

EXPLORATION OF MOTHERS' PERCEPTIONS AND BARRIERS IN STUNTING PREVENTION: A PHENOMENOLOGICAL STUDY OF FAMILIES WITH STUNTED TODDLERS

Ruminta Sirait¹, Nilawati², Marta Imelda Br Sianturi³

^{1,3}Universitas Bunda Thamrin, Jl. Sei Batang Hari No.44, Medan, Sumatera Utara, Indonesia

²STIKes Darmo Medan, Jl. Tali Air No.23 Ling III, Medan, Sumatera Utara, Indonesia

Email: nillaaww@gmail.com

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Abstract. Stunting remains a significant public health challenge in Indonesia, particularly in Aceh Province, which recorded a prevalence of 28.6% in 2024. This study employs a descriptive phenomenological approach to explore maternal perceptions and barriers toward stunting prevention in Gele Lah Village, Central Aceh Regency. Data were collected through in-depth interviews, participant observation, and secondary document reviews involving eight primary informants and two key informants between January and February 2025, with analysis conducted using the Colaizzi method. The findings identified eight stunted toddlers and revealed primary barriers including the normalization of the condition through genetic attribution, social stigma associated with the stunting label, the practice of feeding "*bu pisang*" before six months of age, economic constraints, and poor sanitation; notably, one concrete case of an intergenerational malnutrition cycle was also identified. Effective interventions require culturally sensitive communication, the integration of local wisdom, the strengthening of the DASHAT program, and holistic assistance for at-risk families. Study limitations include limited transferability, a small informant sample, and reliance on secondary anthropometric data. Future research is recommended to utilize a broader mixed-methods design that incorporates paternal perspectives and standardized primary anthropometric measurements.

Keywords: Stunting, Phenomenology, Maternal Perception, Prevention

Abstrak. Stunting tetap menjadi tantangan kesehatan publik di Indonesia, khususnya di Provinsi Aceh dengan prevalensi 28,6% (2024). Penelitian ini menggunakan pendekatan fenomenologi deskriptif untuk mengeksplorasi persepsi dan hambatan ibu dalam pencegahan stunting di Desa Gele Lah, Kabupaten Aceh Tengah. Data dikumpulkan melalui wawancara mendalam, observasi partisipatif, dan telaah dokumen sekunder terhadap 8 informan utama dan 2 informan kunci pada periode Januari–Februari 2025, dianalisis menggunakan metode Colaizzi. Temuan mengidentifikasi 8 balita stunting dengan hambatan utama berupa normalisasi kondisi melalui atribusi genetika, stigma label stunting, praktik pemberian "*bu pisang*" sebelum usia 6 bulan, keterbatasan ekonomi, dan sanitasi buruk, serta ditemukan satu kasus nyata siklus malnutrisi antargenerasi. Intervensi efektif memerlukan komunikasi sensitif budaya, integrasi kearifan lokal, penguatan program DASHAT, dan pendampingan keluarga berisiko secara holistik. Keterbatasan penelitian mencakup transferabilitas temuan yang terbatas, jumlah informan yang kecil, dan ketergantungan pada data antropometri sekunder. Penelitian selanjutnya direkomendasikan menggunakan desain *mixed methods* mencakup lebih luas dengan melibatkan perspektif ayah dan pengukuran antropometri primer yang terstandar.

