through the involvement of health cadres as intermediaries in increasing community participation in health programs. In addition, the use of communication technology such as WhatsApp is also an important tool in conveying information and coordinating with health cadres, both through special groups and private messages to ensure information is well received.

The main informant 1 explained that in interacting with the community, it is important to build good relationships and close communication. He emphasized that health workers have been equipped with communication knowledge that allows them to adjust how to communicate with people from different education levels. Therefore, the approach used in communication is adapted to the knowledge that has been acquired during education.

As a profession that is close to the community, village midwives first approach and build trust in the community.

The Second main informant (IU 2) said that approaching the community should be done by engaging their interest first. She emphasized the importance of building good relationships and gaining people's trust before providing health education or interventions. According to her, if the community does not feel comfortable, they are likely to resist the information or changes offered.

The Third main informant (IU 3) revealed that building relationships with the community is not easy and takes a long time. He pointed out that when he started working in Village B in 2005, he needed to learn the characteristics of the local community first before applying the right approach. In addition, she also approached health cadres as one of the strategies to strengthen relationships and increase community involvement in health programs.

After gaining trust in the community, midwives carry out the information exchange process.

The Fifth main informant (IU 5) explained that in delivering information to health cadres, they utilize the WhatsApp application as a communication medium. Important information or announcements are usually conveyed through a special WhatsApp group for cadres, but in certain situations, messages can also be sent privately to ensure the information is conveyed properly.

Supporting Informant 1 stated that in the internal midwives of the puskesmas always coordinate coordination that occurs regularly every month, this is done to reporting events or problems that occur in their area.

Referring to the second pillar of the national strategy to accelerate stunting prevention shows the importance of communicating behavior change. Pillar 2 (two) is the national campaign and communication of behavior change. behavior change.

The Lancet Series on Maternal and Child Nutrition identifies the occurrence of behavior change due to integrated communication. behavior change as a result of integrated communication in health services including in terms of increased complementary feeding and had a positive impact on feeding practices feeding practices, thereby reducing stunting (Andersen et al., 2024). Smith et al., (2022) and Talbot et al., (2024) research on barriers and support in the implementation of healthy living behavior promotion by midwives resulted in findings that communication, trust, and good relations between midwives and the community can be fostered well, which will have a positive impact on health promotion efforts carried out.

4. Identification of Potential Problems

Problem identification is the process of recognizing, understanding, and defining the problem. This is important for formulating effective solutions. Joint problem identification is an inclusive and participatory approach. Involving the community in the problem identification process helps gain a more comprehensive insight into the problem and enables solutions that meet the needs of the community.

The First main informant (IU 1) explained that in the process of identifying health problems in the community, one of the methods used is the Self-Inspection Survey (SMD), which is conducted with the community and can be represented by health cadres. In addition, problem identification can also be done spontaneously based on the results of direct monitoring in the field, where health workers can find actual problems.

Meanwhile, the third main informant (IU 3) said that problem identification is also done through monthly routine data analysis, such as Antenatal Care (ANC) data, neonate visits, postpartum visits, and data from *posyandu*. The data is recapitulated regularly, so as to identify ongoing health problems and determine locations that require further intervention. In this process, health cadres also play a role in assisting with data collection and reporting.

After the problem identification process, potential problems will emerge that must be resolved in each midwife's area.

The first main informant (IU 1) said that stunting is still a major health problem in children under five in her village, with the number of cases fluctuating between 20 and 40 children under five. Monitoring is carried out regularly

through weighing and measuring at the *posyandu* to determine the development of children's nutritional status.

The third main informant (IU 3) added that stunting is the focus of attention at the moment, considering that this problem is part of a national program that aims to reduce the incidence of stunting in the community.

Similarly, the main informant (IU 4) explained that efforts to reduce stunting rates are currently a top priority, in line with national policies that focus on tackling the problem. Therefore, various interventions are carried out to ensure that the stunting rate can continue to decline.

In addition to identifying health problems, in their working areas community midwives also identify social problems that may occur.

The first main informant (IU 1) said that community awareness of stunting varies depending on the human resources (HR) in their neighborhood. Some communities care about the issue, while others pay less attention.

