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THE ROLE OF MOTHERS IN THE PATRIARCHAL STRUCTURE AND ITS IMPLICATIONS ON CHILD STUNTING: A QUALITATIVE STUDY OF THE DANI TRIBE IN JAYAWIJAYA DISTRICT, PAPUA MOUNTAIN PROVINCE

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Abstract

The dominant patriarchal culture in Papua and the Papua Highlands, especially among the Dani tribe, is still adhered to by the majority of the community. This condition influences child-rearing patterns, which in turn contribute to stunting. This study aims to explore and understand the role of mothers in the patriarchal structure and its implications for child stunting: a qualitative study of the Dani tribe in Jayawijaya Regency. This type of research is qualitative, with 9 informants drawn using purposive sampling. The research instrument used in-depth interviews. Data were analyzed interactively, including data reduction, data presentation, and conclusion drawing. The results of the study show that stunting problems in families are influenced by a strong patriarchal culture that positions fathers as the primary decision-makers. At the same time, mothers only act as implementers in child care and nutritional fulfillment. The limitations of mothers' roles and autonomy, including in accessing health services that often depend on husbands' permission, result in suboptimal fulfillment of children's nutritional needs and health care. In addition, values, norms, and power structures within the family, including in the Dani community, further strengthen the subordinate position of mothers and influence children's parenting and consumption patterns. The low level of public understanding about stunting also exacerbates this condition, so that interventions that are sensitive to local culture are needed by involving fathers, mothers, and community leaders to make stunting prevention efforts more effective.
Keywords: Patriarchal Culture, Stunting, Dani Tribe

Introduction

In the modern era, gender inequality remains a common practice in various regions, including Papua. These various forms of gender inequality are interconnected, leading to violence against women, and are deeply embedded in societal culture, making them difficult to address [(1)]. Women are often underappreciated, but in fact, they have a very important role in national development, especially through their role in the family [(2)].

Three life challenges indicate the severity of the violence experienced by many traditional women in the Baliem Valley region of Jayawijaya Regency. First, women's workload has doubled because men are lazy and often wander around town aimlessly. Wives are forced to cultivate the gardens, a task previously reserved for men. Second, women's opinions are not listened to, and if they do speak up, their husbands beat them because they feel offended. Third, wives are afraid of having many children due to their increased workload, but men are irresponsible [(1)].

The first five years of life are a highly sensitive period, extremely short and irreversible. Toddlerhood is also called the golden age because it is during this period that children develop rapidly, so it is crucial to maximize this period to achieve optimal growth for children aged 0-5 [(3)].

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The First 1000 Days of Life (Day One) period, starting from conception to the age of 2 years, is a critical period for intervention to prevent stunting effectively (P2PTM Ministry of Health, 2018). The First 1000 Days of Life period is very important for stunting prevention because the First 1000 Days of Life is a window of opportunity for child growth and development where adequate nutrition and stimulation during the First 1000 Days of Life determine the potential for a child's height and neurological development [(4)].

Stunting is closely related to social aspects of society, particularly regarding the understanding of the roles of women and men in society. Often, the implementation of balanced roles for women in stunting management is not considered, which impacts the management process. If we look at the phenomenon of gender discrimination against women in stunting management, there are negative impacts when it is not carried out with due attention to this aspect [(5)].

The dominant patriarchal culture in Indonesia is still upheld by the majority of society. This condition influences childcare patterns, which in turn contribute to the problem of stunting. In this system, childcare responsibilities fall entirely on women, including ensuring optimal growth and development.

A 2022 WHO report indicated that globally, 149.2 million children under the age of 5 suffer from stunting [(6)]. Globally, stunting cases are 21.9%. The highest prevalence of stunting is in Africa, at 31% [(7)]. The national prevalence of stunting based on Basic Health Research (Riskesdas) data in 2023 reached 21.6(8). Data shows that in 2022, the prevalence of stunting in Papua Province reached 34.6%, up from 29.5% in 2021 [(4)].

Data on the prevalence of stunting in toddlers by district/city in Papua province shows that Pegunungan Bintang Regency has the highest prevalence (55.4%) and Nabire Regency has the lowest (20.6%). Meanwhile, Jayapura City has a prevalence of 22.9% [(9)].