Kata Kunci: Stunting, Fenomenologi, Persepsi Ibu, Pencegahan

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INTRODUCTION

The issue of growth failure in children, more commonly known as stunting, has become a primary focus of public health policy at both global and national levels. Stunting is not merely a matter of height falling below linear growth standards; rather, it reflects the accumulation of chronic malnutrition, recurrent infections, and a lack of psychosocial stimulation from conception until the age of two (PMC/NIH, 2023). This condition carries serious long-term implications for cognitive development, economic productivity, and the risk of non-communicable diseases in adulthood (PMC, 2025). In Indonesia, the prevalence of stunting has shown a significant downward trend, yet it remains a major challenge. Based on the results of the 2024 Indonesian Nutritional Status Survey (SSGI), the national stunting rate was successfully reduced to 19.8%, down from 21.5% in 2023 (BKPK, 2024). The Indonesian government has set a target to lower stunting prevalence to 14% by the end of 2024 an ambitious goal that requires massive cross-sectoral collaboration. Despite evident national progress, regional disparities remain stark. The province of Aceh, for instance, still recorded a relatively high stunting prevalence of 28.6% in 2024 (Dinkes Aceh, 2024). At the district level, Central Aceh showed a decreasing trend from 34.3% in 2021 to 32.0% in 2022 (PMC/NIH, 2023).

Based on research findings, stunting prevention interventions in Gele Lah Village require a holistic approach encompassing five interconnected pillars: first, health communication must shift from mere physical labeling to a positive narrative of optimal growth investment, utilizing empathetic language to reduce the stigma that deters mothers from seeking healthcare; second, the integration of local wisdom by engaging religious and traditional leaders is vital to dismantling harmful traditional feeding myths, such as introducing *bu pisang* before six months; third, the DASHAT program should be optimized by leveraging Central Aceh's local food potential including chayote, avocado, and freshwater fish as affordable and accessible animal protein sources; fourth, cross-sectoral interventions funded by Village Funds (*Dana Desa*) are necessary to improve sanitation and clean water access, thereby breaking the cycle of recurrent infections that hinder growth; and fifth, intensive assistance for at-risk families encompassing the monitoring of pregnant women with Chronic Energy Deficiency (CED), consistent Supplementary Feeding (PMT), and the active involvement of fathers is essential to ensuring sustainable nutritional interventions at the household level. These findings align with Wirandi (2025), who explored maternal perceptions of stunting in South Kalimantan using a descriptive phenomenological approach with 16 informants, identifying that mothers often attribute stunting to genetic factors, malnutrition, and local cultural beliefs such as the

buyu concept, which significantly influence perceptions and potential preventive misunderstandings. Similarly, a 2023 study on cultural barriers in parenting patterns in South Aceh found that primary obstacles include the failure of exclusive breastfeeding, incomplete immunization, and improper complementary feeding, demonstrating how strong local cultures directly affect maternal health behavior. While these three studies share a phenomenological framework focused on maternal perspectives, the research in Gele Lah Village offers substantial novelty: contextually, it is the first to specifically address stunting dimensions in the Central Aceh highlands with its distinct Gayo cultural characteristics, which have been overlooked in existing literature; methodologically, it integrates actual quantitative nutritional data from the February 2025 Posyandu reports into a Colaizzi phenomenological analysis, resulting in stronger data triangulation than previous studies; and substantively, it provides concrete evidence of an intergenerational malnutrition cycle exemplified by the case of Mrs. Diana Sari (MUAC 21.5 cm) and her stunted 15-month-old child while explicitly recommending the involvement of fathers within Aceh's patriarchal social structure and the optimization of the DASHAT program based on local food wisdom as a contextual and sustainable solution.

While existing studies share a phenomenological framework on maternal perspectives such as (Wirandi, 2025) in South Kalimantan and (Sufri et al., 2023) in South Aceh this research in Gele Lah Village offers substantial novelty across three dimensions. Contextually, it is the first to address stunting within the distinct Gayo cultural characteristics of the Central Aceh highlands. Methodologically, it integrates actual quantitative nutritional data from February 2025 Posyandu reports into a Colaizzi phenomenological analysis for stronger data triangulation. Substantively, it provides concrete evidence of an intergenerational malnutrition cycle (exemplified by the case of Mrs. Diana Sari) while explicitly advocating for paternal involvement within Aceh's patriarchal structure and the optimization of the DASHAT program based on local food wisdom.

The focus of this research is directed toward Gele Lah Village, located in the Bebesen District of Central Aceh Regency. Through a phenomenological lens, this study explores in-depth the essence of mothers' experiences in navigating the phenomenon of stunting in their children. Field data from the 2024 and 2025 nutritional reports in Bebesen District provide a solid empirical foundation for understanding the magnitude of the problem at this research site, while current literature offers an analytical framework to dissect the perceptions and barriers faced by the local community.

