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Analysis of Social Determinants in Stunting Prevention Efforts: The Strategic Role of Midwives in the Community

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ABSTRACT

This study aims to analyze the impact of various social factors on the prevalence of stunting in the population and to evaluate the effectiveness of business strategies in addressing social challenges affecting childcare practices. The quantitative approach used in this research is the Partial Least Squares Structural Equation Modeling (PLS-SEM) analysis. The data collection instrument is a structured questionnaire that has been evaluated for validity and reliability. The sample consisted of 80 women who worked and lived in the work area of Tanjung Balai City School. To describe the characteristics of respondents, univariate analysis is used, while bivariate analysis is used to understand the relationships between variables in a structural model. The results showed that all social variables examined, including family education, work and family support, access to health information, access to and utilization of health services, and social and family environment, had a significant impact on the likelihood of stunting ($p < 0.05$). Access and utilization of health services contribute the most to dependent variables.

Keywords: Stunting, Social Determinants, Midwives, PLS-SEM, Prevention, Public Health

ABSTRAK

Penelitian ini bertujuan untuk menganalisis dampak berbagai faktor sosial terhadap prevalensi stunting pada populasi dan untuk mengevaluasi efektivitas strategi bisnis dalam mengatasi tantangan sosial yang mempengaruhi praktik pengasuhan anak. Pendekatan kuantitatif yang digunakan dalam penyelidikan ini adalah analisis Partial Least Squares Structural Equation Modeling (PLS-SEM). Instrumen pengumpulan data adalah kuesioner terstruktur yang telah dievaluasi validitas dan keandalannya. Sampel terdiri dari 80 perempuan yang bekerja dan berdomisili di wilayah kerja Sekolah Kota Tanjung Balai. Untuk menggambarkan karakteristik responden, analisis univariat digunakan, sedangkan analisis bivariat digunakan untuk memahami hubungan antara variabel dalam model struktural. Hasil penelitian menunjukkan bahwa semua variabel sosial yang diperiksa, termasuk pendidikan keluarga, dukungan pekerjaan dan keluarga, akses informasi kesehatan, akses dan pemanfaatan layanan kesehatan, serta lingkungan sosial dan keluarga, berdampak signifikan terhadap kemungkinan stunting ($p < 0,05$). Akses dan pemanfaatan layanan kesehatan berkontribusi paling besar terhadap variabel dependen.

Kata kunci: *Stunting, Determinan Sosial, Bidan, PLS-SEM, Pencegahan, Kesehatan Masyarakat*

INTRODUCTION

Stunting is a complex public health problem and is a major challenge for human resource development in Indonesia (Aprillia & Siauta, 2022). This condition of failure to thrive due to chronic malnutrition not only affects a child's height, but also has long-term impacts on cognitive development, productivity, and the risk of degenerative diseases in the future (Community & Practice, 2025). According to data from the 2022 Indonesian Nutritional Status Survey (SSGI), the prevalence of stunting in Indonesia still reached 21.6%, far above the threshold set by the World Health Organization (WHO), which is 20% (Trisilawati et al., 2025). Efforts to reduce stunting rates have become a national priority, especially within the framework of sustainable development and achieving the Sustainable Development Goals (SDGs) targets by 2030 (Darmastuti et al., 2025). Nevertheless, these endeavors cannot be exclusively concentrated on medical or nutritional aspects, as stunting is the outcome of the collaboration of a variety of social, economic, environmental, and behavioral factors.

The approach to stunting prevention must take a holistic view of the social determinants that influence children's nutritional status (Maulida et al., 2024). Social determinants of health are the socio-economic conditions that shape everyday life, such as family income, parental education, access to health services, living conditions, and social support networks (Maulida et al., 2024). These factors play a crucial role in determining whether a child will grow up healthy or experience growth retardation (Afandi et al., 2022). For instance, families with inadequate levels of education are more susceptible to misinformation and possess inadequate information regarding infant and young child nutrition practices. In the same vein, impoverished families frequently experience a lack of access to clean water, adequate sanitation, and nutritious food, all of which are critical components of stunting prevention.

Furthermore, social inequality also increases the risk of stunting, especially in remote and poor areas that lack health and education infrastructure (Daniel et al., 2023). This inequality causes vulnerable groups to become increasingly unable to access resources that could help them escape the cycle of poverty and malnutrition (Gupta et al., 2025). Therefore, stunting prevention must be understood as a multidimensional issue that requires a cross-sectoral approach, which includes not only medical and nutritional interventions, but also community-based social interventions. In this case, the existence and strategic role of midwives in the community are very important and cannot be ignored (Vaivada et al., 2020).