The provinces with the highest prevalence of stunting in Indonesia in 2023 were Central Papua (38.4%), East Nusa Tenggara (37.9%), and Highlands Papua [(10)]. According to data from the Jayawijaya Health Service in 2025, the incidence of stunting in the Jayawijaya district was 37.9%, which is quite a high figure.

Method

This research is qualitative research with a case study approach. Nine informants were interviewed using a purposive sampling technique. Data were collected through in-depth interviews with the nine informants and analyzed through reduction, presentation, and conclusion.

Results

1. Informant Characteristics

Table 3.1. Key Informants

No	initials	Age (years)	Education	Jobs	Family Income
1	MG	27	Junior high school	Housewife	< 1 million per month. (uncertain)
2	PW	31	Senior High School	Housewife	< 1 million per month. (uncertain)
3	EI	25	Junior high school	Housewife	< 1 million per month. (uncertain)
4	EG	34	Senior High School	Farmer	< 1.5 million per month. (uncertain)
5	HH	30	Junior high school	Farmer	< 1.5 million per month. (uncertain)
6	EH	32	Junior high school	Farmer	< 1.5 million per month. (uncertain)
7	HH	32	Senior High School	Integrated Health Post Cadres	< 1.5 million per month. (uncertain)
8	NI	42	Senior High School	Health workers	> 4 million per month.
9	EH	58	Junior high school	Tribal chief	< 1.5 million per month

2. Decision-making patterns in the family regarding the fulfillment of children's nutrition and health

The following interview excerpt from the interview is from the informant:

"In my family, the husband usually makes most of the decisions. So, for example, regarding the child's food or if the child is sick, I usually tell my husband first, and he decides later. I rarely make a decision myself, because I'm afraid of making a mistake." (In-1)

Thus, this pattern reflects a strong patriarchal culture within the family, which has the potential to influence delays or limitations in decision-making regarding child health and nutrition. This situation can impact suboptimal efforts to prevent and address nutritional issues, including stunting.

The mother's involvement in decision-making is reflected in this interview excerpt:

"Sometimes I'm involved, but not always. For small things like what to cook, I decide myself. But for important matters, my husband decides. I just go along with it." (In-1)

The decision-making process is hierarchical, with the mother acting as a transmitter of information, while the husband makes the final decision based on economic and situational considerations. The mother's experience in decision-making indicates limited autonomy, especially when decisions must await her husband's approval.

"I once wanted to give him extra food like eggs every day, but my husband said not to give it too often, or it would be wasteful. So I cut back." (In-2)

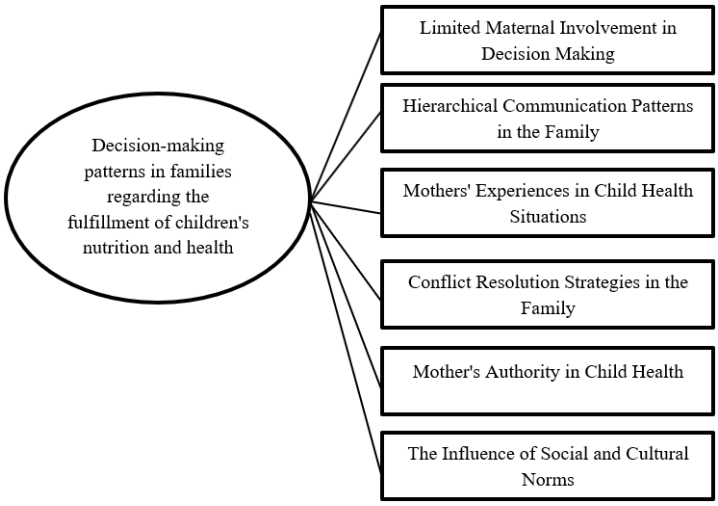


Figure 1. Thematic Chart of Decision-making Patterns in the Family Regarding Fulfillment of Children's Nutrition and Health Needs

3. Interpreting how values, norms, and power structures within the family contribute to the risk of stunting

Within the family's social structure, the division of roles between men and women reflects prevailing values and norms in society. This division of roles can influence childcare patterns and the fulfillment of nutritional needs, which are ultimately related to the risk of stunting.