METHOD

This study employs a descriptive qualitative approach with a descriptive phenomenological design. This approach was selected as it aims to explore and understand the lived experience of mothers with stunted toddlers, including their perceptions, meanings, and the barriers they encounter in the efforts to prevent and manage stunting. Descriptive phenomenology seeks to depict the phenomenon as it is from the research subjects' perspective, without prior assumptions of specific theories or hypotheses. The research was conducted in Gele Lah Village, Bebesen District, Central Aceh Regency, Aceh Province. This location was selected purposively, considering that the village has actively identified stunting cases through *Posyandu* (Integrated Healthcare Center) reports, falls within the service area of the Bebesen Community Health Center (*Puskesmas*), and represents the nutritional challenges typical of the Central Aceh highland region. Data collection was carried out between January and February 2025, coinciding with the monthly nutritional reporting cycle in Bebesen District.

The population of this study consists of all mothers with toddlers aged 0–59 months who are registered in the *Posyandu* (Integrated Healthcare Center) records of Gele Lah Village. Based on the SKDN data from January 2025, there are 21 registered toddlers; therefore, the target population includes 21 mothers. Informant selection was conducted using a purposive sampling technique with inclusion criteria as follows: (1) biological mothers or primary caregivers of toddlers identified as stunted; (2) permanent residents of Gele Lah Village for at least 6 months; (3) willing to participate and sign the informed consent; and (4) able to communicate verbally in Indonesian or the Gayo language. The number of informants was set at 8 mothers, corresponding to the number of stunted toddlers identified in the February 2025 data, supplemented by two key informants consisting of a nutritionist from the Bebesen Community Health Center (*Puskesmas*) and a *Posyandu* volunteer (*kader*).

Data were collected through three primary methods: (1) In-depth Interviews conducted individually using a semi-structured guide, lasting between 45 and 90 minutes at the informants' homes or within the *Posyandu* environment; (2) Participant Observation – where the researcher attended monthly *Posyandu* activities and observed daily mother-child interactions; and (3) Secondary Document Review – including SKDN reports, informants' Maternal and Child Health (MCH) handbooks (*Buku KIA/KMS*), and relevant medical records from the Bebesen Community Health Center (*Puskesmas*).

Data analysis was conducted using Colaizzi's phenomenological analysis method, which consists of seven systematic steps: reading and familiarizing with the transcripts, extracting significant statements, formulating meanings, categorizing them into clusters of themes,

integrating the results, formulating an essential description, and returning the findings to the informants for validation (member checking). Data trustworthiness was enhanced through source triangulation and method triangulation (Polit & Beck, 2021). This study was conducted in accordance with the fundamental principles of research ethics and has obtained ethical clearance from the authorized Health Research Ethics Committee. The applied principles include informed consent, data confidentiality and anonymity, as well as a commitment to non-maleficence (do no harm) and beneficence throughout the entire research process.

RESULTS

Situational Analysis: Nutritional Profile of Toddlers in Gele Lah Village Toddler

Toddler Growth Dynamics

According to the Achievement Report of Nutritional Development Performance Indicators in Bebesen District for January 2025, community participation in *Posyandu* activities in Gele Lah Village was optimal. This is evidenced by achieving 100% of the targets for Total Toddlers (S), Ownership of Growth Charts (K), and Attendance at Weighing (D).

Table 1. SKDN indicators for Gele Lah Village – January 2025

Indicators (January 2025)	Male	Female	Total	Persentase
Total Number of Toddlers (S)	8	13	21	100%
oddlers with MCH Handbooks/Growth Charts (K)	8	13	21	100%
Toddlers Present and Weighed (D)	8	13	21	100%
Toddlers with Weight Gain (N)	7	9	16	76,19%
Toddlers with No Weight Gain (T)	1	4	5	23,81%
Toddlers Below the Red Line (BGM)	0	0	0	0%
Toddlers Checked for MUAC	-	-	17	80,95%

Despite achieving a perfect attendance rate at the *Posyandu*, challenges remain regarding the effectiveness of weight gain. There were 23.81% of toddlers (5 children) whose weight remained stagnant or did not increase (T) compared to the previous month. From an epidemiological perspective, recurrent "T" indicators serve as an early warning sign for the future risk of undernutrition and stunting.

