

## Implementation of Primary Health Care theory in Stunting Prevention by Social Workers and Health Workers: A Case Study in Malang Regency

Hutri Agustino<sup>1,2\*</sup>, Khadijah Alavi<sup>2</sup>, Aizan Sofia Amin<sup>2</sup>, Zahara Abdul Manaf<sup>3</sup>

<sup>1</sup>Social Welfare Study Programme, Faculty of Social and Political Sciences, Universitas Muhammadiyah Malang, Indonesia

<sup>2</sup>Social Work Programme, Center for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, Bangi, Selangor

<sup>3</sup>Healthy Ageing & Wellness Research Center, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Kuala Lumpur

\*Corresponding Author: E-mail: [hutri\\_agustino@umm.ac.id](mailto:hutri_agustino@umm.ac.id)

ARTICLE INFO	ABSTRACT
<p><b>Manuscript Received:</b> 14 May, 2025  <b>Revised:</b> 25 Jun, 2025  <b>Accepted:</b> 13 Jul, 2025  <b>Date of Publication:</b> 11 Sept, 2025  <b>Volume:</b> 8  <b>Issue:</b> 9  <b>DOI:</b> <a href="https://doi.org/10.56338/mppki.v8i9.7489">10.56338/mppki.v8i9.7489</a></p>	<p><b>Introduction:</b> This research aims to analyse the role of social workers and health workers in stunting prevention in Malang Regency, East Java, based on the theory of Primary Health Care (PHC). Data from the Central Bureau of Statistics shows that stunting in East Java Province has a frequency of 23.5 per cent, with 14 cities above the average and 24 cities below the provincial average. Malang District itself is below the average frequency with a percentage of 25.7 per cent. Therefore, Malang District is one of the priorities in stunting prevention.</p> <p><b>Methods:</b> This research used a descriptive qualitative approach. The analysis was thematic and the data was interpreted by identifying, analyzing, and reporting patterns or themes that emerged in the data. Informants in this study consisted of social workers from the Family Hope Program (PKH) and social rehabilitation assistants from the Ministry of Social Affairs. Meanwhile, health workers came from the Indonesian Midwives Association (IBI) in Malang Regency and Public Health Centres (Puskesmas) from four subdistricts, namely Sumberpucung, Kromengan, Wonosari, and Ngajum. The total number of informants was 12 people. This research has been approved by the Ethics Secretariat of the National University of Malaysia (UKM) with reference number: JEP-2023-928.</p> <p><b>Results:</b> The results of this study indicate that stunting is not only viewed from a health perspective but also from a socio-economic perspective. In line with the Primary Health Care (PHC) theory, the role of social workers focuses on preventive, promotive, and rehabilitative activities that encompass social services and economic empowerment. These activities are carried out by social workers in their roles as educators, facilitators, and social advocates. Meanwhile, healthcare workers carry out curative activities that focus on medical interventions in their role as guides. Collaboration between social workers and healthcare workers is crucial in the process of preventing stunting in Malang Regency to achieve more optimal results.</p> <p><b>Conclusion:</b> In the perspective of Primary Health Care (PHC) theory, the role of social workers in stunting prevention in Malang District focuses more on the implementation of promotive, preventive, and rehabilitative roles - while for professions in the health sector focuses more on the role of physical healing or recovery (curative). This has implications for interprofessional collaborative activities in stunting prevention to be more effective and efficient.</p>
KEYWORDS	
<p>Role;  Social Workers;  Health Workers;  Stunting</p>	

**Publisher:** Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu

## INTRODUCTION

A significant global social issue is that of stunting. Consequently, the prevention of stunting has been designated a priority goal within the Sustainable Development Goals (SDGs) programme. Nevertheless, on a national scale, efforts to prevent stunting are also included in Indonesia's National Medium-Term Development Plan (RPJMN) 2020-2024. This is evidenced by the acceleration of stunting prevention through the increase in the effectiveness of specific and sensitive nutrition interventions (1). The Ministry of Health emphasises that stagnant living conditions represent a major threat to the quality of Indonesian society. It has been demonstrated that the issue in question has a detrimental effect on physical growth in children. Furthermore, it has been shown that the issue in question also has an adverse effect on brain development in children, which in turn has the effect of impairing their abilities, achievements and economic productivity when they become adults (2). As this is a serious concern, several professions are involved, two of which are social workers and health workers.

Stunting is defined as persistent undernutrition or chronic malnutrition in infants during the first 1,000 days of life (HPK) and impacts on child growth and brain development (3). Stunting is also associated with poor cognitive development and increased morbidity and mortality (4) (5) (6). There are several causes of stunting that must be considered, the first is long-standing malnutrition. Children whose growth is stunted is a reflection of malnutrition (7). Then, there is the condition of parents' limited health literacy, so they do not realise that their children are experiencing stunting (8). Lack of parental knowledge is the main factor that causes children to experience growth delays. In addition, unhealthy care and diet, including an unbalanced diet, can result in stunted children (9).

Newborn babies can suffer from malnutrition due to the mother's lack of healthy and nutritious food during pregnancy and poor and limited access to health services (10). The biggest factor that causes children to not grow properly is malnutrition in the womb. Childhood malnutrition has serious and recurring long-term effects on families. Moreover, malnutrition has become the leading cause of death for children in a number of developing countries (11).

The production of the right food as well as the need for a range of measures that are accessible to all is crucial in addressing the problems of disadvantaged children (1). Because stunted children are defined as having a low height Z score (ZS) from the prenatal period. This results in persistently low body weight and impaired growth in the first two years of life (12). In other words, stunted children are physically shorter than normal children of the same age, including barriers to thinking. In general, stunted children reflect several aetiologies, mainly inappropriate diet, unbalanced diet, and inadequate intake of vitamins and micronutrients (7). A stunted growth condition can be identified in several symptoms, including a face that looks younger than the child's age, delayed growth of the body and teeth, weakness in learning focus, and delay in reaching puberty. Therefore, when reaching the age of 8-10 years, children tend to be more quiet and do not make much eye contact with others around them and have a lower body weight than their peers (13).

Various sectors have a role to play in tackling stunting. A role is when someone exercises their rights and obligations by combining their position and influence (14). According to Mead and Schubert, role theory refers to daily activities that are played out and carried out by social constructs that must be fulfilled and include a person's behaviour, obligations, expectations, and norms (15). In sociology, a role is the behaviour expected of a person to fulfil a certain social status or position (16). Additionally, a role is also considered a strong framework required by individuals who hold certain positions in society (17). In this context, this study was conducted to address the lack of information, particularly regarding the role of social workers in addressing stunting issues. Given that there is still a perception that stunting is solely the domain of the health sciences profession, especially when referring to the Primary Health Care (PHC) theory.

