

# The Role of Family and Community in Preventing Stunting in Toddlers

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## ABSTRACT

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Stunting remains a critical public health problem that affects children's physical growth, cognitive development, and long-term human capital, particularly in low- and middle-income countries. Increasing evidence suggests that stunting is not solely a nutritional issue but a multidimensional condition influenced by family practices and community environments. This study aims to systematically review the role of family and community in preventing stunting among toddlers. A systematic literature review was conducted using ten peer-reviewed articles indexed in the Scopus database. The review followed a structured search, selection, and thematic synthesis process to identify key family- and community-level determinants and interventions associated with stunting prevention. The findings indicate that family-related factors—such as parental education, caregiving practices, household food security, and health-seeking behavior—play a central role in reducing stunting risk. At the community level, supportive health services, nutrition education programs, sanitation infrastructure, and social support networks significantly strengthen family capacity and promote sustainable behavior change. Importantly, the review highlights that integrated family–community approaches are more effective than isolated interventions, as they align household practices with enabling community environments. This study contributes to the literature by reinforcing the importance of multi-level, socially grounded strategies for stunting prevention and provides evidence-based insights for policymakers and practitioners seeking to design holistic and sustainable child nutrition interventions.

**Keywords:** *Stunting Prevention, Family Role, Community Participation, Toddler Nutrition, Systematic Literature Review*

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## 1. INTRODUCTION

Stunting, defined as impaired linear growth resulting in a height-for-age below minus two standard deviations of the World Health Organization (WHO) growth standards, remains one of the most persistent forms of child malnutrition worldwide [1]. It reflects chronic undernutrition during the most critical periods of growth and development, particularly the first 1,000 days of life—from conception to a child's second birthday [2]. Despite global efforts to reduce its prevalence, stunting continues to affect millions of children, especially in low- and middle-income countries, leading to long-term consequences for physical health, cognitive development, educational attainment, and economic productivity in adulthood.

Traditionally, stunting has been approached primarily as a nutritional and biomedical issue, focusing on food intake, micronutrient deficiencies, and infectious diseases [3]. However, growing evidence suggests that stunting is a multidimensional problem influenced by a complex interaction of biological, social, economic, and environmental factors [3]. In this context, the roles of family and community have gained increasing attention, as they constitute the immediate and broader environments in which toddlers grow, are cared for, and develop. Families, particularly parents and caregivers, directly shape children's nutritional practices, hygiene behaviors, healthcare utilization, and psychosocial stimulation.

Meanwhile, communities influence norms, access to services, social support systems, and collective actions related to health and nutrition, while at the family level factors such as parental

education, maternal knowledge of nutrition, caregiving practices, household food security, and intra-household decision-making have been consistently associated with child growth outcomes [4]. Caregivers' understanding of appropriate feeding practices, responsiveness to child needs, and engagement with health services play a crucial role in preventing chronic undernutrition, as family socioeconomic conditions and cultural beliefs strongly affect dietary diversity, feeding frequency, and sanitation behaviors, which are key determinants of stunting risk. Beyond the household, community structures and social environments provide essential support through community health workers, local health facilities, nutrition education programs, women's groups, and sanitation initiatives that shape health-related behaviors and improve access to preventive services; communities also influence stunting prevention through social norms, peer learning, and collective accountability, with evidence showing that community-based interventions—especially when integrated with family-level strategies—are more effective in sustaining behavioral change and improving child nutrition outcomes than isolated, individual-focused approaches [5].

Despite the growing recognition of the importance of family and community roles in stunting prevention, the existing literature remains fragmented across disciplines and contexts [6]. Many studies examine either household-level or community-level determinants in isolation, making it challenging to draw comprehensive conclusions about how these factors interact and jointly contribute to stunting prevention among toddlers. Furthermore, variations in study design, settings, and outcome measures complicate the synthesis of evidence needed to inform policy and program development.

