



## Developing Midwives' Role as A Stunting Center at The Village Government Level: A Case Study

Nurlailis Saadah<sup>1</sup>, Sulikah<sup>2\*</sup>, Agung Suharto<sup>3</sup>, Budi Joko Santosa<sup>4</sup>, Budi Yulianto<sup>5</sup>, Syaifoel Hardy<sup>6</sup>

<sup>1-5</sup> Poltekkes Kemenkes Surabaya, East Java, Indonesia

<sup>6</sup> Indonesian Nursing Trainers, Malang, Indonesia

### ARTICLE INFO

#### Article history:

Received 19 October 2022

Accepted 10 January 2023

Published 20 January 2023

#### Keyword:

Midwives  
prevention centers  
stunting

### ABSTRACT

The handling of stunting at the village level so far cannot be said to be effective due to the absence of prevention centers by healthcare professionals. The objective is to develop the role of the village midwife as a central role for stunting prevention with a clear flow of tasks and responsibilities. The implication of this research will be to emphasize a more structured stunting prevention system. This research used a case study method with a descriptive design. The instrument used for data acquisition was a semi-structured question list through in-depth interviews, supported by document reviews from reputable journals for the last five years (2016-2021). The target of the interview was a village midwife in Trenggalek, East Java. The data analysis was PICO (Population, Intervention, Comparison, Output). There were 7 themes from the interviews and 8 reputable journals as supporting data for the PICO selection. The analysis concluded that developing the role of midwives in dealing with stunting, required management reform (SOP), increased collaboration between professions and sectors, family economy, and availability of funds. It was recommended that village midwives are the most appropriate health professionals at village-level stunting prevention centers who report to the BKKBN institution.

This open-access article is under the CC-BY-SA license.



### Kata kunci:

bidan desa  
pusat pencegahan  
stunting

#### \*) corresponding author

Sulikah, SST.,M.Kes

Poltekkes Kemenkes Surabaya

Email: [ikah\\_sulikah@yahoo.co.id](mailto:ikah_sulikah@yahoo.co.id)

DOI: 10.30604/jika.v8iS1.1611

Copyright 2023 @author(s)

### ABSTRAK

Penanganan stunting di tingkat desa selama ini belum bisa dikatakan efektif karena belum adanya pusat pencegahan oleh tenaga kesehatan. Tujuannya untuk mengembangkan peran bidan desa sebagai peran sentral pencegahan stunting dengan alur tugas dan tanggung jawab yang jelas. Implikasi dari penelitian ini adalah untuk menekankan sistem pencegahan stunting yang lebih terstruktur. Penelitian ini menggunakan metode studi kasus dengan desain deskriptif. Instrumen yang digunakan untuk perolehan data adalah daftar pertanyaan semi terstruktur melalui wawancara mendalam yang didukung dengan telaah dokumen dari jurnal-jurnal bereputasi selama lima tahun terakhir (2016-2021). Sasaran wawancara adalah bidan desa di Trenggalek, Jawa Timur. Analisis data yang digunakan adalah PICO (Population, Intervention, Comparison, Output). Terdapat 7 tema hasil wawancara dan 8 jurnal bereputasi sebagai data pendukung seleksi PICO. Hasil analisis menyimpulkan bahwa untuk mengembangkan peran bidan dalam mengatasi stunting diperlukan reformasi manajemen (SOP), peningkatan kerjasama antar profesi dan sektor, ekonomi keluarga, dan ketersediaan dana. Direkomendasikan agar bidan desa merupakan tenaga kesehatan yang paling tepat di pusat penanggulangan stunting tingkat desa yang melapor kepada lembaga BKKBN

This open-access article is under the CC-BY-SA license.



## INTRODUCTION

Technically, from the point of view of pediatric nursing, stunting prevention at the village level does not yet have any organized system (Getaneh et al., 2019). In the future, this issue will confuse not only the recording and reporting system but also in determining the professional responsibility from a health perspective (Sirajuddin et al., 2021). The community will ask if the main actors in stunting problems at the village level are professional, whether the National Family Planning Coordinating Board (BKKBN), the Ministry of Health through the Puskesmas, village midwives, or independent practice midwives (Lailatul & Ni' mah., 2015). This is where the importance of a clear and structured handling flow is, so that the community understands to whom they should report or refer regarding the stunting issues (Myatt et al., 2018). Another major consequence of the unclear direction of this problem can be differences in Standard Operational Procedures (SOP) for stunting prevention, double documentation, ambiguous reporting systems, and unfocused leadership (Fithri, 2019). Therefore, the role of transparency in the handling system, especially at the village level, health professionals are very much needed. Research proves that appropriate leadership in health services will help accelerate and accurately achieve goals (Manoppo et al., 2021).

