

## OVERVIEW OF THE IMPLEMENTATION OF PRE-MARITAL MENTORING FOR STUNTING PREVENTION BY THE FAMILY TEAM (TPK) (PRELIMINARY RESEARCH)

*Gambaran Pelaksanaan Pendampingan Pranikah Untuk Pencegahan Stunting  
Oleh Tim Pendamping Keluarga (TPK)  
(Penelitian Pendahuluan)*

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### ABSTRAK

Stunting merupakan masalah kesehatan serius, prevalensi di Indonesia sebesar 21,6%. Pendampingan pra-nikah merupakan salah satu upaya pencegahan stunting. Tujuan penelitian ini untuk mengetahui gambaran pelaksanaan pendampingan calon pengantin oleh tim pendamping keluarga dalam upaya pencegahan stunting. Penelitian ini menggunakan metode gabungan (*mixed methods*) dengan pendekatan *explanatory sequential*. Pengumpulan data dilakukan secara bertahap, dimulai dengan data kuantitatif, kemudian dilanjutkan dengan data kualitatif. Populasi seluruh TPK di Kecamatan Rawamerta Kabupaten Karawang. Sampel 25% dari populasi yaitu 33 orang. Teknik pengambilan sampel secara acak sederhana. Variabel adalah variabel statis, baik untuk karakteristik pendamping maupun pendampingan. Instrumen data kuantitatif menggunakan kuesioner, dianalisis secara bivariat, Instrumen data kualitatif menggunakan pedoman wawancara berkembang, dianalisis dengan mereduksi jawaban. Hasil menunjukkan bahwa pendidikan pendamping terbanyak SMA (39%), komposisi SDM tim 50% kader, pengalaman menjadi pendamping 81,85% ≤ 1 tahun, seluruhnya belum pernah pelatihan pendampingan calon pengantin, tidak ada media pembelajaran, tidak membuat rencana kerja 81,81%, tidak melaksanakan edukasi skrining pra nikah 63,64%, tidak menindaklanjuti hasil skrining 90,91% pelaksanaan pendampingan kelompok risiko 12,12%. tidak melakukan pencatatan dan pelaporan 21,21%. Penelitian ini menyimpulkan pelaksanaan pendampingan calon pengantin belum sesuai pedoman pendampingan. Disarankan untuk menyusun model penguatan kompetensi pendamping calon pengantin untuk meningkatkan kinerja dalam pendampingan calon pengantin dengan media pembelajaran yang dapat digunakan sebagai pedoman pelaksanaan.

**Kata Kunci:** pencegahan stunting, pendampingan, pra nikah

### ABSTRACT

Stunting is a serious health problem, the prevalence in Indonesia is 21.6%. Pre-marital mentoring is identified as one of the efforts to prevent stunting. The study aimed to find out the overview of the implementation of bride-to-be assistance by the family assistance team in an effort to prevent stunting. This study used mixed methods with an explanatory sequential approach. Data collection is carried out in stages, starting with quantitative data, then continuing with qualitative. Population of all TPK in Rawamerta District, Karawang Regency. Sample is 25% of the population, which is 33 people. The random sampling technique is simple. Variables are static variables, both for companion and companion characteristics. Quantitative data instruments using questionnaires, analyzed

bivariately, qualitative data instruments using developmental interview guidelines, analyzed by reducing answers. The results showed that the most companion education was high school (39%), the composition of the team's human resources was 50% cadres, the experience of being a companion was 81.85% ≤ 1 year, all of them had never been trained in assisting brides-to-be, there were no learning media, 81.81% did not make a work plan, 63.64% did not carry out pre-marriage screening education, did not follow up on the results of 90.91% of the screening results, and assistance implementation for risk groups was 12.12%. did not record and report 21.21%. This study concluded that the implementation of pre marital mentoring has not been carried out according to the mentoring guidelines. It is recommended to develop a model for strengthening the competence of pre marital mentoring to improve performance in mentoring with learning media that can be used as implementation guidelines.

**Keywords:** stunting prevention, mentoring, pre-marital

## INTRODUCTION

Stunting is a chronic malnutrition condition that has a long-term impact on children's development. Stunting is a serious health problem faced not only in Indonesia but globally in almost all corners of the world. The prevalence of stunting in Indonesia will reach 23.5% in 2023 [1]. The problem of stunting is a global problem that occurs in many countries including Indonesia, and *the World Health Organization* (WHO) has set a target to reduce the prevalence of stunting by 2025 by 40% from the initial data in 2016 [2]. Based on data from Basic Health Research (Riskesdas) in 2018, the prevalence of stunting in children under five in Indonesia reached 30.8%, which means that one in three children under five is stunted [3]. Indonesia is also one of the countries with the second highest burden of stunted children in the Southeast Asian region and fifth in the world. This stunting problem is one of the serious problems that Indonesia is still facing, and according to the results of the 2023 Indonesian Nutrition Survey (SGI), the prevalence of stunting in Indonesia reaches 21.5% [1], still far from the target in 2024 of 14% [4]. West Java ranks 23rd out of 35 provinces in 2022 at 20.2%. The incidence of stunting in Karawang Regency is 14% of the target of 8% [4].

Stunting refers to growth failure in children under five due to chronic malnutrition and recurrent infections, especially during the first 1,000 days of life (HPK) calculated from conception to the age of 23 months. A child is considered stunted if his height is two standard deviations below the average of children of his age. For example, a 2-year-old toddler with a male gender must have a height between 81.7 cm – 96.3 cm, a child is suspected of stunting if he is of the same age and the height of the gender is less than 79 cm after 2 measurements [5].

Stunting that occurs in 1,000 HPK not only inhibits physical growth and increases susceptibility to disease, but also inhibits cognitive development, which affects intelligence and productivity in the future. Malnutrition problems such as stunting are estimated to reduce the Gross Domestic Product (GDP) by 3% per year [6]. Various studies reveal the impact of stunting, including short-term impacts on physical health, such as stunting growth characterized by height below average age.

Stunting prevention efforts require a comprehensive strategy involving various parties, with the program's policy foundation referring to Presidential Regulation No. 72 of 2021 concerning efforts to accelerate stunting [7]. The main goal is to help the bride-to-be. Bride-to-be assistance aims to improve the knowledge and skills of prospective parents in meeting children's nutritional needs, so that they can prevent stunting from an early age [8].

The concept of pre marital mentoring in stunting prevention refers to the process of education and support provided to prospective parents in preparing for pregnancy, childbirth, and the early years of a child's life [9]. This mentor covers various aspects,

such as balanced nutrition, immunization, exclusive breastfeeding, and stimulation of child development [10]. This mentor is expected to increase the knowledge and practice of prospective parents in meeting the nutritional needs of children, so that it can prevent stunting.

The importance pre marital mentoring in stunting prevention has been recognized by various studies. For example, research by Kamsiah et, al (2023) [11] shows that effective mentoring can improve the knowledge and practices of prospective parents regarding balanced nutrition and exclusive breastfeeding, thereby reducing the risk of stunting in children. However, the implementation of the bride-to-be assistance program in the field still faces various obstacles.

