



FAMILY EXPERIENCES OF PREVENTING STUNTING AMONG CHILDREN UNDER TWO YEARS: A COMMUNITY HEALTH NURSING PERSPECTIVE

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ABSTRACT	Keywords
Stunting remains a major public health challenge affecting children's physical growth, cognitive development, and future productivity. Family involvement and community support are essential for effective prevention during the first 1,000 days of life. This study explored family experiences in preventing stunting among children under two years of age from a community nursing perspective in Jeneponto Regency, Indonesia. A qualitative descriptive phenomenological design was employed involving 14 purposively selected participants, including 10 mothers, two community nurses, and two <i>Posyandu</i> health volunteers. Data were collected through semi-structured in-depth interviews, field observations, and field notes, then analyzed using thematic analysis. Four themes emerged: family knowledge of stunting, family prevention practices, barriers to prevention, and community nursing support. Families practiced exclusive breastfeeding, nutritious complementary feeding, routine growth monitoring, and healthcare utilization. However, economic constraints, cultural beliefs, feeding difficulties, and limited healthcare access remained significant barriers. Family-centered community nursing interventions integrating education, empowerment, home visits, and multisectoral collaboration can strengthen sustainable stunting prevention among children under two years of age.	Family experiences, Stunting prevention, Community health nursing, Children under two years

INTRODUCTION

Stunting remains a major public health challenge worldwide because it has long-term consequences for children's physical growth, cognitive development, productivity, and quality of life into adulthood (Patriota et al., 2026). The **World Health Organization (WHO)** defines stunting as impaired growth and development resulting from chronic

undernutrition, characterized by a length- or height-for-age measurement below minus two standard deviations from the WHO Child Growth Standards (Merera et al., 2026). Globally, an estimated 148 million children under five were affected by stunting in 2022 (Budu, 2026). Although the prevalence has steadily declined over recent decades, it remains far above the reduction target established under the **Sustainable**

Development Goals (SDGs) (Liu & Feng, 2026). This situation highlights the need for more comprehensive stunting prevention strategies that actively involve families and communities (Pauzi et al., 2026).

In Indonesia, stunting remains one of the highest priorities in national health development (Fajrunni'mah et al., 2026). According to the **2024 Indonesian Nutrition Status Survey (SSGI)**, the national prevalence of stunting has continued to decline compared with previous years but remains above the WHO-recommended threshold of less than 20% (Mustofa et al., 2026). Several factors contribute to the persistence of stunting, including limited family knowledge of nutrition, suboptimal parenting practices, inadequate sanitation, limited access to healthcare services, and unfavorable socioeconomic conditions (Latif et al., 2025). Consequently, the Indonesian government continues to strengthen both nutrition-specific and nutrition-sensitive interventions through primary healthcare services, integrated health posts (*Posyandu*), and family empowerment as the frontline strategy for stunting prevention (Suprpto et al., 2026).

In **South Sulawesi Province**, stunting remains a significant public health concern requiring sustained attention. Although the prevalence has shown a declining trend, several districts continue to report relatively high rates (Devi et al., 2025). One of the priority areas is **Jeneponto Regency**, where persistent poverty, unequal access to clean water and sanitation, and limited family health literacy contribute to the high risk of stunting (Nasrul et al., 2025). In addition, infant and young child feeding practices, utilization of healthcare services, and family support for child growth monitoring still require strengthening through community-based approaches (Prayitno et al., 2025).

Jeneponto Regency has consistently been identified as one of the priority areas for accelerating stunting reduction in South Sulawesi (Syakur et al., 2023). Various intervention programs have been implemented through collaboration among the local government, community health

centers (*Puskesmas*), *Posyandu* health volunteers, and multisectoral stakeholders (Patriota et al., 2026). Nevertheless, the effectiveness of these programs is largely influenced by families' experiences, perceptions, and capacities to implement stunting prevention behaviors for children under two years of age (Merera et al., 2026). The first two years of life represent a critical window of opportunity for growth and development; therefore, failure to meet nutritional requirements and provide adequate stimulation during this period may result in irreversible long-term consequences (Ferreira et al., 2026).

