



Indonesian Journal of Entrepreneurship Learning and Innovation

Vol. 1, No. 1, February 2026, pp. 46-57

<https://ppjp.ulm.ac.id/journals/index.php/ijeln/issue/view/xxx>

ISSN: XXXX-XXXX (Print) | XXXX-XXXX (Online)



The Relationship between BPJS Kesehatan Membership Status and Community Perceptions of Stunting Prevention in Karang Indah Village, Mandastana District, Barito Kuala Regency

^{1*}Nur Syifa, ²Edy Suryanto

^{1,2}Universitas Lambung Mangkurat, Banjarmasin, Indonesia

Article Info

Keywords:

BPJS Kesehatan
Community Perception
Stunting Prevention
Health Insurance
Public Health

ABSTRACT

Stunting remains one of the major public health problems in Indonesia and requires comprehensive prevention efforts involving health services and community participation. Access to health services through the National Health Insurance program (BPJS Kesehatan) is expected to support public awareness and perception regarding stunting prevention. This study aimed to analyze the relationship between BPJS Kesehatan membership status and community perceptions of stunting prevention in Karang Indah Village, Mandastana District, Barito Kuala Regency. This research employed a quantitative analytic design with a cross-sectional approach. The population consisted of 140 community members, and the total sampling technique was applied, resulting in 140 respondents. Data were collected using a questionnaire and analyzed through descriptive statistics and Chi-Square tests with a significance level of 5% ($\alpha = 0.05$). The results showed that 82.9% of respondents were BPJS Kesehatan participants, while 17.1% were non-participants. The average score of community perception regarding stunting prevention was 148.20, which was categorized as high. Most respondents (58.6%) had a high perception of stunting prevention. The Chi-Square test indicated no significant relationship between BPJS Kesehatan membership status and community perceptions of stunting prevention ($\chi^2 = 0.913$; $p = 0.634$). Furthermore, the Cramer's V coefficient was 0.081, indicating a very weak relationship. In conclusion, BPJS Kesehatan membership status was not significantly associated with community perceptions of stunting prevention in Karang Indah Village. Community perceptions of stunting prevention are likely influenced by other factors, such as health education, access to information, and community empowerment programs.

This is an open access article under the CC-BY-SA 4.0



*Corresponding Author:

Nur Syifa

Faculty of Teacher Training and Education, Universitas Lambung Mangkurat

Jl. Brig Jend. Hasan Basri, Pangeran, Kec. Banjarmasin Utara, Kota Banjarmasin, Kalimantan Selatan 70123, Indonesia

Email: nrsyifa04@gmail.com

Submitted 4 Feb 2022; Accepted 06 March 2023; Published 30 April 2023

How to cite: Syifa, N. (2022). The Relationship between BPJS Kesehatan Membership Status and Community Perceptions of Stunting Prevention in Karang Indah Village, Mandastana District, Barito Kuala Regency. *Indonesian Journal of Entrepreneurship Learning and Innovation*, 1(1), 46-57.

Journal homepage: <https://ppjp.ulm.ac.id/journals/index.php/ijeln/index>

<https://doi.org/>

Copyright © Authors, 2026, ISSN: XXXX-XXXX (Print) | XXXX-XXXX (Online)

1. INTRODUCTION

Stunting remains one of the major public health and nutritional problems in Indonesia. It is generally characterized by a height-for-age measurement below the established standard and is associated with chronic nutritional deficiencies, particularly during the first 1,000 days of life. Stunting can negatively affect children's physical growth, cognitive development, learning capacity, and productivity in adulthood. Therefore, stunting prevention has become an important national priority that requires not only the involvement of government and health workers but also active participation and understanding from the community.

The prevalence of stunting in Indonesia has shown a declining trend, from 24.4% in 2021 to 21.6% in 2022. However, this figure remains relatively high and indicates that stunting prevention efforts still require continuous strengthening. Various prevention programs have been implemented, including nutrition education, capacity building for health cadres, supplementary feeding, and cross-sectoral collaboration (Fristiwi et al., 2023). A systematic review conducted by Fitri et al. (2022) also showed that stunting prevention programs in Indonesia involve various approaches, including nutritional interventions, improvement of community knowledge, utilization of health services, and community participation. These findings indicate that effective stunting prevention requires an integrated approach involving multiple sectors and levels of society.