In this context, collaboration in the implementation of interprofessional roles is a necessity in every handling of social problems, including in the health sector such as stunting. This is because, handling the problem of stunting does not only focus on health aspects, but also on socio-economic aspects. The socio-economic aspects of stunting prevention can be played by social workers. Synergy from the health, social and economic fields is needed as an implementation of cross-sector collaboration (18). The role of social workers can support the prevention and handling of stunting in an integrated manner, especially at the family and community levels. In Primary Health Care (PHC) theory, social workers can carry out a promotive function by promoting the theory and practice of handling stunting in the community. Next is the preventive function by helping to fulfil basic needs for families. Finally, the rehabilitative function by providing psychosocial assistance and motivation. Meanwhile, the curative function is the

authority of the health care profession. According to the Ontario Health Services Restructuring Commission (OHSRC), it is explained that PHC is a basic health care system that includes promotive and preventive services that can be accompanied by health assessment, treatment, diagnosis of a disease in individuals, and rehabilitation services (19). So it is referred to as a health service at the first level. In this perspective, there is an affirmation that stunting is not only a health problem but involves socio-economic aspects. Therefore, the approach is not only curative, but also through an empowerment process that can restore social functions and foster economic capabilities. In many countries, stunting can be effectively reduced by improving parental education, household socioeconomic status, sanitation, access to health services, family planning, and good feeding practices (proper breastfeeding and complementary foods (20). Therefore, a comprehensive description of the collaboration between social workers and health workers in stunting prevention is the main objective of this study.

Furthermore, the problem of stunting is still a serious concern in several regions, one of which is Malang District. According to data from the Central Statistics Agency (BPS), poverty in Malang District was 265,560 people in 2020, then in 2021 it was 276,580 people, in 2022 it was 252,880 people, in 2023 it was 251,360 people, and in 2024 it was 240,140 people. The high poverty rate is in line with the large number of social assistance recipients, which according to BPS has increased from 182,730 people in 2021 to 1,107,115 people in 2022 (21). This is a serious concern because one of the impacts can trigger stunting in children. One of the priority areas in handling stunting is Malang Regency. This is reinforced by data released by the Ministry of Health's SSGI which shows that the frequency of stunting in children under the age of five in East Java Province in 2021 was 23.5 per cent, with 14 cities having frequency rates above the provincial average. Meanwhile, 24 other cities have stunting rates below the provincial average, including Malang District. This is as shown in the figure below:



**Figure 1.** Stunting Data in Malang Regency 2021

Source: Results of the Indonesian Nutritional Status Study (SSGI) Ministry of Health Year 2021

Referring to Decree Number 050/8102/KEP/35.07.202/2020 concerning the Determination of Priority Villages for the Acceleration of Stunting Prevention in the Malang Regency Region in 2021, which was signed by the Head of the Malang Regency Regional Planning and Development Agency (BAPPEDA), there are at least 32 villages in 16 sub-districts that are the main focus. In 2022, based on data submitted by the Malang Regional Coordinating Agency (Bakorwil), in more detail there are 4 districts / cities that are targeted as shown in the following table:

**Table 1.** Targeted Data for Prevention of Disadvantaged Children in Malang Regency in 2022

Area	Children at Risk (N)	Frequency (percentage)
Sumberpucung	1,346	15
Ngajum	903	14
Kromengan	742	3.1
Wonosari	607	6.8

Source: Bakorwil Malang 2022

## METHOD

### Research Type

This research uses a descriptive qualitative approach to look at the role of social workers and health workers in stunting prevention in Malang Regency with a case study type (22). Case study research is an empirical knowledge search process used to investigate and test various phenomena in the context of real life. Case study research can be applied when the boundaries between a phenomenon and its real-life context tend to be unclear, giving rise to research topics that must be answered or resolved (23). Furthermore, there are two types of case study research variants, namely explanatory and descriptive. Based on these categories, the type of variant that is relevant to this research pattern is descriptive case study because it is generally used by researchers when they can no longer find or have control over the phenomenon under study so that researchers then have questions about 'why' or 'how' the phenomenon occurs can no longer be controlled. In this context, the party in question is the phenomenon of the high number of stunted children in the research area. Case study research also provides deep insights into case analyses that can influence policy interventions in a particular context, and by delving into case analyses, researchers can find meaningful relationships that were previously unknown, allowing new theories to emerge (22). These are all academic reasons in determining the type of research in accordance with the proposed theme. Furthermore, the Primary Health Care (PHC) theory plays an important role in the development of instruments and thematic analysis schemes in this study. This is because it serves as a guideline for developing interview questions or guidelines for focus group discussions (FGDs). Additionally, the theory is also used in developing the coding framework and determining the unit of analysis, thereby generating the main themes from each informant's responses in this study conducted in Malang Regency.

### Informant

In this study, the informants consisted of social workers and health workers in Malang District, totalling 12 people with an average education level of bachelor's degree as shown in the following table:

**Table 2.** The information about the number and background of the research informants.

Number	Informant	Description
1.	Social Workers	Officers of the Social Rehabilitation Programme
2.	Social Workers	Officers of the Social Rehabilitation Programme
3.	Social Workers	Coordinator for the Family Hope Programme in Malang Regency
4.	Social Workers	Facilitator for the Family Hope Programme (PKH)
5.	Social Workers	Facilitator for the Family Hope Programme (PKH)
6.	Social Workers	Facilitator for the Family Hope Programme (PKH)
7.	Social Workers	Facilitator for the Family Hope Programme (PKH)
8.	Health Workers	Chairperson of the Indonesian Midwives Association (IBI) of Malang Regency
9.	Health Workers	Officers at the Public Health Centre (Puskesmas) in Kromengan sub-district.

Number	Informant	Description
10.	Health Workers	Officers at the Public Health Centre (Puskesmas) in Wonosari sub-district.
11.	Health Workers	Officers at the Public Health Centre (Puskesmas) in Ngajum sub-district.
12.	Health Workers	Officers at the Public Health Centre (Puskesmas) in Sumberpucung sub-district.