“Men are heads of the family, women take care of the home and children.” (In-1)

“Women must follow their husbands.” (In-2)

“Husbands have more power.” (In-3)

The roles of men and women within the family remain traditional, with men holding primary authority while women are responsible for domestic affairs and childcare. A mother's freedom to make decisions is an important factor in determining actions related to children's health and nutrition. The mother's level of autonomy will influence the speed and accuracy of health care management.

“Still dependent on her husband.” (In-2)

“Not yet fully independent.” (In-3)

Mothers do not yet have full freedom to make decisions, so they remain dependent on their husbands in various matters, including those related to their children's health. Customary values and norms in society often govern family eating patterns and habits. These rules can have both positive and negative impacts on children's nutritional needs.

"There are certain food taboos." (In-1)

"There are rules from my parents." (In-2)

"Still following old habits." (In-3)

Customary rules and food taboos passed down through generations have the potential to influence family consumption patterns, including children's nutritional intake. In the context of local culture, the power structure within the family is determined by prevailing customary norms. In the Dani community, men hold a dominant position within the family.

"According to custom here, men are the heads of the family, so they must lead and make decisions. Women are responsible for taking care of the home and children." (In-4)

"Here, men are more respected. Women are more involved in household management." (In-6)

The power structure within the Dani family places men as leaders and primary decision-makers, while women are subordinate. A mother's decision-making authority regarding her child, particularly regarding health and nutrition, is crucial in preventing the risk of stunting.

"Small things are fine, but big things still have to go through me." (In-4)

Mothers have limited decision-making authority, especially for small matters, while important decisions remain with their husbands.

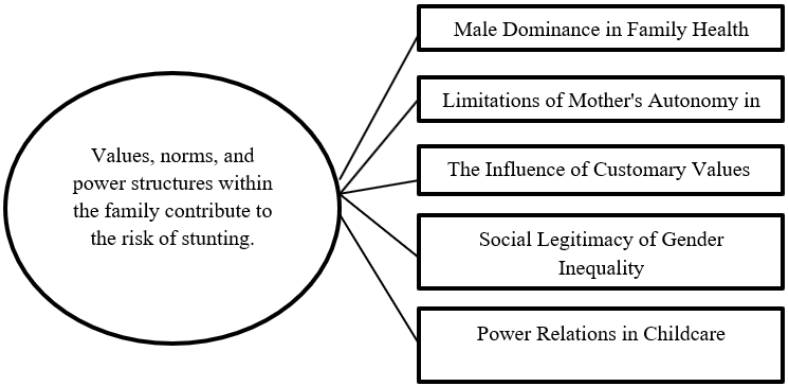


Figure 2. Thematic Chart of Values, norms, and power structures in the family that contribute to the risk of stunting

4. **To examine the position and role of mothers in the patriarchal system of the Dani tribe and its impact on the incidence of stunting.**

The family structure in the Dani community reflects a patriarchal system that places men as the primary leaders. This structure plays a crucial role in determining relationship patterns, role division, and decision-making within the family, which can indirectly influence child-rearing practices and nutritional needs.

"In our society, the family structure is clear. The man is the head of the family, leading the household. The woman assists her husband, taking care of the house and the children. It's been that way for a long time; it's part of our tradition. So, within the family, the man's position is superior, while the woman's is more of a supporter." (In-9)

Power within the family determines who has the authority to make decisions, including in economic matters, health, and childcare.

"*The man, the head of the family, holds the power. He decides on many matters, from economic matters to important decisions, to childcare. Women may speak, but the decision-making remains with the man." (In-9)*

Men have dominant power within the family, while women have a limited role in expressing opinions without being the primary decision-maker. Customary values and norms play a significant role in regulating feeding and childcare practices, which can directly impact a child's nutritional status.

"In our community, short or small children are often considered normal. They think it's hereditary or because they've been that way since childhood. Not everyone realizes that this can be a nutritional issue." (In-9)

"*It has a significant impact. When mothers lack autonomy, decisions regarding their children's nutrition are often delayed or suboptimal." (In-8)*

Limited maternal autonomy in a patriarchal system results in delayed and inaccurate decision-making regarding children's nutrition. In addition to power structures, customary values also influence feeding practices directly related to children's nutritional intake.