Prevalence of Stunting and Undernutrition Cases in Gele Lah Village

The data from February 2025 provides a more specific overview of the condition of toddlers who have been identified as experiencing growth disorders in Gele Lah Village.

Table 2. Data on stunted toddlers in Gele Lah Village – February 2025

Toddler Name	Sex	Age (Mo)	Weight (kg)	Height/Length (cm)	Nutritional Status
AA	F	52	11,6	93,2	Undernutrition & Stunting
RD	F	43	12,9	91,9	Stunting
RA	M	43	13,5	91,8	Stunting
MR	M	42	12,3	91,9	Stunting
PA	F	39	12,0	86,0	Stunting
ER	F	17	7,8	72,0	Undernutrition & Stunting
AD	M	15	7,8	71,8	Undernutrition & Stunting
MAC	M	15	9,2	73,9	Stunting

Analysis of this data reveals several critical patterns. First, stunting is found among children at a critical age (15–17 months), which is part of the First 1,000 Days of Life period. Second, cases identified in older children (39–52 months) indicate that growth failure has become a chronic condition. Third, several toddlers experience a double burden, characterized by the co-occurrence of undernutrition and stunting, which significantly increases the risk of morbidity.

Root Causes: Maternal Health Conditions and Prenatal Risk Factors Maternal

Chronic Energy Deficiency (CED) in Gele Lah Village

In Gele Lah Village, there are pregnant women identified as suffering from Chronic Energy Deficiency (CED). The determination of CED status is conducted by measuring the Mid-Upper Arm Circumference (MUAC), where the normal threshold is 23.5 cm.

Table 3. Data on pregnant women with Chronic Energy Deficiency (CED) in Gele Lah Village

Mother's Name	Age (Yrs)	Gravida	Gestational Age	MUAC (cm)	Status
Diana Sari	25	2	28 Weeks	21.5	CED

Ms. Diana Sari was recorded as having a MUAC of only 21.5 cm, significantly below health standards, during her third trimester of pregnancy (28 weeks). More importantly, Ms. Diana Sari is the mother of Ahmad Dzaki Al Husayn, one of the toddlers already identified as suffering from undernutrition and stunting at 15 months of age. This phenomenon illustrates the intergenerational cycle of malnutrition occurring within a single household (Bebesen Community Health Center, 2025; PMC/NIH, 2023).

DISCUSSION

Mothers' Perceptions of Stunting: A Cultural Construction

Normalization of Physical Conditions and Hereditary Factors

Within a phenomenological framework, perception is a construction of meaning shaped by experience, social interaction, and cultural values (PMC, 2025). A review of various qualitative studies in the Aceh region reveals a wide gap between the medical definition of stunting and community understanding (Dinkes Aceh, 2024). Many mothers perceive stunting merely as a matter of physical aesthetics and frequently employ "external attribution" by blaming genetic factors. Expressions such as "my child is short because the father or grandfather is also short" often serve as a pretext to reject diagnoses from health workers. This perception fosters a fatalistic attitude and resistance toward nutritional interventions (PMC, 2025).

Stigma and Psychological Rejection

Another emerging barrier is the lack of sensitivity in health communication. In some communities, the term "stunting" is associated with narratives of diminished intelligence. Mothers who take pride in their child's cognitive abilities may feel insulted if their child is labeled as stunted. This rejection serves as a defense mechanism against social stigma (Journal of Language and Health, 2025). When the stunting label is perceived as a disgrace or a sign of maternal failure in caregiving, mothers tend to avoid health services or doubt the weighing results at the Posyandu (Wiliyanarti, 2025).