Observations in the field show that the frequency and quality of pre marital mentoring is still low. Some of the factors that cause this include a lack of knowledge and skills of mentors, a lack of special media for mentoring guides, and a lack of support from related parties. Previous research has also shown that the low knowledge and skills of prospective brides are the main obstacle in the implementation of the bride-to-be assistance program [9]

This study aims to examine the implementation of the pre marital mentoring program for stunting prevention by the mentor team and identify the factors that affect its effectiveness. This research is very important because it can provide valuable information for the development of more effective intervention strategies in stunting prevention. This research is expected to contribute to increasing knowledge and understanding of the implementation of the pre marital mentoring program for stunting prevention in the field.

The main target of the development program is a society that is empowered or has strengths, strengths, and abilities. The strength in question can be seen from various perspectives, including physical and material strength, economy, institutional, cooperative, intellectual, and shared dedication to practicing the idea of empowerment. The goal of development initiatives is community independence, which means the same as capacity empowerment. The goal is to create people and groups who are independent in the way they think, act, and decide what to do [12]

In the national health system, one of the targets is to reduce the incidence of stunting. This is in line with the Sustainable *Development Goals (SDG'S)* target stated in goal 2, namely no hunger. This is explained in the first objective of access to safe and nutritious food and the second explanation of ending all forms of malnutrition. This goal is applied to the national goal phase 2, namely efforts to reduce stunting. [13].

The government's efforts to achieve this target are described in Presidential Regulation (Perpres) Number 72 of 2021 concerning the Acceleration of Stunting Control. The Presidential Regulation was issued as a strengthening of measures to minimize stunting. One of the priorities is the Pre marriage, according to article 3 point b Chapter 2 of the national policy on measures to accelerate stunting. Prepare a national action plan using the strategy of families at risk of stunting to implement Article 7 of the National Plan for the Acceleration of Stunting Mitigation. All prospective brides and couples of childbearing age (COCA) are mentioned in Article 9 paragraph 1 letter a which states that the reproductive health examination of prospective pre marriage /prospective couples of childbearing age (COCA) is carried out 3 (three) months before the wedding. In the same article, paragraph 3, it is stated that assistance is given to all prospective brides of childbearing age (PUS), as referred to in Article 8 paragraph. [7]

Before marriage, the pre marital important role in the formation of the family. Therefore, health preparation before marriage is very important in order to give birth to healthy children and be able to become a quality next generation. In addition, it can also help create a healthy and prosperous family. [14]

As a form of implementation of Presidential Regulation No. 72 of 2021, one of them is the government's efforts to prevent stunting, especially for groups of brides-to-be with the help of cadres. The media used is through e-tronic media which is summarized in an application. There are several applications used in premarital education, including the Elsimil application initiated by the National Population and Family Planning Agency (BKKBN) as one of the state institutions that are conducive to the implementation of Presidential Regulation No. 72 of 2021. BKKBN uses this application to inform and educate the public about readiness to get married and get pregnant [15].

In addition, the Ministry of Health also launched an application for brides-to-be under the name Health of pre marriage (Kescatin) which must be downloaded by pre marital and the general public through *the Playstore*. The application contains what the bride-to-be must know, by modifying the manual bride-to-be's pocket book into a digital pocket book, with the facilitator of the Family Assistance Team that has been formed in each village. The implementation of this bride-to-be assistance model is a strategy in increasing multisystemic support for the program and support in evaluation. The ability to provide internal mentoring will support change in the organization and build stable leadership skills in implementing practice programs [16].

The basic potential possessed by each individual will develop with the presence of vehicles, stimuli, guidance, and an atmosphere that is conducive to the growth of the learning process. Learning assistance in individual interactions in groups will provide encouragement for the development of self-potential and physical and mental development so that they remain persistent and have resilience to their environment. In every learning process, each individual will always be faced with various problems in their learning that must be overcome in order to achieve the expected goals. This study aims to find out the implementation of bride-to-be assistance in efforts to prevent stunting.

## **METODE**

The research was conducted in Rawamerta District, Karawang Regency, using a *mixed method* with *the Explanatory Sequential Design approach*, in the early stages of quantitative data collection, regarding the characteristics of the family assistance team, namely education, roles and functions of each team member, long experience as a companion team, mentoring training and the existence of learning media. Meanwhile, the implementation of mentoring refers to the provisions of the guidelines for the implementation of bride-to-be mentoring, namely coordination, education and recording of reporting with its sub-activities. The instrument used at this stage is a questionnaire distributed to respondents. The second stage is quantitative data confirmation to obtain detailed and in-depth data, then qualitative data is collected for the implementation of bride-to-be assistance by the accompanying team. The instrument used was a guided interview developed according to the respondent's answers and research objectives

A minimum sample of 25% of the total population was taken, namely 33 respondents (30% x 132). The random sampling technique is simple, with a population lottery. This research was carried out by involving humans as research subjects, so that ethical clearance was submitted which had been approved by the Ethics Committee with Precise Information No. LB.02.06/2/1372/2024. In addition, it is equipped with *an inform consent* as a form of consent from the respondents to participate in this study

## **Data Analysis**

Quantitative data was collected through a questionnaire that was distributed directly to the family assistance team of 33 people, namely the characteristics of the Family Mentoring Team, the mechanism for mentoring prospective pre marital, including coordination, implementation of stunting prevention counseling to prospective pre marital,

recording and reporting of mentoring activities. The data that has been collected is then analyzed as material for the development of instruments and interventions in subsequent research [17].

Quantitative data, analyzed descriptively, to summarize the baseline data. It is presented in the form of a frequency distribution table and a pie chart. Qualitative data were collected through questions from various sources, grouped by type, and then reduced by summarizing similar data. The stages of data reduction consist of data source collection, data coding, data grouping, focus selection, theme identification, relationship pattern making, data presentation, and provisional conclusions.

## RESULT

### Characteristics of the Companion Team

The legality of the Family Mentoring Team (TPK) as a facilitator who must facilitate these activities is issued a Decree signed by the regional head (village head). The target is the pre marital as a learning citizen who needs mentoring (facilitation) to increase knowledge and independence in stunting prevention.