The novelty of this study lies in its exploration of family experiences in preventing stunting among children under two years of age from a community nursing perspective. Rather than merely describing family behaviors, this study investigates how family support, community health volunteers, the social environment, and community healthcare services collectively shape stunting prevention practices. The findings are expected to generate a conceptual model that will serve as the foundation for developing family-based community nursing interventions tailored to the sociocultural characteristics of the people of Jeneponto Regency.

The specific objective of this study is to explore family experiences in preventing stunting among children under two years of age from the perspective of community nursing in Jeneponto Regency, Indonesia.

METHOD

This study employed a qualitative approach using a descriptive phenomenological design (Erfini et al., 2025) to explore family experiences in preventing stunting among children under two years of age from a community nursing perspective. The study was conducted in Jeneponto Regency, South Sulawesi Province, Indonesia.

Participants were selected using purposive sampling. The primary informants consisted of 10 families with children under two years of age who met the inclusion criteria. Supporting informants included

four participants, comprising two community nurses and two *Posyandu* (Integrated Health Post) health volunteers involved in maternal and child health services within the study area. The number of participants was determined based on the principle of data saturation, whereby data collection was discontinued once no new meaningful information emerged.

Data were collected through in-depth interviews using a semi-structured interview guide, complemented by field observations and field notes (Otoo et al., 2025).. All interviews were audio-recorded with participants' informed consent and continued until data saturation was achieved.

Data were analyzed using thematic analysis. The analytical process involved verbatim transcription of interview recordings, repeated reading of transcripts, coding, grouping codes into categories, identifying overarching themes, and interpreting the findings. To ensure trustworthiness, the study applied source triangulation, member checking, peer debriefing, and the maintenance of an audit trail, thereby enhancing the credibility, dependability, confirmability, and transferability of the findings.

RESULTS

Table 1. Characteristics of Primary Informants (n = 10)

Code	Age	Education	Occupation	Child's Age	Child's Sex
IU 1	24	Senior High School	Homemaker	12 months	Male
IU 2	29	Junior High School	Homemaker	18 months	Female
IU 3	31	Senior High School	Farmer	20 months	Male
IU 4	27	Diploma	Homemaker	15 months	Female
IU 5	34	Senior High School	Trader	22 months	Male
IU 6	25	Junior High School	Homemaker	14 months	Female

IU 7	30	Senior High School	Homemaker	19 months	Male
IU 8	36	Elementary School	Farmer	23 months	Female
IU 9	28	Senior High School	Homemaker	16 months	Male
IU 10	32	Senior High School	Self-employed	21 months	Female

Source: Primary Data (2026).

The ten primary informants were mothers of children under two years of age. Their ages ranged from 24 to 36 years. Most participants had completed senior high school education (60%) and were homemakers (60%), while the remaining participants worked as farmers, traders, or were self-employed. The children ranged in age from 12 to 23 months, indicating that all participants were within the first 1,000 days of life, a critical period for stunting prevention.

Table 2. Characteristics of Supporting Informants (n = 4)

Code	Position	Education	Years of Experience
IP1	Community Nurse	Bachelor of Nursing	8 years
IP2	Community Nurse	Professional Nurse (Ners)	10 years
IP3	<i>Posyandu</i> Health Volunteer	Senior High School	12 years
IP4	<i>Posyandu</i> Health Volunteer	Senior High School	9 years

Source: Primary Data (2026).

The four supporting informants consisted of two community nurses and two *Posyandu* health volunteers. All participants had more than eight years of experience in community health services, enabling them to provide comprehensive insights into family conditions and community-based stunting prevention efforts within the study area.

Thematic Analysis

The thematic analysis identified four major themes.