"There are several dietary taboos, so children cannot eat all types of food." (In-7)

"Local customs and habits influence the types of food provided, including certain taboos that can impact a child's nutritional intake." (In-8)

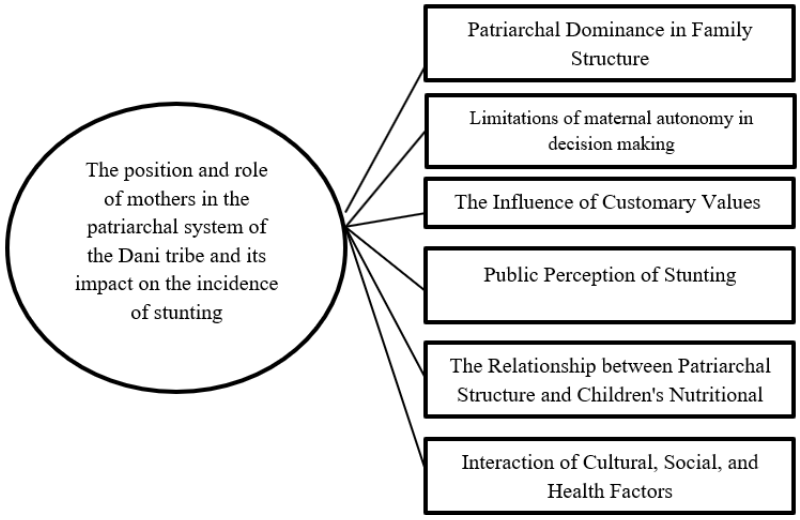


Figure 3. Thematic chart of the position and role of mothers in the patriarchal system of the Dani tribe and its impact on the incidence of stunting

Discussion

1. Family Decision-Making Patterns Regarding Child Nutrition and Health

Research results show that family decision-making is still dominated by the husband as head of the family, while the mother's involvement is limited and tends to only serve as an information provider. This condition reflects the strong influence of patriarchal culture on family structures. According to Walby (1990 in [11].

Male dominance in family decision-making is also reinforced by prevailing social norms. Safriyanto et al. (2024) explain that patriarchal culture creates a relationship structure that places men as the primary power holders, while women are subordinate. This is evident from interviews, which show that mothers are only involved in providing opinions but do not have the authority to make final decisions [12].

Furthermore, the internalization of patriarchal values in family life causes this condition to be considered something normal [11]. It states that patriarchal culture in Indonesia has become the foundation of gender inequality that has persisted for generations. In this study, both husbands and wives accepted male dominance as part of their "appropriate" roles, resulting in little equal negotiation in decision-making.

In the context of decision-making related to children's health, a hierarchical communication pattern is found, with mothers acting as information providers and husbands as the final decision-makers. Sari & Hadi (2022) suggest that in patriarchal cultures, men have greater access to strategic decisions, particularly regarding family health and well-being. This results in mothers lacking full control over actions related to their children's health [13].

The limited authority of mothers in decision-making also indicates an imbalance between roles and authority. Although mothers are the primary caregivers for their children, decisions still rest with

their husbands. Siregar & Hasanah (2025) explain that in a patriarchal system, women often experience a double burden: being responsible for childcare but lacking decision-making power. This condition is clearly evident in research findings, where mothers must first seek permission before taking action [(14)].

The impact of this situation is evident in the experience of mothers who have to delay action when their children are sick because they are waiting for their husbands' approval. Utami & Mukdin (2026) state that patriarchal culture can limit women's freedom of movement and potentially cause psychological burdens, especially when women are unable to make important decisions independently. This delay in decision-making risks impacting the child's health [(15)].

In situations of disagreement, mothers tend to give in and follow their husbands' decisions to avoid conflict. Purnamasari (2025) explains that in a patriarchal system, women often lack a strong bargaining position in family negotiations, so they choose to maintain harmony by giving in. This indicates an imbalance in power relations that influences communication dynamics within the family [(16)].

Furthermore, the views of community leaders in this study reinforce that male dominance is a culturally legitimized social norm. Agustina et al. (2025) reiterate that patriarchal values have been internalized in society and influence individual thought patterns and behavior in everyday life. Thus, male dominance in decision-making is not only an individual issue, but also a broader social construct [(11)].

The unequal power relations between husband and wife impact the limited role of mothers in decision-making, particularly regarding children's health and nutrition. Therefore, efforts are needed to promote gender equality within the family by increasing women's participation in decision-making and changing social norms to be more just and equitable [(12)(11)].