Many previous studies have explored the problem of stunting with the various roles of midwives in it (Nurfatimah et al., 2021; Sopiatusun & Maryati, 2021; Sumiaty et al., 2021). In general, midwives have roles including clinicians, educators, advisors, consultants, coordinators, and researchers (World Health Organization, 2016). In the practice of village midwives, their work targets are mothers, infants, toddlers, and family planning (Wulandari & Kusumastuti, 2020). Children with stunting problems are in the category of infants or toddlers who have health problems (Perumal et al., 2018). They need treatment by professional health workers (Astuti et al., 2021). Midwives have competencies, including the ability to carry out early identification, anthropometric measurements, child nutrition education, health education for pregnant women, postpartum and breastfeeding as well as family education (Turale et al., 2020). Other more specific competencies are in the form of complementary therapeutic measures, such as massage for stunting children (Aryastami et al., 2017; Ribek et al., 2021). The specific empowerment of midwives as focal points in stunting prevention at the village level has so far not been disclosed (Sari & Montessori, 2021). That is the gap that distinguishes this study from previous studies. The urgency of this research is needed because stunting is a national problem that is prioritized by the government that is a global concern (Rahmadhita, 2020). Indonesia has announced a reduction in the prevalence of stunting to 17% (Hamzah & B, 2020). Currently, we are still in the range of 24% (Korompis, 2022).

The stunting rate in Trenggalek Regency in 2022 is in the green category with 18.1 percent and ranks 212 out of 246 districts/cities in Indonesia (Pemerintah Kabupaten Trenggalek, 2022). Trenggalek has the best prevalence rate as one of the national references. During the last 2 years, stunting cases fell to 18 percent and Trenggalek Regency was included in the green zone. The data collected was based on the results of the weighing month in August 2018, the stunting rate was 5,578 children, or 14.98 percent (Koranmemo.com, 2022). In 2019 that number decreased by 13.39 percent or as many as 4,957 children (Koranmemo.com, 2022). Apart from those achievements, it

must be admitted that stunting cases in Trenggalek still exist and require more intensive treatment and scientific support, namely research results (Sudeni, 2022).

This study used a qualitative method with a descriptive design. The purpose of the study was to analyze the role of village midwives in dealing with stunting, which so far has had multiple interpretations and has not been focused on. Although cross-sectoral collaboration is important, the midwife's role needs to be developed so that the role of the village midwife can be realized as a center for stunting prevention with a clear flow of tasks and responsibilities at the village level. The implications of this research are expected to reinforce a more structured stunting prevention system from the perspective of the village midwife profession. In the future, it will also assist the national family planning coordination agency (BKKBN) in obtaining data from more transparent documentation. For village officials, the role of the village midwife will greatly assist them in directing the community to whom they should be referred.

## METHODS

This research used a case study method with a descriptive design. The research was designed and developed by involving a senior independent practice midwife (*Bidan Praktik Mandiri*), with the name initials was FD from Trenggalek district, East Java. The research was conducted in May 2022. We conducted qualitative research with remote interviews because the social distancing rules were still not completely abolished, in addition to being practical, inexpensive, effective, and efficient. The instrument used for data acquisition was a semi-structured question list through in-depth interviews, supported by document reviews from reputable journals for the last five years (2016-2021). Invitations was sent via email/WhatsApp. FD was contacted via telephone and WhatsApp. We adopted a purposive sampling strategy in the preparation of the interview questions. The preparation of questions in the interview was based on Rapid Assessment Procedures (RAP). RAP is a method for assessing or reviewing quickly to obtain a 'database' (Cupisti et al., 2017). We compiled 7 theme questions in the transcript which included: stunting cases, the driving team that handled it, handling procedures, the stunting program implemented, the role of village midwives, recording and reporting systems, and challenges facing stunting. The questions were based on a validated question of a previous research (Tampubolon et al., 2021).

Anonymous interview transcript analysis was based on the constant comparative method in which the researcher compared events related to the role of the village midwife and the handling of stunting when the researcher analyzed the incident and carried it out continuously throughout the research process. Telephone interview with a relevant topic guide was conducted for approximately one hour. We developed a coding scheme based on a subset of the initial interviews. Then the coding is done and revised, expanded, and collapsed according to the progress analysis. Some interview excerpts were edited to remove information that could reveal the identity of the participants or things that are not relevant to the research objectives. FD was provided with information about the objectives and framework of the research in writing and we sent it electronically. After that, written consent was obtained from the respondents. The conclusions from the interviews were arranged in the form

of a table to facilitate the process of classification and identification of the problem.

