

Associated Factors of Father Involvement in Stunting Prevention in Toddlers Based on Transcultural Nursing Theory

Superzeki Zaidatul Fadilah*, Dwi Indah Lestari, Ishana Balaputra

Nursing Study Program, Bhakti Al Qodiri Health Science College, Jember, Indonesia

ARTICLE INFO

Article history

Received date
12 Sep 2024

Revised date
22 Nov 2024

Accepted date
30 Nov 2024

Keywords:

Father's role;
Malnutrition;
Social culture.

ABSTRACT

Stunting is still one of the most pressing global health problems. Father involvement in childcare is needed to ensure optimal child growth and development and free the child from stunting problems. Based on transcultural nursing theory, this study analyzes factors related to father involvement in preventing toddler stunting. The study used a cross-sectional approach with a multistage random sampling technique in Jember Regency with a sample of 852 respondents. A questionnaire was used to collect data. The study was conducted for 2 weeks, from August 1, 2024, to August 15, 2024. Statistical tests were carried out using Spearman Rho with a significance of 95% ($\alpha < 0.05$). Statistical analysis showed that technology factors (p -value= <0.001 , r score= 0.297), religion, spirituality, and philosophy (p -value= <0.001 , r score= 0.170); kinship and social (p -value= <0.001 , r score= 0.378), cultural values, beliefs, and lifestyles (p -value= <0.001 , r score= 0.204); politics and law (p -value= <0.001 , r score= 0.360); economics (p -value= <0.001 , r score= 0.370)—were positively correlated with father involvement in preventing stunting in toddlers. Meanwhile, biological variables (p -value= 0.054 , r score= 0.237) and education level (p -value= 0.067 , r score= 0.052) did not correlate significantly with the father's involvement in preventing toddler stunting. Current research shows that father involvement in preventing stunting in toddlers is beneficial. Public health nurses can use these results to create health promotion initiatives that encourage fathers to be more involved in child care and prevent childhood stunting. The results of this study can be used to develop health promotion programs to increase father involvement in improving stunting prevention.

Corresponding author:

Superzeki Zaidatul Fadilah

Nursing Study Program, Bhakti Al Qodiri Health Science College, Jember, Indonesia

Email: superzeki21@gmail.com

INTRODUCTION

Stunting (linear growth retardation) remains one of the most pressing global health problems, with around one in four (155 million) children under the age of 5 affected (Yani et al., 2023). According to the World Health Organization (WHO), the prevalence of stunting globally in 2020 reached 20% (149.2 million people), while Indonesia has a relatively high prevalence of stunting compared to other middle-income countries (Susanto et al., 2021). Indonesia is ranked 4th with the highest incidence of stunting in the world; 1 in 3 (30.8%) toddlers in Indonesia experience stunting (Mulyaningsih et al., 2021). The Indonesian Nutritional Status Survey results showed that stunting in 2022 was 21.6% and 19.6% in East Java, with Jember Regency ranked first at 34.9% (Munira, 2023). The high number of Indonesian toddlers who experience stunting is a disgrace for development because it is still far

from the target set by the government of 14% in 2024 and is still above the WHO threshold of 20%, or about one-fifth of the number of toddlers in the country (Andayani & Lestari, 2024). The long-term impacts of stunting, if not treated immediately, include poor health, low cognitive abilities, a high risk of disease and disability in old age, and uncompetitive work quality, which results in low economic productivity (Ipan et al., 2021; Mulyaningsih et al., 2021; Satriawan, 2018). Therefore, providing proper care for children needs to be improved.

Children depend on other family members for nutrition, safe housing, stimulation, and health services. In most parts of Indonesia, fathers dominate household decision-making regarding child care (Has et al., 2022). Fathers who actively participate in child care are said to be doing so by raising awareness of stunting, ensuring nutritional stability within the family, and attending to the physical and emotional needs of both moms and

children (Bogale et al., 2022). Participation of fathers in health education and health service accessibility improves mother and child nutrition and lowers the incidence of childhood stunting. The father's involvement starts when he supports his wife during her pregnancy and continues until the child becomes five (Cabrera, 2020). This role is needed to ensure optimal child growth and development and that the child is free from health problems, especially stunting.