2. Family values, norms, and power structures contribute to the risk of stunting.

Patriarchal culture is a social system that places men as the primary power holders in the family and society. From a structural theory perspective, patriarchy creates unequal roles and access, where women are often subordinated to decision-making positions [(11)].

From the perspective of the social determinants of health theory, stunting is influenced not only by biological factors but also by sociocultural factors. Research by Sarilisnawati, Hasyim, & Fajar (2022) shows that sociocultural factors, including maternal diet and knowledge, are significantly associated with stunting. In patriarchal societies, women often have limited access to education and health information, resulting in low nutritional knowledge. Compared with modern public health theory, this situation suggests that gender inequality is an indirect determinant contributing to stunting [(17)].

In the family context, patriarchal theory explains the unequal division of roles between men and women. Men are positioned as breadwinners, while women are responsible for childcare and domestic work. Research by Simbolon et al. (2025) shows that women often experience a high domestic workload and have less opportunity to participate in decision-making. When compared to responsive parenting theory, this condition can reduce the quality of care because mothers experience physical and psychological exhaustion, which ultimately impacts the fulfillment of children's nutritional needs [(18)].

In addition, from the perspective of power relations theory, patriarchy creates male domination in family decision-making, including in matters of health. Penelitian Research shows that patriarchal culture is a barrier to stunting management because mothers must wait for their husbands' approval before accessing health services. This suggests that delays in decision-making can worsen children's health outcomes. Compared with the theory of health service access, women's autonomy is a crucial factor in increasing health service utilization and preventing nutritional problems [(19)].

This suggests that patriarchal culture is a barrier to stunting management, as mothers must wait for their husbands' approval before accessing health services. This suggests that delays in decision-making can worsen children's health outcomes. Compared with the theory of access to health services,

women's autonomy is a crucial factor in increasing health service utilization and preventing nutritional problems.

Furthermore, patriarchy also influences reproductive decisions and family planning. Sari & Hadi (2022) state that patriarchal culture results in men's dominance in determining the number of children and the use of contraception. This can lead to suboptimal birth spacing and a high caregiving burden on mothers. In life cycle theory, these factors are important determinants of stunting, as maternal health before and during pregnancy significantly impacts a child's nutritional status [(20)].

On the other hand, patriarchy also impacts child-rearing patterns, particularly in the involvement of fathers. Research by Panjaitan & Damaiyanti (2024) shows that in patriarchal cultures, the father's role is often limited to economic functions, while emotional involvement and childcare are left to the mother. When compared to modern parenting theories that emphasize the involvement of both parents, this condition can lead to less than optimal attention to children's needs, including nutritional and health aspects [(21)].

When comparing studies, there is a commonality that patriarchal culture contributes to gender inequality, which impacts child health, including stunting. However, there are differences in the focus of the studies. (2025) menekankan patriarki sebagai struktur sosial yang melanggengkan ketimpangan gender [(11)]. Meanwhile, Sarilisnawati, Hasyim, & Fajar (2022) highlighted socio-cultural factors as direct determinants of stunting. Meanwhile, [(19)] specifically links patriarchy to obstacles to the implementation of stunting reduction programs. This distinction demonstrates that patriarchy plays a complex role, both as a structural and contextual factor, in the incidence of stunting.

3. The Position and Role of Mothers in the Dani Patriarchal System and Its Impact on Stunting

Patriarchal culture is a social system that places men as the primary authority in various aspects of life, including the family. From a gender theory perspective, patriarchy creates unequal power relations between men and women, where women are often subordinated and have limited decision-making power, including in matters of health and childcare. This situation is crucial in the context of stunting, as mothers are the primary actors in ensuring children's nutritional needs. When maternal autonomy is limited, decisions regarding feeding, health care, and access to health services are suboptimal [(21)].

In line with this theory, various studies have shown that maternal autonomy is related to children's nutritional status. Studies in developing countries have found that limited women's autonomy within the household results in poor quality parenting and poor fulfillment of children's nutritional needs. While this relationship is complex, factors such as maternal education, economic status, and access to information are important determinants of children's nutritional status [(22)].