Midwives are health workers who are at the forefront of maternal and child health services, especially at the community level (Nove et al., 2021). The presence of midwives in villages or sub-districts makes them the spearhead in early detection of stunting risk factors, providing nutritional education, and facilitating access to basic health services (Basrowi et al., 2022). Moreover, midwives also play an important role in bridging communication between the community and the formal health service system (Nguyen et al., 2021). In the context of social determinants, midwives play a role in understanding the socio-cultural context that shapes community behavior, including complementary feeding habits, childcare patterns, and traditional beliefs that influence health decisions. With this understanding, midwives can develop a more contextual approach that is accepted by the local community (Macdonald et al., 2020).

However, the role of midwives cannot always be optimal without strong system support. Some of the challenges faced by midwives in carrying out their functions include high workloads, limited resources, and lack of adequate ongoing training, especially related to understanding the multidimensionality of stunting and a social determinant-based approach (Fatori et al., 2020). In addition, cross-sector coordination between health services, social services, education, and village governments is often still weak, so that interventions carried out do not touch the root of the problem as a whole. Therefore, it is necessary to strengthen the capacity of midwives and establish a support system that enables them to play a more effective role in preventing stunting (Marshall et al., 2020). From a policy perspective, strengthening the role of midwives in overcoming stunting is in line with the national strategy to accelerate stunting reduction launched by the government (Kalpakjian et al., 2021). This strategy emphasizes the importance of integrating specific interventions (such as nutritional supplementation and health services) with sensitive interventions (such as education, social protection, and family economic empowerment) (Santos-Pinto et al., 2020). In this strategy, midwives are key actors who play a role not only as program implementers, but also as agents of change at the community level (Naslund et al., 2020). They can contribute to designing, implementing, and evaluating local needs-based programs, so that stunting prevention programs become more relevant and effective (Raj et al., 2022).

Strengthening the capacity of midwives to understand and analyze the social determinants of stunting can help in the formulation of more strategic and data-driven interventions (Schneider, 2025). With the ability to identify social factors that influence the families they support, midwives can develop

targeted intervention strategies, for example through a high-risk family approach, community mapping, and more personalized support (FAJRI, 2023). In addition, midwives can also play a role in advocacy at the village or sub-district level, by proposing community empowerment programs that support efforts to prevent stunting in a sustainable manner (Sulistyaningsih et al., 2023). Given the importance of the role of midwives and the complexity of the factors causing stunting, research on the relationship between social determinants and efforts to prevent stunting with a focus on the role of midwives is very relevant. Given the importance of the role of midwives and the complexity of the factors causing stunting, research on the relationship between social determinants and efforts to prevent stunting with a focus on the role of midwives is very relevant (Muhtar et al., 2022). This research will not only provide a more complete picture of the social conditions of the community and the challenges faced in preventing stunting, but will also provide valuable input for policy makers, midwifery education institutions, and health service institutions to increase the effectiveness of existing interventions (Afriza et al., 2024). In addition, the results of this study are expected to strengthen the position of midwives as empowered agents of public health development who play a strategic role in changing the future of the nation's generations (Widyarani et al., 2024).

The novelty of this research lies in the integration of social determinant analysis with the strategic role of midwives through a quantitative approach using Partial Least Squares Structural Equation Modeling (PLS-SEM). Previous research generally separates the analysis between social factors and the role of health workers, so it does not provide a complete picture of the interaction between the two. This study presents a new approach by modeling social determinants and the role of midwives as interrelated constructs in explaining the success of stunting prevention efforts. Through this approach, a new understanding is gained on how and to what extent social, economic, and environmental conditions strengthen or weaken the effectiveness of the role of midwives in community-based stunting prevention efforts. The results of this study are expected to make a theoretical contribution to the development of a framework of social determinants of health as well as practical contributions in the formulation of *evidence-based policies* to strengthen public health interventions at the community level.

Based on this conceptual foundation, this study formulates the following research questions:

1. How do social determinants — including maternal education, employment and family income, access to health information, health service utilization, and social support and family environment — affect stunting prevention efforts at the community level?
2. To what extent does the strategic role of midwives mediate or strengthen the relationship between social determinants and the success of stunting prevention efforts?