Access to health services is one of the important components in supporting efforts to prevent stunting. Through the National Health Insurance program (BPJS Kesehatan), communities are expected to obtain better access to health services, including maternal and child health services, nutrition counseling, health education, and growth monitoring. The availability of health insurance may facilitate community interaction with health facilities and provide opportunities to receive health-related information. Sampurno & Atzmardina (2022) found a significant relationship between community knowledge and BPJS Kesehatan membership status, suggesting that understanding of the health insurance program may be associated with participation. Similarly, Aryani & Fitri (2023) found a relationship between community knowledge and BPJS Kesehatan membership in the working area of Gedong Tataan Health Center. In addition, Stiyawan & Ainy (2023) reported that the utilization of health services among National Health Insurance participants was related to access to health services.

However, BPJS Kesehatan membership does not necessarily guarantee that all healthcare needs will be fulfilled. Firori & Wisana (2023) found that participation in the National Health Insurance program was associated with unmet healthcare needs, indicating that membership status alone may not fully reflect the actual utilization or accessibility of health services. Therefore, although BPJS Kesehatan can facilitate access to healthcare services, other factors may determine whether individuals actively utilize those services and obtain relevant health information.

Community perception is another important factor in stunting prevention. Perception influences how individuals understand health problems, assess risks, respond to health information, and participate in preventive behaviors. A positive perception of stunting prevention may encourage individuals and families to pay greater attention to children's nutritional needs, growth and development, hygiene, and the utilization of health services. Conversely, inadequate perceptions may become an obstacle to the implementation of community-based stunting prevention programs. Community perception may also be influenced by education, previous experience, exposure to information, social and cultural environments, and individual motivation (E. S. Agustina et al., 2024).

In Karang Indah Village, Mandastana District, Barito Kuala Regency, various community health programs have been implemented as part of efforts to improve public health,

including stunting prevention activities. The success of these programs depends not only on the availability of health services but also on the community's understanding and perception of stunting prevention. BPJS Kesehatan membership may provide greater opportunities for individuals to interact with health facilities and obtain health information. Nevertheless, it remains unclear whether membership status is actually associated with differences in community perceptions regarding stunting prevention.

Previous studies have generally examined BPJS Kesehatan membership in relation to knowledge, healthcare access, and service utilization, while other studies have focused on the determinants and prevention of stunting. Research specifically examining the relationship between BPJS Kesehatan membership status and community perceptions of stunting prevention at the village level remains limited. This creates a research gap concerning whether health insurance participation is associated with how communities perceive stunting prevention.

Based on this background, this study aims to analyze the relationship between BPJS Kesehatan membership status and community perceptions of stunting prevention in Karang Indah Village, Mandastana District, Barito Kuala Regency. The findings are expected to contribute to a better understanding of factors associated with community perceptions of stunting prevention and provide practical information for health workers, village governments, and relevant stakeholders in developing more inclusive health education and stunting prevention programs, regardless of community membership status in BPJS Kesehatan.

2. METHOD

This study employed a quantitative analytic research design with a cross-sectional approach. The study was conducted in Karang Indah Village, Mandastana District, Barito Kuala Regency, South Kalimantan. The cross-sectional approach was used to examine the relationship between BPJS Kesehatan membership status and community perceptions of stunting prevention based on data collected at a single point in time.

The population in this study consisted of 140 community members of Karang Indah Village who met the predetermined research criteria. Because the population size was relatively small and all members of the population could be reached, this study used a total sampling technique. Thus, the sample consisted of all 140 members of the population. The independent variable in this study was BPJS Kesehatan membership status, which was categorized into two groups: BPJS Kesehatan participants and non-participants. The dependent variable was community perception of stunting prevention. Community perception was measured using a questionnaire covering respondents' knowledge, understanding, views, and perceptions regarding stunting prevention. The total possible score of the perception instrument ranged from 51 to 189. Based on the predetermined classification, perception scores were categorized as low (51–96), moderate (97–142), and high (143–189).

Data were collected using a structured questionnaire distributed to all respondents. Before being used for data collection, the research instrument was subjected to validity and reliability testing to ensure that the questionnaire was appropriate for measuring community perceptions of stunting prevention. Respondents were asked to provide information regarding their BPJS Kesehatan membership status and respond to statements related to stunting prevention.