In addition to mothers, fathers are potential agents for implementing positive parenting practices in families (Oryono et al., 2021). Health promotion programs must be developed to increase fathers' involvement in childcare to prevent stunting. Thus, assessing the variables associated with paternal participation in reducing toddler stunting is necessary. More research is needed on this subject; most studies center on mothers' roles.

This study uses a transcultural nursing theory approach to analyze the behavior of father involvement in preventing stunting. Transcultural nursing was chosen because it describes humans who cannot be separated from their cultural background, social structure, and environmental context (Yunitasari et al., 2020). As a depiction of cultural theory, transcultural nursing has eight dimensions that are benchmarks or causal factors for health behavior. The eight dimensions are technological, cultural value, beliefs and ways of life, religious, spiritual, philosophical, political, legal, biological, kinship, social, economic, and educational (Cahyani et al., 2019). Based on transcultural nursing theory, this study analyzes factors related to father involvement in preventing toddler stunting. This study hypothesizes that technology, cultural values, beliefs, lifestyles, religious factors, spiritual and philosophical, political and legal, biological factors, kinship and social factors, and economic and educational factors are related to father involvement in preventing stunting in childhood.

Research on stunting prevention has been widely conducted worldwide, focusing on nutritional issues and other supporting factors such as parenting patterns, socio-economics, education, and sanitation. One of the causal factors that is closely related to stunting is culture. The study's results stated that culture-based nursing interventions significantly improved the nutritional status of toddlers (Harahap et al., 2024). Other studies have shown that family socio-cultural factors such as socio-economic status, feeding practices, and parenting patterns affect the risk of stunting in children. The results of research conducted in Indonesia related to the

analysis of dietary factors in stunted toddlers with a transcultural nursing approach showed that the economy, regulations and policies, cultural values and lifestyle, religiosity and philosophy, social and family support, and technology related to the diet of stunted children (Cahyani et al., 2019). Research on the socio-cultural determinants of stunted toddlers has yet to be widely studied in Indonesia compared to other developing countries. So, there needs to be innovation in new research on factors related to father involvement in preventing stunting in toddlers based on transcultural nursing theory in Jember Regency. This research is an effort to play a role in solving the problem of stunting. The problem of stunting can be resolved immediately, and an increase in public health can be achieved. Add your research objective here. Based on transcultural nursing theory, this study analyzes factors related to father involvement in preventing stunting in toddlers.

METHOD

This study used a descriptive-analytical design with a cross-sectional approach. The target population in this study were fathers who had toddlers in the Jember Regency. The accessible population was all fathers with toddlers aged 6-59 months in 34 villages as the locus for accelerating stunting reduction in Jember Regency. The sampling technique used was multistage random sampling. The sampling units used were 34 villages with a total of 852 respondents. The inclusion criteria in this study were fathers with toddlers aged 6-59 months registered in 34 villages as the locus for accelerating stunting reduction in Jember Regency who lived with their children and could read and write. The exclusion criteria used were respondents who refused to participate in the study and did not complete the questionnaire. Data collection was carried out using a questionnaire. The instrument was adopted from previous studies (Bogale et al., 2022; Rochmatillah, 2017). The validity and reliability of each questionnaire have been tested. A total of 35 people were compliant. For the pilot study, statement items whose r table was >0.334 were used. Cronbach's alpha reliability test result (0.861-0.957 >0.7) was interpreted as reliable or consistent. The instruments used are as follows:

1. The technology questionnaire refers to access to information technology, utilization of technology and information, and the influence of information technology.
2. The religion, spirituality, and philosophy questionnaire includes parameters on religious

- practice, the meaning of life, and norms and beliefs about religion.
3. The kinship and social family questionnaire contains six questions about the relationship between fathers with family and society.
 4. The cultural values, beliefs, and lifestyle questionnaire contains questions to clarify cultural practices that impact fathers' involvement in preventing stunting.
 5. The political and legal questionnaire contains information, access, and knowledge about stunting management program policies in Indonesia.
 6. The economic questionnaire contains questions to find out the economic conditions of respondents.
 7. The biological questionnaire contains questions about biological variations that include a person's physical and biological characteristics such as body structure, skin color, susceptibility to disease, nutritional preferences and deficiencies, and psychological character.
 8. The education questionnaire is a question to assess the father's education level.
 9. The father involvement questionnaire analyzes the frequency with which fathers are involved in caregiving, physical play, and cognitively stimulating activities.