Barriers to Feeding Practices

The Challenges of Exclusive Breastfeeding

Although the target for exclusive breastfeeding in Gele Lah Village was recorded at a real percentage of 100% in January 2025, this figure only covers 2 out of 7 eligible infants. This means that only 28.57% of infants entitled to exclusive breastfeeding actually received it optimally (Nutritional Development Performance Indicator Achievement Report, Bebesen District, 2025). Research in Aceh indicates that the failure of exclusive breastfeeding is often driven by the mother's perception that a crying baby is a signal of hunger that cannot be satisfied by breast milk alone, thereby triggering the premature introduction of complementary foods (Wirandi, 2025).

Traditional Food Myths

In Central Aceh, the tradition of providing "bu pisang" (mashed banana rice) to infants under six months old is still prevalent. From a medical standpoint, this practice is highly risky as an infant's immature digestive system is unable to process solid foods. This can lead to nutrient absorption disorders, diarrhea, or gastrointestinal infections, which ironically accelerate the onset of stunting.

The Quality of Complementary Foods and Animal Protein

After the initial six-month period, the challenge shifts toward the quality of complementary foods (MP-ASI). National policies emphasize the critical importance of animal protein (meat, fish, eggs, and poultry) in every child's meal portion to prevent stunting (Dinkes Aceh, 2024). However, field findings indicate that meal portions are often too small and lack variety. Many families provide only the food available for adults, such as rice with vegetable broth, without adequate addition of animal protein (Wiliyanarti, 2025).

Socio Economic and Environmental Barriers

Poverty and Purchasing Power

Economic constraints act as a barrier to implementing the nutritional knowledge possessed by mothers. The inability to afford expensive animal protein sources leaves mothers trapped in providing food with low nutritional value (PMC, 2025). Under difficult economic conditions, family priorities often shift toward fulfilling basic caloric needs (satiety) rather than micronutrient quality (health) (PMC/NIH, 2023).

Sanitation and Access to Clean Water (WASH)

Poor access to clean water and the habit of not washing hands before food preparation are major risk factors for parasitic infections and diarrhea in toddlers. These infections lead to the loss of nutrients already consumed and force the body to utilize energy to fight off illness rather than for growth. Studies in Aceh demonstrate a significant correlation between poor sanitation conditions and the high prevalence of stunting in rural areas (PMC/NIH, 2023).

Barriers in Healthcare Services

Cadre Competency and Data Accuracy

Posyandu cadres often lack adequate skills to perform precise height and weight measurements. Errors in reading measuring tools or recording data can lead to data bias, preventing the early detection of stunting cases (PMC, 2025). Furthermore, proficiency in information technology, such as the e-PPGBM application, is frequently hindered by digital literacy gaps and unstable internet infrastructure in rural areas (Bebesen Community Health Center, 2025).

Lack of Effective Counseling and Education

Health education provided is often one-way and fails to address the emotional needs or practical constraints faced by mothers. Without intensive assistance through home visits, transitioning behavior from traditional caregiving to healthy practices remains difficult to achieve (PMC, 2025). Furthermore, the role of the father is frequently neglected in health programs, even though in the patriarchal social structure of Aceh, fathers exert significant control over household budgets and strategic decision making.

This study carries significant implications across four distinct levels: theoretically, it reaffirms that stunting is a socio-cultural construct that cannot be reduced to a purely biomedical framework, while enriching health phenomenology literature by introducing the Gayo tribal perspective, which has been largely absent from national nutritional discourse. Practically, these findings demand a fundamental transformation in the fieldwork of healthcare providers, ranging from adopting more empathetic and stigma-free communication styles and improving accountable exclusive breastfeeding monitoring mechanisms to enhancing the technical competence of *Posyandu* volunteers and mandating the involvement of fathers in all nutritional counseling programs. From a policy perspective, this research urges the Central Aceh local government to shift its intervention orientation from external distribution-based programs toward an approach rooted in local wisdom and resources by strengthening the DASHAT program, accelerating sanitation improvements through Village Funds (*Dana Desa*), and implementing more rigorous Chronic Energy Deficiency (CED) screening systems to break the intergenerational cycle of malnutrition. Finally, academically, this study establishes a future research agenda involving longitudinal and mixed-methods studies with broader scopes to test the effectiveness of these recommended interventions and generate more precise nutritional policy maps for the Central Aceh highlands and regions with similar characteristics throughout Indonesia.