Data analysis was conducted using statistical software. Descriptive analysis was first performed to describe the distribution of BPJS Kesehatan membership status and community perception scores. For BPJS Kesehatan membership status, frequencies and percentages were calculated. For community perception, the mean, variance, range, minimum, and maximum scores were calculated. The standard deviation was also derived from the variance to describe the variation in respondents' perception scores.

Inferential analysis was conducted using the Chi-Square test to determine whether there was a statistically significant association between BPJS Kesehatan membership status and community perceptions of stunting prevention. The significance level was set at 5% ($\alpha = 0.05$). The null hypothesis (H_0) stated that there was no significant association between BPJS Kesehatan membership status and community perceptions of stunting prevention, whereas the alternative hypothesis (H_1) stated that a significant association existed. A p -value below 0.05 was considered statistically significant, while a p -value equal to or greater than 0.05 indicated that the null hypothesis was not rejected.

In addition to the Pearson Chi-Square test, the Likelihood Ratio and Linear-by-Linear Association statistics were examined to provide additional information regarding the association between the variables. The strength of the association was assessed using Phi and Cramer's V coefficients. These analyses were used to determine not only whether an association existed but also the magnitude of the relationship between BPJS Kesehatan membership status and community perceptions of stunting prevention.

The research data were analyzed quantitatively and presented in the form of tables and descriptive explanations. The interpretation of the findings considered both statistical significance and the strength of the association to provide a more comprehensive understanding of the relationship between BPJS Kesehatan membership status and community perceptions of stunting prevention.

3. RESULTS AND DISCUSSION (12pt)

Results

BPJS Kesehatan Membership Status

The distribution of respondents based on BPJS Kesehatan membership status is presented in Table 1.

Table 1. BPJS Kesehatan Membership Status

BPJS Kesehatan Membership Status	Frequency (n)	Percentage (%)
Participant	116	82.9
Non-participant	24	17.1
Total	140	100.0

Source: Primary Data, 2026

Table 1 shows that most respondents were BPJS Kesehatan participants. Of the 140 respondents, 116 respondents (82.9%) were registered as BPJS Kesehatan participants, while 24 respondents (17.1%) were not registered. These findings indicate that BPJS Kesehatan coverage among the respondents in Karang Indah Village was relatively high.

The relatively high proportion of BPJS Kesehatan participants may provide the community with greater opportunities to access health services. Previous research has shown that knowledge about BPJS Kesehatan is associated with membership status, indicating that understanding of the health insurance program may contribute to participation (Sampurno & Atzmardina, 2022). In addition, community perceptions have also been found to be related to participation in the National Health Insurance program (Asrinawaty & Mahmudah, 2021). However, BPJS Kesehatan membership should not be interpreted as an indication that respondents necessarily utilize health services intensively or receive specific information about stunting prevention.

Descriptive Statistics of Community Perception of Stunting Prevention

The descriptive statistics of respondents' perception scores regarding stunting prevention are presented in Table 2.

Table 2. Descriptive Statistics of Community Perception of Stunting Prevention

Statistic	Value
Valid N	140
Missing	0
Mean	148.20
Variance	700.564
Range	138
Minimum	51
Maximum	189

Source: Primary Data, 2026

Table 2 shows that the mean perception score of the 140 respondents was 148.20. Based on the predetermined classification, scores ranging from 143 to 189 were categorized as high. Therefore, the average perception of respondents regarding stunting prevention was categorized as high.

The variance of 700.564 indicates variation in respondents' perception scores. The standard deviation, calculated from the variance, was approximately 26.47. The scores ranged from 51 to 189, indicating that respondents' perceptions varied considerably, although the overall mean was within the high category.

The relatively high average perception suggests that most respondents had a good understanding or positive view of stunting prevention. Similar findings have been reported in studies showing that community education and socialization can improve public understanding of stunting prevention (Misbakh & Sulistyorini, 2024; Mulyanti & Astuti, 2023). However, a high perception score does not necessarily indicate that respondents consistently engage in preventive behaviors because perception is only one component of the broader process of health behavior.

Categorization of Community Perception of Stunting Prevention

The distribution of respondents according to the categories of perception regarding stunting prevention is presented in Table 3.

Table 3. Categorization of Community Perception of Stunting Prevention

Perception Category	Score Range	Frequency (n)	Percentage (%)
Low	51-96	4	2.9
Moderate	97-142	54	38.6
High	143-189	82	58.6
Total		140	100.0

Source: Primary Data, 2026

Table 3 shows that 82 respondents (58.6%) had a high perception of stunting prevention, 54 respondents (38.6%) had a moderate perception, and only 4 respondents (2.9%) had a low perception. Thus, more than half of the respondents were classified as having a high perception of stunting prevention.