The data processing begins with collecting, editing, coding, processing, and cleaning. Data analysis is carried out using the Spearman-Rho test. The results of data processing are presented in tables and diagrams. This study has obtained ethical clearance from the Nursing Research Ethics Commission (KEPK) of the University of Muhammadiyah Jember, with the number 0195/KKEPK/FFIKES/XII/2024.

RESULTS

Respondents in this study were mostly aged 26-35 years (49.3%). Most had toddlers aged 2-3 years (42.4%), with the number of children mostly more than 2 children (67.3%). The highest level of education of respondents was high school (45.4%). Most respondents worked as self-employed (70.5%), with the majority of income below the regional minimum wage. Details of the

characteristics of the respondents can be seen in Table 1.

Table 1. Frequency distribution respondents

Variables	Category	n	%
Father's age	17-25 Years	87	10.2
	26-35 Years	420	49.3
	36-45 Years	345	40.5
Toddler age	0,5-1 Years	346	40.6
	2-3Years	361	42.4
	4-5 Years	145	17.0
Number of children	1-2	279	32.7
	>2	573	67.3
Level of education	Elementary school (SD)	169	19.8
	Junior high school (SMP)	252	29.6
	High school (SMA)	387	45.4
	College	44	5.2
Work	Civil servant	37	4.3
	Self-employed	601	70.6
	Farmer	214	25.1
Income	< Min. wage (regional minimum wage)	669	78.5
	>Min. wage (regional minimum wage)	183	21.5

Table 2 shows that most respondents in the technology factor have a good category (57.4%), religion, spirituality, and philosophy are positive (78.1%), kinship and social are positive (67.3%), cultural values, beliefs, and positive lifestyles are good (78.5%), politics and law are good (58.8%), the economy is sufficient (40.7%), biology is positive (71.2%), education level is mostly high school (37.1%), and father involvement in preventing stunting is good (79%). Statistical analysis using the Spearman Rho Test found that technology factors ($p < 0.000$; $r = 0.297$), religion, spirituality, and philosophy ($p < 0.000$; $r = 0.170$), kinship and social ($p < 0.000$; $r = 0.378$), cultural values, beliefs, and way of life ($p < 0.000$; $r = 0.204$), politics & law ($p < 0.000$; $r = 0.360$), and economy ($p < 0.000$; $r = 0.370$) were positively correlated with father involvement in preventing stunting in toddlers. While biological variables ($p = 0.054$; $r = 0.237$) and education level ($p = -0.067$; $r = 0.052$) were not significantly correlated with father involvement in preventing stunting in toddlers.

Table 2. Factors related to father involvement in preventing stunting

Category	<i>Father Involvement in preventing stunting</i>						Total		p-value	r
	Good		Sufficient		Less		Σ	%		
	n	%	n	%	n	%				
Technology										
Good	489	57,4	72	8,5	0	0	561	65,8	<0.001	0,297
Enough	152	17,8	72	8,5	0	0	224	26,3		
Less	32	3,8	33	3,9	2	0,2	67	7,9		
Religion, Spirituality, and Philosophy										
Positive	665	78,1	163	19,1	2	0,2	830	97,4	<0.001	0,170
Negative	8	0,9	14	1,6	0	0	22	2,6		
Kinship and Social										
Positive	573	67,3	80	9,4	2	0,2	655	76,9	<0.001	0,378
Negative	100	11,7	97	11,4	0	0	197	23,1		
Cultural Values, Beliefs, and Way of Life										
Positive	669	78,5	163	19,1	2	0,2	834	97,9	<0.001	0,204
Negative	4	0,5	14	1,6	0	0	18	2,1		
Politics & law										
Good	501	58,8	58	6,8	0	0	559	65,6	<0.001	0,360
Sufficient	156	18,3	106	12,4	2	0,2	264	31		
Less	16	1,9	13	1,5	0	0	29	3,4		
Economy										
Good	271	31,8	18	2,1	0	0	289	33,9	<0.001	0,370
Sufficient	347	40,7	87	10,2	0	0	434	50,9		
Less	55	6,5	72	8,5	2	0,2	129	15,1		
Biological										
Positive	607	71,2	123	14,4	2	0,2	732	85,9	0,054	0,237
Negative	66	7,7	54	6,3	0	0	120	14,1		
Level of education										
elementary school	140	16,4	29	3,4	0	0	169	19,8	-0,067	0,052
junior high school	176	20,7	74	8,7	2	0,2	252	29,6		
high school	316	37,1	71	8,3	0	0	387	45,4		
College	41	4,8	3	0,4	0	0	44	5,2		