The dependent variable in this study was the village midwife team, while the independent variable was the development of the role of midwives and stunting prevention. The validity of the data was done through triangulation, continuous observation, and participant checks. The process of data analysis through the process of data reduction, namely selection, focusing on simplification, abstracting and transforming rough data, presenting data, and drawing conclusions, namely grouping the results of research interviews based on the subject matter; identified terms, words or statements in each discussion; emphasized terms, words or statements; identified differences and abnormalities in each discussion; a summary of findings or patterns was made. After that, oral expressions were quoted that describe each point of view. The last stage was to prioritize problems that need solving. Analysis of the data used PICO (Population, Intervention, Comparison, Output) model which then obtained the core problem related to the topic as a case study, namely how to develop the role of village midwives as centers for stunting prevention at the village level.

## RESULTS AND DISCUSSION

By compiling the questions by purposive sampling according to the Rapid Assessment Procedures to get the database quickly, 7 questions were obtained. Analysis of the transcript using the constant comparative method. In some studies, this method is referred to as one of the effective methods in qualitative research. The description of the seven themes is as follows.

### **Theme 1: Stunting case**

Stunting is a national problem which is our collective responsibility in overcoming it. From the capital city to remote areas have such cases. The findings of many studies state that the two main problems that cause stunting are malnutrition and economic problems.

*"Our area is in the coastal area. The majority of the population work as farmers and fishermen. More than half of the population lives near the coast. Automatically the main food besides rice, our popular side dish is fish. We as health workers understand that fish has high nutritional value. Some references recommend the use of part of the land to be used as a fish pond. Several areas in Trenggalek did the same thing. In our place fish is relatively cheap. Therefore, stunting cases are rare due to malnutrition. The number of stunting cases in our place can be counted on the fingers."*

Health workers always prioritize health education through promotional efforts by providing explanations about the importance of nutrition. One solution is to use existing fields to be used as fish ponds. Fish is a food with high nutritional value, except for coastal areas which generally do not have problems with this nutrient.

### **Theme 2: The driving team that handles stunting.**

As a national problem, stunting requires cooperation in its handling. Therefore, the team that solves this problem consists of various professional and community elements.

*"...as far as I know, in some of the meetings we participated in, our team was multi-sectoral...among them*

*the BKKBN as coordinator, Puskesmas midwives, family planning instructors, family planning extension cadres, midwives and local government officials.. ...that's all I know..."*

We have to admit that stunting is a health problem. Although the approach involves cross-professional and cross-sector, health professionals are referred to as competent parties in handling it. Midwives are one of the closest health professionals because their competencies include mothers, babies, children and family planning.

### **Theme 3: Coping procedures.**

Each institution has a different standard operating procedure (SOP) in each of its operational activities. The differences are due to each organization has unique strengths and weaknesses, which distinguish one from another, even though the principle is the same, namely based on urgency and interest, be it business, economic or social.

*"Stunting treatment has been rampant in recent years. I believe every institution has an SOP related to its handling. As midwives, we are also equipped with this knowledge. Moreover, massage therapy is being talked about a lot...a lot of trainings...even during the pandemic it's quiet because of the social distancing rules.....in my opinion, for handling stunting at the village level, there needs to be uniformity....it's good for us to meet regularly talking about this..."*

Handling stunting at the village level should have a flow with a clear reporting system for all relevant parties, especially for health professionals, as are other health procedures at health service centers, such as handling Covid-19. This clarity will help uniformity in handling it.

### **Theme 4: Implemented stunting program.**

Stunting program is a government program that requires implementation with clear objectives, supported by rules and regulation. To achieve the goal, there are a number of obstacles, both at the central level and operationally in the regions.

*"The stunting program for certain areas does not create any additional problem. For example, areas where access to donations, nutritional supplements and the like is fully supported....easy access, supportive transportation....it's just that.....but there are areas for example in Papua where transportation is difficult, or in East Nusa Tenggara, and other rural areas.....not to mention the unavailability of the internet..... so communication is difficult... therefore the stunting program that is expected cannot be uniformed from one area to another because the characteristics of the area.....for our area, it seems that there are no obstacles in its implementation because it is supported by many things...starting from the availability of facilities, good cooperation, transportation facilities, and various other conveniences....."*

Therefore, at the regional level, proposals usually appear in the form of requests to be carried out flexibly according to the situation and conditions of the region. In other words, local wisdom is needed.

### **Theme 5: The role of village midwives.**

Basically, the role of a midwife is generally the same, namely as clinician, educator, adviser, coordinator,

consultant and researcher. The service targets are mothers, infants, toddlers and family planning

".....Uhm.....I'm interested in talking about this issue.....now there has been a shift in the role of midwives, where many people have started to realize the meaning of service quality.. So, for normal parturition, currently, many middle and upper-class people have started visiting specialists...even in our area which is classified as a village, it takes 40 km to go to the city or about 1 hour more journey.....thank God, independent practice midwives or village midwives can still exist because many people need it.....our role, in general, is to provide nursing services to mothers, babies, toddlers, children and family planning services.....it's just that for abnormal cases or complications, we have to refer....currently the rules are also strict...so, we don't want to be ensnared by violators of the code of ethics.... in my opinion, the role of the midwife is very clear and specific....."