In the Indonesian context, patriarchal culture also influences childcare practices through rigid gender roles. Mothers are responsible for childcare, but do not always have decision-making authority. Research shows that maternal factors such as education, nutritional knowledge, and parenting practices significantly contribute to stunting. Mothers' low knowledge of nutrition and childcare is a major contributor to the high prevalence of stunting [(23)].

Furthermore, a mother's parenting behavior significantly determines a child's nutritional status. As the primary caregiver, the mother plays a role in determining diet patterns, breastfeeding, and complementary feeding practices. Inappropriate feeding practices can increase the risk of stunting. Studies show that inappropriate feeding practices, such as a lack of dietary variety and excessive sugar consumption, are associated with a high incidence of stunting [(24)].

Research shows that traditional feeding practices that do not comply with the principles of balanced nutrition contribute to stunting in children [(25)]. Furthermore, maternal knowledge about nutrition and childcare is also significantly influenced by access to information and education. In patriarchal societies, women often have limited access to education and health information, resulting in

low nutritional knowledge. Research in Indonesia shows a significant relationship between maternal knowledge and nutritional care practices and the incidence of stunting, with mothers with low knowledge more likely to have children with poor nutritional status [(26)].

Furthermore, a women's empowerment approach is an important strategy in stunting prevention. Empowering mothers through increased knowledge, access to health services, and involvement in decision-making can improve the quality of childcare. Studies show that maternal empowerment-based interventions, including nutrition education and economic capacity building, can help reduce the risk of stunting [(27)].

Conclusion

1. Family decision-making patterns are dominated by men as heads of households. Decisions regarding children's nutritional and health needs generally rest with fathers, while mothers play the role of implementers. This situation leads to delays or limitations in making quick and appropriate decisions regarding children's nutritional and health needs.
2. Cultural values and norms, including dietary restrictions and traditional customs, also influence children's parenting and consumption patterns. Unequal power structures within families reinforce the limitations of mothers' roles, thus contributing to an increased risk of stunting.
3. In the Dani patriarchal system, mothers are subordinate, primarily responsible for the domestic sphere. This limited autonomy of mothers in decision-making results in suboptimal fulfillment of children's nutritional and health needs, ultimately increasing the risk of stunting.

References

[1] You, Y., Rusmansara, E. H., Mansoben, J. & Poli, A. I., 2019. Relasi Gender Patriarki Dan Dampaknya Terhadap Perempuan Hubula Suku Dani, Kabupaten Jayawijaya, Papua. *Jurnal Ilmu-ilmu Sosial dan Humaniora*, 21(1), pp. 65–77.

[2] Kogoya, W., 2021. Peran Perempuan Suku Dani Bagi Ketahanan Keluarga Dalam Budaya Patriark. *Jurnal Lembaga Ketahanan Nasional Republik Indonesia*, 9(1), pp. 55-69.

[3] Rosyada, A. e a., 2025. Pengembangan Model Keluarga Pencegahan Stunting di Kota Palembang.. *Jurnal Ilmu Kesehatan Masyarakat*, 14(2), pp. 133-140.

[4] Hasmi, 2025. Strategi yang Sensitif Secara Budaya pada 1000 Hari Pertama Kehidupan untuk Mengatasi Stunting di Provinsi Papua. *Jurnal Sains dan Teknologi Formosa (FJST) J*, 4(10), pp. 3111-3120.

[5] Fitriana, A. N., Sholikhah, S. & Trisnowati, H., 2023. Peran Perempuan Dalam Penanganan Stunting Di Indonesia : Literatur Review. *Jurnal Trias Politika*, 7(2), pp. 262 - 281.

[6] Nikmah, H. F. K. R. & U. M. P., 2024. Kajian Literatur: Faktor Sosial Budaya yang Mempengaruhi Kejadian Stunting pada Balita di Indonesia. *Journal Unima*, 4(1), pp. 20-48.

[7] Edayani, S., Muhazir, R. & Mauliana, R., 2024. Perilaku Pencegahan Stunting Menggunakan Health Promotion Model. *Journal of Language and Health*, 5(3), pp. 1271- 1278.

[8] Sunarto, Nadimin, R. H. & Annisa, A., 2025. Pengetahuan Ibu Dengan Kejadian Stunting Pada Balita Usia 6-59 Bulan Di Desa Baju Bodoa, Kabupaten Maros. *Media Gizi Pangan*, 32(1), pp. 118 - 126.