DISCUSSION

Technology factors

The statistical test results showed that the technology factor is related to the father's involvement in preventing stunting. Technology is one factor that influences a person's behavior based on their culture (Adhiarso et al., 2019). The results of this study indicate that the technology factor is mostly in the good category. The use of information media has a significant impact on the delivery of health messages (Cholih et al., 2020). Most respondents found it easy to obtain information about stunting and health services for consultations on stunting prevention; most found it easy to find information about it through print and electronic media.

Technology is used to determine the father's involvement in stunting prevention appropriately. Respondents found it easy to use health service facilities such as visiting the integrated health post to monitor toddler growth and easy every month

and consulting with health workers at the integrated health post or health center. However, based on the results, the lowest score was for print media (books, magazines, etc.). Most respondents said they rarely obtained information about stunting from books or magazines. In response, there needs to be printed media such as leaflets, booklets, and others in health education on stunting prevention for toddlers so that they can support the use of technology to prevent stunting in toddlers. The results of this study are also based on research (Cholih et al., 2020), which shows that digital smart care technology can help mothers of toddlers understand and provide easy access to information on stunting prevention. The results of other studies also show that the Father Alert Android application effectively increases fathers' knowledge and support in preventing stunting (Marsia et al., 2023). Researchers argue that existing health technology allows individuals to get accessible services for dealing with health problems.

Religious and spiritual factors

Table 2 shows that the higher the belief in religion and spirituality, the greater the father's involvement in preventing stunting, and vice versa. This is supported by a statistical test that religious and spiritual factors are related to father involvement in preventing stunting. Religious and spiritual factors in this study have more excellent positive than negative values. The high positive value is because respondents have a religion and believe that raising children well is an obligation, as well as preventing stunting in children as a form of gratitude for what God has given. Religious and moral attitudes are conditions in a person that encourage them to behave according to the expectations of religion and all group members (Tsoraya et al., 2022). Another study by Rizal and Hamzah (2023) showed that the synergy of religious activities in community activities could accelerate stunting reduction, which can be seen from the increase in community participation in community empowerment activities.

Moral and religious beliefs play a significant role in life because they instill a desire to uphold moral principles, behave in the interests of others, and abstain from wrongdoing. Religion invites every member of its congregation to practice a healthy lifestyle. In the Islamic view, preventing stunting is considered an important responsibility that the Muslim community must carry out. According to the researcher, strong belief or faith in their religion is the main factor in respondents' positive involvement in preventing stunting.

Kinship and social factors

The study's results showed a relationship between kinship and social factors with father involvement in preventing stunting. Kinship or family and social factors act as a support system for its members, which has been proven to improve health and the adaptation process (Suniyadewi et al., 2024). Each family member has a significant role in supporting the health of each family member. The husband or head of the family plays an essential role in every household decision, including health. Father involvement is essential and determines children's nutritional status and eating patterns (Has et al., 2022). Based on demographic data, most have more than 2 children, dramatically affecting fathers' parenting involvement. In this study, social support and kinship are essential in supporting and facilitating father involvement in efforts to prevent stunting.

This study aligns with research (Rachmawati et al., 2018), which states that good kinship and social factors can increase father involvement in preventing stunting. Father involvement in stunting prevention will improve children's health conditions and overall parenting quality and promote child well-being and family stability. Therefore, father involvement in parenting is part of a holistic strategy to prevent stunting and support optimal child development.