In certain situations and conditions, such as stunting, management usually requires additional and more specific roles that may not have been mentioned in the list of competencies, duties and responsibilities. This happened during the Covid-19 era where their role had not been written before.

**Theme 6: Recording and reporting system**

Recording and reporting is very important in every organization. Recording and reporting is part of a system where all activity plans, activity implementations and evaluations are proven as a form of accountability. In handling stunting, the recording system generally follows a standard that begins with an assessment of personal identity, family and health history and the latest medical management.

"Some of my friends work as village midwives....there is not much difference between village midwives and independent practice midwives regarding the recording and reporting system. We get guidance from the Puskesmas...we get guidance and reporting templates from them...we just need to fill it out and then we send it at the beginning of the month...which we report about the identity of the patient/client, the category, for example, is pregnant, maternity, postpartum or Family planning, and the interventions that we are doing....maybe for village midwives it will be more than that.....more complete and organized....it's just that in my opinion, stunting has not been specifically stated...perhaps that is what needs to be added... not only for the pregnant women, childbirth, postpartum, babies and children....."

**Table 1:**  
**PICO Selection**

No.	Journal title, authors, years of publication	Population	Intervention	Comparison	Output
1	Government and Community Efforts in Overcoming Stunting Problems in Toddlers; Sari and Montessori, 2021.	Persons in charge of nutrition, KIA, and PKK, Village Midwife, Youth leaders, Traditional figures, Religious leaders, and people who have children with stunting.	Identify the efforts of the government and the community in overcoming the problem of stunting in children/toddlers.	The government's efforts to address the general problem, non-stunting	Efforts to provide education and knowledge regarding stunting, improving and increasing the nutritional status of children, and monitoring the growth of children under five will benefit the community (Sari & Montessori, 2021).

The uniformity of the recording and reporting system is very much needed. Especially in this digital era where the recording and reporting system plays an important role for statistical and research purposes.

**Theme 7: Challenge to face stunting**

Every initiative in a program within an organization is never free from obstacles and challenges. The problem of stunting is a health problem that each country has a different way of dealing with challenges, both in terms of social, economic, cultural and health professions.

"The challenge of each midwife in dealing with stunting in my opinion is unique...because it is not the same between one midwife and another...different regions have different challenges...but in general I can say that the reporting system needs improvement, what SOPs are related to What can and cannot be done by midwives on babies with stunting needs to be clarified. And what is even more important in this digital era, perhaps in the future applications related to reporting, referrals, and consulting services will be needed which, if in the form of an application, will greatly assist the practice of midwives....however, I agree, that the prevention of stunting in villages, especially remote areas by health workers professionals such as midwives are very precise....more focused and professional in handling....."

**Findings**

From the 7 themes above, it can be concluded that first, stunting cases still exist even in areas with low prevalence rates that need attention (theme 1). Second, stunting management requires a multi-sectoral approach (theme 2). Third, uniform SOPs are needed in stunting prevention (themes 3 and 4). Fourth, the development of village midwives will be very helpful for more focused treatment (themes 5 and 6). Fifth, the biggest challenge in this digital era is that information technology support is needed for smooth communication and stunting documentation (themes 6 and 7).

**PICO Selection**

The results of this study were also supported by various reputable journal sources filtered through Google Scholar for the last five years (2016-2021) with keywords: the role of midwives, village midwives, and stunting. The instruments used were PICO (Population, Intervention, Comparison, Output) model, namely population (village midwives), intervention (stunting prevention), comparison (general midwives), and output (role development).