Source: Research document 2025

### Research Location

The research location is in Malang District, East Java Province and focused on four sub-districts that are priority areas in handling stunting problems, namely: Sumberpucung sub-district, Ngajum sub-district, Kromengan sub-district, and Wonosari sub-district. The location selection was also based on the fact that the Malang Regency Government already has a Regent Regulation No. 33/2018 on Stunting Prevention Efforts. In this regulation, it is expected that there will be cooperation, synergy and collaboration between professions for faster and maximum results, including between social workers and health workers.

### Instrumentation

The research data was collected in several ways, including: (a) Focus Group Discussions involving several key informants, mainly health workers and social workers, aiming to obtain in-depth information on stunting prevention from the roles of social workers and health workers; (b) In-depth interviews to follow up on the FGD results (23) conducted through semi-structured questions to all informants; (c) Documentation studies to examine the broader context of the case based on document sources ranging from various regulations to reports on handling stunting in the research area (24). These documents were used as additional information as well as supporting information apart from the results of FGDs and interviews. These documents are in the form of pictures, data, and videos.

### Data Collection Procedures

The initial phase began with obtaining permission from the Malang Regency Population Control and Family Planning Office (DPPKB), the Head of the Public Health Centre (Puskemas) in the four selected sub-districts and the Head of the Malang Regency Branch of the Indonesian Midwives Association (IBI). After the licensing process was completed, it was followed by conducting a pre-field study (pilot study) to ensure the accuracy of the data needed was in accordance with the research theme. The next stage was to conduct a Focus Group Discussion (FGD) followed by an in-depth interview session. Various information that has been obtained in these stages is then analysed thematically and finally the research conclusions are drawn. The data collection process can be illustrated through the following chart:

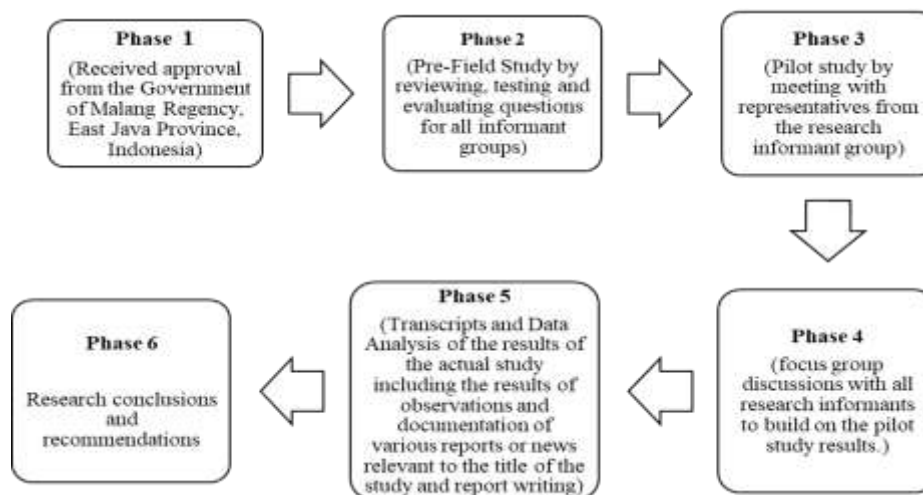


Chart 1. Data Collection Process

Source: extracted from various sources, 2025

## Data Analysis

This research uses thematic analysis. According to Clarke and Braun (2006), thematic analysis is a method used to identify, analyse, and report patterns (themes) in qualitative data. In other words, thematic analysis aims to find meaning in qualitative data based on themes that emerge from analysis through the coding process. Coding is the process of organising qualitative data into meaningful segments. The coding phases in the thematic analysis of this study consist of: familiarisation with the data, generating initial codes, searching for or identifying themes, reviewing themes, determining and naming themes, and finally producing a report on the various roles played by social workers and health workers in stunting prevention according to the perspective of Primary Health Care (PHC) theory (25).

## Ethical Approval

The research on this theme was approved by the Research Ethics Secretariat at The National University of Malaysia (UKM) with reference number: JEP-2023-928 on February 28, 2024.

## RESULTS

Social workers and health workers play a significant role in preventing stunting. Given that stunting is not only a health issue but also relates to the socio-economic conditions of the community, social intervention is needed in the various roles performed by social workers. Meanwhile, health workers focus more on physical health recovery through various medical interventions. The research findings that provide insights into the roles of social workers and healthcare workers within the framework of Primary Health Care (PHC) theory represent a significant innovation in this study. This is because the majority of previous studies on stunting have been dominated by medical disciplines. The following are the results of interviews with research informants related to the role in stunting prevention:

### The role of mentoring by health workers:

The role of health workers in mentoring can be seen starting from the Integrated Service Centre (Posyandu) activities by providing services such as health checks, PMT (Supplementary Feeding), supervision of various bad habits such as smoking or lack of clean drinking water. There are also flagship programmes such as doctor down to the village which aims to conduct mentoring efforts that focus on monitoring the health of children up to two years old, checking the weight and height of toddlers, and checking the KIA (Child Identity Card). This is in line with what was conveyed by the chairman of IBI Malang Regency below:

*"Integrated Service Centre (Posyandu) activities include registration, weighing, recording, counselling, health checks, complementary feeding, and maternity benefits. The midwife checks the bride and groom to see if they are anaemic, ensures pregnant women receive blood supplement tablets, and monitors the delivery process and exclusive breastfeeding. After delivery by the mother, midwives ensure immunisation and vitamin A for the baby, and check smoking habits and drinking water hygiene."*

The following information was provided by one of the Public Health Centre (Puskesmas) officers in Kromengan sub-district in relation to the doctor's programme to visit the village:

*"Its function is to run a stunting prevention programme with doctor visits to the villages that focus on checking the weight of two-year-old toddlers and Child Identity Card (KIA) data. This includes checking weight, height, and potential lymph node enlargement in toddlers."*

The interview results show that assistance is needed mainly from the health side. The role of health workers focuses on assistance such as health checks and supervision in order to improve the quality of life, especially of families at risk of stunting.