Cultural values, beliefs, and lifestyle factors

The results of the study shown in Table 2 show indicates that there is a significant relationship between cultural values, beliefs, and lifestyle factors with father involvement in preventing stunting. Budaya adalah seperangkat adat istiadat dan cara hidup yang hanya dimiliki oleh sekelompok orang. Adat istiadat, bahasa, karya seni, struktur pemerintahan, dan agama semuanya berkontribusi terhadap pembentukan budaya. The selection and pattern of feeding are influenced by cultural factors and the lifestyle of the place where a person is.

Previous studies have shown that negative cultural values, beliefs, and lifestyles will cause inappropriate feeding patterns in children, which affects the incidence of stunting. In this study, most had positive cultural values, beliefs, and lifestyles and did not believe that food taboos such as eggs, fish, and meat were unsuitable for children's growth and development. This study is in line with research (Rachmawati et al., 2018), which states that there is a relationship between cultural values and lifestyles and feeding patterns in children with poor nutritional status. Research in Madura Regency conducted by (Januarti & Hidayathillah, 2020) found that socio-cultural implications are closely related to the problem of stunting. Conditions in Madurese society related to the consumption of nutritious food include the culture of food taboos for pregnant women, feeding newborns, not immunizing, and low-nutritious food, which results in stunting. Therefore, fathers' involvement in increasing knowledge can improve inappropriate behavior to prevent stunting.

Political and legal factors

The results of the study indicate that there is a significant relationship between political and legal factors and father involvement in preventing stunting. Father involvement in preventing stunting is closely related to policies determined by the government. This study's results align with

research conducted by (Noor et al., 2024), which states that the high prevalence of stunting is evidence of the government's failure to enforce the law on malnutrition. Ignoring children's rights is a form of human rights violation committed by the state. The synergy between governments is needed to overcome the problem of malnutrition, strive for adequate and improved nutrition in the community, especially for low-income families vulnerable to malnutrition and in emergencies, and evaluate national-scale nutritional alert surveillance as evidence for further policy considerations. Areas with high stunting cases need attention from local and central governments.

The government makes policies and must educate the community about the importance of stunting. No matter how good the policy is, it will only be effective if the target recipient knows the problem's impact and the policy's essence. Posyandu is a form of policy as a Community-Based Health (UKBM) effort that has provided convenience to the community in obtaining essential health services, especially for toddlers (Hariani et al., 2019).

Stunting requires legislative regulation as part of the state's obligation to protect children's rights. With dedication and cooperation from the local and federal governments, as well as from parents, families, and the community, stunting is prevented and treated holistically in several areas (Adnan et al., 2023).

Economic factors

Table 2 shows that economic factors are related to father involvement in preventing stunting. Economics generally relates to how humans meet their living needs using available resources. Family income is an essential factor that influences feeding patterns in toddlers and is positively correlated with the incidence of stunting (Adyas et al., 2023; Rachmawati et al., 2018). According to transcultural nursing theory, the family's income influences a person's economic worth, sources of income, health insurance, and how income affects their health (Yunitasari et al., 2020). The family's food intake, both in terms of quantity and quality, will be impacted by low income (Nurmalasari et al., 2020).

The results of this study show that most economic factors are in the sufficient category, with the majority of income below the UMR. In this study, although most families earn below the average UMR, families share money so that children's nutritional needs can be met. This study's results align with the research results

(Oktavia, 2021), which show a significant relationship between family income and the incidence of stunting. Low income levels and weak purchasing power allow for certain eating habits that hinder effective nutritional improvement, especially for children (Wardani et al., 2020). The food obtained is typically smaller and less varied, particularly in terms of components that support a child's growth, such as protein, vitamins, and minerals, which raise the possibility of malnutrition and stunting.

Biological factors

The study's results showed that biological factors did not significantly relate to father involvement in preventing stunting based on transcultural nursing theory. Biological variations in transcultural nursing relate to genetic differences between cultures that may or may not predispose certain groups to certain diseases. This dimension can also include biocultural ecological variations: skin color, biological variations, health conditions, and variations in drug metabolism.