2	The Role of Midwives, The Role of Cadres, Family Support, and Mother's Motivation on Behavior Mothers in Stunting Prevention; Wulandari and Kusumastuti, 2020.	65 mothers who have toddlers.	Determining the role of midwives, the role of cadres, family support, and maternal motivation on maternal behavior in preventing stunting in toddlers	Mothers without toddlers	Midwives and cadres should provide counseling and education about stunting (Wulandari & Kusumastuti, 2020).
3	The Midwife's Role to Prevent Stunting in Selected Health Centers in Banyumas District 2015; Aryani et al., 2019	Five midwives, five pregnant women, and five mothers of children aged 0-2 years	Determining the position of health center midwives in preventing stunting.	The general public and non-midwives professionals	The role of the midwife in preventing stunting in pregnant women had been good whereas in children aged 0-2 years had not been good enough because they never measure the length-body routinely (Apriliciliana Aryani et al., 2019).
4	Effectiveness of the Stunting Reduction Acceleration Program in Batumandi District, Balangan Regency; Norsanti, 2021	The health office, nutrition officers, village heads, village midwives, PMT cadres, and the community are the targets of this program	Identifying the factors to increase the stunting reduction program.	Other parties not related to the program.	The supporting factor for this program is good cooperation between nutrition officers, village midwives, Posyandu cadres, and PMT cadres. While the inhibiting factors are the lack of funding, parental education, the family economy of stunting toddlers, and the lack of socialization about child care patterns (Norsanti, 2021).
5	Acceleration Of The Decrease Of Stunting Events Through Health Promotion Media At Desi Midwife Pmb Clinic; Kartadarma et al., 2021	Mothers of infants under five and mothers who came for vaccines at the PBM Midwife Desi Clinic.	Identifying the factors that can reduce the stunting through health promotion.	Other female patients coming to the Desi Clinic	Improving education on nutrition, advocacy and communication, family education, and management (Kartadarma et al., 2021).
6	Development of Interprofessional Collaboration Model to Manage Stunting in Toddler, Susilaningrum et al., 2020	128 health workers	Developing a stunting management model with an interprofessional collaboration (IPC) approach.	Non-health workers	The management of stunting in infants can take place through collaboration between health workers or interprofessional collaboration (Susilaningrum et al., 2020).
7	Continuity of Midwifery Care Implementation to Reduce Stunting, Nurfatimah, 2021	32 pregnant women of three semester	Determining the effectiveness of providing continuity of midwifery care for the incidence of stunting.	non-pregnant women	Effective midwifery care to prevent stunting in children showed that maternal age ( $p = 0.017$ ) and exclusive breastfeeding ( $p = 0.009$ ) were associated with the incidence of stunting (Nurfatimah et al., 2021).
8	Roles of Midwives and Indonesian Midwives Association in Reducing Risk Factors for Stunting in Indonesia, Sumiaty et al., 2021	288 midwives	Assessing the role of midwives and the Indonesian Midwives Association in reducing the risk of stunting	Non-midwife professionals	The role of Midwives in reducing risk factors for stunting in Indonesia is important in implementing postnatal care (Sumiaty et al., 2021)

The table above shows that of the 8 journals discussed, the role of midwives in stunting prevention includes educator (no.1 and 5), consultant (no.2), practitioner (no.3 and 7), and coordinator (no. 4 and 6). and overall roles as midwives (no.8). Meanwhile, the challenges faced include funding, maternal education, family economy, and socialization of stunting in the community.

## DISCUSSION

The results of interviews and PICO Selection concluded that midwives have great potential in developing their role in stunting prevention, both as an educator, practitioners, coordinators, and consultants. However, efforts to develop this role face challenges, both presented by the respondent (FD) and research results as shown in table 1 (journal no.3, 4, 6, and 7), which if summarized include improving management (SOP), increasing collaboration across

professions and sectors, family economy and availability of funds.

First, about management. Many studies have discussed how important the role of management in an organization is (Benešová & Tupa, 2017; Ofei et al., 2020). Good management will help direct clear organizational goals and accelerate the achievement of goals (Aitamaa et al., 2016). Good management has a directed structure of planning, leadership, implementation, evaluation, and coordination (Washington et al., 2018). One of the most important things that must exist in good management is SOP (Guerrero et al., 2008). Uniformity of SOP will avoid conflicts due to common perception. Therefore, in the handling of stunting, ownership of this SOP is very important. As a stunning focal point, midwives need to enrich their management insight, especially about stunting SOPs.

The second is about increasing collaboration. We cannot deny that teamwork will produce better products, both in terms of quantity and quality (Gillespie et al., 2017). Many studies prove the importance of collaboration in an organization (Astuti et al., 2021; Carr et al., 2018; Susilaningrum et al., 2020). Handling stunting requires collaboration because stunting requires a cross-professional and institutional approach. Stunting requires an approach from the perspective of nutrition, economics, midwifery, nursing, medicine, even agriculture, fisheries, and government (Bach et al., 2020). Midwives as focal points need to gain additional insight regarding the collaborative approach.

Third, family economic problems. The role of the economy is very large as a factor in the occurrence of stunting. Many studies have revealed that the largest cases of stunting occur in countries with low economic levels (Sutio, 2017). Insights about economic improvement for midwives are needed. If necessary, midwives need to gain insight into how to develop the family economy, so that through family midwives they will be able to improve their welfare.

Fourth about funds. The availability of funds from the government for underprivileged families needs attention and transparency. We admit that in some remote areas it is difficult to get clean water, milk, and nutritious food. Financial assistance for underprivileged families can help them overcome the problem of malnutrition. Midwives can bridge this problem by communicating with relevant village officials. Therefore, a structured recording and reporting system is needed, especially in this digital era to facilitate and accelerate the flow of information. Thus the process of providing financial assistance to those who are entitled will be realized more quickly.