Therefore, a systematic review is necessary to consolidate current evidence and provide a structured understanding of how family and community factors contribute to the prevention of stunting in toddlers. This study aims to systematically analyze selected peer-reviewed articles indexed in the Scopus database to identify key family- and community-level roles, intervention strategies, and mechanisms associated with reduced stunting prevalence. By synthesizing findings from diverse contexts, this review seeks to contribute to a more holistic conceptualization of stunting prevention and to inform the design of integrated, multi-level interventions that strengthen both family capacity and community support systems.

## 2. LITERATURE REVIEW

### 2.1 *Concept and Determinants of Stunting*

Stunting is a manifestation of chronic undernutrition that occurs during the most critical periods of child growth and development and, according to the World Health Organization, reflects cumulative growth deficits caused by prolonged inadequate nutrient intake, repeated infections, and insufficient psychosocial stimulation; unlike wasting, which represents acute malnutrition, stunting develops gradually and often goes unnoticed until it becomes severe and difficult to reverse, with consequences that extend beyond physical stature to affect cognitive development, immune function, school performance, and long-term productivity [1]. The determinants of stunting are widely recognized as multidimensional, as outlined in the UNICEF conceptual framework, which categorizes them into immediate causes (inadequate dietary intake and disease), underlying causes (household food insecurity, inadequate care and feeding practices, unhealthy environments, and limited access to health services), and basic causes (socioeconomic conditions, education, cultural norms, and governance), within which

family and community factors occupy a central role as underlying determinants shaping daily caregiving practices and access to supportive resources [7].

### **2.2 *Role of the Family in Stunting Prevention***

The family, particularly parents and primary caregivers, plays a fundamental role in preventing stunting during early childhood, as family-level factors directly influence children's nutritional intake, health-seeking behavior, hygiene practices, and emotional well-being, with numerous studies emphasizing the importance of maternal education and knowledge in shaping appropriate infant and young child feeding practices such as exclusive breastfeeding, timely introduction of complementary foods, and dietary diversity [8], [9]. Caregiving practices within the household are closely linked to stunting outcomes, since responsive feeding, regular meal frequency, and age-appropriate food consistency are essential for meeting toddlers' nutritional needs, and families with greater awareness of nutrition and child health are more likely to adopt preventive behaviors including growth monitoring, immunization compliance, and early treatment of childhood illnesses; conversely, limited parental knowledge, time constraints, and economic pressures often result in suboptimal feeding practices and increased vulnerability to stunting [10]. Household food security further represents a critical determinant, as families with stable income and access to diverse food sources are better positioned to provide nutritionally adequate diets, while food-insecure households may depend on monotonous diets lacking essential micronutrients, thereby heightening the risk of chronic growth failure, with intra-household dynamics such as decision-making power and gender roles also shaping how food and healthcare resources are allocated to young children [11].

### **2.3 *Community Influence on Stunting Prevention***

While families are the primary caregivers, communities provide the broader social and structural context that shapes family behavior and child health outcomes, encompassing factors such as the availability and quality of health services, sanitation infrastructure, social support networks, and local norms related to child care and nutrition, with research indicating that communities characterized by active health systems and strong social cohesion tend to achieve better child nutrition outcomes [12]. Community health workers and local health facilities play a pivotal role in delivering nutrition education, growth monitoring, and early detection of growth faltering, as their regular contact with families helps translate health knowledge into practical behaviors and encourages sustained engagement with preventive services, while community-based nutrition programs—including supplementary feeding, maternal support groups, and parenting education sessions—have been shown to enhance caregiver knowledge and improve child growth indicators [13]. In addition, environmental conditions at the community level, particularly access to clean water and adequate sanitation, are strongly associated with stunting risk, since poor sanitation increases exposure to recurrent infections and environmental enteric dysfunction that impede nutrient absorption even when dietary intake is sufficient, making community-led sanitation initiatives and hygiene promotion programs essential complements to household-level nutrition interventions.