**Table 1. Characteristics of the Family Mentoring Team (TPK)**

Characteristic	n	%
<b>Education</b>		
Elementary school	6	20
Junior High School	11	32
Senior High School	13	39
College	3	11
Total	33	100
<b>Composition of the Mentoring Family Team (TPK)</b>		
Midwife / Health Worker	3	9
Family Planning Cadre	20	58
Family Welfare Empowerment Management Team (TP.PKK)	9	27
Officer office registered (KUA)	1	1,5
Total	33	100
<b>Active experience as a companion team</b>		
1 – 3 Years	28	86
> 3 years	5	14
Total	33	100
<b>Stunting prevention training for brides-to-be</b>		
Pernah	0	0
Never	33	100
Total	33	100
<b>Learning Media</b>		
Ever	0	0
Never	33	100
Total	33	100

In table 1 above, it can be seen that most of the education levels of the prospective bride and groom are in accordance with the compulsory learning requirements, it is recorded that most of the companions have a high school education background, which is as many as 13 people (39%), and there is still a companion team with basic education as many as 6 people (20%), while for the university level as many as 3 people (11%) who are health workers and KUA employees. The composition of TPK in Rawamerta District is in accordance with the

guidelines. The composition of the mentoring team is mostly 20 people (58%) are cadres, and the mentoring team in Rawamerta District is accompanied by 1 officer office registered (KUA) 15.5%. The results of qualitative data collection, regarding the composition of the accompanying team from the KUA element, the informant stated that "as a form of synergy in providing information on prospective brides. Most of the bride-to-be's companions do not have experience as bridesmaids-to-be, it can be seen that the majority of bridesmaids have as much experience as ≤ they have good experience, the majority have joined the escort team between 1 – 3 years, which is as many as 28 people (88%).

The results of filling out questionnaires for quantitative data collection showed that all (100%) questionnaires were filled with data that had never been filled in. As a confirmation of the data contained in the questionnaire, qualitative data was collected on 10 informants who were willing to be interviewed, all of whom said that ... "have never participated in training that specifically discusses The pre marital mentor, which has been followed is the socialization of the implementation of family mentoring"...

**Learning media about technical assistance for brides-to-be**

In line with the experience of participating in premarital mentor training, the existence of learning media containing technical assistance for prospective brides was obtained with quantitative data from questionnaires distributed to 100% respondents filled with answers that did not exist. So that qualitative data collection was again carried out to dig deeper into the existence of the bride-to-be's learning media, all informants stated:

....." There is, in the form of an application, but it is never explained how to use it, just to learn from the application, but for the bride-to-be it exists, both in the form of an application and flip sheets and books, I really hope that there is a communicative learning medium and can be accessed anywhere so that everyone understands how to learn"....

**Implementation of pre marital mentoring  
 Coordination**

Referring to the guidelines for the implementation of mentoring, the first step that must be taken by the mentoring team is coordination. There are three stages in coordination, starting with the preparation of a work plan that must be agreed upon by all team members, related to the division of areas and objectives in carrying out mentoring. The second stage is resources, namely the completeness of the composition in each team consisting of Village Midwives, cadres and the Family Welfare Empowerment Driving Team (PKK) in the village area and the last is the opportunity in the flow of solving problems faced in the field. Table 2 below illustrates the implementation of mentoring in the early stages.

**Table 2. Implementation of Coordination by the Family Mentoring Team**

Activities	Implement		Not implementing		Total	
	n	%	n	%	n	%
Preparation of Work Plans	6	18.18	27	81,81	33	100
Resources	33	100	0	0	33	100
Troubleshooting in mentoring	9	27.27	24	72.72	33	100

The results of the study in table 2 above show the proportion of coordination activities carried out by the family mentoring team (TPK) in the mentoring activities of the pre marital. It can be seen that most of the TPK has poor performance in the preparation of work plans, most of them do not prepare work plans, which is 81.81%, even though the resources in TPK are 100% in accordance with the composition in the guide, namely each TPK team consists of Midwives, Cadres and PKK Teams. In the activities of solving obstacles in the implementation of mentoring, the majority did not perform well, only 27.27% coordinated to solve problems in the field during the assistance of prospective brides. The results of qualitative data findings from 7 out of 10 informants stated that if there are problems in the field related to the implementation of bride-to-be assistance, so far they have been left alone and sometimes brides-to-be are asked to come to the midwife themselves without being accompanied or consulted first by a team member from health workers.

### Premarital Counseling

Premarital counseling activities are core activities to help pre marital. This activity started from providing education to prospective brides to conduct premarital screening which was carried out at the Health Center in the area where they lived. Followed by the implementation of education in accordance with the results of the Screening. If the pre marital is included in the risk group of giving birth to stunted babies, then the implementation of mentoring is not enough to provide education alone, but must be accompanied until the risk is gone. The implementation of this activity is illustrated in table 3

**Table 3. Implementation of Counseling by the Family Assistance Team**

Activities	Implimenting		Not Implementing		Total	
	n	%	n	%	n	%
Pre Marrieger Screening	12	36.36	21	63.64	33	100
Education of screening results	3	9.9	30	90.91	33	100
Risk group assistance	4	12.2	29	87.88	33	100

Table 3 above shows that most of the TPKs have poor performance in the implementation of education at the time of assisting brides-to-be. Most of them did not conduct counseling education about the importance of premarital screening, namely 21 people (63.64%), and 90.91% of TPK did not follow up on the results of the screening carried out by the pre marital. The majority of the escort team did not care about the pre marital group, only 12.2% provided mentoring until the end.

The results of qualitative data collection mostly state that when meeting with a pre marital first thing to do is to record the couple's biodata as material to be included in the Elsimil application and guide the bride-to-be to download and fill in the biodata in the Elsimil application. Education is usually done in Puskesmas by midwives, and if any bride-to-be is at risk, most of them only recommend consulting a midwife.

### Recording and reporting of the results of the implementation of Mentoring

Recording and reporting is the last activity of the mentoring process, which explains the activities of the mentoring team in carrying out mentoring as an evaluation to stunting prevention efforts and system support. Table 4 provides an overview of the efforts that have been made by the assistance team in stunting prevention

**Table 4. Distribution of recording and reporting frequency of premarital assistance activities by TPK**

Activities	Implementing		Not implementing		Total	
	n	%	n	%	n	%
Manual logging and reporting	21	63.63	12	36.36	33	100
Record and report el simil	5	15.15	28	84.84	33	100

Based on the research findings in table 4 above, it shows that the mentoring team prefers manual recording and reporting, namely most of the recording and reporting of TPK mentoring activities is done manually, namely 63.63% and only 5% of the recording and reporting of assistance activities through elsimil. A total of 7 people (21.21%) did not record and report either manually or electronically.

The results of qualitative data collection 9 out of 10 informants stated that they forgot to record the results of mentoring activities and if they want to record often in the application , they can apply for errors

## DISCUSSION

The relatively small number of respondents has the potential to limit the generalization of the results of this study to a wider population. The findings of this study may not fully represent the characteristics of the population as a whole, considering the overall number of family mentoring teams in Karawang Regency as many as 5637 people. The results of the study show that Rawamerta District already has a companion team which, if viewed from the regulation, the existence of the mentor team in the sub-district has met the existing provisions. They already have a decree from the village head and in terms of qualifications are appropriate, namely in a team consisting of midwives, TP. PKK teams and family planning cadres. This is in accordance with Presidential Regulation No. 72 of 2021, which mandates that in every village or sub-district a family assistance team must be formed, with one of the main tasks being to accompany the bride-to-be as one of the efforts to accelerate stunting reduction [2].