## STUDY LIMITATIONS

This research is not a representative of all independent practice midwives or village midwives in Indonesia. This research could have been done quantitatively and directly. Given the limitations of funds, time, manpower, and bureaucracy, we could not carry out this research. However, this research contributes something new because there has never been any similar study. Previous researches on stunting have focused more on the causative factors, prevention programs as well as nutrition, and the economy related to stunting (Abay Woday; Yonatan Member; and Delelegn Tsegaye, 2018; Azupogo et al., 2020; Hairil, 2021).

## CONCLUSION AND SUGGESTIONS

This qualitative research aims to develop the role of the village midwife as a center for stunting prevention with a clear flow of tasks and responsibilities. As a result, 7 themes were obtained from interviews and 8 reputable journals as supporting data for the PICO selection. The analysis is that to develop the role of midwives in dealing with stunting, it is necessary to improve management (SOP), increase collaboration across professions and sectors, family economy, and availability of funds. The conclusion of this study recommends that the village midwife is a health professional who can be used as a center for stunting prevention at the village level and reports stunting activity data to the BKKBN institution.

## ACKNOWLEDGMENT

We acknowledge Ms. FD as the informant and everyone participated in the study.

## Funding Statement

No funding was received by researchers during the process of this study.

## Conflict of Interest Statement

The researchers declared that they did not have any conflict of interest of this study.

## REFERENCES

- Abay Woday; Yonatan Member; and Delelegn Tsegaye. (2018). Prevalence of and Associated Factors of Stunting among Adolescents in Tehuledere District, North East Ethiopia, 2017. *Journal of Clinical & Cellular Immunology, April*. <https://doi.org/10.4172/2155-9899.100054>
- Aitamaa, E., Leino-Kilpi, H., Iltanen, S., & Suhonen, R. (2016). Ethical problems in nursing management: The views of nurse managers. *Nursing Ethics, 23*(6), 646–658. <https://doi.org/10.1177/0969733015579309>
- Apriliciliana Aryani, A., . B., & Kusumawati, E. (2019). The Midwife's Role to Prevent Stunting in Selected Health Centers in Banyumas District 2015. *KnE Life Sciences, 4*(10), 148. <https://doi.org/10.18502/kl.v4i10.3781>
- Aryastami, N. K., Shankar, A., Kusumawardani, N., Besral, B., Jahari, A. B., & Achadi, E. (2017). Low birth weight was the most dominant predictor associated with stunting among children aged 12–23 months in Indonesia. *BMC Nutrition, 3*(1), 1–6. <https://doi.org/10.1186/s40795-017-0130-x>
- Astuti, A. B., Mulyanti, S., & Diyono. (2021). The effectiveness of the interprofessional collaboration (IPC) program on the attitude of mothers and health cadres on stunting at puskesmas karanganom Klaten Central Java Republic of Indonesia. *Electronic Journal of General Medicine, 18*(6). <https://doi.org/10.29333/ejgm/11315>
- Azupogo, F., Abizari, A. R., Aurino, E., Gelli, A., Osendarp, S. J. M., Bras, H., Feskens, E. J. M., & Brouwer, I. D. (2020). Malnutrition, hypertension risk, and correlates: An analysis of the 2014 Ghana demographic and health survey data for 15–19 years adolescent boys and girls. *Nutrients, 12*(9), 1–23. <https://doi.org/10.3390/nu12092737>