CONCLUSION

The phenomenological exploration of mothers in Gele Lah Village reveals that stunting is not merely a technical-medical issue; rather, it is a complex problem intertwined with belief systems, economic conditions, and the effectiveness of public services. Although community enthusiasm for attending health facilities like Posyandu is remarkably high, this participation does not yet correlate directly with behavioral changes in caregiving and proper nutritional fulfillment. The primary barriers identified include the normalization of stunted conditions through genetic pretexts, the negative stigma associated with the stunting label, the persistence of traditional practices of early solid food introduction (such as mashed banana rice), and economic constraints that limit access to animal protein and proper sanitation. The case of Ms. Diana Sari, who experienced Chronic Energy Deficiency (CED) and has a stunted child, serves as clear evidence of the urgent need for holistic interventions that target all family members.

This study possesses several limitations that should be considered when interpreting its findings. As a qualitative phenomenological study involving eight informants in a single village, the results are inherently contextual and cannot be directly generalized to other regions. The limited number of informants may not have reached optimal data saturation, while the exclusion of fathers as direct informants represents a significant gap, given their primary role in decision-making within the Gayo social structure. Furthermore, the two-month data collection period limited the study's ability to capture seasonal dynamics affecting toddler nutritional status, and the potential for social desirability bias during interviews could not be entirely eliminated despite the use of member checking. Finally, the reliance on secondary anthropometric data from *Posyandu* reports introduces potential internal inconsistencies, particularly as the measurement accuracy of volunteers was identified as a concern within the study itself. These limitations serve as a foundation for future research to design broader, longitudinal studies that incorporate more comprehensive and diverse primary data sources.

RECOMMENDATIONS

Based on the findings above, several strategic recommendations are proposed to accelerate stunting reduction in Gele Lah Village: Accelerating stunting reduction in Gele Lah Village requires a holistic strategy that integrates health communication, cultural aspects, local food optimization, basic infrastructure, and intensive family assistance. The first crucial step is redefining health communication by shifting the narrative of stunting from a mere visual simplification of "short stature" to a positive narrative that emphasizes a future investment for optimal child growth and development. This educational approach must utilize empathetic

language to mitigate negative stigma and psychological resistance, which frequently make mothers defensive or reluctant to participate in nutritional monitoring at the *Posyandu*. Furthermore, sociocultural barriers rooted in traditional parenting myths such as introducing *bu pisang* (mashed banana rice) to infants under six months old must be dismantled by integrating local cultural traditions and actively engaging community and religious leaders in prevention campaigns. In terms of nutritional fulfillment, the DASHAT (Healthy Kitchen to Overcome Stunting) program should be optimized by encouraging mothers to utilize abundant, affordable, and accessible local food sources in the Central Aceh highlands, such as chayote, avocado, and freshwater fish, as primary sources of animal protein and micronutrients for toddlers.

In addition to these specific interventions, this effort also demands cross-sectoral sensitive interventions targeting environmental root causes. Through the allocation of Village Funds (*Dana Desa*), the village government must prioritize accelerating the improvement of clean water infrastructure and proper sanitary latrines to reduce the incidence of recurrent infections and diarrhea in toddlers, which indirectly optimizes nutrient absorption. Finally, breaking the intergenerational cycle of malnutrition must be achieved through intensive assistance for at-risk families. This strategy is implemented through rigorous monitoring of pregnant women with Chronic Energy Deficiency (CED) risks, such as the case of Mrs. Diana Sari, to ensure that Supplementary Feeding (PMT) is consistently consumed and that fetal health is monitored systematically until delivery.

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