#### *2.4 Interaction Between Family and Community Roles*

Recent literature increasingly emphasizes that family and community roles in stunting prevention are interdependent rather than separate, as families function within community systems that shape their access to information, services, and resources, while community support can strengthen family capacity by reinforcing healthy behaviors, reducing social isolation, and providing practical assistance during vulnerable periods [14]. Integrated interventions that combine household education with community mobilization tend to produce more sustainable outcomes, as nutrition counseling delivered through community platforms becomes more effective when reinforced by peer support and local leadership, and family-level behavior change is more likely to persist when community norms align with recommended health and nutrition practices, underscoring the importance of multi-level approaches that simultaneously address individual caregiving behaviors and the broader social environments that sustain them [15].

#### *2.5 Gaps in Existing Literature*

Although substantial evidence exists on the determinants of stunting, important gaps remain in the literature, as many studies examine family-level or community-level factors in isolation, thereby limiting understanding of their combined effects, while inconsistencies in how these roles are conceptualized and measured further complicate cross-study comparisons and most empirical findings remain highly context-specific, reducing their generalizability across diverse socioeconomic and cultural settings [16]. Systematic reviews that explicitly synthesize evidence on the joint role of family and community in stunting prevention—particularly among toddlers—are still limited, with existing reviews often prioritizing nutritional interventions without adequately integrating social and environmental dimensions, resulting in a lack of comprehensive guidance for policymakers and practitioners on how to design coordinated strategies that effectively leverage both family engagement and community support.

### **3. METHODS**

This study employed a systematic literature review (SLR) design to comprehensively examine the role of family and community in preventing stunting among toddlers. The systematic review approach was chosen to ensure transparency, rigor, and replicability in identifying, selecting, and synthesizing relevant scholarly evidence, following established principles of systematic analysis that emphasize structured search strategies, clearly defined inclusion and exclusion criteria, and thematic synthesis of findings. The literature search was conducted using the Scopus database, selected for its broad coverage of high-quality, peer-reviewed international journals in health, nutrition, public health, and social sciences, and its recognized reliability for systematic reviews due to extensive indexing and standardized metadata. The search strategy was designed to capture studies addressing stunting prevention with explicit consideration of family and/or community roles, using combinations of keywords such as stunting, child growth, toddler nutrition, family role, parental involvement, community participation, and community-based intervention, refined through Boolean operators (AND, OR), and limited to English-language journal articles to maintain analytical consistency.

To ensure relevance and quality, specific inclusion and exclusion criteria were applied. Inclusion criteria encompassed peer-reviewed Scopus-indexed journal articles focusing on stunting or chronic undernutrition among toddlers or young children, explicitly discussing family-level

and/or community-level roles, interventions, or determinants, and presenting empirical, review, or conceptual analyses aligned with the study objectives. Exclusion criteria included articles not directly related to stunting or child growth outcomes, studies focusing solely on biomedical or clinical interventions without family or community contexts, conference proceedings, editorials, commentaries, non-peer-reviewed publications, duplicate records, and articles with inaccessible full texts. After applying these criteria, ten Scopus-indexed documents were selected for in-depth analysis. The study selection followed a stepwise procedure, beginning with title and abstract screening, followed by full-text review to assess conceptual alignment, methodological rigor, and relevance to family and community roles in stunting prevention, with any ambiguities resolved through careful reassessment of study objectives and content.

Data extraction was conducted systematically using a structured extraction form to ensure consistency and comparability across studies, capturing key information such as author(s), year of publication, study context, research design, population characteristics, family-related factors, community-related factors, intervention types, and key findings related to stunting prevention. The extracted data were analyzed using a thematic synthesis approach, involving the identification and coding of recurring patterns and concepts related to family and community dimensions, including caregiving practices, parental knowledge, social support, community health services, and sanitation initiatives, which were then grouped into broader thematic categories to develop an integrated understanding of stunting prevention mechanisms. Rather than employing a meta-analysis—which requires homogeneity in study designs and outcome measures—this review adopted a qualitative synthesis to accommodate the diversity of contexts and methodologies represented in the selected literature, allowing for a richer interpretation of the social and behavioral dimensions underlying stunting prevention.