Understanding nutrition, growth and development, and other biological aspects is crucial since they might affect nurses' decisions. For instance, racial differences might be significant in body weight and structure. Additionally, there can be significant racial differences in drug interactions and illness risk. Cultural, social, psychological, economic, regional, and religious factors impact nutritional preferences (Monterrosa et al., 2020).

The study results showed that most respondents agreed that lack of nutrition during pregnancy/womb can trigger stunting in children, clean and healthy nutrition and lifestyle can prevent children from stunting, and physical and psychological support for children is support in preventing stunting. This study's results align with research (Heriawati & Sulastri, 2024), which states that genetic factors affect health levels by only 5%. The author argues that stunting is not a direct result of genetic factors alone. Stunting is often caused by a complex interaction between genetic and environmental factors, including inadequate nutritional intake.

Education level factor

The study's results showed no statistically significant relationship between a father's education and a father's involvement in preventing stunting. Most fathers had a high school education, while father involvement in preventing stunting was good. According to the theory of

transcultural nursing, the higher the client's education, the greater the likelihood that the client's beliefs are supported by rational scientific evidence and that individuals can learn to adapt to a culture that suits their health conditions. The results of this study indicate that a father's education is not related to the father's involvement in preventing stunting in toddlers. This can be influenced by knowledge about nutrition and health obtained from the integrated health post. Health workers at the integrated health post and health cadres actively provide health education, such as counseling on feeding patterns for stunted children.

The results of this study indicate that father involvement in preventing stunting is good. Fathers try to provide a menu that includes vegetables, animal and vegetable protein, and carbohydrates. Most understand their children's development (Hasan et al., 2023).

Fathers try to establish emotional bonds with their children by telling stories and are willing to provide emotional comfort to their children. Father involvement can also be associated with most fathers' work as self-employed with flexible working hours, thus giving fathers more significant opportunities to stay home and be involved in childcare. This study's results align with research (Quraisy et al., 2024)

that states that education is unrelated to attitudes toward preventing stunting in prospective brides.

CONCLUSION

Based on transcultural nursing theory, this study explores the dimensions of father involvement in preventing stunting. Based on these findings, it can be concluded that technological factors—religion, spirituality, and philosophy; cultural values, beliefs, and way of life; politics and law; and the economy—positively correlate with father involvement in preventing toddler stunting. However, biological variables and education level are not significantly correlated with father involvement in preventing toddler stunting. Public health nurses can use these results to create health promotion initiatives that encourage fathers to be more involved in child care and prevent childhood stunting.

CREDIT AUTHOR STATEMENT

SZF: Conceptualization, prepared an activity plan, and prepared a manuscript; **DIL:** analyzed research data and research needs and finance; **IB:** made conclusions, research output, and writing manuscript

REFERENCES

- Adhiarso, D. S., Utari, P., & Hastjarjo, S. (2019). The impact of digital technology to change people's behavior in using the media. *Digit. Press Soc. Sci. Humanit*, 2(2018), 5.
- Adnan, M., Kadly, A., & Lutfi, A. (2023). Relationship of Public Value to The Implementation of Stunting Policy in Bengkulu Province. *Jurnal Administrasi Publik (Public Administration Journal)*, 13(1), 23–30. <https://doi.org/10.31289/jap.v13i1.8345>
- Adyas, A., Handayani, S. R. W., Djamil, A., Kustiani, A., & Dalimunthe, N. K. (2023). Analysis of Risk Factors of Stunting in Toddlers. *Jurnal Kesehatan*, 14(1), 172–183. <https://doi.org/10.26630/jk.v14i1.3701>
- Andayani, S. A., & Lestari, Y. D. (2024). Model Intervensi Stunting (Misting) pada Balita dengan Kejadian Stunting Berbasis Transkultural Nursing. *Jurnal Keperawatan*, 16(2), 703–710.
- Bogale, S. K., Cherie, N., Ketema, E., & Id, B. (2022). *Fathers involvement in child feeding and its associated factors among fathers having children aged 6 to 24 months in Antsokia Gemza Woreda, Ethiopia: Cross-sectional study.* 1–18. <https://doi.org/10.1371/journal.pone.0276565>
- Cabrera, N. J. (2020). Father involvement, father-child relationship, and attachment in the early years. *Attachment & Human Development*, 22(1), 134–138. <https://doi.org/10.1080/14616734.2019.1589070>
- Cahyani, V. U., Yunitasari, E., Indarwati, R., & Keperawatan, F. (2019). Social Support As The Main Factor In Providing Specific Nutrition Interventions For Children Aged 6-24 Months With Stunting Events Based On Transcultural Nursing. *Pedimaternal Nursing Journal*, 5 (1), 77–88.
- Choliq, M. I., Suwarso, L. M. I., & Andarwulan, S. (2020). Pemanfaatan Teknologi Digital Smart Care Sebagai Upaya Pencegahan

