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COMMUNITY DIAGNOSIS ACTIVITY REPORT IN EFFORTS TO REDUCE THE INCIDENCE OF NEW STUNTING CASES IN THE WORKING AREA OF LEGOK PRIMARY HEALTH CENTER, LEGOK SUBDISTRICT, TANGERANG REGENCY, BANTEN PROVINCE

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ABSTRACT

Stunting remains one of Indonesia's most persistent public health challenges, particularly among children under five. The high incidence of new stunting cases in the working area of Legok Primary Health Center, Tangerang Regency, prompted the implementation of a community diagnosis program to identify its root causes and develop targeted interventions. This program aimed to empower community health cadres as front-line educators to enhance stunting prevention through improved knowledge, skills, and community engagement. The activity was conducted from July 14 to August 16, 2025, and followed a structured community-based diagnostic approach. The problem prioritization process was carried out using the USG (Urgency, Seriousness, Growth) method, while the determinants of health were analyzed through Blum's Health Field Paradigm. Root cause identification was performed using the non-scoring Delphi technique, Fishbone Diagram, and 5 WHY analysis. These steps revealed that insufficient and inconsistent cadre education on stunting prevention and outdated educational materials were major contributing factors. Interventions included interactive workshops and demonstration-based training sessions focused on balanced nutrition, exclusive breastfeeding, and appropriate complementary feeding practices. The implementation was monitored using the PDCA (Plan-Do-Check-Act) cycle and evaluated through a Systems Approach to ensure quality control and sustainability. A total of 30 community health cadres participated in the intervention. Pre-test results showed that only 2 participants (6.67%) scored above 90, whereas post-test results indicated that all 30 cadres (100%) achieved scores higher than 90. This significant improvement reflects the effectiveness of the training in enhancing cadres' knowledge and confidence to deliver accurate health education at the community level. This program demonstrated that structured, cadre-centered community education can effectively strengthen local capacity for stunting prevention. Continuous training, active supervision, and integration with maternal and child health programs are essential to sustain knowledge transfer and achieve long-term reductions in stunting prevalence.

Keywords: Cadre, Community Diagnosis, Health Education, Stunting Prevention, Training Program.

INTRODUCTION

Community diagnosis refers to the identification and assessment of health problems within a specific population, particularly in terms of morbidity and mortality ratios. The primary goal is to target individuals or groups at risk who require medical care and preventive interventions. Community diagnosis plays a critical role in recognizing public health issues, raising awareness about the importance of health, and promoting disease prevention and health promotion strategies (of Health Community Liaison Division, 2009; Utzinger et al., 2004).

Stunting is a major public health problem characterized by impaired linear growth resulting from chronic undernutrition during the most critical periods of child development, particularly within the first 1,000 days of life—from conception to a child's second birthday. It serves as an important indicator of a community's nutritional and socioeconomic status. Stunting not only reflects insufficient food intake and recurrent infections but also indicates a failure of social and health systems to support optimal child growth and development (de Onis & Branca, 2016; *Stunting in a Nutshell*).

Globally, approximately 148 million children under five years of age are affected by stunting, with the majority residing in low- and middle-income countries. Southeast Asia, including Indonesia, remains one of the regions with the highest prevalence. Despite a global decline over the past decade, the rate of reduction in Indonesia remains below the national target. According to the 2024 Indonesia Nutritional Status Survey (SSGI), the national prevalence of stunting is estimated at 21.5%, still exceeding the target of 14% set for 2025 by the Ministry of Health (*SSGI 2024: National Stunting Prevalence*).

Stunting poses long-term consequences beyond physical growth retardation. Affected children are at higher risk of impaired cognitive development, reduced school achievement, lower economic productivity in adulthood, and increased susceptibility to chronic diseases such as diabetes and cardiovascular disorders. Hence, tackling stunting is not only a health issue but also an investment in human capital and national development (Deshpande & Ramachandran, 2022; Soliman et al., 2021).

Multiple factors contribute to stunting, including inadequate maternal nutrition during pregnancy, suboptimal infant and young child feeding practices, recurrent infections, poor sanitation, and limited access to quality healthcare. The multifactorial nature of stunting necessitates a holistic and multisectoral approach involving health, education, agriculture, and community empowerment sectors (Batool et al., 2023; Saleh et al., 2021; Santosa et al., 2021; Siramaneerat et al., 2024).