The results of this study are in accordance with the guidelines for the implementation of family assistance at the sub-district and village levels, where the guidelines state that the composition of the assistance team must consist of midwives who are domiciled and serve in the region, the PKK mobilization team and family planning cadres. The KUA officers who are members of the mentoring team in Rawamerta District based on the results of qualitative data collection stated that the village policy includes KUA officers as a synergy in providing information on the whereabouts of prospective brides who have been registered in the District, with the hope that the implementation of assistance to prospective brides can be carried out as a whole to each prospective bride. As a companion, the team is obliged to provide education about marriage and pregnancy readiness, especially in efforts to prevent stunting. TPK is a group of personnel consisting of midwives, family planning cadres and the TP. PKK mobilization team [18].

The experience for each element of the companion team in their respective fields is on average experienced. However, the experience as a family companion, especially the bride-to-be, is mostly only about 1 year, so in terms of competence in learning facilitation, especially stunting prevention, especially in the use of in-application modules (e-modules) is not in accordance with the prerequisites as a facilitator. This is in accordance with the results of research that has been acknowledged by Aliandariani, who stated that being a cadre for a long time with performance has a meaningful relationship. [18].

One effective way to improve team knowledge and skills is to conduct training. According to the adult learning theory put forward by Knowles, adults learn more if they

are directly involved in learning that is relevant to their work or activity [19]. Therefore, training to strengthen the competence of facilitators in stunting prevention efforts that focuses on the development of functional skills is important to increase the capacity of groups in an effort to improve their performance.

The facilitators who were members of this study all never got training on stunting prevention education for brides-to-be. This is in line with the results of research that has been carried out by Siti Nurhasanah, in her research entitled *Social Assistance Training in Improving the Facilitation Ability of Joint Business Group Programs*, stated that companion training can improve knowledge, attitudes and skills in terms of mentoring [20].

Gill Harvey in her literacy study said that the characteristics of a facilitator must meet certain elements, including an understanding of the facilitation process and the right materials to activate the process with some appropriate skills to achieve effective facilitation/mentoring [21]

Some sources say that in order to be a good companion in order to facilitate citizens to learn in achieving their goals, there are several conditions that must be mastered, including being able to communicate effectively, understanding the basics of facilitation including guidelines, stages, attitudes and behaviors expected from the facilitator/facilitator as well as tools including media to help learning [22]. The existence of learning media is very important as a learning resource that can be used by the assistance team in the implementation of mentoring.

One of these skills that can be acquired is the availability of learning media that can be a source of learning for the training process, especially training related to facilitation techniques, because facilitation is a process that is carried out consciously and wholeheartedly to help the group achieve its goals and find the best or different solution options.

These findings show that the family assistance team does not have adequate knowledge and skills related to stunting prevention of brides-to-be. This can be caused by several factors, such as a lack of specialized training, lack of access to the latest information about stunting, or a lack of understanding of the important role of brides-to-be in stunting prevention and the availability of appropriate media according to their interests and learning styles.

This knowledge and skills gap has the potential to hinder the effectiveness of stunting prevention programs. A family assistance team that does not have adequate knowledge and skills may not be able to provide proper education and counseling to the pre-marital, so that stunting prevention efforts are less than optimal. This is supported by the results of the study in table 3 which shows that most of the family assistance teams do not carry out their duties in terms of assistance in accordance with the mechanism that has been set out in the mentoring guide.

According to Hefferman and Marimoto & Ponton in their research, the implementation of education and training programs is expected to provide stimulation to a person to improve their ability to carry out certain jobs, where in the training will gain general knowledge and understand the entire work process that must be carried out [23], [24]. Rusmin Rusain and Noviyanti Djafri in their research entitled *Tutor competency training and work commitment to the quality of learning Package C* stated that tutor competency training affects work commitment and learning quality and tutor competency training affects the quality of learning [25].

Learning media has a very important role in improving the competence of the assistance team and supporting the implementation of effective extension programs. The

function of learning media can be an accommodation for students with delays in receiving and understanding what is being learned in texts or orals [26]. The media will increase the desire to learn and encourage citizens to learn to write, speak, and imagine. Learning media can create a better relationship between teachers and students and increase the efficiency and effectiveness of the teaching and learning process. In addition, learning media has the ability to direct interaction between students and their environment. This can encourage students to learn on their own according to their abilities, improving their learning achievement [26]

The next data collection is about the existence of media or learning resources that can be used by the bride-to-be. The results of the study stated that there was no media used as a special learning resource for companions in order to accompany the bride-to-be for stunting prevention. This is in line with the results of qualitative data collection, all respondents stated that there is no media to learn about stunting prevention for brides-to-be, there is also learning media for brides-to-be and most of them stated that they have never opened any information in the application, the important thing is to enter the data of the pre marital.

The results of this study are supported by the results of the research in table 3 which shows that only a small number of respondents conducted counseling for prospective brides. Nurul Audie stated that the use of learning media helps students to understand which ones can give rise to the same perception [27]. The sources of information obtained by prospective bridesmaids regarding stunting in this study are in line with Eva Lestari's research, in her research on the Relationship between Information Support and Knowledge and Attitudes of Brides-to-be in Stunting Prevention in Semarang City found that the most widely used sources of information are the internet (47%) and social media (52%). The information support that showed a significant relationship with the knowledge of the bride-to-be about stunting prevention was from health workers ( $p = 0.015$ ). [9].

Mentoring is a supportive relationship in which an experienced individual guides and supports the less experienced person in their personal and professional development [28], [29]. According to Merriam at Carolyn M. Klinge, mentoring is an activity to facilitate adult development for companions and those accompanying [30]. Mentoring is a process of knowledge transfer carried out by experienced mentors and mentees. Mentoring in entrepreneurship is based on the mentor's knowledge and experience, which allows mentoring participants to assess opportunities and resources that can be used and use them to solve specific problems or achieve goals [31].

Family mentoring is a series of activities, one of which is counseling. The main goal is to increase access to information with one of the targets for all prospective brides/prospective couples of childbearing age through premarital assistance for 3 (three) months as part of marriage services for early detection of stunting risk factors and making efforts to minimize or prevent the influence of stunting risk factors. In its implementation, there are 5 steps of work. Three of them are coordination, counseling and recording and reporting. [32].

The results of the research in this table are not in line with the theory put forward by Simpson M.K in Nadia Rani Anindita which states that mentoring is a process that is the basis for building a relationship of mutual trust in exploring a person's potential, creating commitment, and achieving agreed goals [33].

Kroon defines mentoring as an open and reciprocal relationship that aims to produce learning and development with mutual respect, acceptance, and trust. From this we can conclude that mentoring does not occur in a vacuum, but there is an underlying

purpose [34]. The results of this study are in line with the research that has been conducted by Dewi Sri Sumardilah, which states that there is a difference in the knowledge value of prospective brides before and after premarital education is carried out [10]

The results of this study are in line with the research of Sukmayeti and Ai Solihah which stated that 25% of respondents have a low level of knowledge about stunting prevention efforts, 40% of respondents have a negative attitude towards stunting prevention efforts, and 20% of respondents are not ready for stunting prevention efforts, so it can be concluded that a small number of respondents still have low knowledge, negative attitudes and are not ready for stunting prevention efforts [35].