Table 3. Major Themes Identified in the Study

Theme	Category
Theme 1	Family knowledge of stunting
Theme 2	Family practices for stunting prevention
Theme 3	Barriers encountered by families in preventing stunting
Theme 4	Support from community nursing services

Source: Primary Data (2026).

Table 3.1. Family Knowledge of Stunting (Theme 1)

Category	Findings
Understanding of stunting	A child who is shorter than expected due to inadequate nutrition
Causes	Poor dietary intake, illness, and economic constraints
Prevention	Exclusive breastfeeding, complementary feeding, and regular <i>Posyandu</i> attendance

Source: Primary Data (2026).

Most participants understood stunting as a condition in which a child experiences impaired growth due to prolonged nutritional deficiency. Their knowledge was obtained through *Posyandu*, community health centers (*Puskemas*), social media, and health education provided by healthcare professionals.

Participant Quotations

"I know that stunting means a child does not grow properly because the nutrition they receive is inadequate." (IU4)

*"Whenever we regularly attend the *Posyandu*, we receive education about nutritious foods."* (IU7)

Community nurses emphasized that improving family knowledge is the initial step toward promoting behavioral changes necessary for effective stunting prevention.

Table 3.3. Family Practices for Preventing Stunting (Theme 2)

Category	Findings
Exclusive breastfeeding	Practiced by most mothers
Complementary feeding	Emphasis on animal-source protein
Growth monitoring	Regular attendance at <i>Posyandu</i>
Environmental hygiene	Maintaining household sanitation

Source: Primary Data (2026).

Participants described various strategies for preventing stunting, including exclusive breastfeeding during the first six months, providing nutritionally balanced complementary foods, ensuring complete immunization, and monitoring child growth through monthly *Posyandu* visits. Several families also attempted to provide animal-source protein despite financial limitations.

Participant Quotations

"I try to give my child eggs or fish every day, even if the meals are simple." (IU2)

*"Every month I take my child to the *Posyandu* so that their weight can be monitored."* (IU8)

Table 6. Family Barriers to Stunting Prevention (Theme 3)

Category	Findings
Economic constraints	Difficulty purchasing nutritious foods
Feeding difficulties	Poor appetite among children
Family influence	Persistence of traditional feeding practices
Access to health services	Long distance to <i>Posyandu</i>

Source: Primary Data (2026).

Although families actively attempted to prevent stunting, several barriers remained. Economic hardship was identified as the most significant obstacle, limiting families' ability to provide nutritious foods. In addition, children's poor appetite and traditional beliefs regarding child feeding continued to challenge optimal nutritional practices.

Participant Quotations

"When our income is limited, we buy food according to what we can afford." (IU5)

"Sometimes the grandmother tells us not to give certain foods because she believes the child is not old enough." (IU6)

Community nurses also reported that socioeconomic conditions remain one of the primary factors influencing the effectiveness of stunting prevention programs.

Table 3.4. Community Nursing Support for Stunting Prevention (Theme 4)

Category	Findings
Health education	Regular educational sessions
Home visits	Conducted for high-risk families
<i>Posyandu</i> services	Routine child growth monitoring
Collaboration	Community nurses, midwives, health volunteers, and village government

Source: Primary Data (2026).

All participants acknowledged that community nursing services played an essential role in supporting stunting prevention through health education, home visits for high-risk families, routine growth monitoring at *Posyandu*, and collaboration with health volunteers and other community stakeholders. These interventions enhanced family knowledge and strengthened adherence to recommended stunting prevention practices.

Participant Quotations

"The community nurse often visits us to provide education about children's nutrition." (IU9)

"Whenever a child's weight decreases, we immediately conduct a home visit." (IP2)

Summary of Findings

This study identified four major themes: **(1) family knowledge of stunting, (2) family practices for stunting prevention, (3) barriers encountered by families, and (4) support from community nursing services.** The findings indicate that families possess basic knowledge regarding stunting and actively implement preventive behaviors, including exclusive breastfeeding, appropriate complementary feeding, routine growth monitoring, and maintaining environmental hygiene. However, financial constraints, children's poor appetite, cultural influences, and limited access to health services continue to hinder effective prevention. Community nursing support through health education, home visits, and multisectoral collaboration emerged as a crucial factor in strengthening

family capacity to prevent stunting among children under two years of age.