Community diagnosis plays a crucial role in identifying and addressing stunting determinants at the local level. Through participatory assessment, it enables health workers and communities to identify at-risk groups, analyze underlying causes, and design targeted interventions. This approach facilitates evidence-based community engagement to improve nutritional practices and enhance health-seeking behavior among mothers and caregivers. In Indonesia, the government has implemented the "Gerakan Nasional Percepatan Penurunan Stunting

(National Movement to Accelerate Stunting Reduction)" through integrated health promotion, nutrition counseling, and supplementary feeding programs at the village level (*Bappenas - TP2S*; Hossain et al., 2017; Kyere et al., 2020).

In the working area of Pueskesmas Legok, stunting remains a major public health issue. Despite various interventions, many families still demonstrate limited awareness of balanced nutrition, exclusive breastfeeding, and proper complementary feeding practices. Therefore, community-based health education and participatory approaches are essential to improve knowledge and practices related to maternal and child nutrition. This community diagnosis activity aims to identify the underlying causes of stunting and implement health promotion interventions to enhance community awareness and preventive practices at the local level.

LITERATURE REVIEW

Stunting, defined as height-for-age more than two standard deviations below the WHO Child Growth Standards median, remains one of the most persistent global nutrition challenges. It reflects chronic undernutrition and repeated infections during early childhood, particularly within the first 1,000 days of life. Stunting not only represents an indicator of nutritional inadequacy but also embodies the intergenerational transmission of poverty, poor dietary diversity, and limited access to quality healthcare and sanitation (de Onis & Branca, 2016; *Stunting in a Nutshel*).

Globally, significant progress has been made in reducing stunting prevalence, yet disparities persist between and within countries. According to UNICEF (2024), Southeast Asia and Sub-Saharan Africa account for over 70% of the global stunted population. In Indonesia, the issue remains critical, with approximately one in five children under five years being stunted. Despite various government initiatives, such as the National Strategy for Stunting Reduction (Stranas Stunting) and the integrated nutrition programs, the rate of decline remains slower than targeted (*Joint Child Malnutrition Estimates (JME) (UNICEF-WHO-WB)*; *Malnutrition in Children - UNICEF DATA*; *Stunting Prevalence among Children under 5 Years of Age (%) (Model-Based Estimates)*).

Stunting results from a complex interaction of factors, including inadequate maternal nutrition, poor infant feeding practices, recurrent infections, and low socioeconomic conditions. Maternal factors—such as anemia, short stature, and inadequate weight gain during pregnancy—contribute significantly to fetal growth restriction and subsequent stunting. Postnatally, suboptimal breastfeeding and poor complementary feeding practices further exacerbate growth faltering. Environmental and behavioral determinants, such as poor sanitation, unsafe water, and inadequate hygiene, also play a critical role by increasing the risk of diarrheal and parasitic diseases (Akseer et al., 2020; Mulyani et al., 2025; Rahmadiyah et al., 2023).

Several studies have emphasized that interventions targeting stunting must be multisectoral, combining nutrition-specific and nutrition-sensitive approaches. Nutrition-specific interventions include micronutrient supplementation, promotion of exclusive breastfeeding, and dietary diversification, while nutrition-

sensitive strategies address broader determinants such as food security, education, sanitation, and women's empowerment. Evidence from global initiatives, such as the Scaling Up Nutrition (SUN) movement, underscores the effectiveness of integrated programs that simultaneously address maternal health, child nutrition, and environmental hygiene (Kalinda et al., 2024; Marshak et al., 2020).

Community-based approaches have proven to be among the most effective strategies in combating stunting. Community diagnosis and participatory assessment enable identification of local determinants, resource mapping, and the design of culturally appropriate interventions. These methods empower local communities to take ownership of health improvement activities, enhancing sustainability and behavioral change. Moreover, studies have shown that combining health education, food supplementation, and home visits by community health volunteers can significantly improve child growth outcomes (Beatty et al., 2023; Soetjiatie et al., 2025).