The results of this study are not in accordance with the mentoring theory put forward by Garret-Owens et al, 2003 in Daryono and Ahmad Sudjadi which states that mentors must be able to provide understanding to others about a certain problem, and also be able to guide and provide encouragement to achieve progress in understanding their goals [36]

The first step that must be taken by the mentoring team during the mentoring process is to coordinate. The results of this study show that there are 3 activities that must be carried out when TPK coordinates, namely the preparation of work plans, resources and problem solving. The results of the study show that most of the TPK did not prepare a work plan while the resources in the TPK were not in accordance with the composition in the guide, where in the composition in the first study there was an element of KUA, of course in the implementation of its duties it became inappropriate, because the task of the accompanying team is not only to provide information about the whereabouts of the bride-to-be but also to shelter as a whole.

In the activities of solving obstacles in the implementation of mentoring, most of the TPKs do not coordinate to solve the problems faced during the mentoring. The results of this study are not in accordance with the guidelines for the implementation of mentoring, which states that the steps to implement mentoring for prospective brides begin with coordination. All TPKs are required to accompany the bride-to-be to identify and accompany the partner at risk until the risk is overcome as one of the efforts to prevent stunting [32].

The results of this study are in line with the research that has been conducted by Milwan, A Sunarya who stated that the factors of communication, program socialization and coordination between actors/stakeholders who implement policies have not fully run well in efforts to prevent stunting in Indonesia [37].

Coordination is a key aspect in the success of stunting prevention programs. Team coordination is an emerging phenomenon, implying the use of strategies and behavioral patterns directed at the integration and alignment of the actions, knowledge and goals of interdependent members with the aim of achieving a common goal [38] Research conducted by Smith in the journal "*Journal of Public Health Management and Practice*" shows that strong collaboration between various stakeholders, including governments, non-governmental organizations, and the private sector can improve the effectiveness of maternal and child health programs. Based on systems theory, the concept of coordination in stunting prevention can be seen as an effort to create synergies between various components of the program to achieve optimal results Some experts state that effective teamwork is characterized by communication, collaboration, trust, respect, shared decision-making, accountability, and flexibility among health professionals [39] [40]

Effective coordination leads to better outcomes for patients, increased patient satisfaction, and a better work atmosphere, as healthcare practitioners experience higher job satisfaction and reduced work-related stress. However, productive teams do not form spontaneously; They require consistent efforts from all involved. Clear roles and responsibilities, trust, respect, and shared goals are essential for successful teamwork [40]

The second step of the bride-to-be assistance that must be carried out by TPK is counseling. The results of the research in table 3 show that the implementation of counseling carried out by TPK to prospective brides has not been in accordance with expectations. Counseling serves as an important mechanism to provide support and guidance at different stages and challenges of life. This includes a range of approaches tailored to individual needs, promoting mental well-being and informed decision-making. Stunting counseling significantly increases parents' knowledge and attitudes towards stunting. Therefore, it is very important to conduct more counseling on stunting as a broader effort to prevent stunting and reduce the number of stunted children in Indonesia. [41]. Nurdin, stated that counseling can increase positive outcomes on knowledge about stunting [42] The results of the study in table 2 show that a small number of TPKs who conduct counseling are in accordance with the results of the physical examination. The results of qualitative data collection mostly state that the important thing is that the bride-to-be has been registered in the application as a report and is confused about what to convey, at least if there is anything – what I recommend to the midwife.

This suggests that the approach taken is more about things that have nothing to do with stunting, and may not take into account the specific needs of each individual based on their health condition. This situation shows a gap in the implementation of mentoring duties, which can result in less than optimal preparation for the bride-to-be to enter married life, especially in aspects related to stunting prevention. This lack of action can be caused by a lack of understanding, motivation, or clear instructions from the authorities. From the results of qualitative data collection, it was revealed that many of the accompanying teams were confused about what material would be delivered to the bride-to-be, and focused more on administrative records through the application rather than ensuring the quality of the interventions carried out. This leads to the importance of capacity building and better guidance for the escort team, so that they can provide counseling that is more relevant and tailored to the individual needs of the bride-to-be.

Heni Wulandari, Kusumastuti mentioned in her research that the role of midwives, midwives and cadres must always provide counseling in the form of information and education about stunting, so that it can motivate mothers in preventing stunting, so that it can motivate mothers in preventing stunting [43] Astuti's previous research has also shown that the implementation of premarital health assistance is often not optimal, with some studies finding that 40% of brides do not provide counseling according to the needs of the bride-to-be. Factors influencing this include the lack of specialized training and guidance available to the chaperone [44]

Muhamad in his preliminary study on the Effectiveness of Nutrition Education Interventions targeting pregnant women with short stature to prevent stunting in pregnancy stated that interventions to improve the health status of short pregnant women and prevent stunted babies can be carried out by increasing the knowledge, attitudes, and behaviors of short pregnant women about antenatal care, and pregnant women's knowledge about nutritional intake [45]

The results of this study are consistent with the theory put forward by Bandura about social learning, that when a person shows that they have better abilities, they can receive

reinforcement and positive feedback, which can encourage them to continue learning and growing [46] This theory proves that when a person does not have the ability to do what needs to be done, then there will be no action that suits his needs.

The results of the research in table 3 are not in accordance with the programs that have been issued by the government related to the implementation of stunting prevention education assistance using an application that contains learning materials in the form of bride-to-be modules, which can actually be a reference for the mentoring team in the implementation of mentoring activities. As a companion, the team is obliged to provide education about marriage and pregnancy readiness, especially in efforts to prevent stunting. TPK is a group of personnel consisting of Midwives, Family Planning Cadres and the PKK mobilization team [47] The legality of TPK as a facilitator who must facilitate these activities is issued a Decree signed by the regional head (village head). The target is the bride-to-be as a learning citizen who needs assistance (facilitation) to increase knowledge and independence in stunting prevention.

When viewed from the responsibility of the assistance team/facilitator in general for the purpose of providing assistance to priority targets, especially family assistance, which includes counseling, facilitation of referral services, and facilitation of continuous supervision and observation to detect risk factors for early stunting. Especially in the management of bride-to-be assistance, including cat screening every three months, providing information, and assisting cats that have variables that can cause stunting in their development in overcoming these problems.