- Stunting Pada Balita Di Era Pandemi Covid-19 Di Kelurahan Siwalankerto. *Prosiding Hapemas*, 1(1), 73–78.
- Harahap, H., Syam, A., Palutturi, S., Syafar, M., Hadi, A. J., Ahmad, H., ... & Mallongi, A. (2024). Stunting and Family Socio-Cultural Determinant Factors: A Systematic Review. *Pharmacognosy Journal*, 16(1). <http://dx.doi.org/10.5530/pj.2024.16.39>
- Hariani, S., Masrul, M., & Elytha, F. (2019). Analisis Kebijakan Program Bina Keluarga Balita (BKB) Holistik Terintegrasi Dengan Posyandu dan PAUD di Kota Sawahlunto Tahun 2016. *Jurnal Kesehatan Andalas*, 8(1), 138–144.
- Has, E. M. M., Asmoro, C. P., & Gua, W. P. (2022). Factors related to father's behavior in preventing childhood stunting based on health belief model. *Jurnal Keperawatan Indonesia*, 25(2), 74–84. <https://doi.org/10.7454/jki.v25i2.847>
- Hasan, A., Kadarusman, H., & Sutopo, A. (2023). Risk Factors Associated with the Incidence of Stunting in Toddlers Aged 6-24 Months. *Jurnal Kesehatan*, 14(1), 133–142. <https://doi.org/10.26630/jk.v14i1.3769>
- Heriawati, & Sulastri, D. (2024). Systematic Review: Hubungan Genetik Dengan Stunting. *Jurnal Ners*, 8, 41–48.
- Ipan, Purnamasari, H., & Priyanti, E. (2021). Collaborative Governance dalam Penanganan Stunting. *Kinerja*, 18(3), 383–391.
- Januarti, L. F., & Hidayathillah, A. P. (2020). Parenting culture on the role of father in prevention of stunting in toddler. *Babali Nursing Research*, 1(2), 81-90. <https://doi.org/10.37363/bnr.2020.1211>
- Munira, S. (2023). Hasil Survei Status Gizi Indonesia (SSGI) 2022. *Kementerian Kesehatan Republik Indonesia*. <https://promkes.kemkes.go.id/materi-hasil-survei-status-gizi-indonesia-ssgi-2022>
- Marsia, Juniartati, E., & Sulistyawati, D. (2023). Effectiveness of The Father Alert Android Application on Father's Knowledge and Support in Stunting Prevention in 2023. *International Journal of Innovative Science and Research Technology*, 8(10), 477–482.
- Monterrosa, E. C., Frongillo, E. A., Drewnowski, A., de Pee, S., & Vandevijvere, S. (2020). Socio-cultural influences on food choices and implications for sustainable healthy diets. *Food and Nutrition Bulletin*, 41(2_suppl), 59S-73S.
- Mulyaningsih, T., Mohanty, I., Widyaningsih, V., Gebremedhin, T. A., Miranti, R., & Wiyono, V. H. (2021). Beyond personal factors: Multilevel determinants of childhood stunting in Indonesia. *PloS One*, 16(11), e0260265.
- Noor, M. S., Syarwani, M., & Putri, R. M. (2024). Healthy Environment As A Human Right : Law Enforcement To Overcome Stunting In Children. *1st Al Banjari Postgraduate International Conference: Multidisciplinary Perspective on Sustainable Development 2024*, 10–20. <https://doi.org/10.31602/v0i0.15389>
- Nurmalasari, Y., Anggunan, A., & Febriany, T. W. (2020). Hubungan tingkat pendidikan ibu dan pendapatan keluarga dengan kejadian stunting pada anak usia 6-59 bulan. *Jurnal Kebidanan*, 6(2), 205-211.
- Oktavia, R. (2021). Hubungan faktor sosial ekonomi keluarga dengan kejadian stunting. *Jurnal Medika Utama*, 3(01 Oktober), 1616–1620.
- Oryono, A., Iraguha, B., Musabende, A., Habimana, E., Nshimiyiryo, A., Beck, K., ... & Kirk, C. M. (2021). Father involvement in the care of children born small and sick in Rwanda: Association with children's nutrition and development. *Child: Care, Health and Development*, 47(4), 451-464. <https://doi.org/10.1111/cch.12856>
- Quraisy, C. C. R. S. A., Probandari, A. N., & Widyaningsih, V. (2024). The Relationship Between Age, Education, Region, and Knowledge with Stunting Prevention Attitudes in Brides-to-Beat the Religious Affairs Office (KUA). *Nusantara Science and Technology Proceedings*, 1-7. <https://doi.org/10.11594/nstp.2024.4201>
- Rachmawati, P. D., Pradanie, R., & Dwiwardani, R. L. (2018). Factors Affecting the Feeding Pattern of Under-Five Children with Stunting in Indonesia. *Children*, 2(110), 79-1. <https://doi.org/10.5220/0008323102290235>
- Rizal, M., & Hamzah, D. F. (2023). The synergy of the religious role in supporting the accelerated reduction of stunting in Kutaraja District, Banda Aceh. *Jurnal Sago Gizi Dan Kesehatan*, 5(1), 234–235.
- Satriawan, E. (2018). *Strategi Nasional Percepatan Pencegahan Stunting 2018-2024 (National Strategy for Accelerating Stunting Prevention 2018-2024)*. Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K) Sekretariat Wakil Presiden Republik Indonesia, November, 1–32. <http://tnp2k.go.id/filemanager/files/Rakorn>