In Indonesia, community-level interventions, particularly through Posyandu (Integrated Service Posts), play a pivotal role in stunting prevention. Regular monitoring of growth, counseling on breastfeeding and complementary feeding, as well as coordination between cadres, midwives, and nutritionists, form the cornerstone of local prevention efforts. Strengthening the capacity of health cadres and ensuring consistent health promotion are critical for sustaining progress in stunting reduction (Miranda et al., 2023).

RESEARCH METHOD

This community diagnosis activity was conducted in the working area of Legok Primary Health Center, Tangerang Regency, from July 14 to August 16, 2025. The primary objective of this program was to identify major community health problems, analyze their causes and root determinants, and implement appropriate interventions aimed at improvement. After conducting the preliminary assessment and prioritization process, the high incidence of new stunting cases among children under five was identified as the main health issue to be addressed through this community diagnosis activity. To achieve sustainable results, the intervention focused on strengthening the capacity and knowledge of community health cadres as the primary agents responsible for delivering stunting prevention education and promoting proper nutrition practices within the community.

The program began with problem prioritization, which was determined using the USG (Urgency, Seriousness, Growth) method to assess the relative importance of health issues within the community. The identified problems were then analyzed using Blum's Health Field Paradigm, which evaluates four key determinants of health: heredity, environment, lifestyle (behavior), and health services. Through this framework, the team identified that behavioral and educational gaps—particularly limited and inconsistent training for community health cadres on delivering accurate stunting prevention education—played a dominant role in sustaining high stunting rates.

To refine problem prioritization and identify the most actionable causes, the non-scoring

Delphi technique was applied. This participatory process involved discussions with local health workers, cadres, and public health professionals to reach a consensus on the most critical and modifiable determinants. The Fishbone Diagram and 5 WHY analysis were then used to trace the root causes of the selected issue, revealing gaps in the training system, inconsistent message delivery by cadres, and outdated educational materials used in community sessions on stunting prevention.

Based on the root cause analysis, several alternative solutions were proposed, and the most feasible ones were selected for intervention during this period. The Planning stage included the preparation of a Plan of Action (POA), Logical Framework (LogFrame), and Timeline, with clear task distribution among the community diagnosis team and cadre representatives. The interventions were implemented and monitored using the PDCA (Plan-Do-Check-Act) cycle, focusing on health education workshops and demonstration-based training for cadres to strengthen their teaching and communication skills. This approach ensured systematic execution, feedback collection, and continuous improvement throughout the implementation process.

Data obtained during the intervention were analyzed using descriptive analysis to assess changes in cadres' knowledge, skills, and confidence levels, as reflected in pre-test and post-test evaluations. Additionally, qualitative observations during training sessions were documented to capture engagement, understanding, and the effectiveness of interactive learning methods. The overall implementation was evaluated through a Systems Approach, which examined input, process, output, and feedback components to ensure a comprehensive evaluation and sustainability of stunting prevention efforts through empowered community health cadres.

RESEARCH RESULT

A total of 30 community health cadres from Legok Village participated in the intervention activities. The pre-test results showed that only 2 participants (6.67%) achieved a score above 90, indicating limited initial knowledge regarding stunting prevention. However, following the educational intervention, the post-test results demonstrated a significant improvement, with all 30 participants (100%) obtaining scores greater than 90. This marked increase reflects the effectiveness of the health education and training sessions in enhancing cadres' understanding of stunting prevention and child nutrition practices.(Table 1)

Table 1. Pre-test and post-test result of cadres' in Legok

Variables	Number (%) N = 30
Pre-test	
1. ≥ 90	2 (6.67)
2. < 90	28 (93.3)
Post-test	
1. ≥ 90	30 (100)
2. < 90	0 (0)

Based on Table 1, the intervention demonstrated a remarkable improvement in the knowledge level of community health cadres in Legok Village. Prior to the educational activity, only 2 participants (6.67%) achieved pre-test scores above 90, while the majority (93.3%) scored below this threshold, indicating limited baseline understanding of stunting prevention. Following the intervention, all 30 participants (100%) attained post-test scores greater than 90, reflecting a substantial increase in knowledge and comprehension. This result suggests that the health education sessions were highly effective in enhancing the cadres' understanding of stunting prevention, child nutrition, and proper feeding practices. Improved knowledge among cadres is expected to translate into better community-level health promotion, as these cadres play a vital role in disseminating information, guiding mothers, and supporting the implementation of stunting prevention programs at the village level.