### The role of facilitator by social workers:

The facilitator role performed by social workers ranges from facilitating information to distributing social assistance. Key activities include improving nutrition and health services, ensuring the well-being of infants and lactating mothers through the provision of appropriate information and support. In addition, focus is also given to the

well-being of pregnant women, including health monitoring and counselling on care during pregnancy. Child stimulation is also an important part of this role, with the aim of supporting optimal child development through activities that stimulate physical, cognitive and emotional growth. Furthermore, facilitating social needs in the form of foodstuffs such as rice, eggs, with sources of carbohydrates, vegetable protein, animal protein, vitamins, and minerals. The goal is to ensure the fulfilment of children's nutrition. This is in accordance with the results of interviews with social workers as the following social rehabilitation assistants:

*"The role of facilitators by social workers is carried out by facilitating families and communities to support the welfare of pregnant women, nursing mothers, and toddlers, as well as improving nutrition and health services. The various activities are to encourage the welfare of infants and nursing mothers, the welfare of pregnant women, and provide child stimulation."*

The Family Hope Programme (PKH) is designed to support low-income families through two main types of assistance, namely the Permanent Assistance and Component Assistance. The Permanent Assistance covers IDR 550,000 per family per year for Ordinary Families and IDR 1,000,000 per year for PKH Access. The Component Assistance provides assistance of IDR 2,400,000 for each individual in the family who falls under the categories of Pregnant Women, Premature Children, and Persons with Severe Disabilities. This programme aims to improve the welfare of poor and vulnerable families by providing financial support that can help meet their basic needs. This is explained by the social worker as a social rehabilitation assistant below:

*"PKH Social Assistance is divided into two types, namely the Permanent Assistance and the Component Assistance. The Permanent Assistance for each Ordinary Family is IDR 550,000 per family per year and PKH Access is IDR 1,000,000 per family per year. The Component Assistance for each individual in the PKH Family such as Pregnant Women, Early Childhood, and Severe Disability is IDR 2,400,000. Aimed at helping low-income families".*

In addition, the assistance provided can also be in the form of food other than rice and eggs, such as sources of carbohydrates, vegetable protein, animal protein, vitamins and minerals. This is explained by social workers as social rehabilitation assistants as follows:

*"The assistance provided can be in the form of food other than rice and eggs such as sources of carbohydrates, vegetable protein, animal protein, vitamins, and minerals which aim to fulfill nutritional balance in an effort to reduce and prevent stunting in children".*

In addition, social workers also play a role in helping families and communities to overcome difficulties in fulfilling basic needs through various socio-economic support activities carried out. This was conveyed by a social worker officer as a companion to Social Rehabilitation in Malang Regency as follows:

*"Support to fulfil basic needs such as clothing, food, shelter, health, education, and child development. The parenting includes family empowerment, family reunification, and alternative care. Family support includes mediation and capacity building. Physical therapy for children with growth disorders includes training, physiotherapy, and exercise to improve children's quality of life."*

The various activities above are carried out to ensure nutritional balance for the beneficiaries, so as to contribute to the prevention of stunting in children. Social assistance is designed to fulfil various nutritional needs that are essential to support optimal growth and development in children through the role of social workers as facilitators.

### **The role of social advocacy by social workers:**

This social advocacy role is carried out by social workers to ensure that people have access to basic health services and social assistance. The social advocacy role can also include collaboration with various sectors, especially the health, education and social welfare sectors, so that the actions taken are holistic and have a long-term impact. Therefore, the social advocacy role requires social rehabilitation assistants to mobilise families and communities to ensure access to resources, as well as to fight for policies that support child welfare. This shows the importance of social advocacy as an integral part of a sustainable stunting prevention strategy. The following are the results of interviews with social workers as social rehabilitation assistants in Malang Regency:

*“As social advocates, social rehabilitation assistants ensure the fulfillment of access to basic rights and mobilize families and communities in various efforts to prevent and handle stunting children”.*

From the results of these interviews, it can be said that the role of social workers in conducting social advocacy is very important in reducing the occurrence of stunting in children. Advocacy by social workers can help improve social and economic conditions that encourage the quality of children's health. In short, the role of social advocacy aims to ensure the community has access to social welfare services and stimulate families to participate in stunting prevention activities actively and sustainably.

### **The role of educators by social workers:**

The role of educators aims to increase knowledge and awareness about the threat of stunting. In addition, it also provides education to increase family knowledge in providing proper nutrition to children. Furthermore, it educates families about the importance of parenting and balanced nutrition, and motivates behaviour change to prevent stunting. This is in accordance with what was conveyed by the following social worker at the Family Hope Programme (PKH) in Sumberpucung Sub-district:

*“The role of educator means that we need to be able to be educators, by increasing knowledge and awareness about child stunting, as well as care and nutrition practices. The focus is on literacy about stunted children and prevention, as well as materials on the importance of personal and environmental hygiene.”*

Relatively the same thing was also conveyed by a social worker at the Family Hope Programme (PKH) in Wonosari Sub-district:

*“The role of educator also means being a social instructor by conducting literacy to change people's behavior through various holistic and sustainable social engineering efforts”.*

The role of educators carried out by social workers in stunting prevention efforts in the Malang Regency area is very relevant. This is because the level of understanding of families and communities about health literacy and even awareness of the importance of paying attention to health factors, especially in the process of parenting, is still lacking attention.

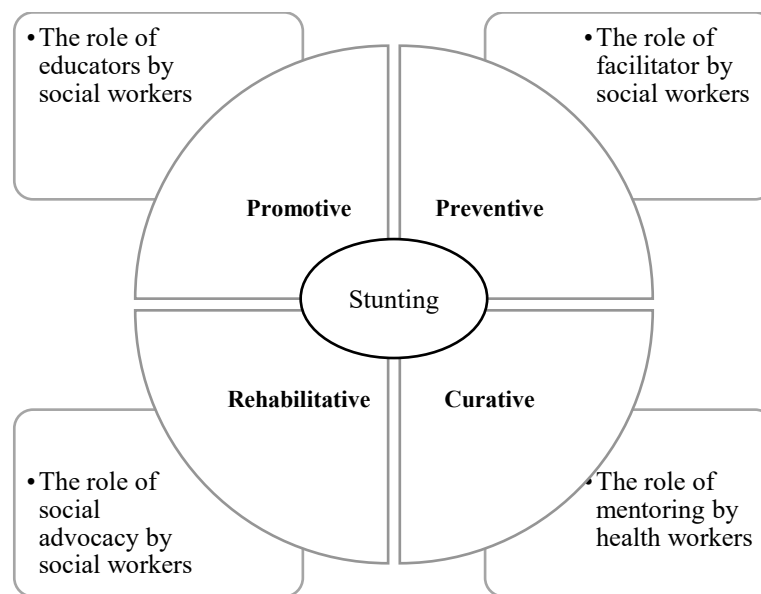
## **DISCUSSION**

Based on Primary Health Care (PHC) theory, the role of social workers covers promotive, preventive, and rehabilitative aspects, while health workers focus more on curative activities. In promotive services, social workers act as educators by providing literacy to families at risk of having stunted children. Literacy development is carried out through socialisation, education, training, and capacity-building activities to improve understanding and change social behaviour. This can be seen in the role of social workers as social rehabilitation assistants who conduct socialisation related to child care, support accessibility, and provide vocational training and entrepreneurship development. Meanwhile, social workers in the Family Hope Programme (PKH) play an active role in improving literacy related to self-concept, understanding, causes, and impacts of stunting in children, as well as enhancing literacy about prevention and management of stunting through personal and environmental hygiene. They also provide counselling to change family behaviour during the first 1,000 days of life (HPK) by utilising social assistance to meet the nutritional needs of young children and pregnant women.