Second Key informant (IU 2) explained that stunting is still considered a sensitive or taboo issue among the community. Many have the misconception that stunting is synonymous with poor nutrition, so they are reluctant to talk about it or acknowledge that their child has the condition. Shame is also a factor that causes people to cover up stunting cases in their neighborhood.

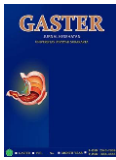
The same thing was expressed by the main informant (IU 4), who stated that many parents refused to admit that their children were stunted. They feel that their children are healthy and not experiencing growth disorders, especially since the impact of stunting is not always visible immediately.

The third main informant (IU 3) added that invitations to re-measure children who are indicated to be stunted are often ignored by some communities. Some parents do not want to come, and some even refuse the Supplementary Feeding Aid (PMT) provided for children confirmed to be stunted. This shows that there are still obstacles in stunting intervention efforts at the community level. Problem identification is the process of recognizing, understanding, and defining the problem. This is important for formulating effective solutions. The active contribution of the community in decision-making from problem identification, planning, implementation and evaluation is a form of empowered community participation (Kemenkes RI, 2011).

The identification process carried out together with the community will increase the community's ability to recognize and solve problems by exploring and mobilizing the resources owned by the community, if external assistance is needed, it is only in the form of stimulation or complement so that it does not solely rely on this assistance (Morrison et al., 2023; Nguyen Thi & Thuy Thanh Dao, 2024).

The problem of stunting is still the main focus of the Indonesian government in health issues. In recent years, the prevalence of stunting has decreased, but it has not yet reached the target set that by 2024 it will be at 14%. The target is related to the predicted demographic bonus in 2020-2030 Indonesia is dominated by the productive age population (Hanifah & Syahrizal, 2024).

Prevention of stunting is important to ensure the quality of future generations. Through a qualified next generation, Indonesia can compete with other countries and be able to face challenges in the future. Unfortunately, in Indonesia,



a developing country, the prevalence of stunting is still quite high (Fadmi et al., 2023).

CONCLUSION

This study confirms that midwives play a central role in stunting prevention and management efforts in the community, especially through routine monitoring at posyandu and health education. However, challenges such as lack of community understanding, social stigma, and low participation in intervention programs are still major obstacles. Therefore, it is necessary to strengthen education based on local culture, empower health cadres through communication and early detection training, and utilize technology such as WhatsApp to disseminate health information more effectively. A more personalized and empathy-based approach is also needed to increase community trust in health programs. In addition, collaboration between the government, health workers, academics, and civil society organizations is essential in designing more comprehensive policies to accelerate stunting reduction. With the right strategy and active involvement of various parties, it is hoped that the stunting prevention program can run more effectively and sustainably, thus contributing to improving the health and quality of life of the community.

ACKNOWLEDGEMENT

The authors would like to express their sincere gratitude to the health professionals and administrative personnel who facilitated access to data and supported the implementation of this research at the community level. Appreciation is also extended to the Research Ethics Committee of Universitas 'Aisyiyah Yogyakarta for providing ethical clearance, as well as to the local government office for granting research permissions. The authors are especially thankful to all individuals who shared their experiences and insights during the data collection process, contributing valuable perspectives to this study.

The authors state there is no conflict of interest with the parties involved in this study.