The predominance of respondents in the high-perception category may indicate that information about stunting prevention has reached a substantial proportion of the community. Community

education, health socialization, and activities involving health cadres can contribute to improving knowledge and understanding of stunting prevention (Kusumawaty et al., 2021; Maharani & Rahman, 2022) Nevertheless, the factors contributing to respondents' perceptions cannot be attributed solely to BPJS Kesehatan membership because information may also be obtained from health cadres, community activities, social media, family members, and other government programs.

Cross-Tabulation of BPJS Kesehatan Membership Status and Community Perception

The cross-tabulation between BPJS Kesehatan membership status and community perception of stunting prevention is presented in Table 4.

Table 4. Cross-Tabulation of BPJS Kesehatan Membership Status and Community Perception of Stunting Prevention

BPJS Kesehatan Membership Status	Perception of Stunting Prevention			Total n (%)
	Low n (%)	Moderate n (%)	High n (%)	
Participant	4 (3.4)	45 (38.8)	67 (57.8)	116 (100.0)
Non-participant	0 (0.0)	9 (37.5)	15 (62.5)	24 (100.0)
Total	4 (2.9)	54 (38.6)	82 (58.6)	140 (100.0)

Source: Primary Data, 2026

Table 4 shows that among BPJS Kesehatan participants, 67 respondents (57.8%) had a high perception of stunting prevention, while 45 respondents (38.8%) had a moderate perception and 4 respondents (3.4%) had a low perception. Among non-participants, 15 respondents (62.5%) had a high perception and 9 respondents (37.5%) had a moderate perception. No non-participants were classified as having a low perception.

Descriptively, the proportion of respondents with high perceptions was slightly greater among non-participants (62.5%) than among participants (57.8%). However, the difference was relatively small. This descriptive pattern suggests that BPJS Kesehatan membership status alone may not be sufficient to explain differences in community perceptions of stunting prevention.

Chi-Square Test of the Relationship Between BPJS Kesehatan Membership Status and Community Perception

The results of the Chi-Square analysis are presented in Table 5.

Table 5. Chi-Square Test of the Relationship Between BPJS Kesehatan Membership Status and Community Perception

Test	Value	df	Sig.
Pearson Chi-Square	0.913	2	.634
Likelihood Ratio	1.588	2	.452
Linear-by-Linear Association	0.436	1	.509
Valid Cases	140		

Source: Primary Data, 2026

Table 5 shows that the Pearson Chi-Square test produced a value of $\chi^2 = 0.913$ with 2 degrees of freedom and a significance value of $p = .634$. Because the p -value was greater than the significance level of .05, there was no statistically significant association between BPJS Kesehatan membership status and community perception of stunting prevention.

The Likelihood Ratio test also produced a non-significant result ($p = .452$), while the Linear-by-Linear Association test produced $p = .509$. These results consistently indicate that the data do not provide sufficient statistical evidence of an association between BPJS Kesehatan membership status and community perception of stunting prevention.

Therefore, the null hypothesis (H_0) was not rejected, while the alternative hypothesis (H_1) was not supported. In other words, based on the data from 140 respondents, BPJS Kesehatan membership status was not significantly associated with community perceptions of stunting prevention.

However, the Chi-Square result should be interpreted cautiously because 2 cells (33.3%) had expected counts below 5, with the minimum expected count being 0.69. This condition is related to the small number of respondents in the low-perception category and may affect the reliability of the Pearson Chi-Square approximation.

Strength of the Association

The strength of the association between BPJS Kesehatan membership status and community perception of stunting prevention was assessed using Phi and Cramer's V coefficients.

Table 6. Strength of Association Between BPJS Kesehatan Membership Status and

Community Perception		
Measure	Value	Sig.
Phi	.081	.634
Cramer's V	.081	.634
Valid Cases	140	

Source: Primary Data, 2026

Table 6 shows that both the Phi coefficient and Cramer's V coefficient were .081, with a significance value of $p = .634$. The coefficient indicates that the association between BPJS Kesehatan membership status and community perception of stunting prevention was very weak. Thus, in addition to being statistically non-significant, the observed association was also small in magnitude.