In terms of prevention, social workers act as facilitators by providing psychosocial assistance to families with stunted children and motivating families to continue participating in health intervention activities. To address the issue of stunting, it is necessary to develop a plan that focuses on training mothers with stunted children to improve feeding practices, particularly in relation to food diversity and fish consumption. In addition, interventions that can address this issue, such as community-based education or special programs to improve the knowledge and skills of housewives regarding good nutrition for their children, are necessary (26). Social workers also facilitate mental, spiritual, and psychosocial therapy. In addition, social workers also act as facilitators in the process of data collection, distribution and evaluation of the distribution of social assistance from the government to families experiencing socioeconomic vulnerability. In rehabilitative services, social workers act as social advocates by helping families



access their basic rights, including supporting family potential mapping and action plans to prevent and overcome child stunting. Moreover, as stunting is often stigmatized in children, social workers also encourage primary healthcare facilities to promote support for mothers of stunted children (27). Here the role of social workers as social advocates becomes very strategic. Meanwhile, in the curative aspect carried out by health workers as assistants, this is done through the main role of assistance for physical recovery through various medical interventions. In the context of health, curative actions are often carried out after a person experiences illness, with the main objective of curing the patient or at least improving their condition. The explanation provides a conceptual picture that the implementation of promotive, preventive, curative, and rehabilitative services can be used to analyze the contribution and role of social workers in preventing stunting. Considering that so far this theory is often considered to be the authority of various medical professions. The division of roles in stunting prevention efforts between social workers and health workers according to the Primary Health Care (PHC) perspective can be collaborative or complementary. For example, in terms of regular routine maternal and child checks, as well as interventions that must be carried out at the individual and community levels, can be done by combining the roles of social workers and health workers (28). Because once again, stunting is not caused by a single factor such as lack of protein intake, but also involves parents' income, which indicates their level of welfare. Therefore, prevention is needed not only in terms of health but also socioeconomics (29). This theory can be seen in the figure below:



**Figure 2.** The role of social workers and health workers in Primary Health Care (PHC) theory  
Source: Results of the research, 2025.

The figure is a form of grouping the roles of social workers and health workers in stunting prevention according to Primary Health Care (PHC) theory in Malang District, East Java. In more detail, the roles of social workers and health workers in the perspective of Primary Health Care (PHC) theory can be explained as follows:

### **The role of mentoring by health workers**

In particular, officers from the Public Health Center (Puskesmas), which includes midwives allocated to each hamlet, perform this job. As per the study of Primary Health Care (PHC) theory, the help that health workers offer is more curative in nature. This includes helping with basic tests, such determining a toddler's height, weight, and lymph enlargement. Additionally, health workers can help with registration, weighing, recording, counseling, health checks, providing supplementary diets, and helping with deliveries. In addition to making sure pregnant women receive blood-boosting tablets and monitoring the delivery and exclusive breastfeeding, midwives also check the bride and groom for anemia. In addition to checking smoking and drinking water hygiene, midwives make sure babies are

immunized and receive vitamin A after delivery. The role of health workers in stunting reduction efforts is implicitly stated in the social policy issued through Malang Regent Regulation No. 33/2018. The regent regulation explains that efforts to reduce stunting are under the coordination of the Regional Development Planning Agency (Bappeda) and assisted by a technical team to overcome stunting, one of which is health workers. Various efforts have been made, including Integrated Service Centre (Posyandu) activities as a means of improving public health to the family level in order to avoid stunting.

### **The role of facilitator by social workers**

The facilitator role carried out by social workers is carried out by facilitating families and communities to support welfare by improving nutrition services, especially for groups of pregnant women, nursing mothers, and toddlers. Furthermore, this facilitation role is often carried out in the form of data collection, distribution and evaluation of social assistance in various forms, especially from the central government. The data verification step by social workers is very important to ensure that families prone to stunting are included in the database of beneficiaries from the Ministry of Social Affairs (DTKS).

### **The role of social advocacy by social workers**

In social advocacy, social workers play a crucial role by standing up for the rights and interests of marginalized, repressed, or socially disadvantaged persons and groups. Social workers' social advocacy tasks in practice include defending access to social, health, and educational resources as well as empowering others. Due to its goal of restoring the social, psychological, and functional conditions of individuals or groups so that they can resume their best possible participation in society, this advocacy duty falls under the category of rehabilitative roles. Social workers use advocacy to help people, families, or communities get over systemic and structural obstacles that stand in the way of their recovery and to empower them to speak up and take charge of their own lives. Social workers guarantee access to fundamental rights and encourage families and communities to engage in collective social functioning as part of stunting prevention practices. As a social advocate, social workers also play a key role in connecting families and communities with appropriate health services in stunting prevention actions in Malang Regency. In accordance with the research data, the role of social advocacy carried out by social workers can be divided into four parts, namely: First, empowerment and policy change are carried out by social workers by empowering communities and working to modify institutional policies to be more responsive to the needs of stunting prevention. This is done to encourage sustainable social change. Second, communication and education facilitators are carried out by social workers by using communication skills to disseminate information and education about stunting to families and communities, as well as facilitating dialogue between communities and the government or related institutions. Third, motivators and behaviour changers are carried out by social workers by providing motivation and support to the community to implement healthy parenting and behaviours to prevent stunting, such as exclusive breastfeeding and improving child nutrition. Fourth, the liaison of various stakeholders carried out by social workers by connecting various parties such as the government, health institutions, and the community to strengthen advocacy networks and collaboration in accelerating stunting reduction.