REFERENCES

- Achadi, E. L., Achadi, A., & Aninditha, T. (2020). *Pencegahan stunting : pentingnya peran 1000 hari pertama kehidupan* (1 st Editi). Rajawali Press.
- Adam, J. d'Arc Z., Betan, A. B., Nuryani, S., Wijayanti, L. A., & Mildaratu, M. (2023). Peran dan Fungsi Petugas Kesehatan Dalam Menjaga Kesejahteraan Dan Kesehatan Reproduksi Ibu Melalui Program Keluarga Berencana. *Sahabat Sosial: Jurnal Pengabdian Masyarakat*, 2(1), 143–151. <https://doi.org/10.59585/sosisabdimas.v2i1.256>
- Afzal, M. M., Pariyo, G. W., Lassi, Z. S., & Perry, H. B. (2021). Community health workers at the dawn of a new era: 2. Planning, coordination, and partnerships. *Health Research Policy and Systems*, 19(3), 103. <https://doi.org/10.1186/s12961-021-00753-7>
- Aisyah, R. D., & Suparni, S. (2022). Peran Kolaboratif Bidan Dalam Pencegahan Stunting Di Era Adaptasi Baru. *Window of Health : Jurnal Kesehatan*, 5(3), 642–652. <https://doi.org/10.33096/woh.vi.84>
- Andersen, C. T., Chopra, P. K., Dave, N., Hariprasad, D., Kak, M., Pandey, R., Tanwar, D., & Chaudhery, D. N. (2024). Maternal and child nutrition services associated with nutritional knowledge and practices, India. *Bulletin of the World Health Organization*, 102(1), 9–21. <https://doi.org/10.2471/BLT.22.289129>
- Banowo, A. S., & Hidayat, Y. (2021). Pengaruh Edukasi Gizi terhadap Praktik Pemberian Makan Pada Baduta Stunting di Kabupaten Bengkulu Utara. *Jurnal Ilmiah Universitas Batanghari Jambi*, 21(2), 765. <https://doi.org/10.33087/jiubj.v21i2.1539>
- Basrowi, R. W., Dilantika, C., Sitorus, N. L., & Yosia, M. (2022). Impact of Indonesian Healthcare Worker in Stunting Eradication. *The Indonesian Journal of Community and Occupational Medicine*, 2(2), 107–113. <https://doi.org/10.53773/ijcom.v2i2.66.107-13>
- Dougnon, A. O., Charle-Cuéllar, P., Toure, F., Gado, A. A., Sanoussi, A., Lazoumar, R. H., Tchamba, G. A., Vargas, A., & Lopez-Ejeda, N. (2021). Impact of integration of severe acute malnutrition treatment in primary health care provided by community health workers in rural niger. *Nutrients*, 13(11). <https://doi.org/10.3390/nu13114067>
- Fadmi, F. R., Kuntoro, Otok, B. W., & Melaniani, S. (2023). Stunting incident prevention: a systematic literature review. *Journal of Public Health in Africa*, 14(S2), 1–6. <https://doi.org/10.4081/jphia.2023.2547>
- Faizi, M., Rochmah, N., Hisbiyah, Y., Perwitasari, R. K., Fedora, K., & Ni'mah, N. L. (2022). Effectiveness of Health Education about Stunting Toward Improvement of Community Knowledge. *International Journal Of Scientific Advances*, 3(5), 778–781. <https://doi.org/10.51542/ijscia.v3i5.18>
- Felipe-Dimog, E. B., Liang, F. W., Tumulak, M. A. J. R., Hsu, M. T., Sia-Ed, A. B., & Dumalhin, Y. J. B. (2023). Roles and Functions of Rural Health Midwives in Cordillera Administrative Region: A Qualitative Pilot Study. *Acta Medica Philippina*, 57(6), 5–17. <https://doi.org/10.47895/amp.vi0.5326>
- Fristiwi, P., Nugraheni, S. A., & Kartini, A. (2023). Effectiveness of Stunting Prevention Programs in Indonesia : A Systematic Review. *Jurnal Penelitian Pendidikan IPA*, 9(12), 1262–