Procedurally, the process of mwntoeing pre marital by TPK has been explained in the flow in figure 1 below:



Figure 1. Mentoring pre marital Flow 1 by the Family Mentoring Team (TPK)

Source : BKKBN Education and Training Center [48]

The task of TPK is adjusted to the appropriate role and function, for midwives, the main task is to explain the results of screening based on the application output,

explain treatment and treatment or treatment recommendations, as well as monitor and ensure the compliance of the bride-to-be in taking iron and vitamin A supplements according to the recommendations and provision of Educational Information Counseling (KIE), as well as interpersonal communication/counseling for the bride-to-be who are not yet healthy enough to conceive to delay their pregnancy by using proper contraception [49]

The responsibilities of the companion include informing and ensuring that the bride-to-be or PUS registers on the application, connecting the bride-to-be or PUS with health service facilities so that they are facilitated in handling stunting prevention, informing and ensuring that the bride-to-be attends recitation or gets marriage guidance materials from their respective religious institutions, and conducting KIE for new PUS that is not suitable for pregnancy so that it is postponed pregnancy with the use of contraceptives (pills or condoms) [48]

In providing assistance to families, the responsibilities of family planning cadres include things like KIE and facilitating the Bangsa Kencana Service Program and family development, stunting prevention in the phase of prospective brides/prospective PUS and ensuring that they get comprehensive information on stunting prevention, nine and ensuring that prospective brides/couples of childbearing age conducting health checks at health service facilities, as well as facilitating and ensuring that in addition, the task of KB cadres is to report on the implementation of pre marital through an application, including the health status of the pre marital, the implementation of recommendations, and the KIE of the pre marital periodically (at least 2 times or more as needed), as well as family conditions to the Village/Village Government and the Stunting Reduction Acceleration Team (TPPS) Village [48].

In carrying out its duties and functions, TPK as a facilitator in facilitating learning about stunting prevention is guided by the flow diagram below:

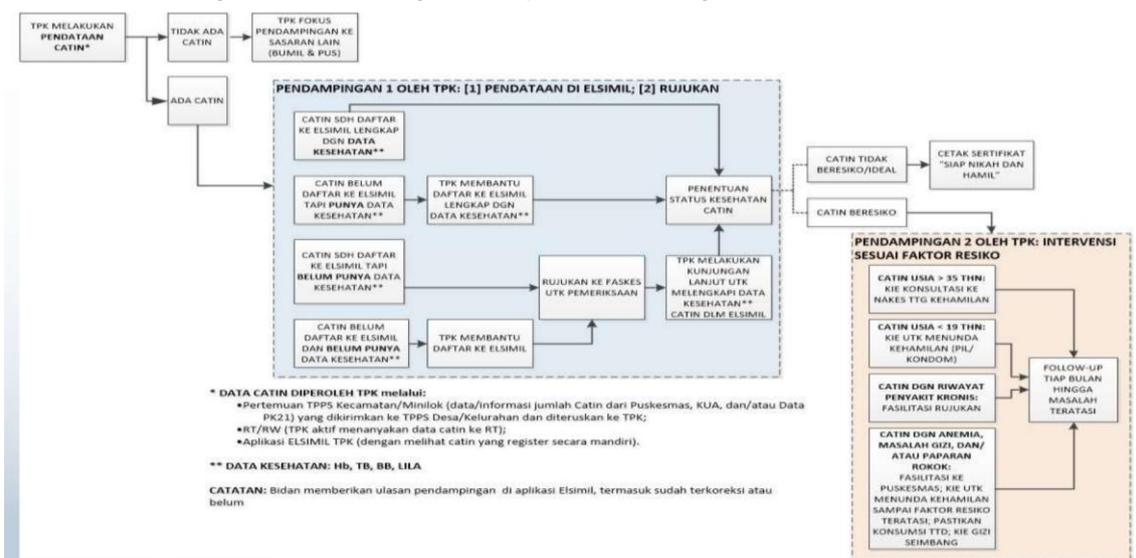


Figure 2. Flow of bride-to-be assistance 2

Source : Duties and functions of the family mentoring team [50]

This condition is not in accordance with the mechanism and main tasks of the assistance team, especially in providing education about stunting prevention to

prospective brides. Facilitation of the use of the application is carried out after there are health examination results with the aim of entering data on the results of the examination carried out by guiding residents to learn to open the application and immediately enter the results.

This is not in accordance with the purpose of facilitating learning, especially for the sustainability of the stunting prevention learning process by using the application, because the act of incorporating health outcomes by the accompanying team into the application does not provide a learning experience for residents to learn about how to use the application. Meanwhile, in the application there is information that is important for residents to learn, especially related to stunting prevention.

For pre marital who are not fit to get married, they must get *treatment*, both physical care and care in increasing knowledge as a basis for fixing problems. The handling in increasing knowledge is to provide education related to or related to problems that cause the incompatibility of the bride-to-be to hold a wedding. Of course, it is not the marriage that is annulled but how it is managed before and after marriage.

The role of the companion team in increasing the knowledge of the bride-to-be to manage problems by facilitating the learning of the pre marital. The purpose of learning is so that prospective brides can be empowered and independent to determine the best course of action, especially in stunting prevention.

A facilitator is someone who is responsible for supporting student learning activities in order to achieve the desired learning goals. In carrying out learning activities, the facilitator introduces communication techniques that can increase student participation. Facilitators also use media that suit the needs of students and help in improving communication effectiveness. The role of facilitators must be gradually reduced so that in the end students can carry out learning activities on their own initiative. [51].

If you look at figure 2 above about the flow of assistance for the pre marital as a learning citizen, then after the results of the health examination are obtained, the facilitator must identify the group of learning residents, whether they are suitable for marriage or not suitable for marriage. This is in line with the purpose of conducting health checks. One alternative to increase the empowerment of prospective brides is through mentoring by providing education (premarital courses) that are tailored to the problems faced. The bride-to-be is the forerunner of the family, therefore before getting married, the couple must take care of their health so that they can have a healthy pregnancy, give birth to a healthy child, and build a healthy, happy, and superior body. This is in line with Presidential Regulation No. 72 of 2021 concerning the formation of a family assistance team as an alternative in stunting prevention, especially for assisting brides-to-be [52]

If you look at the results of the research in table 3 of the learning process carried out by TPK, it is not in accordance with the theory conveyed by G. Harvey which states that overall, the facilitative goals in learning are expected to be able to analyze and reflect and change their attitudes, behaviors and ways of working.[21] Marshall & McLean's theory in Gill Harvey states that facilitation refers to the process that allows individuals and groups to understand the process they must go through in order to change aspects of their behavior or attitudes towards themselves, their work or other individuals .

In the Family Assistance Implementation Guide, the third step in the assistance mechanism is for the family assistance team to record and report the results of mentoring and monitoring families at risk of stunting as a consideration to take the necessary actions in an effort to accelerate stunting reduction. Recording and reporting are done through an application system and/or manual [32]

The results of the study in table 4 show that the assistance team does not record and report the activities that have been carried out. The results of qualitative data collection almost entirely stated that recording and reporting were carried out manually by family planning officers, we only conveyed that oral and digital reporting activities were carried out because they were often constrained by the internet network

According to Fagan, Michael E in Salvatore Mamone defines documentation as "Any written or pictorial information that describes, defines, reports or authorizes an activity, requirement, procedure or outcome" [53]. Recording and reporting is just as important as the success of an activity.