### **The role of educators by social workers**

Social workers have an important role in stunting prevention through community education activities, especially for families and vulnerable groups. This education includes counselling on balanced nutrition, the importance of maternal and child health care, proper parenting, and access to health and social services. The goal is to build community awareness, knowledge and skills in preventing stunting from occurring early on. This educational activity is included in the promotive role, because social workers focus on improving welfare and quality of life by encouraging healthy living behaviour, fulfilling children's basic rights, and creating a social environment that supports optimal growth and development. In addition, it also aims to prevent more serious health and social problems in the future, such as developmental delays, disabilities, or cognitive impairment due to stunting. Through targeted and community-based education, social workers help reduce the risk of stunting by empowering communities to identify risk factors and take active preventive action.

### **Comparison with Previous Studies**

This research has differences and novelty when compared to research with the theme of stunting that has been done before. First, a study entitled 'Towards Zero Stunting in 2023, an Early Stunting Prevention Movement through Education in Bangka Regency' which aims to provide education and understanding to adolescents about early stunting prevention through socialisation to adolescents with media such as Podcasts, TikTok, and videos on digital platforms (30). The study focuses on the digital platform-based prevention movement, while this study focuses on exploring the role of social workers and health workers within the framework of Primary Health Care (PHC) theory. Second, a study entitled 'The Role of the Community in Efforts to Reduce the Prevalence of Stunting in Kembang Village, Pacitan Regency, East Java' which focuses on efforts to reduce the number of stunted children through health counselling or seminars targeting pregnant women and nursing mothers as well as providing balanced and nutritious additional food (31). This research is much more in-depth because prevention and feeding efforts are only a small part of the role of social workers as educators, facilitators and social advocates. Third, a study titled 'The Role of Village Governments in Preventing Stunting in Bertah Village, Tiga Panah District, Karo Regency' aimed to determine the role of village governments in preventing stunting in that location (32). The difference between this study and the present study lies in the focus on exploring the role of village governments, whereas the present study explores the role of social workers and health workers in preventing stunting in Malang Regency. Fourth, a study titled 'The Effectiveness of the Stunting Reduction Acceleration Programme in the Riau Islands' focused on evaluating the effectiveness of programme implementation in accelerating the reduction of stunting (33). The difference with this study is that it did not seek to test the effectiveness of the programme, but rather to examine the role of social workers and health workers in stunting prevention efforts. Fifth, a study titled 'Providing Education as an Effort to Prevent Stunting in Karang Anyar Village, Mamajang District, Makassar City,' where the objective of this activity is to provide education as one of the solutions to address the issue of stunting. The target audience for this programme includes adolescents, prospective brides, pregnant women, and breastfeeding mothers (34). There is a significant difference with this research, because the research conducted has a more comprehensive focus. The educational aspects carried out in this research are only part of the role carried out by social workers as educators in preventing stunting in Malang Regency.

### **Limitations and Cautions**

This study has limitations, particularly in establishing more intensive communication with informants due to work reasons and the wide geographical distribution of informants. In addition, this study only focuses on the contributions of two professions, namely social workers and health workers. In terms of theory, this study only uses the Primary Health Care (PHC) Theory as a tool for analysing the implementation of roles in stunting prevention in Malang Regency.

### **Recommendations for Future Research**

Referring to the limitations in the above research process, the recommendations for further research are as follows: First, explore the roles and contributions of professions other than social workers and health workers in stunting prevention and treatment efforts. This is important to see in more detail the potential for overlapping or conflicting roles that actually prevent various efforts from being maximised. Second, further investigate the existence of broader interprofessional collaboration in stunting prevention efforts, with roles distributed objectively and sustainably. Third, since this study only uses the Primary Health Care (PHC) theory as an analytical tool, future research could try using other equally relevant theories to assess the roles and contributions of other professions in stunting prevention efforts. Fourth, subsequent research could evaluate or assess the effectiveness of various stunting prevention programmes or the extent to which targets for reducing stunting prevalence in Malang Regency have been achieved as a means of developing programmes for the following year, including identifying the impact of interprofessional collaboration within these programmes.

## **CONCLUSION**

According to Primary Health Care (PHC) paradigm, social workers' roles include preventative, rehabilitative, and promotional efforts, whereas health workers concentrate primarily on curative tasks. Social workers serve as educators in promotive services by teaching literacy to families who may have children who are at risk of stunting. In order to improve comprehension and alter social behavior, literacy development is accomplished through socialization, education, training, and capacity-building exercises. When it comes to prevention, social workers play the role of facilitators by offering families with stunted children emotional support and encouraging them to keep taking part in health intervention activities. Social workers also assist with psychosocial, spiritual, and mental therapy. Furthermore, social workers facilitate the process of gathering, disseminating, and assessing government social assistance payments. Social workers in rehabilitative services play the role of social advocates by assisting families in exercising their basic rights, such as assisting with action plans and family potential mapping to prevent and treat childhood stunting. Finally, health professionals' primary responsibility as companions is to guide patients toward physical recovery through a variety of medical interventions. The results of this study provide inspiration not only for further research but also for policymakers to consider large-scale interprofessional collaboration options for addressing stunting issues. This aims to ensure that the burden of this problem does not fall solely on a single profession with certain limitations. Each party can share programmes, budgets, knowledge, and experience in the mission to achieve zero stunting and welcome the golden generation within the framework of Primary Health Care (PHC) theory.

## **AUTHOR'S CONTRIBUTION STATEMENT**

The first author contributed to the preparation of the research proposal, data collection and analysis, preparation of the report and drafting the publication article. The second author contributed to the data verification and validation process as well as corrections to the data analysis of the research results. Finally, the third author with a health science background contributed to providing corrections at the data analysis stage, especially those related to the theory of primary health care (PHC).

## **CONFLICTS OF INTEREST**

The authors have no financial or personal relationships with entities that could affect objectivity. The research process was conducted with transparency, integrity and credibility. Thus, there was no conflict of interest during the research process until it was completed.

## **DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS**

The authors confirm that no artificial intelligence or artificial intelligence-assisted technology was used in the creation, writing, editing or formatting of the manuscript. All content was created exclusively by the authors without the involvement of artificial intelligence tools.

## **SOURCE OF FUNDING STATEMENTS**

This study was funded by the Small Research and Collaboration Fund (Project Code: SK2023-013), Faculty of Social Sciences and Humanities (FSSK), UKM Bangi, Selangor and FISIP, Universitas Muhammadiyah Malang, Indonesia.

## **ACKNOWLEDGMENTS**

The authors would like to thank the government of Malang Regency through the relevant agencies for granting permission to conduct the research. Also, to the informants who have provided their time and shared information related to the theme of this research.