## 4. RESULTS AND DISCUSSION

### 4.1 Family-Level Roles in Preventing Stunting

The results indicate that family involvement is a central determinant in preventing stunting among toddlers, with all reviewed studies emphasizing the critical role of parents—particularly mothers—in shaping nutrition and caregiving practices. Maternal education and nutritional knowledge consistently emerged as key factors associated with improved child growth outcomes, as mothers who understand balanced diets, breastfeeding, and appropriate complementary feeding are more likely to provide adequate nutrition and respond to children's developmental needs. Caregiving practices within households were strongly linked to stunting prevention, where responsive feeding, appropriate meal frequency, dietary diversity, and good hygiene practices functioned as protective factors against chronic undernutrition. Responsive feeding, defined as recognizing and responding to children's hunger and satiety cues, was shown to support adequate nutritional intake [17], while consistent meal frequency ensured regular nutrient provision essential for growth and development [18]. Dietary diversity supplied essential nutrients needed for optimal growth [17], and proper hygiene practices reduced infection risks that could impair nutrient absorption [19].

Household food security further reinforced the importance of family roles in stunting prevention, as stable access to nutritious food enabled families to better meet toddlers' dietary needs. However, the literature highlighted that food access, rather than mere availability, was more strongly correlated with stunting prevention [20], indicating that utilization and caregiving practices are equally important. Economic conditions and social support systems were also found to influence food security and caregiving capacity within households [18]. Several studies emphasized that family routines—such as consistent feeding schedules and prompt attention to child illness—directly affect toddlers' ability to absorb and utilize nutrients effectively, while inadequate caregiving driven by time constraints, limited knowledge, or economic hardship increases vulnerability to chronic

growth faltering. Overall, these findings suggest that stunting prevention requires not only sufficient material resources but also strong behavioral, educational, and caregiving capacities within families.

#### 4.2 Community Contributions to Stunting Prevention

At the community level, the reviewed studies demonstrated that supportive environments substantially strengthen stunting prevention efforts through the active involvement of community health workers (CHWs), local clinics, and nutrition outreach programs. These actors play a pivotal role in disseminating health and nutrition information, monitoring child growth, and promoting early intervention when growth faltering is detected, with regular interaction between families and community health providers fostering trust and increasing adherence to recommended practices. Evidence shows that CHWs are instrumental in delivering child health interventions and providing education and ongoing support to families, thereby improving child nutrition outcomes [21], as illustrated in Kendari City where CHW involvement significantly influenced infant growth and development [22]. Community-based education initiatives further reinforced these effects, as programs such as GEMASTING in Indonesia successfully increased mothers' knowledge of stunting prevention and encouraged positive caregiving behaviors [23], while nutrition education in West Nusa Tenggara improved maternal understanding of locally appropriate complementary feeding practices essential for preventing growth faltering [24].

Beyond health service delivery, the effectiveness of community-level interventions was strengthened by active participation and local leadership, which contributed to more sustainable improvements in child nutrition outcomes. Studies documented that strong community engagement and leadership support were associated with reductions in stunting prevalence, including evidence from Banjar where local involvement amplified the impact of health programs [25]. Community-based platforms such as parenting groups, maternal support networks, nutrition education sessions, and posyandu activities enhanced caregivers' knowledge and confidence, facilitated peer learning and collective problem-solving, and reduced social isolation among families [25]. Environmental and infrastructural conditions also emerged as critical determinants, as access to clean water, adequate sanitation, and hygienic living environments reduced exposure to infections that impair nutrient absorption; several studies highlighted that community-led sanitation initiatives, when integrated with household hygiene practices, significantly lowered stunting risk, reinforcing broader evidence linking environmental enteric dysfunction to chronic undernutrition.

#### 4.3 Interaction Between Family and Community Roles

A key finding across the reviewed literature is that family and community roles in stunting prevention are mutually reinforcing rather than independent, as families depend on community systems for information, resources, and support, while community programs require active family engagement to translate interventions into daily caregiving practices. Studies consistently showed that interventions focusing on only one level—either the family or the community—were less effective than integrated approaches that address both simultaneously. At the family level, maternal education emerged as a pivotal factor, with higher literacy associated with improved feeding practices and better child nutrition outcomes [26], while paternal involvement also contributed to healthier dietary choices and improved child growth, underscoring the importance of engaging fathers in nutrition programs [26]. Household food security, particularly when supported by sustainable food production methods such as urban farming, was strongly linked to reduced stunting risk [26], highlighting the interconnected nature of knowledge, resources, and caregiving behavior.