DISCUSSION

Theme 1. Family Knowledge of Stunting

This study found that most families understood stunting as a growth disorder resulting from chronic undernutrition and recognized the importance of exclusive breastfeeding, nutritious complementary feeding, and routine growth monitoring through *Posyandu*. This knowledge was primarily obtained from health education delivered by healthcare professionals, *Posyandu* health volunteers, and various media sources.

These findings suggest that knowledge serves as the foundation for the adoption of stunting prevention behaviors. From the perspective of **Nola J. Pender's Health Promotion Model**, health-promoting behaviors are influenced by individuals' prior experiences, perceived benefits of action, and confidence that such behaviors can improve health outcomes (Pourrashidi Alibigloo & Eshaghi, 2025). Therefore, greater family knowledge regarding stunting is likely to increase the adoption of healthy behaviors that support children's nutritional status and optimal growth and development.

Furthermore, the **Family-Centered Care** approach recognizes the family as the primary partner in decision-making related to child health (Vetcho et al., 2026). Consequently, improving family knowledge not only enhances maternal competence but also strengthens the involvement of all family members in preventing stunting.

The findings are consistent with those reported by (Merera et al., 2026) , WHO demonstrated that structured family-based nursing interventions in Indonesia significantly improved mothers' knowledge, attitudes, and self-efficacy in preventing stunting among children under two years of age. Similarly, previous studies have shown that the application of the Health Promotion Model positively influences stunting prevention behaviors, with knowledge, social support, and self-efficacy serving as key determinants of behavioral change.

Therefore, strengthening family health literacy should remain a central strategy within community nursing services to promote family independence in stunting prevention.

Theme 2. Family Practices for Stunting Prevention

This study revealed that families had adopted several recommended practices to prevent stunting, including exclusive breastfeeding, providing complementary foods rich in animal-source protein, routine growth monitoring through *Posyandu*, complete childhood immunization, and maintaining household environmental hygiene.

These findings indicate that families have attempted to fulfill the **five family health tasks**, namely recognizing health problems, making appropriate health-related decisions, providing care for family members, utilizing healthcare services, and maintaining a healthy environment.

From the perspective of **Dorothea Orem's Self-Care Deficit Nursing Theory**, families possess the capacity for self-care (*self-care agency*) to meet their children's healthcare needs (Ergen & Arikan, 2025). Community nurses function as facilitators who strengthen this capacity through education, guidance, and empowerment, enabling families to independently maintain their children's health (Setiawan et al., 2026).

These findings are supported by (Erika et al., 2024), who emphasized that successful stunting prevention depends not only on nutritional interventions but also on active family engagement in child care, feeding practices, sanitation, and utilization of healthcare services (Das et al., 2025).

Accordingly, effective stunting prevention requires more than healthcare service delivery alone; it also demands continuous efforts to strengthen family capacity as the primary provider of daily childcare and health practices.

Theme 3. Barriers to Stunting Prevention

The present study identified several major barriers faced by families in preventing stunting, including financial limitations, low purchasing power for nutritious foods, children's feeding

difficulties, traditional cultural beliefs, and limited access to healthcare services.

These findings illustrate that stunting prevention is a multidimensional issue influenced not only by individual behaviors but also by broader social and environmental determinants. This is consistent with **Urie Bronfenbrenner's Ecological Systems Theory**, which explains that health behaviors are shaped through interactions among individuals, families, social environments, cultural contexts, and public policies (Lewis et al., 2021).