## **BIBLIOGRAPHY**

1. Githanga D, Awiti A, Were F, Ngwiri T, Nyarko MY, Shellack N. A Consensus on Malnutrition in Africa: A Report from the Micronutrient Deficiency Awareness Forum (Nairobi 2017). *African Journal of Food, Agriculture, Nutrition and Development*. 2019;19(2):14277–90. doi : 10.18697/ajfand.85.17775. Available From : <https://www.ajol.info/index.php/ajfand/article/view/185602>.
2. Atamou L, Rahmadiyah DC, Hassan H, Setiawan A. Analysis of the Determinants of Stunting among Children Aged below Five Years in Stunting Locus Villages in Indonesia. *Healthcare (Switzerland)*. 2023;11(6). Doi : 10.3390/healthcare11060810. Available from: <https://pubmed.ncbi.nlm.nih.gov/36981466/>.
3. James SL, Jorgensen Wells MA, Larsen Gibby A, Njue JR, Rarick TM, Vogrinc W, et al. Contextualizing Maternal Education and Child Health in Sub-Saharan Africa: The Role of Intimate Partner Violence. *Social Science*. 2023;12(6):324. doi : 10.3390/socsci12060324. Available from: <https://www.mdpi.com/2076-0760/12/6/324>
4. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, De Onis M, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*. Elsevier B.V. 2008;371:510–526. doi : 10.1016/S0140-6736(13)60937-X. Available from: [https://doi.org/10.1016/S0140-6736\(13\)60937-X](https://doi.org/10.1016/S0140-6736(13)60937-X).
5. Olofin I, McDonald CM, Ezzati M, Flaxman S, Black RE, Fawzi WW, et al. Associations of Suboptimal Growth with All-Cause and Cause-Specific Mortality in Children under Five Years: A Pooled Analysis of Ten Prospective Studies. *PLoS One*. 2013;8(5):445–447. doi : 0.1371/journal.pone.0064636. Available From : Associations of suboptimal growth with all-cause and cause-specific mortality in children under five years: a pooled analysis of ten prospective studies - PubMed.
6. Pelletier DL, Frongillo EA, Schroeder DG, Habicht JP. The effects of malnutrition on child mortality in developing countries. *Bulletin of the World Health Organization*. 1995; 73(4):443–8. Available From : The effects of malnutrition on child mortality in developing countries - PubMed.
7. Kundan I, Nair R, Kulkarni S, Deshpande A, Jotkar R, Phadke M. Assessment, outcomes and implications of multiple anthropometric deficits in children. *BMJ Nutr Prev Health*. 2021;4(1):267–74. doi : 10.1136/bmjnp-2021-000233. Available from: <https://pubmed.ncbi.nlm.nih.gov/34308135/>
8. Marni M, Zulkifli A, Thaha RM, Hidayanty H, Stang S, Syafar M, et al. Awareness, Motivation, and Intentions in Preventing Stunting in the Dry Land Area of Kupang Regency, East Nusa Tenggara Province. *International Journal of Sustainable Development and Planning*. 2023;18(1):201–7. doi : 10.3889/OAMJMAS.2021.7019. Available From : Cultural communication strategies of behavioral changes in accelerating of stunting prevention: A systematic review - Hasanuddin University.
9. Boulom S, Bon DM, Essink D, Kounnavong S, Broerse JEW. Understanding Discrepancies in Nutritional Outcomes Among Under-Fives in Laos: A Mixed-Methods Study Using the Positive Deviance Approach. *Food Nutr Bull*. 2022 43(3):303–22. doi : 10.1157/03795721221096187. Available From : Understanding Discrepancies in Nutritional Outcomes Among Under-Fives in Laos: A Mixed-Methods Study Using the Positive Deviance Approach - PubMed.
10. Haq W, Abbas F. A Multilevel Analysis of Factors Associated With Stunting in Children Less Than 2 years Using Multiple Indicator Cluster Survey (MICS) 2017–18 of Punjab, Pakistan. *Sage Open*. 2022;12(2):1–12. doi : 10.1177/21582440221096127. Available From: <https://journals.sagepub.com/doi/full/>.
11. Herawati DMD, Sunjaya DK. Implementation Outcomes of National Convergence Action Policy to Accelerate Stunting Prevention and Reduction at the Local Level in Indonesia: A Qualitative Study. *Int J Environ Res Public Health*. 2019;19(20):13591. Available From : <https://pubmed.ncbi.nlm.nih.gov/36294173/>
12. Roediger R, Taylor Hendrixson D, Manary MJ. A roadmap to reduce stunting . *American Journal of Clinical Nutrition*. 2020;14(112): 773–776. Available from: <https://pubmed.ncbi.nlm.nih.gov/32851394/>.13.
13. Woldehanna T, Behrman JR, Araya MW. The effect of early childhood stunting on children’s cognitive achievements: Evidence from young lives Ethiopia. *Ethiop J Health Dev*. doi : 10.12691/ajcmr-7-1-3. Available from: [www.younglives.org.uk](http://www.younglives.org.uk).
14. Tindangen M, Engka DS, Wauran PC, Development Economics J, Economics and Business F. The Role of Women in Improving the Family Economy (Case Study: Women Rice Field Workers in West Lemoh Village,