## CONCLUSION

The implementation of pre marital mentoring by the family mentor team has not been carried out in accordance with the guidelines at each stage, in accordance with the competencies that should be possessed by the assistance team, namely coordination, implementation of assistance and reporting records, all in the bad category. One of the factors causing this is the lack of learning media that can be used as a learning resource as one of the factors supporting the competence of the family assistance team in carrying out their duties. The suggestion that can be conveyed is the existence of learning media that can be used as a learning resource to improve the competence of the bride-to-be's companions so that they can display good performance.

## REFERENCE

- [1] Kemenkes RI, "Factsheets: Stunting di Indonesia dan Determinannya," *Ski*, pp. 1–2, 2023.
- [2] World Bank, *Repositioning Nutrition as Central to Development: A strategy for Large-Scale Action*, vol. 13, no. 9. 2006.
- [3] Badan Penelitian dan Pengembangan Kesehatan (Badan Litbangkes), "Laporan Riskesdas 2018 Nasional.pdf," *Lembaga Penerbit Balitbangkes*. p. 674, 2018.
- [4] Kemenkes RI, "Hasil Survei Status Gizi Indonesia (SSGI) 2022," *Kemenkes*, pp. 1–150, 2022.
- [5] Lusi Winanda Restu, "Stunting," Jakarta, 2022. [Online]. Available: <https://djpb.kemenkeu.go.id/kppn/lubuksikaping/id/data-publikasi/artikel/3012-stunting,-apa,-penyebab-dan-upaya-penanganannya.html>
- [6] World Bank, "Water Supply and Sanitation in Indonesia Turning Finance into Service for the Future," no. May, pp. 1–88, 2015.
- [7] Perpres, "Peraturan Presiden Republik Indonesia No. 72 Tahun 2021 Tentang Percepatan Penurunan Stunting," *Republik Indones.*, no. 1, p. 23, 2021.
- [8] M. W. Lestari, A. Tajmiati, and P. Sulistyono, "Development of Pingit Education Model for Increasing Knowledge and Behaviour of Prospective Bride in Stunting Prevention," *Proc. 1st UMSurabaya Multidiscip. Int. Conf. 2021 (MICon 2021)*, pp. 1067–1072, 2023, doi: 10.2991/978-2-38476-022-0\_119.
- [9] E. Lestari *et al.*, "Correlation Between Information Support to Knowledge and Attitude of," *J. Ris. Kesehat. Poltekkes Depkes Bandung*, vol. 15, no. 2, 2023, doi: <https://doi.org/10.34011/juriskesbdg.v15i2.2195>.
- [10] D. S. Sumardilah, R. P. Astuti, and A. Aprina, "The Influence of Pre-Marriage Class on Knowledge of Bride and Groom in Prevention of Stunting Toddlers," *J. Aisyah J. Ilmu Kesehat.*, vol. 7, no. 1, pp. 309–316, 2022, doi: 10.30604/jika.v7i1.920.
- [11] *et al* Kamsiah, "Pendampingan Dan Pembinaan Kelompok Smart Edukasi Kesehatan Dalam Pencegahan Stunting Di Desa Sari Mulyo Kecamatan Sukaraja Kabupaten Seluma," vol. 2, no. 9, pp. 1–14, 2023, [Online]. Available: <https://www.ncbi.nlm.nih.gov/books/NBK558907/>
- [12] K. Widjajanti, "Model Pemberdayaan Masyarakat," *Ekon. Pembang.*, vol. 12, no. 1, pp.

- 15–27, 2011.
- [13] D. dkk Mario, “Stop Stunting! Wujudkan Anak-Anak yang Bergizi Cukup Tanpa Adanya Gizi Buruk,” no. August, p. 1, 2022, [Online]. Available: <http://kkn.undip.ac.id/?p=337108>
- [14] Direktur Jenderal Bimbingan Masyarakat Islam, “Peraturan direktur jenderal bimbingan masyarakat islam nomor : DJ.II/542 tahun 2013,” pp. 1–22, 2013, [Online]. Available: <https://jateng.kemendagri.go.id/ojs/asset/upload/suratedaran1551081028phkg1412773940.pdf>
- [15] R. Fauzia, “Begini Alur Penggunaan Aplikasi ELSIMIL Versi 2.0 28,” no. March, Jakarta, pp. 0–1, 2023.
- [16] E. Sjølie, A. Strømme, and J. Boks-Vlemmix, “Team-skills training and real-time facilitation as a means for developing student teachers’ learning of collaboration,” *Teach. Teach. Educ.*, vol. 107, p. 103477, 2021, doi: 10.1016/j.tate.2021.103477.
- [17] P. Leavy, *Research Design*. New York London, 2017.
- [18] E. S. Alindariani, D. Didah, A. Indra, D. S, and S. A, “Peningkatan Kapasitas Kader tentang Upaya Deteksi Dini Stunting pada Balita dengan Pelatihan Daring,” *Media Karya Kesehat.*, vol. 5, no. 1, pp. 1–14, 2022, doi: 10.24198/mkk.v5i1.35261.
- [19] M. Knowles, *The Adult Learner : A Neglect Species*, no. 1. 1980. [Online]. Available: <http://files.eric.ed.gov/fulltext/ED084368.pdf>
- [20] S. Nurhasanah, M. Kamil, A. Saepudin, D. Pendidikan, L. Sekolah, and F. Ilmu, “Pelatihan Pendamping Sosial,” *Pedagog. J. Ilmu Pendidik.*, vol. 13, pp. 205–217, 2015.
- [21] et all Gill Harvey, “Getting Evidence into practice : the role and function of facilitation,” *Chinese Phys. C*, vol. 37, no. 8, pp. 577–588, 2002, doi: 10.1088/1674-1137/37/8/087005.
- [22] A. P. Wulandari, A. A. Salsabila, K. Cahyani, T. S. Nurazizah, and Z. Ulfiah, “Pentingnya Media Pembelajaran dalam Proses Belajar Mengajar,” *J. Educ.*, vol. 5, no. 2, pp. 3928–3936, 2023, doi: 10.31004/joe.v5i2.1074.
- [23] R. Heffernan, K. Brumpton, D. Randles, and J. Pinidiyapathirage, “Acceptability, technological feasibility and educational value of remotely facilitated simulation based training: A scoping review,” *Med. Educ. Online*, vol. 26, no. 1, 2021, doi: 10.1080/10872981.2021.1972506.
- [24] J. Morimoto and F. Ponton, “Virtual reality in biology: could we become virtual naturalists?,” *Evol. Educ. Outreach*, vol. 14, no. 1, pp. 1–13, 2021, doi: 10.1186/s12052-021-00147-x.
- [25] R. Husain and N. Djafri, “Tutor competence training and work commitment to learning quality of Paket C,” *Int. J. Innov. Res. Educ.*, vol. 10, no. 1, pp. 46–64, 2023, doi: 10.18844/ijire.v10i1.8979.
- [26] N. De Vega and A. Arifin, “Teachers’ Experiences of Implementing D-Learning,” in *Proceedings of the 4th International Conference on Vocational Education and Technology, IConVET 2021, 27 November 2021, Singaraja, Bali, Indonesia*, EAI, 2022. doi: 10.4108/eai.27-11-2021.2315536.
- [27] Nurul Audie, “Peran Media Pembelajaran Meningkatkan Hasil Belajar,” *Posiding Semin. Nas. Pendidik. FKIP*, vol. 2, no. 1, pp. 586–595, 2019.
- [28] N. Health, C. Clinical, and T. Centre, “What is Mentoring,” *Lancet*, vol. 356, no. 9216, pp. 2000–2000, 2020, doi: [https://doi.org/10.1016/S0140-6736\(00\)03229-3](https://doi.org/10.1016/S0140-6736(00)03229-3).
- [29] A. Szyma, “Mentoring as professional development for mentors,” vol. 8, no. 2, pp. 1–22, 2022, doi: <https://doi.org/10.31261/TAPSLA.11716> Aleksandra.
- [30] C. M. Klinge, “A Conceptual Framework for Mentoring in a Learning Organization,” *Adult Learn.*, vol. 26, no. 4, pp. 160–166, 2015, doi: 10.1177/1045159515594154.
- [31] A. Zvaigzne and I. Kotane, “Mentoring as one of the prerequisites for the development of the entrepreneurial environment,” *Vide. Tehnol. Resur. - Environ. Technol. Resour.*, vol. 1, pp. 359–363, 2019, doi: 10.17770/etr2019vol1.4088.
- [32] I. Tim Kementerian Dalam Negri, Kementerian Kesehatan, Kemeterian Desa PDTT, BKKBN, TP PKK, *Panduan Pelaksanaan Pendampingan Keluarga dalam upaya*