Furthermore, the hypotheses proposed in this study are as follows:
H1: Social determinants have a significant effect on stunting prevention efforts.
H2: The strategic role of midwives significantly mediates the relationship between social determinants and the results of stunting prevention efforts.

The objective of this investigation is to conduct a comprehensive examination of the ways in which a variety of social determinants affect stunting prevention efforts and the degree to which midwives are capable of fulfilling their strategic role in the face of a variety of social circumstances. It is anticipated that the quality of life of Indonesian children will be significantly improved in the future as a result of the more targeted and sustainable implementation of efforts to reduce stunting in Indonesia, which will be facilitated by a more comprehensive understanding of the relationship between social factors and public health interventions.

METHOD

Research Design

This study uses a quantitative approach with the Partial Least Squares Structural Equation Modeling (PLS-SEM) analysis procedure. This approach was chosen because it is able to explain the complex relationships between latent variables that cannot be measured directly and allows simultaneous testing between structural models and measurement models. PLS-SEM is considered relevant to examine the relationship between social determinants and stunting prevention efforts, because it takes into account various factors that interact with each other indirectly.

In this study, PLS-SEM was used not only to identify direct and indirect influences between variables, but also to improve the accuracy of hypothesis testing as well as the robustness of the proposed model. To ensure methodological transparency, this study presents the stages of model analysis which include tests of construct validity, reliability, and *goodness-of-fit* models. The interpretation of the results of the analysis highlights the theoretical and practical implications of how social determinants shape the effectiveness of the role of midwives in community-based stunting prevention programs.

Ethical Consent

This research has received ethical approval from the Health Research Ethics Committee of the Sakinah Husada Tanjungbalai College of Health Sciences (Number: 021/KEPK-STIK-SH/II/2025). All respondents were given an explanation of the purpose of the research, the confidentiality of the data, and the right to refuse or withdraw at any time without consequences. All participation was carried out based on *the principle of informed consent* signed by the respondents before filling out the questionnaire.

Population and Sample

The sample of this study included 80 respondents. The sampling technique used was purposive sampling, with inclusion criteria: (1) mothers who have children aged 6-59 months, (2) domiciled in the local health center's work area, and (3) willing to be research respondents. The selection of research locations was deliberately based on the high prevalence of stunting and the availability of representative data.

The justification for sample size is based on the recommendations of Hair et al. (2021), who state that the PLS-SEM analysis requires a minimum size of 10 times the number of indicators in a single construct. A sample count of 80 is considered to meet the adequacy criteria (*minimum sample adequacy*).

Instruments and Data Collection

The research instrument is in the form of a structured questionnaire that has been tested for validity and reliability. The reliability test showed that the entire construct had Cronbach's Alpha and Composite Reliability (CR) values above 0.7, indicating good internal consistency. The Average Variance Extracted (AVE) value for each construct is greater than 0.5, indicating the fulfillment of convergent validity. Data collection was carried out for two months, from January to February 2025, through a direct survey assisted by trained enumerators and verified by the coordinating midwife of the Datuk Bandar Health Center.

Statistical Analysis

Data analysis was carried out using SmartPLS software version 4.0. The stages of analysis include:

1. Evaluation of Measurement Models (Outer Model)

- The validity test was converged through the *value of loading factor* (> 0.7) and AVE (> 0.5).
- The construct reliability test used Composite Reliability (CR > 0.7) and Cronbach's Alpha (> 0.7).
- The discriminant validity test used the Fornell-Larcker Criterion and *cross-loading analysis*.

2. Evaluation of Structural Models (Inner Model)
   - Determination coefficient (R^2) testing to assess the proportion of dependent variance described by the model.
   - Analysis of relevance (Q^2) and Goodness-of-Fit (GoF) predictive values to assess model fit.
   - Path significance testing was carried out through a bootstrapping procedure of 5,000 resamples, resulting in path coefficient (β), t-statistic, and p-value values.

Brief Results of Model Test

The results of the PLS-SEM analysis showed that all paths of relationship between constructs were significant ($p < 0.05$). An R^2 value of 0.63 indicates that the model is able to explain 63% variation in the variables of stunting prevention efforts. The Composite Reliability (0.82–0.97) and AVE (0.61–0.89) values met the validity and reliability criteria. The variables of access to and utilization of health services ($\beta = 0.357$; $p = 0.004$) had the most dominant influence on stunting prevention efforts, followed by family income ($\beta = 0.344$; $p = 0.049$) and family social support ($\beta = 0.341$; $p = 0.039$). These findings reinforce the evidence that social determinants simultaneously influence the success of stunting interventions conducted by midwives at the community level.