DISCUSSION

This community diagnosis program aimed to address the persistently high incidence of new stunting cases among children under five in the working area of Legok Primary Health Center, Tangerang Regency, by strengthening the role of community health cadres as key agents of change. Through a structured community-based approach, the intervention sought to enhance cadres' knowledge and capacity in providing education, promoting healthy feeding practices, and supporting broader community engagement in stunting prevention efforts.

The root cause analysis, conducted through the Blum Paradigm and Fishbone Diagram, identified behavioral and educational factors as the primary determinants of the high rate of new stunting cases. Specifically, insufficient and inconsistent health education for mothers of young children regarding proper nutrition, exclusive breastfeeding, and complementary feeding practices emerged as the main contributing issues. This finding aligns with previous research showing that maternal knowledge and practices play a critical role in determining child growth outcomes. This finding highlights the need for targeted training and educational reinforcement among community health cadres, who serve as the primary link between the health center and the community in delivering stunting prevention messages (Azriani et al., 2024; Dadras et al., 2024).

The community health cadres who participated in the health education sessions demonstrated a substantial improvement in their understanding of balanced nutrition, appropriate feeding practices, and hygiene behaviors. Their active engagement through participatory learning methods such as demonstrations and discussions proved effective in reinforcing knowledge and improving their confidence to educate families within the community. The improvement in cadres' knowledge is expected to translate into stronger community outreach and more consistent health education delivery at the village level (Athiyyah et al., 2025; Rahangmetan et al., 2024).

Furthermore, involving community health cadres and local leaders was instrumental in enhancing participation and sustainability. Their presence not only facilitated trust and accessibility but also ensured cultural relevance and language appropriateness of the educational materials. Similar observations were reported, where the involvement of Posyandu cadres significantly increased the continuity of nutrition programs and community compliance with growth monitoring schedules. By empowering cadres as front-line educators, this program ensures that accurate stunting prevention messages will continue to reach families even after the intervention period, fostering sustainability and local ownership (Restivo et al., 2022; Widiasih et al., 2025).

The application of the PDCA (Plan-Do-Check-Act) cycle and Systems Approach in this program allowed for continuous monitoring and iterative improvement of the intervention. By assessing inputs, processes, and outputs, the team could identify barriers such as limited time availability among mothers, low male participation, and inconsistent attendance. Addressing these barriers through adaptive scheduling and household-based outreach further improved program inclusivity and effectiveness.

These results highlight the importance of continuous, community-driven health education to combat stunting. Sustainable success in stunting reduction requires consistent communication, updated materials, and integration with other community health programs, including anemia prevention, sanitation improvement, and family planning services. Strengthening the capacity of local health cadres and ensuring regular evaluation through follow-up visits can help sustain behavioral changes and improve child growth outcomes in the long term (Miranda et al., 2024; *View of Community Based Stunting Prevention: Learning from Blue Collar Workers' Children in Indonesia*).

Despite the promising findings, several limitations were noted. The short duration of intervention and limited sample size may restrict the generalizability of results. Additionally, behavioral changes were primarily measured through knowledge assessment rather than longitudinal child growth monitoring. Future community diagnosis programs should incorporate long-term evaluations and anthropometric assessments to capture the sustained impact on child growth and nutritional status. This intervention highlights the importance of empowering community health cadres as sustainable agents for stunting prevention. Strengthening their capacity and motivation serves as a cornerstone for achieving long-term reductions in stunting prevalence within the Legok Health Center area and other similar communities.

Overall, this intervention demonstrates that participatory community-based education, supported by systematic planning and collaboration with local health workers, can effectively improve knowledge and practices related to stunting prevention. Continued community engagement and integrated health promotion strategies remain key to achieving sustainable reductions in stunting prevalence in the Legok Health Center area and beyond.

CONCLUSION

During July–August 2025, a community diagnosis program conducted in the working area of the Legok Primary Health Center identified behavioral and educational determinants as major contributors to the high incidence of stunting among children under five. To address these factors, two cadre-oriented interventions—structured health education and participatory demonstration sessions—were implemented to enhance the knowledge, skills, and communication capacity of community health cadres regarding nutrition, feeding practices, and hygiene. The active participation of cadres and local leaders fostered community trust, ensured cultural relevance, and improved the effectiveness of message dissemination.