- Percepatan Penurunan Stunting*, no. 112. Jakarta: Direktorat Bina Penggerakan Lini Lapangan Badan Kependudukan dan Keluarga Berencana Nasional, 2021.
- [33] N. Anindita, E. Daryati, M. N. Zhafirah, and M. Nurfadilah, *The Implementation of Coaching and Counseling to Overcome Work Stress at Arcamanik District (Case Study at the District Office in West Java)*, vol. 1. Atlantis Press SARL, 2024.
- [34] M. A. Mavuso, "Mentoring as a Knowledge Management Tool in Organisations," no. March, p. 75, 2007.
- [35] Sukmayenti and A. Sholihat, "Gambaran Tingkat Pengetahuan, Sikap, dan Kesiapan Calon Pengantin Wanita dalam Upaya Pencegahan Stunting di KUA Kuranji Kota Padang," *Sci. J.*, vol. 1, no. 5, pp. 376–382, 2022, doi: 10.56260/sciena.v1i5.70.
- [36] M. Daryono, SE and D. A. Sudjadi, "Implementation of Coaching and Counseling Model," *JP FEB UNSEOD J. dan Proceeding*, vol. 2, no. 1, pp. 1–7, 2012, [Online].
- [37] Milwan and A. Sunarya, "Stunting Reduction in Indonesia: Challenges and Opportunities," *Int. J. Sustain. Dev. Plan.*, vol. 18, no. 7, pp. 2223–2231, 2023, doi: 10.18280/ijstdp.180727.
- [38] R. Rico, M. S?nchez-Manzanares, F. Gil, C. M. Alcover, and C. Taberner, "Coordination process in work teams | Procesos de coordinaci?n en equipos de trabajo," *Papeles del Psicol.*, vol. 32, no. 1, 2021, doi: <http://www.cop.es/papeles>.
- [39] Z. W. Taylor and V. G. Black, "Talking to the mentees: exploring mentee dispositions prior to the mentoring relationship," *Int. J. Mentor. Coach. Educ.*, vol. 7, no. 4, pp. 296–311, 2018, doi: 10.1108/IJMCE-04-2018-0019.
- [40] K. Bakht, S. Mir, and S. A. Shah, "Nursing Teamwork: An in-Depth Concept Analysis with Walker & Avant's Framework," *J. Heal. Rehabil. Res.*, vol. 4, no. 2, pp. 1500–1505, 2024, doi: 10.61919/jhrr.v4i2.1118.
- [41] et. a. Cut Ridzky Amelia Putri, "Global Health," *JAMA - J. Am. Med. Assoc.*, vol. 42, no. 3, pp. 89–99, 2023, doi: <http://dx.doi.org/10.24815/tigh.v3i1.30105>.
- [42] Ambia Nurdin *et al.*, "Efektivitas Penyuluhan Stunting Pada Anak di Desa Meugit Kaye Panyang Kecamatan Bandar Dua Kabupaten Pidie Jaya," *J. Ilm. Kedokt. dan Kesehat.*, vol. 3, no. 1, pp. 01–07, 2023, doi: 10.55606/klinik.v3i1.2181.
- [43] H. W. Wulandari and I. Kusumastuti, "Pengaruh Peran Bidan, Peran Kader, Dukungan Keluarga dan Motivasi Ibu terhadap Perilaku Ibu dalam Pencegahan Stunting pada Balitanya," *J. Ilm. Kesehat.*, vol. 19, no. 02, pp. 73–80, 2020, doi: 10.33221/jikes.v19i02.548.
- [44] Astuti.A.D, "Efektivitas Program Pendampingan Kesehatan Pranikah dalam Meningkatkan Kesiapan Calon Pengantin di Jawa Tengah," *J. Kesehat. Reproduksi*, vol. 8, no. 3, pp. 123–131, 2020.
- [45] Z. Muhamad *et al.*, "Preliminary Study: The Effectiveness of Nutrition Education Intervention Targeting Short-Statured Pregnant Women to Prevent Gestational Stunting," *Nutrients*, vol. 15, no. 19, pp. 1–11, 2023, doi: 10.3390/nu15194305.
- [46] A. Bandura, *Social Learning*. New Jersey: Prentice - Hall, Inc, 1976.
- [47] I. Kemendagri, Kemenkes, Kemdes, BKKBN, TP PKK, *Panduan Pelaksanaan Pendampingan Keluarga dalam Upaya percepatan penurunan stunting*. Jakarta: Direktorat Bina Penggerakan Lini Lapangan BKKBN, 2021.
- [48] BKKBN, "tugas dan fungsi tim pendamping keluarga dalam percepatan penurunan stunting," Jakarta, 2023.
- [49] BKKBN, "Mekanisme Tim Pendamping Keluarga," Jakarta, 2023.
- [50] BKKBN, *Stunting, Tugas dan Fungsi Tim Pendamping Keluarga Dalam Percepatan Penurunan*. Jakarta, 2023.
- [51] D. Yatimah, "Oleh Dr . Durotul Yatimah , MPd," *Strateg. Fasilitasi Perubahan Sos.*, vol. 3, no. 1, pp. 7–10, 2015.
- [52] S. percepatan pencegahan Stunting, *Strategi Nasional Percepatan Pencegahan Anak Kerdil (STUNTING) Periode 2018 - 2024*, 2nd ed. Jakarta: Sekretariat Percepatan Stunting, 2019.