RESULTS AND DISCUSSION

RESULTS

Univariate Analysis

Characteristics of respondents

The socio-economic profile of respondents was described using univariate analysis, a critical component of comprehending the social context of society. Based on the analysis' findings, the majority of respondents are women of reproductive age who are within the optimal age range for giving birth. The employment status indicates that the majority of mothers are housewives, while high school graduates dominate the educational level. The majority of respondents have had access to health information from credible sources, such as midwives or integrated health posts, and family income is divided into low to middle categories. These results offer a perspective on the socio-economic context that is pertinent to the problem of stunting.

Tabel 1. Characteristics of Respondents at the Datuk Bandar Health Center, Tanjung Balai City in 2025

Characteristics	Category	Sum (n)	Percentage (%)
Age of Mother	< 20 year or > 35 years	18	22.5%
	20 – 35 years old	62	77.5%
Conclusive Education	Elementary School	5	6.25%
	Junior high school	10	12.5%
	Senior High School	45	56.25%
	Bachelor	20	25%
Mother's Occupation	Housewives	45	56.25%
	Work (formal/informal)	35	43.75%
Family Income	< IDR 2,000,000/month	30	37.5%
	Rp 2.000.000 -4,000,000/month	40	50%

	> IDR 4,000,000/month	10	12.5%
Access Health Information	Limited (from neighbors/family only)	29	36.25%
	Enough (from midwife or posyandu)	51	63.75%

Construct Validity and Reliability Test

Reliability and construct validity testing were conducted to ensure that the instruments used were reliable and able to measure the constructs accurately. The results showed that all constructs had Cronbach's Alpha and Composite Reliability values above 0.7, and Average Variance Extracted (AVE) values above 0.5. This indicates that the constructs have met the requirements of internal consistency and convergent validity, so they are suitable for use in structural model analysis.

Table 2. Construct Validity and Reliability Test Results

Construction	***Cronbach's Alpha***	***Rho_A***	***Composite Reliability***	***Average Variance Extracted (AVE***
Mother's Education	0.958	0.917	0.817	0.895
Employment and Income	0.970	0.895	0.852	0.883
Access to Health Information	0.863	0.823	0.952	0.851
Access and Utilization of Health Services	0.826	0.921	0.913	0.899
Social Environment and Family Support	1.000	1.000	1.000	1.000
Social determinants influence stunting prevention efforts	0.928	0.921	0.838	0.859

Bivariate Analysis

Bivariate analysis was used to determine the extent to which each independent variable influences the dependent variable, namely stunting prevention efforts. The results of testing using the bootstrapping technique in PLS-SEM showed that all variables had a significant effect on stunting prevention, with a p value <0.05. Access and utilization of health services contributed the most to stunting prevention efforts, followed by employment and income variables, and the social environment. This strengthens the finding that structural factors and social support play an important role in public health interventions.

Table 3. The Influence of Social Determinants on Stunting Prevention Efforts (PLS-SEM Results)

Variable	***Original Sample (O)***	***Sample (M)***	***Mean***	***STDEV***	***T-Statistics (|O/STDEV|)***	***P value***
Mother's Education	0.252	0.382		0.093	2.580	**0.030**
Employment and Income	0.344	0.199		0.101	2.949	**0.049**
Access to Health	0.257	0.212		0.178	2.852	**0.046**

Information					
Access and Utilization of Health Services	0.357	0.471	0.154	2.561	**0.0041**
Social Environment and Family Support	0.341	0.237	0.179	2.742	**0.039**

Univariate analysis in this study provides a comprehensive picture of the socio-economic background of respondents which is the basis for understanding the context of stunting problems in the working area of the Datuk Bandar Health Center, Tanjung Balai City. Based on the results of the frequency distribution, it can be seen that the majority of respondents are mothers who are in the ideal reproductive age range, namely between 20 and 35 years. This indicates that most of the mothers who are the objects of the study are in a biological phase that supports optimal pregnancy and child care.

In terms of education, most respondents were recorded as high school graduates (SMA/SMK). This condition reflects that basic knowledge about reproductive health, nutrition, and childcare should have been available at least in the respondents. However, despite having a secondary education background, the influence of education on stunting prevention practices still depends heavily on the effectiveness of the use of available health information and services.