The application of the PDCA (Plan-Do-Check-Act) cycle and Systems Approach facilitated systematic monitoring and continuous quality improvement throughout implementation. Overall, the intervention successfully strengthened the competence and motivation of community health cadres in stunting prevention. Continuous capacity-building efforts and integration with maternal and child health programs are recommended to sustain behavioral improvements and achieve long-term reductions in stunting prevalence.

REFERENCES

Akseer, N., Vaivada, T., Rothschild, O., Ho, K., & Bhutta, Z. A. (2020). Understanding multifactorial drivers of child stunting reduction in Exemplar countries: a mixed-methods approach. *The American Journal of Clinical Nutrition*, *112*(Suppl 2), 792S. https://doi.org/10.1093/AJCN/NQAA152

Athiyyah, A. F., Ranuh, I. G. M. R., Darma, A., Sumitro, K. R., Irawan, M., Susianto, S. C., Zerlina, S., Thirafi, T., Yasmine, S., & Sudarmo, S. M. (2025). *Community-Based Health Education for Improving Maternal Knowledge of Childhood Stunting and Gastrointestinal Disorders in Rural Bondowoso , Indonesia*. *11*(3), 167–171.

Azriani, D., Masita, Qinthara, N. S., Yulita, I. N., Agustian, D., Zuhairini, Y., & Dhamayanti, M. (2024). Risk factors associated with stunting incidence in under five children in Southeast Asia: a scoping review. *Journal of Health, Population, and Nutrition*, *43*(1), 174. https://doi.org/10.1186/S41043-024-00656-7

Bappenas - TP2S. (n.d.). Retrieved October 8, 2025, from https://stunting.go.id/t/bappenas/

Batool, M., Saleem, J., Zakar, R., Butt, M. S., Iqbal, S., Haider, S., & Fischer, F. (2023). Relationship of stunting with water, sanitation, and hygiene (WASH) practices among children under the age of five: a cross-sectional study in Southern Punjab, Pakistan. *BMC Public Health*, *23*(1), 1–7. https://doi.org/10.1186/S12889-023-17135-Z/TABLES/4

Beatty, A., Borkum, E., Leith, W., Null, C., & Suriastini, W. (2023). A cluster randomized controlled trial of a community-based initiative to reduce stunting in rural Indonesia. *Maternal & Child Nutrition*, *20*(1), e13593.

https://doi.org/10.1111/MCN.13593

Dadras, O., Suwanbamrung, C., Jafari, M., & Stanikzai, M. H. (2024). Prevalence of stunting and its correlates among children under 5 in Afghanistan: the potential impact of basic and full vaccination. *BMC Pediatrics*, *24*(1), 436. https://doi.org/10.1186/S12887-024-04913-W

de Onis, M., & Branca, F. (2016). Childhood stunting: a global perspective. *Maternal & Child Nutrition*, *12*(Suppl 1), 12. https://doi.org/10.1111/MCN.12231

Deshpande, A., & Ramachandran, R. (2022). Early childhood stunting and later life outcomes: A longitudinal analysis. *Economics & Human Biology*, *44*, 101099. https://doi.org/10.1016/J.EHB.2021.101099

Hossain, M., Choudhury, N., Abdullah, K. A. B., Mondal, P., Jackson, A. A., Walson, J., & Ahmed, T. (2017). Evidence-based approaches to childhood stunting in low and middle income countries: a systematic review. *Archives of Disease in Childhood*, *102*(10), 903. https://doi.org/10.1136/ARCHDISCHILD-2016-311050

Joint child malnutrition estimates (JME) (UNICEF-WHO-WB). (n.d.). Retrieved October 8, 2025, from https://www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb

Kalinda, C., Qambayot, M. A., Ishimwe, S. M. C., Regnier, D., Bazimya, D., Uwizeyimana, T., Desie, S., Rudert, C., Gebremariam, A., Brennan, E., Karumba, S., Wong, R., & Bekele, A. (2024). Leveraging multisectoral approach to understand the determinants of childhood stunting in Rwanda: a systematic review and meta-analysis. *Systematic Reviews*, *13*(1), 1–12. https://doi.org/10.1186/S13643-023-02438-4/FIGURES/5