- Bach, A., Gregor, E., Sridhar, S., Fekadu, H., & Fawzi, W. (2020). Multisectoral Integration of Nutrition, Health, and Agriculture: Implementation Lessons From Ethiopia. *Food and Nutrition Bulletin*, 41(2), 275–292. <https://doi.org/10.1177/0379572119895097>
- Benešová, A., & Tupa, J. (2017). Requirements for Education and Qualification of People in Industry 4.0. *Procedia Manufacturing*, 11(June), 2195–2202. <https://doi.org/10.1016/j.promfg.2017.07.366>
- Carr, G., Loucks, D. P., & Blöschl, G. (2018). Gaining insight into interdisciplinary research and education programmes: A framework for evaluation. *Research Policy*, 47(1), 35–48. <https://doi.org/10.1016/j.respol.2017.09.010>
- Cupisti, A., D' Alessandro, C., Finato, V., Del Corso, C., Catania, B., Caselli, G. M., & Egidi, M. F. (2017). Assessment of physical activity, capacity and nutritional status in elderly peritoneal dialysis patients. *BMC Nephrology*, 18(1), 1–8. <https://doi.org/10.1186/s12882-017-0593-7>
- Fithri, E. I. F. A. N. (2019). Profil Kompetensi Bidan Puskesmas Dalam Pencegahan Stunting Di Denpasar Bal. *Stikes Kenedes Malang*, 59, 1–8.
- Getaneh, Z., Melku, M., Geta, M., Melak, T., & Hunegnaw, M. T. (2019). Prevalence and determinants of stunting and wasting among public primary school children in Gondar town, northwest, Ethiopia. *BMC Pediatrics*, 19(1), 1–11. <https://doi.org/10.1186/s12887-019-1572-x>
- Gillespie, B. M., Harbeck, E., Kang, E., Steel, C., Fairweather, N., & Chaboyer, W. (2017). Correlates of non-technical skills in surgery: A prospective study. *BMJ Open*, 7(1), 1–9. <https://doi.org/10.1136/bmjopen-2016-014480>
- Guerrero, G. P., Beccaria, L. M., & Trevizan, M. A. (2008). Standard operating procedure: use in nursing care in hospital services. *Revista Latino-Americana de Enfermagem*, 16(6), 966–972. <https://doi.org/10.1590/S0104-11692008000600005>
- Hairil, A. M. R. (2021). Faktor Sosial Ekonomi dengan Kejadian Stunting pada Anak Usia 6-59 Bulan di Kota Kotamobagu. *Citizen-Based Marine Debris Collection Training: Study Case in Pangandaran*, 2(1), 56–61.
- Hamzah, S. R., & B. H. (2020). Gerakan Pencegahan Stunting Melalui Edukasi pada Masyarakat di Desa Muntai Kabupaten Bolaang Mongondow. *JPKMI (Jurnal Pengabdian Kepada Masyarakat Indonesia)*, 1(4), 229–235. <https://doi.org/10.36596/jpkmi.v1i4.95>
- Kartadarma, S., Yusita, I., Rofiasari, L., Kaniawati, M., Valiani, C., & Kencana, U. B. (2021). *Indonesian Journal of Community Development Acceleration Of The Decrease Of Stunting Events Through Health*.
- Koranmemo.com, 2022, Turunkan Angka Stunting, Trenggalek Fokus pada Sisi Lingkungan hingga Rumah Tangga Available at URL: <https://www.koranmemo.com/daerah/pr-1923049084/turunkan-angka-stunting-trenggalek-fokus-pada-sisi-lingkungan-hingga-rumah-tangga>
- Korompis, M. D. (2022). Program sosialisasi stunting oleh tim pendamping keluarga dan tantangannya saat ini. *Keperawatan Poltekkes Kemenkes Manado*, 10(1), 1–9.
- Lailatul, M., & Ni' mah., C. (2015). Hubungan Tingkat Pendidikan, Tingkat Pengetahuan dan Pola Asuh Ibu dengan Wasting dan Stunting pada Balita Keluarga Miskin. *Media Gizi Indonesia*, 10(2015), 84–90. <https://doi.org/Vol. 10, No. 1 Januari–Juni 2015: hlm. 84–90 terdiri>
- Manoppo, V. P., Astuti, E. S., Raharjo, K., & Kusumawati, A. (2021). Transformational Leadership dan Job Satisfaction Variabel A As Factor That Decrease Organizational Citizenship Behavior of Nurses in Private Hospitals in Manado City. *Wacana Journal of Social and Humanity Studies*, 2(4), 1–9.
- Myatt, M., Khara, T., Schoenbuchner, S., Pietzsch, S., Dolan, C., Lelijveld, N., & Briend, A. (2018). Children who are both wasted and stunted are also underweight and have a high risk of death: A descriptive epidemiology of multiple anthropometric deficits using data from 51 countries. *Archives of Public Health*, 76(1), 1–11. <https://doi.org/10.1186/s13690-018-0277-1>
- Norsanti, N. (2021). Efektivitas Program Percepatan Penurunan Stunting Di Kecamatan Batumandi Kabupaten Balangan (Studi Kasus Pada Desa Mampari dan Desa Banua Hanyar). *Jurnal Administrasi Publik Dan Pembangunan*, 3(1), 10. <https://doi.org/10.20527/jpp.v3i1.3825>
- Nurfatimah, N., Ramadhan, K., Entoh, C., Longgupa, L. W., & Hafid, F. (2021). Continuity of Midwifery Care Implementation to Reduce Stunting. *Open Access Macedonian Journal of Medical Sciences*, 9(E), 1512–1516. <https://doi.org/10.3889/oamjms.2021.7062>
- Ofei, A. M. A., Paarima, Y., & Barnes, T. (2020). Exploring the management competencies of nurse managers in the Greater Accra Region, Ghana. *International Journal of Africa Nursing Sciences*, 13, 100248. <https://doi.org/10.1016/j.ijans.2020.100248>
- Pemerintah Kabupaten Trenggalek, 2022, Beberkan Strategi di Trenggalek, Bupati Nur Arifin Dukung Penuh Renaksi Nasional Penurunan Angka Stunting available at URL: <https://www.trenggalekkab.go.id/article/berita/beberkan-strategi-di-trenggalek-bupati-nur-arifin-dukung-penuh-renaksi-nasional-penurunan-angka-stunting>
- Perumal, N., Bassani, D. G., & Roth, D. E. (2018). Use and misuse of stunting as a measure of child health. *Journal of Nutrition*, 148(3), 311–315. <https://doi.org/10.1093/jn/nxx064>
- Rahmadhita, K. (2020). Stunting Problems and Prevention. *Jurnal Ilmiah Kesehatan Sandi Husada*, 11(1), 225–229. <https://doi.org/10.35816/jiskh.v11i1.253>
- Ribek, N., Ngurah, I. G. K. G., Labir, K., & Wardani, K. (2021). Educational Model for Overcoming Stunting Toddlers with Bio Acupressure Massage Using Pure Coconut Oil. *Jurnal Pendidikan Dan Pengajaran*, 54(2), 390. <https://doi.org/10.23887/jpp.v54i2.35837>
- Sari, R. P. P., & Montessori, M. (2021). Upaya Pemerintah dan Masyarakat dalam Mengatasi Masalah Stunting pada Anak Balita. *Journal of Civic Education*, 4(2), 129–136. <https://doi.org/10.24036/jce.v4i2.491>
- Sirajuddin, Sirajuddin, S., Razak, A., Ansariadi, Thaha, R. M., & Sudargo, T. (2021). The intervention of maternal nutrition literacy has the potential to prevent childhood stunting: Randomized control trials. *Journal of Public Health Research*, 10(2), 365–369. <https://doi.org/10.4081/jphr.2021.2235>
- Sopiatun, S., & Maryati, S. (2021). The Influence of Posyandu Cadre Training on Knowledge and Attitudes in Efforts to Prevent Stunting in Karawang. *Proceedings of the 1st UMGESHIC International Seminar on Health, Social Science and Humanities (UMGESHIC-ISHSSH 2020)*, 585, 514–517. <https://doi.org/10.2991/assehr.k.211020.072>
- Sudeni, S. (2022). The Determinants Of Family Planning Couns Elors ' Stunting Program Objectives During Covid-19 : A Case Study In East Java. *Public Health and Safety Internatinal Journal*, 2(1), 42–50.
- Sumiaty, S., Nur Ali, M., Muhammad, H., & Hafid, F. (2021). Roles of midwives and Indonesian midwives association in reducing risk factors for stunting in Indonesia. *Open Access*