- East Tombariri District, Minahasa Regency). *Journal of Efficiency Scientific Periodicals*. 2020;20(03):79-87. Available from: <https://ejournal.unsrat.ac.id/index.php/jbie/article/view>.
15. Salfa HN. Women's Social Role in Society and Its Implication to the Placement of Women Legislative Members in Commissions in the House of Representatives of the Republic of Indonesia for the 2019-2024 Period [Women's Social Role in Society and Its Implication to The Division of Job of Women's MP]. *Journal of Politica Dynamics of Domestic Political Problems and International Relations*. 2023;13(2):162-81. doi : 10.22212/jp.v13i2.3163. Available From : <https://jurnal.dpr.go.id/index.php/politica/article/view/3163>.
  16. Supiana I, JJ & S. The Role of Social Workers for Children Against the Law at the Social Rehabilitation Center for Children Requiring Special Protection (Brsampk). *Jssha Adpertisi Journal*. 2023 ;22(4):44–52. Doi:10.111/cfs.12720. Available from: <https://jurnal.dpr.go.id/index.php/politica/article/view/3163/>.
  17. Kondoy A, Posumah JH, Londa VY. The Role of Medical Personnel in the Implementation of the Universal Coverage Program at Puskesmas Bahu, Manado City. 2017;46(1):1–7. doi:.. Available From : <https://ejournal.unsrat.ac.id/v3/index.php/JAP/article/view/16302>.
  18. Ladro Kusworo D, Nur Khaliza Fauzi M, Arya Pratama A. Khatulistiwa Law Review Daffa Ladro Kusworo, Maghfira Nur Khaliza Fauzi. *Khatulistiwa Law Review*. 2021;2(2):329–47. doi: 10.24260/klr.v2i2.404 From: [https://www.researchgate.net/publication/362551243\\_Primary\\_Health\\_Care\\_Improvement](https://www.researchgate.net/publication/362551243_Primary_Health_Care_Improvement).
  19. Sara Naicker. Child Health and Development (CHD) MNC& AH& A (MCA). Nurturing care for early childhood development. 2018. Switzerland. Available From: Nurturing Care;2018. Available From: <https://www.who.int/publications/i/item/9789241514064>.
  20. Vaivada T, Akseer N, Akseer S, Somaskandan A, Stefopulos M, Bhutta ZA. Stunting in childhood: An overview of global burden, trends, determinants, and drivers of decline. *American Journal of Clinical Nutrition*. Oxford University Press. 2020;14(112): 777S-791S. doi : 10.1093/ajcn/nqaa159. Available From : <https://pubmed.ncbi.nlm.nih.gov/32860401/>.
  21. Badan Pusat Statistik (BPS). Laporan Indeks Khusus Penanganan Stunting 2019–2020. Publikasi no. 04200.2111, kat. 4207002. Jakarta: BPS; 8 Sep 2021.
  22. Woodside AG. Case study research. In: *Case study research: theory, methods and practice*. 1st ed. Bingley: Emerald Group Publishing; 2016. p. 54–65
  23. Darlington Y, Scott D. *Qualitative research in practice: stories from the field*. 2nd ed. London: Routledge, Taylor & Francis Group; 2020. 224 p.
  24. Gillham B. *Case study research methods*. London: Continuum; 2000. 104 p.
  25. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3(2):77–101. doi:10.1191/1478088706qp063oa
  26. Novia Puspitasari P, Adi AC. Risk Factors of Stunting in Children Aged 1-5 Years at Wire Primary Health Care, Tuban Regency, East Java. *Journal of Maternal and Child Health*. 2020;(04):387–95. doi: 10.26911/thejmch.2020.05.04.05. Available from: [www.thejmch.com](http://www.thejmch.com)
  27. Ramadhaniyati, Lestari L, Saito R, Tsuda A. Exploring Mothers' Experiences in Accessing Primary Healthcare Service Facilities in Rural Indonesia: Implication for Stunting Prevention. *Journal of Rural Community Nursing Practice [Internet]*. 2025 Mar 25;3(1):129–49. doi: 10.58545/jrcnp.v3i1.414 Available from: <https://ebsina.or.id/journals/index.php/JRCNP/article/view/414>
  28. Ni Putu Ayu Krisna Yuniastuti, I Kadek Adi Paramartha. Child Nutrition Health Services Centered on Primary Health Care To Reduce Stunting Incidence. *Kesmas Uwigama: Jurnal Kesehatan Masyarakat*. 2022; 29;8(1):24–9. doi: 10.24903/kujkm.v8i1.1397. Available From: Child Nutrition Health Services Centered on Primary Health Care To Reduce Stunting Incidence | KESMAS UWIGAMA: Jurnal Kesehatan Masyarakat.
  29. Jechel ZA, Picauly2 I, Regaletha3 TAL. The Affecting Factors of Stunting in Tarus Primary Health Care, Central Kupang Sub-District, Kupang Regency. *Journal of Community Health Juni [Internet]*. 2023(2):472–82. Available from: <https://doi.org/10.35508/ljch>. Available From: The Affecting Factors of Stunting in Tarus Primary Health Care, Central Kupang Sub-District, Kupang Regency | Lontar : Journal of Community Health
  30. Valeriani D, Prihardini Wibawa D, Safitri R, Apriyadi R, Studi Ekonomi P, Ekonomi F, et al. Towards Zero Stunting in 2023 Movement for Early Prevention of Stunting through Education for Adolescents in Bangka

- Regency. Jurnal Pustaka Mitra. 2022;2(2022);84-88. doi: 10.55382/jurnalpustakamitra.v2i2.182. Available From : <https://media.neliti.com/media/publications/482246-none-0466baee.pdf>.
31. Hamid R Al, Muhammad Fathun Niam. The Role of the Community in Efforts to Reduce the Prevalence of Stunting in Kembang Village, Pacitan Regency, East Java. *Dinamisia : Jurnal Pengabdian Kepada Masyarakat*. 2023;7(4):919–29.doi:10.31849/dinamisia.v7i4.1.AvailableFrom: <https://pdfs.semanticscholar.org/b9b3/c711d324e58ef2602d1b1bef30bfd981127c.pdf>.
  32. Budiman MR, Syahbanaf FA, Nurhasanah Y, Widhyharto DS, Pratama AR. Policy, Risk, and Alternative Social Protection in Youth Transition in Central Java. *Journal of Youth Studies*. 2019;7(1):46. Doi: 10.22146/studipemudaugm.42908.AvailableFrom: [https://scholar.google.com/citations?view\\_op=view\\_citation&hl=id&user=hebEoyMAAAAJ&citation\\_for\\_view=hebEoyMAAAAJ:\\_kc\\_bZDykSQC](https://scholar.google.com/citations?view_op=view_citation&hl=id&user=hebEoyMAAAAJ&citation_for_view=hebEoyMAAAAJ:_kc_bZDykSQC).
  33. Ayu Zizi A, Ayunatasya A, Samosir L. Effectiveness of the Stunting Reduction Acceleration Program in Riau Islands. *Journal of Political and Social Administration*. 2023;4(2):50–9. doi : 10.22146/studipemudaugm.42908. Available From : <https://jurnal.ugm.ac.id/jurnalpemuda/issue/view/3696>.
  34. Baharuddin B, Kongkoli EY.Providing Education in Efforts to Prevent Stunting in Karang Anyar Village, Mamajang District, Makassar City. *Bhakti Persada*. 2023;9(1):10–5. doi: 10.31940/bp.v9i1.10-15. Available From: <https://ojs2.pnb.ac.id/index.php/BP/article/view/959>.