1273. <https://doi.org/10.29303/jppipa.v9i12.5850>
- Hanifah, F. D., & Syahrizal. (2024). Implementation of Stunting Prevention Program in Indonesia: Literature Review. *Media Publikasi Promosi Kesehatan Indonesia*, 7(5), 1183–1191. <https://doi.org/10.56338/mppki.v7i5.5205>
- Kalinda, C., Phri, M., Qambayot, M. A., Ishimwe, M. C. S., Gebremariam, A., Bekele, A., & Wong, R. (2023). Socio-demographic and environmental determinants of under-5 stunting in Rwanda: Evidence from a multisectoral study. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1107300>
- Kemendes RI. (2011). *PEDOMAN UMUM PENGELOLAAN POSYANDU*. Kementerian Kesehatan RI. http://files/269/PEDOMAN_UMUM_PENGELOLAAN_POSYANDU.pdf
- Kurniawan, A. F. S., Widyangga, P. A. P., & Dewanti, M. S. (2024). Modeling the Stunting Prevalence Rate in Indonesia Using Multi-Predictor Truncated Spline Nonparametric Regression. *Jurnal Aplikasi Statistika & Komputasi Statistik*, 16(1), 1–14. <https://doi.org/10.34123/jurnalasks.v16i1.719>
- Kusumawardani, L. H., Rasdiyanah, R., Rachmawati, U., Jauhar, M., & Desy Rohana, I. G. A. P. (2020). Community-Based Stunting Intervention Strategies: Literature Review. *Dunia Keperawatan: Jurnal Keperawatan Dan Kesehatan*, 8(2), 259. <https://doi.org/10.20527/dk.v8i2.8555>
- Le Roux, K. W., Almirol, E., Rezvan, P. H., Le Roux, I. M., Mbewu, N., Dippenaar, E., Stansert-Katzen, L., Baker, V., Tomlinson, M., & Rotheram-Borus, M. J. (2020). Community health workers impact on maternal and child health outcomes in rural South Africa - a non-randomized two-group comparison study. *BMC Public Health*, 20(1), 1–14. <https://doi.org/10.1186/s12889-020-09468-w>
- Lestari, E., Siregar, A., Hidayat, A. K., & Yusuf, A. A. (2024). Stunting and its association with education and cognitive outcomes in adulthood: A longitudinal study in Indonesia. *PLoS ONE*, 19(5), 1–18. <https://doi.org/10.1371/journal.pone.0295380>
- Morrison, S. D., Young, A. J., & Sudha, S. (2023). Youth Capacity Building and Leadership Through CBPR and Conflict Transformation with the Montagnard Refugee-Origin Community. *Journal of Leadership Studies*, 17(2), 53–61. <https://doi.org/10.1002/jls.21857>
- Nguyen Thi, D., & Thuy Thanh Dao. (2024). Factors Influencing Community Resource Mobilization to Support Households in Achieving Sustainable Poverty Alleviation: The Case of Dao People in Thanh Hoa Province, Vietnam. *Journal of Asian Social Science Research*, 6(1), 87–110. <https://doi.org/10.15575/jassr.v6i1.94>
- Rahmadi, A., Bertalina, B., Sudarmi, S., & Aprina, A. (2022). Education on Nutrition, Sanitation, and IYCF to Increase Mother's Knowledge in Lokus Stunting Village. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 7(2), 639–646. <https://doi.org/10.30604/jika.v7i2.890>
- Rosyidah, M., Dewi, Y. L. R., & Qadrijati, I. (2021). Effects of Stunting on Child Development: A Meta-Analysis. *Journal of Maternal and Child Health*, 6(1), 25–34. <https://doi.org/10.26911/thejmch.2021.06.01.03>
- Smith, P. A., Kilgour, C., Rice, D., Callaway, L. K., & Martin, E. K. (2022).

- Implementation barriers and enablers of midwifery group practice for vulnerable women: a qualitative study in a tertiary urban Australian health service. *BMC Health Services Research*, 22(1), 1–12. <https://doi.org/10.1186/s12913-022-08633-8>
- Talbot, H., Peters, S., Furber, C., & Smith, D. M. (2024). Midwives' experiences of discussing health behaviour change within routine maternity care: A qualitative systematic review and meta-synthesis. *Women and Birth*, 37(2), 303–316. <https://doi.org/10.1016/j.wombi.2024.01.002>
- UNICEF. (2020). *Situasi anak di indonesia 2020*.
- UNICEF. (2024). *Formative Evaluation of the National Strategy to Accelerate Stunting Prevention*.
- Wassie, E. G., Tenagashaw, M. W., & Tiruye, T. Y. (2024). Women empowerment and childhood stunting: evidence from rural northwest Ethiopia. *BMC Pediatrics*, 24(1), 1–8. <https://doi.org/10.1186/s12887-023-04500-5>