Within the context of Jenepono Regency, local cultural practices, household economic conditions, and limited access to nutritious foods significantly affected families' ability to meet children's nutritional requirements. Consequently, community nursing interventions should be culturally sensitive and adapted to local social conditions to improve community acceptance and intervention effectiveness.

Previous studies by (Rinanda et al., 2026) similarly identified low household income, inadequate social support, and limited healthcare access as important determinants of childhood stunting. Moreover, maternal health behaviors are strongly influenced by environmental factors, self-efficacy, and family support (Ginting & Hadi, 2023). These findings reinforce the importance of multisectoral collaboration involving the health, social welfare, education, agriculture, and village government sectors to address the broader determinants of stunting beyond healthcare services alone.

Theme 4. Support from Community Nursing Services

This study demonstrated that health education, home visits, growth monitoring through *Posyandu*, and collaboration among community nurses, health volunteers, midwives, and village governments were perceived by families as valuable forms of support for preventing stunting.

These findings illustrate the multiple roles of community nurses as educators, counselors, advocates, coordinators, and community empowerment agents. Through a family-centered approach,

community nurses not only provide health information but also establish trusting relationships that encourage families to adopt healthier behaviors.

According to the principles of **Community Health Nursing**, community empowerment is a fundamental strategy for strengthening families' capacity to manage health problems independently (Mulatu et al., 2025). This approach positions the family as the central focus of intervention, while healthcare professionals serve primarily as facilitators of behavioral change.

The present findings are supported by (Taofik et al., 2026), WHO reported that community nursing strategies including family education, home visits, collaboration with community health volunteers, and maternal empowerment effectively improved stunting prevention behaviors. Likewise, a family-based nursing intervention study conducted by (Erfina et al., 2025) demonstrated that structured family-centered interventions significantly enhanced mothers' knowledge, attitudes, and self-efficacy related to stunting prevention.

Overall, these findings indicate that family-based community nursing services represent an effective strategy for strengthening family capacity to prevent stunting, particularly during the **first 1,000 days of life**, which constitute the most critical period for child growth and development.

Synthesis

The four themes identified in this study demonstrate that stunting prevention among children under two years of age is a dynamic process shaped by the interaction of family knowledge, caregiving practices, socioeconomic conditions, cultural influences, and support from community nursing services. From a community nursing perspective, the family serves as the central unit of health intervention, while community nurses act as facilitators who strengthen family capacity through health education, continuous guidance, empowerment, and multisectoral collaboration. These interconnected factors collectively influence families' ability to adopt and sustain

effective stunting prevention behaviors during the first 1,000 days of life.

Accordingly, the findings suggest that developing a **family-based community nursing model** tailored to the sociocultural characteristics of **Jenepono Regency** has the potential to enhance the effectiveness and sustainability of stunting prevention programs. Such a model should integrate family empowerment, culturally appropriate health education, regular growth monitoring, home visitation, and collaborative partnerships among healthcare providers, *Posyandu* health volunteers, village governments, and other community stakeholders. Strengthening these components may improve family self-efficacy, promote healthy caregiving practices, and contribute to long-term reductions in stunting prevalence among children under two years of age.

CONCLUSIONS

This study demonstrates that family experiences in preventing stunting among children under two years of age are influenced by four key aspects: family knowledge of stunting, the preventive practices implemented by families, the barriers they encounter, and the support provided through community nursing services. Although families have made considerable efforts to prevent stunting by practicing exclusive breastfeeding, providing nutritious complementary feeding, monitoring child growth, and utilizing healthcare services, economic constraints, cultural factors, and limited access to health resources continue to present significant challenges.

Community nursing support through health education, home visits, and collaboration with *Posyandu* health volunteers plays a crucial role in strengthening families' capacity to prevent stunting among children under two years of age. These findings highlight the importance of implementing family-centered and community-based nursing interventions that are responsive to local sociocultural contexts to improve the effectiveness and

sustainability of stunting prevention programs.

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