- Macedonian Journal of Medical Sciences*, 9, 8–13.  
<https://doi.org/10.3889/oamjms.2021.6400>
- Susilaningrum, R., Utami, S., Taufiqurrahman, T., & Nursalam, N. (2020). Development of Interprofessional Collaboration Model to Manage Stunting in Toddler. *International Journal of Psychological Rehabilitation*, 24(07), 1475–7192.
- Sutio, D. (2017). Analysis of Risk Factors of Stunting Among Children 0-59 Months in Developing Countries and Southeast Asia. *Jurnal Departemen Gizi Fakultas Kesehatan Masyarakat, Vol. 28 No, 247–256*.
- Tampubolon, N. R., Haryanti, F., & Akhmadi, A. (2021). *The challenges and implementation in overcoming stunting by primary health care practitioners*. 18.  
<https://doi.org/10.26714/mki.4.3.2021.164-174>
- Turale, S., Meechamnan, C., & Kunaviktikul, W. (2020). Challenging times: ethics, nursing and the COVID-19 pandemic. *International Nursing Review*, 67(2), 164–167.  
<https://doi.org/10.1111/inr.12598>
- Washington, T. R., Hilliard, T. S., Mingo, C. A., Hall, R. K., Smith, M. L., & Lea, J. I. (2018). Organizational readiness to implement the chronic disease self-management program in dialysis facilities. *Geriatrics (Switzerland)*, 3(2).  
<https://doi.org/10.3390/geriatrics3020031>
- World Health Organization. (2016). Nurse educator core competencies. *World Health Organizations*, 1–30.  
[https://www.who.int/hrh/nursing\\_midwifery/nurse\\_educator050416.pdf](https://www.who.int/hrh/nursing_midwifery/nurse_educator050416.pdf)
- Wulandari, H. W., & Kusumastuti, I. (2020). Pengaruh Peran Bidan, Peran Kader, Dukungan Keluarga dan Motivasi Ibu terhadap Perilaku Ibu dalam Pencegahan Stunting pada Balitanya. *Jurnal Ilmiah Kesehatan*, 19(02), 73–80.  
<https://doi.org/10.33221/jikes.v19i02.548>