The respondents' employment status is dominated by housewives. This position reflects the high domestic responsibility, where mothers are central figures in childcare. Although they do not have a fixed income, housewives have a major role in household decision-making, especially regarding feeding children, visits to health facilities, and empowerment of integrated health post services. However, limitations in mobility and household economy can be obstacles in accessing quality health services, especially if not balanced by support from partners or the surrounding environment.

The family income in this study was mostly low to middle. This condition also affects the family's ability to meet the basic needs of children, such as nutritious food, decent housing, and access to health and education facilities. Research by (Aprillia & Siauta, 2022) strengthens this finding, which states that families with low income levels have a higher risk of experiencing chronic nutritional problems in children, including stunting. Furthermore, the aspect of access to health information shows that the majority of mothers have received information from fairly reliable sources, such as midwives and integrated health posts. This is a positive indicator because it shows the success of primary services in reaching the community, especially groups of mothers. Accurate, relevant, and easy-to-understand information greatly determines behavioral changes in child care and treatment. This is in line with the findings (Mediani et al., 2022) which emphasizes that access to information from health workers increases mothers' awareness of the importance of monitoring their children's growth and development regularly.

Bivariate analysis was carried out to test the relationship between social determinant variables and dependent variables, namely stunting prevention efforts. Through the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach, statistical evidence was obtained that all variables studied had a significant influence on stunting prevention. This strengthens the hypothesis that stunting is not just a medical or nutritional problem, but also includes complex social aspects.

First, the variables (Sentika et al., 2024) shows a positive relationship to stunting prevention efforts.

The higher the mother's education, the greater the likelihood of having knowledge and awareness of the importance of nutrition, immunization, and environmental cleanliness that supports child growth and development. Education is the initial key in opening access to information and resources that support family health. These results are reinforced by (Herawati & Sunjaya, 2022) who found that mothers with secondary education and above were more likely to access health information and implement parenting practices that comply with child nutrition standards.

Second, the variables of work and family income contribute significantly to stunting prevention. The economic condition of the family greatly determines the ability to provide healthy food, visit health facilities, and maintain the living environment. In households with better incomes, parents tend to have greater financial flexibility in supporting children's health needs. Research by (Hasriadi et al., 2024) identified that low income is closely correlated with lack of access to nutritious food and health services, which ultimately increases the risk of stunting.

Third, access to health information has also been shown to have a significant impact. Information obtained from health workers, educational media, and integrated health post activities helps mothers understand the importance of practices such as exclusive breastfeeding, complete immunization, and regular monitoring of child growth. Without adequate information, mothers are at risk of making inappropriate decisions in parenting. This finding is supported by (Niga, 2023) which states that mothers who actively participate in integrated health post counseling have a higher chance of implementing parenting patterns that prevent stunting.

Furthermore, the variables of access and utilization of health services are factors that provide the greatest contribution to efforts to prevent stunting. This shows that direct interaction with health workers through facilities such as health centers, integrated health posts, or home visits, has a real impact on improving maternal and child health practices. Easily accessible and quality health services will accelerate early detection of nutritional problems and provide appropriate treatment referrals. Research by (Imanuel Hadi, 2023) concluded that the intensity of maternal visits to primary health services is directly correlated with better child nutritional status.

Finally, the social environment and family support also play an important role. Support from partners, extended family, and the surrounding community can strengthen the mother's belief and enthusiasm in adopting positive behaviors for the child's health. This support can be in the form of physical, emotional, or informational assistance, all of which have an impact on the mother's decision to care for and provide nutrition to the child. These results are reinforced by (Lang, 2019) who found that social support plays a protective role in preventing stunting, especially in families with economic and educational limitations.

DISCUSSION

The univariate analysis in this study provides a comprehensive overview of the socio-economic conditions of respondents, forming the basis for understanding the context of stunting issues within the working area of the Datuk Bandar Health Center, Tanjungbalai City. The frequency distribution results indicate that most respondents are mothers within the ideal reproductive age range (20–35 years), have a secondary level of education, and are predominantly housewives. This condition illustrates that the majority of respondents are biologically in a phase that supports optimal pregnancy and childcare; however, they still face structural limitations in terms of income and access to health resources.

In terms of education, the majority of mothers are high school graduates. This suggests that basic knowledge regarding nutrition and health should, in principle, be available to them. Nevertheless, the effectiveness of such education in stunting prevention practices largely depends on mothers' ability to utilize available health information. Low health literacy may hinder the implementation of balanced nutrition practices, even among those with adequate educational backgrounds. This condition highlights that improving access to comprehensible health information plays a crucial role in shaping positive childcare behaviors.