[9] Adimuntja, N. P. & Asriati, 2023. Analisis Determinan Kejadian Stunting Pada Balita Usia 12-59 Bulan Di Kelurahan Koya Barat Dan Timur Kota Jayapura. *Jambura Journal Of Health Science And Research*, 5(1), pp. 100-114.

[10] Wahyuni, N. W., Cheni, A. R. I. V. & Prima, A., 2026. Bagaimana Pengaruh Sanitasi Lingkungan Rumah Tangga Dan Personal Hygiene Ibu Balita Terhadap Kejadian Stunting Di Papua Tengah?;

Analisis Data Ski 2023. *Encyclopedia of Journal*, 8(2), pp. 115-121.
[11] Agustina D, Damanik FA, Ramadhayanti S, Kirana S, Harahap DN, Sipahutar ANA, et al. Budaya patriarki adalah fondasi ketimpangan gender di Indonesia. J Kesehat Tambusai. 2025;6(2).
[12] Safriyanto R, Ningsih F, Frederick JR, Isyanawulan G. Analisis budaya patriarki terhadap kesetaraan gender perempuan dalam rumah tangga. J Publika. 2024;12(2).
[13] Sari DP, Hadi EN. Pengaruh budaya patriarki terhadap partisipasi pasangan usia subur dalam program keluarga berencana di Indonesia: Tinjauan sistematis. J Ilm Permas. 2022;13(2).
[14] Siregar N, Hasanah U. Peran ganda istri dalam budaya patriarki: Analisis kesetaraan gender dan perspektif maqasid syariah. Terang J Kaji Ilmu Sos Polit dan Huk. 2025;2(4).
[15] Utami MAF, Mukdin K. Beban ganda perempuan dalam cengkeraman budaya patriarki. Tak J Stud Gend dan Islam Serta Perlindungan Anak. 2026;
[16] Purnamasari GN. Mengatasi ketimpangan gender dengan keterlibatan ayah di budaya patriarkis Indonesia. Spectr J Gend Child Stud. 2025;5(1).
[17] Sarilisnawati S, Hasyim H, Fajar NA. Analisis hubungan karakteristik ibu, pengetahuan dan sosial budaya dengan kejadian stunting. J Kesehat. 2022;
[18] Simbolon IAPS, Mardotillah ZS, Syahputri L, Nasution M, Bangun CYAB, Berlianti B. Penerapan budaya patriarki dalam keluarga dan dampaknya terhadap kesetaraan gender. J Pendidik Tambusai. 2025;9(2):22337–44.
[19] Palan Peten YY, Lamawuran YD, Ratumakin PAKL. Penanganan stunting dalam budaya patriarki: Analisis gender program Gerobak Cinta di Kabupaten Flores Timur. J Trias Polit. 2023;7(2).
[20] Panjaitan KS, Damaiyanti VP. Budaya patriarki dan fenomena fatherless. J Multikultural Ilmu Sos. 2024;3(2).
[21] Ariyo T, Jiang Q. Maternal autonomy and childhood undernutrition: Analysis of demographic and health survey. SAGE Open. 2024;
[22] Khan J, Mohanty SK. Spatial heterogeneity and correlates of child malnutrition. BMC Public Health. 2022;
[23] Qoyimah AU, Shaluhiyah Z, Winarni S. Maternal factors as determinants of stunting in children under five: Scoping review. J Promkes. 2024;12(2):254–63.
[24] Abdulaziz R, Suryanti N, Setiawan AS. A review of maternal parenting, child's growth stunting, and oral health. Eur J Dent. 2024;18(1):26–40.
[25] Astuti Y, Paek SC, Meemon N, Marohabutr T. Analysis of traditional feeding practices and stunting among children aged 6–59 months. BMC Pediatr. 2024;24(1):29.
[26] Ramadhan MF, Dimiati H, Hidayaturrahmi. The correlation between stunting, maternal knowledge, and nutritional care in Aceh, Indonesia. Amerta Nutr. 2024;8(4):513–8.
[27] Pasaribu RD, Surbakti E, Saragih HS. Empowering mothers in fulfilling preconception nutrition: Stunting prevention strategy. Sci Midwifery. 2024;12(4).