These findings reinforce the result of the Pearson Chi-Square test that BPJS Kesehatan membership status does not appear to be an important factor associated with differences in community perceptions of stunting prevention in the study setting.

Discussion

The main finding of this study was that BPJS Kesehatan membership status was not significantly associated with community perceptions of stunting prevention in Karang Indah Village. The Pearson Chi-Square test resulted in $\chi^2 = 0.913$ and $p = .634$, while Cramer's V was .081. The statistical findings indicate that the difference in perception between BPJS Kesehatan participants and non-participants was not statistically meaningful and that the strength of the observed association was very weak.

The absence of a significant association may be explained by the multidimensional nature of community perception. Perception is not formed solely through access to health insurance but can also be influenced by education, personal experience, exposure to health information, social and cultural environments, and individual motivation (E. S. Agustina et al.,

2024). Consequently, having BPJS Kesehatan membership does not automatically mean that an individual has greater knowledge or a better perception of a specific health issue such as stunting prevention.

The descriptive results provide further support for this interpretation. The proportion of respondents with high perceptions was 57.8% among BPJS Kesehatan participants and 62.5% among non-participants. Although the percentage was slightly higher among non-participants, the difference was relatively small and was not statistically significant. This finding suggests that information and understanding about stunting prevention may be obtained through channels other than services associated with BPJS Kesehatan.

Health information may be disseminated through community health posts (posyandu), health cadres, Family Welfare Empowerment (PKK) activities, village programs, social media, family networks, and other community-based programs. Simanjuntak et al. (2022), for example, found that nutrition education through social media could contribute to improvements in knowledge, attitudes, and behavior related to stunting prevention. Similarly, Prasetiowati et al. (2023) demonstrated the importance of education and the involvement of mothers and health cadres during the first 1,000 days of life in supporting stunting prevention and early detection.

Community empowerment is also an important component of stunting prevention. Romadona et al. (2023) emphasized the role of training and community-based interventions in addressing the multidimensional nature of stunting. Likewise, Alfajri et al. (2022) highlighted the importance of improving community knowledge regarding nutrition and parenting practices. Munthe et al. (2023) also reported an association between maternal knowledge and efforts to prevent stunting, indicating that adequate knowledge can support preventive efforts at the family level. These findings suggest that community perceptions may develop through continuous educational and empowerment activities rather than through health insurance membership alone.

Health promotion strategies are also essential in strengthening community participation in stunting prevention. Rakhmaning & Hasanbasri (2023), through a systematic literature review, highlighted the importance of health promotion strategies in preventing stunting, particularly through education, communication, and community involvement. This supports the finding of the present study that improving community perceptions may require broader and continuous health promotion efforts rather than relying solely on BPJS Kesehatan membership. Therefore, health education should be delivered through various community-based channels so that information about stunting prevention can reach both BPJS Kesehatan participants and non-participants.

The findings of this study are also consistent with the broader understanding that stunting is a multidimensional problem. Stunting is influenced by various individual, family, socioeconomic, environmental, and health-service factors (Arifuddin et al., 2023; Nugroho et al., 2023). Septiani et al. (2023) also found that macroeconomic conditions and access to health services are associated with stunting in Indonesia. Therefore, the role of health insurance in stunting prevention should be viewed as one component within a broader health and social system rather than as a direct determinant of community perception.

BPJS Kesehatan membership can nevertheless support access to healthcare services. Purba & Ediyono (2022) reported that BPJS Kesehatan membership can contribute to access and quality of healthcare services. R. Agustina et al. (2023) also described the role of BPJS Kesehatan utilization in the management of stunted toddlers through access to healthcare services. However, access to services does not automatically result in improved perceptions of stunting prevention. The benefits of health insurance for health knowledge and perception may depend on how frequently individuals use health services and whether the services they receive

include promotive and preventive activities such as nutrition counseling, pregnancy education, child growth monitoring, and stunting prevention education.

The findings can also be understood through the Health Belief Model, which explains that health-related perceptions and preventive behaviors are influenced by perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action. Previous studies have applied this framework to understand perceptions related to stunting prevention (Ilham et al., 2025; Paramita et al., 2021). From this perspective, BPJS Kesehatan membership may function as a factor that facilitates access to healthcare, but it does not necessarily become a direct cue to action for stunting prevention. More specific exposure to health information and preventive education may be required to shape community perceptions. The high overall perception score found in this study is an important finding because it suggests that the community already has a relatively positive perception of stunting prevention.