The employment status of mothers most being housewives reflects high domestic responsibility. This position makes mothers the primary decision-makers in childcare, feeding practices, and the utilization of health services. However, economic and mobility constraints often limit access to quality healthcare. This is where the role of midwives becomes strategically essential, acting as facilitators who bring healthcare services closer to mothers at the household level through home visits, community health posts (*posyandu*), and nutritional counseling. Thus, midwives function not only as service providers but also as social empowerment agents bridging inequities in healthcare access driven by economic and social disparities.

The majority of families in this study fall within the low-to-middle income category. This economic condition directly affects families' ability to provide nutritious food, proper housing, and access to education and healthcare facilities. As stated by Aprillia and Siauta (2022), families with lower income levels face a higher risk of chronic nutritional problems in children. This finding indicates that stunting prevention efforts cannot be separated from socio-economic policies, such as household economic empowerment and integrated nutrition-sensitive interventions. In this context, midwives play a critical role in identifying high-risk families and facilitating cross-sectoral referrals to ensure that economic and health interventions operate in tandem.

The bivariate analysis using the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach reveals that all social determinant variables significantly influence stunting prevention efforts ($p < 0.05$). The path coefficient (β) values indicate that access to and utilization of health services has the most dominant effect on stunting prevention efforts ($\beta = 0.357$; $p = 0.004$), followed by employment and family income ($\beta = 0.344$; $p = 0.049$), and social environment and family support ($\beta = 0.341$; $p = 0.039$). The coefficient of determination ($R^2 = 0.63$) shows that the model explains 63% of the variance in the dependent variable—namely, the effectiveness of stunting prevention efforts.

These results demonstrate a complex causal mechanism between socio-economic conditions, service access, and caregiving behaviors. Maternal education enhances knowledge and awareness of nutrition, which subsequently encourages positive health behaviors such as regular visits to *posyandu* and child growth monitoring. Higher income enables families to meet children's nutritional needs and access adequate healthcare. Access to health information strengthens knowledge dimensions, while family social support reinforces mothers' motivation to maintain consistent healthy childcare practices. These factors interact synergistically and are amplified by the presence of midwives as promotive and preventive agents at the community level.

Midwives play a central role in reinforcing the relationship between social determinants and the success of stunting prevention. Through nutrition education, child growth monitoring, and home visits, midwives help bridge information gaps caused by low education and health literacy levels. Moreover, midwives possess social competencies that allow them to adapt to local cultural norms influencing infant feeding practices. In economically vulnerable settings, midwives often act as intermediaries between families and government social assistance programs that strengthen

household food security. Therefore, midwives serve as key drivers in building a supportive social ecosystem for optimal child growth and development.

Contextually, these findings suggest that Indonesia's stunting reduction efforts must strengthen the dimension of collaborative governance among health, social, and education sectors, with midwives as pivotal actors at the community level. The study underscores that the effectiveness of stunting prevention policies depends on the health system's capacity to integrate midwives' roles within cross-sectoral strategies emphasizing social equity, family empowerment, and improved nutrition literacy. Therefore, enhancing midwives' capacity in social analysis and community-based intervention design is a strategic step toward accelerating sustainable stunting reduction.

CONCLUSIONS

This study concludes that social determinants have a significant influence on stunting prevention efforts in the Datuk Bandar Health Center work area, Tanjung Balai City. Factors such as maternal education, family occupation and income, access to health information, utilization of health services, and social environment and family support have been statistically proven to play an important role in shaping maternal and family behavior in childcare. The results of bivariate analysis using the PLS-SEM approach show that all of these variables have a significant relationship with stunting prevention efforts, where access and utilization of health services are the factors with the most dominant contribution. This finding confirms that stunting prevention is not merely a medical or nutritional issue, but is influenced by a complex social structure. On the other hand, the role of midwives as agents of change in society has proven to be very strategic in bridging health interventions with social conditions in society. Through nutrition education, early detection, home visits, and cross-sector collaboration, midwives play a central role in strengthening family capacity in stunting prevention. However, the effectiveness of the role of midwives still faces challenges in the form of limited resources, high workloads, and lack of social approach-based training. Therefore, the success of stunting prevention at the community level is highly dependent on the integration of structural approaches that strengthen social determinants, and strengthening the role of midwives as the spearhead of public health services. Sustainable, multisectoral, and local data-based interventions are key to creating a healthy, intelligent, and highly competitive future generation.

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