Kyere, P., Veerman, J. L., Lee, P., & Stewart, D. E. (2020). Effectiveness of school-based nutrition interventions in sub-Saharan Africa: a systematic review. *Public Health Nutrition*, *23*(14), 2626. https://doi.org/10.1017/S1368980020000506

Malnutrition in Children - UNICEF DATA. (n.d.). Retrieved October 8, 2025, from https://data.unicef.org/topic/nutrition/malnutrition/

Marshak, A., Young, H., Radday, A., & Naumova, E. N. (2020). Sustained nutrition impact of a multisectoral intervention program two years after completion. *Maternal & Child Nutrition*, *17*(2), e13103. https://doi.org/10.1111/MCN.13103

Miranda, A. V., Nugraha, R. R., Sirmareza, T., Rastuti, M., Asmara, R., Astuti, S. P., Nasytha, S. R., & Petersen, Z. (2024). Improving stunting prevention program through community healthcare workers training and home-based growth monitoring: A quality improvement model. *Paediatrica Indonesiana*, *64*(6), 536–545. https://doi.org/10.14238/PI64.6.2024.536-45

Santosa, A., Arif, E. N., & Ghoni, D. A. (2021). Effect of maternal and child factors on stunting: partial least squares structural equation modeling. *Clinical and Experimental Pediatrics*,

65(2), 90. https://doi.org/10.3345/CEP.2021.00094

Siramaneerat, I., Astutik, E., Agushybana, F., Bhumkittipich, P., & Lamprom, W. (2024). Examining determinants of stunting in Urban and Rural Indonesian: a multilevel analysis using the population-based Indonesian family life survey (IFLS). *BMC Public Health*, *24*(1), 1–13. https://doi.org/10.1186/S12889-024-18824-Z/TABLES/4

Soetjiatie, L., utomo, bedjo, Suprihatin, K., & Intiyati, A. (2025). Nutrition Education for Pregnant Women Using Community-Based Approach for Stunting Prevention and Maternal and Child Health in Bulak Village, Surabaya City. *Frontiers in Community Service and Empowerment*, *4*(1), 6–9. https://doi.org/10.35882/FICSE.V4I1.94

Soliman, A., De Sanctis, V., Alaaraj, N., Ahmed, S., Alyafei, F., Hamed, N., & Soliman, N. (2021). Early and Long-term Consequences of Nutritional Stunting: From Childhood to Adulthood. *Acta Bio Medica : Atenei Parmensis*, *92*(1), e2021168. https://doi.org/10.23750/ABM.V92I1.11346

SSGI 2024: Prevalensi Stunting Nasional Turun Menjadi 19,8%. (n.d.). Retrieved October 8, 2025, from https://kemkes.go.id/id/ssgi-2024-prevalensi-stunting-nasional-turun-menjadi-198

Stunting in a nutshell. (n.d.). Retrieved October 8, 2025, from https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell

Stunting prevalence among children under 5 years of age (%) (model-based estimates). (n.d.). Retrieved October 8, 2025, from https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-jme-stunting-prevalence

Utzinger, J., Wyss, K., Moto, D. D., Tanner, M., & Singer, B. H. (2004). Community health outreach program of the Chad-Cameroon petroleum development and pipeline project. *Clinics in Occupational and Environmental Medicine*, *4*(1), 9–26. https://doi.org/10.1016/j.coem.2003.09.004

View of Community Based Stunting Prevention: Learning from Blue Collar Workers' Children in Indonesia. (n.d.). Retrieved October 9, 2025, from https://ijcom.org/index.php/ijcom/article/view/154/121

Widiasih, R., Sunjaya, D. K., Rahayuwati, L., Rusyidi, B., Ermiati, Sari, C. W. M., Mardani, Rusdi, & Tung, S. E. H. (2025). Evaluating the knowledge, roles, and skills of health cadres in stunting prevention: A mixed-method study in Indonesia. *Belitung Nursing Journal*, *11*(3), 330. https://doi.org/10.33546/BNJ.3722