- is 2018/Sesi 1_01_RakorStuntingTNP2K_Stranas_22Nov2018.pdf
- Suniyadewi, N. W., Arief, Y. S., Kurniawati, N. D., Rismayanti, I. D. A., Trisnadewi, N. W., & Iswatun, I. (2024). Development of a Holistic Nursing Model Based on Transcultural Nursing to Improve the Quality of Life of Patients with Type-2 Diabetes Mellitus. *Nurse Media Journal of Nursing*, 14(1), 142-159. <https://doi.org/10.14710/nmjn.v14i1.56812>
- Susanto, T., Rasni, H., & Susumaningrum, L. A. (2021). Prevalence of malnutrition and stunting among under-five children: A cross-sectional study family of quality of life in agricultural areas of Indonesia. *Mediterranean Journal of Nutrition and Metabolism*, 14(2), 147-161. <https://doi.org/10.3233/MNM-200492>
- Tsoraya, N. D., Primalaini, O., & Asbari, M. (2022). The role of Islamic religious education on The development of youths' attitudes. *Journal of Information Systems and Management (JISMA)*, 1(1), 12-18.
- Wardani, D. W., Suharmanto, S., & Wulandari, M. (2020). Hubungan Faktor Sosial Ekonomi dan Ketahanan Pangan terhadap Kejadian Stunting pada Balita. *Jurnal Kesehatan*, 11(2), 287-293. <https://doi.org/10.26630/jk.v11i2.2230>
- Yani, D. I., Rahayuwati, L., Sari, C. W. M., Komariah, M., & Fauziah, S. R. (2023). Family household characteristics and stunting: an update scoping review. *Nutrients*, 15(1), 233.
- Yunitasari, E., Winasis, N. P., & Suarilah, I. (2020). The analysis of stunting event factors in children aged 24-59 months based on transcultural nursing. *EurAsian Journal of BioSciences*, 14(2), 2715-2720.