At the community level, evidence indicated that stunting prevention efforts were strengthened through robust community health systems and culturally responsive interventions. Community-based programs played a critical role in reinforcing family-centered strategies and improving child growth outcomes [27], especially when local cultural practices were incorporated to enhance acceptance and effectiveness [26]. Effective stunting prevention also depended on

collaboration among government, community organizations, and local health sectors [28], with integrated approaches combining family education, community mobilization, and environmental improvements producing more sustainable results [27]. Education and training for parents on proper feeding and child care, supported by community structures, were essential components of these strategies [28], while addressing broader factors such as sanitation and environmental sustainability further reduced stunting prevalence [29]. These findings illustrate how communities function as a critical bridge between policy and household behavior, translating national nutrition strategies into practical actions that align household-level practices with supportive community norms and structures.

### Discussion

The findings of this review align closely with established conceptual frameworks, particularly the UNICEF model of child malnutrition, which emphasizes the interconnected roles of caregiving practices, health services, and environmental conditions in shaping child growth outcomes. By synthesizing evidence from multiple studies, this review reinforces the understanding that stunting is not merely a biological consequence of inadequate nutrition, but a social phenomenon influenced by family capacity, caregiving behaviors, and the broader community context in which children are raised. This perspective highlights the importance of viewing stunting prevention through a multi-level lens that captures interactions between households and their surrounding social environments.

In contrast to approaches that focus narrowly on dietary supplementation, the reviewed literature demonstrates that sustainable stunting prevention depends heavily on social and behavioral dimensions. Family empowerment through education, improved caregiving practices, and strengthened household food security consistently emerged as key themes, particularly when reinforced by active community engagement. These findings support growing calls for multi-sectoral and participatory child nutrition programs that integrate health, education, sanitation, and social support, rather than relying on isolated nutritional inputs. Importantly, the review also underscores the need for contextual adaptation, as variations in family structures, cultural norms, and community capacities suggest that stunting prevention strategies should be flexible, locally informed, and responsive to specific social realities.

Despite the valuable insights generated, gaps remain in understanding the dynamic and long-term interactions between family and community roles in stunting prevention. The reviewed studies point to the need for longitudinal research to examine how sustained family–community engagement influences child growth trajectories across different stages of early childhood. Future research would also benefit from more explicit integration of social, cultural, and gender perspectives to deepen understanding of caregiving dynamics. Overall, this systematic review highlights that effective stunting prevention among toddlers requires a holistic approach in which families and communities are positioned as active, interconnected agents of change, rather than passive recipients of nutritional interventions.

### CONCLUSION

This systematic review demonstrates that stunting prevention among toddlers is strongly shaped by the combined and interdependent roles of family and community, with families acting as the primary agents of child care and nutrition through daily feeding practices, hygiene behaviors, and health-seeking decisions, where parental knowledge—particularly maternal education and awareness of appropriate child nutrition—emerges as a critical protective factor against chronic growth failure, although family capacity alone is often insufficient without external support. Communities play a complementary and reinforcing role by providing access to health services, nutrition education, sanitation infrastructure, and social support systems that enable families to adopt and sustain healthy practices, while community-based interventions, including the

involvement of community health workers and peer support groups, help translate knowledge into action and foster collective responsibility for child well-being. Overall, this review underscores that stunting prevention should be approached as a holistic, multi-level process rather than a purely biomedical or nutrition-focused intervention, suggesting that policies and programs should simultaneously strengthen family capacity and reinforce community systems, with future research directed toward longitudinal and context-sensitive studies to better understand how sustained family–community engagement can effectively reduce stunting prevalence and support healthier child development.

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