However, the presence of 38.6% of respondents in the moderate category indicates that there is still room for improvement. Health promotion programs should therefore not only target individuals who are not BPJS Kesehatan participants but should reach the entire community. Educational interventions can focus on the causes and consequences of stunting, nutritional practices, child growth monitoring, maternal health, sanitation, and the importance of utilizing available health services.

The findings also have practical implications for village governments, health workers, health cadres, and other stakeholders. Stunting prevention programs should emphasize continuous health education and community empowerment rather than relying solely on health insurance coverage. Collaboration between village governments, health facilities, cadres, community organizations, and families can help ensure that information about stunting prevention reaches community members regardless of their BPJS Kesehatan membership status.

Research Limitations

This study has several limitations. First, the Chi-Square analysis involved a contingency table in which 2 cells (33.3%) had expected counts below 5, with a minimum expected count of 0.69. This condition occurred because only four respondents were classified as having a low perception. Therefore, the Chi-Square findings should be interpreted with caution.

Second, the cross-sectional design only describes the association between variables at one point in time and cannot establish a causal relationship. Therefore, the finding that BPJS Kesehatan membership status was not significantly associated with community perception should not be interpreted as evidence that BPJS Kesehatan has no effect on health-related knowledge or behavior.

Third, BPJS Kesehatan membership was measured only as a binary variable, namely participant and non-participant. This measurement does not capture the frequency of healthcare utilization, type of healthcare services accessed, intensity of health education received, or respondents' experiences when using health facilities. Future research could examine these aspects to provide a more detailed understanding of the relationship between health insurance and community perceptions of stunting prevention.

3. CONCLUSION

Con This study concludes that BPJS Kesehatan membership status was not significantly associated with community perceptions of stunting prevention in Karang Indah Village, Mandastana District, Barito Kuala Regency. Of the 140 respondents, 82.9% were BPJS Kesehatan participants, while 17.1% were non-participants. The average community perception

score was 148.20, which was categorized as high, with 58.6% of respondents classified as having a high perception of stunting prevention.

The Chi-Square analysis showed no statistically significant association between BPJS Kesehatan membership status and community perception of stunting prevention ($\chi^2 = 0.913$; $p = .634$). The Cramer's V coefficient of .081 also indicated a very weak association between the two variables. Therefore, BPJS Kesehatan membership status alone does not adequately explain differences in community perceptions of stunting prevention.

The findings suggest that community perceptions of stunting prevention may be influenced by other factors, including health knowledge, education, personal experience, exposure to health information, community health cadres, and health education activities. Therefore, stunting prevention programs should provide continuous health education and community empowerment to all community members regardless of their BPJS Kesehatan membership status.

Future research is recommended to examine other factors that may contribute to community perceptions of stunting prevention, particularly health knowledge, educational background, utilization of healthcare services, exposure to health information, family support, and participation in community-based health programs. Further studies may also consider the frequency and type of healthcare services utilized rather than measuring BPJS Kesehatan membership solely as participant or non-participant.

ACKNOWLEDGEMENTS

The author would like to express sincere gratitude to all parties who contributed to the completion of this research. Special appreciation is extended to the community members of Karang Indah Village who participated as respondents and provided the data required for this study. The author also thanks the village authorities and health cadres who supported the data collection process. Finally, the author expresses gratitude to all individuals who provided assistance, support, and valuable contributions throughout the research process.

REFERENCES

- Agustina, E. S., Paharuddin, Dewi, D. S., Lidyah, R., Ridwan, A. M., Munadiyan, A. El, & Padmiari, I. A. E. (2024). Metodologi Penelitian Kuantitatif. In *Pandu Cemilang Pustaka*.
- Agustina, R., Weken, M. E., & Anggraeny, D. (2023). Implementation of Health BPJS Usage in Stunting Toddler Management at Stunting Locus. *Amerta Nutrition*, 7(2SP), 7–12. <https://doi.org/10.20473/amnt.v7i2SP.2023.7-12>
- Alfajri, A. L., Lubis, D., Latifah, A., Putri, W., Fardiansyah, M. I., Jaya, J. N., & Shabrina, N. (2022). Upaya Pencegahan Stunting Melalui Peningkatan Pengetahuan Masyarakat Mengenai Pentingnya Gizi dan Pola Asuh Anak di Desa Ngambarsari. *Jurnal Pusat Inovasi Masyarakat*, 4(2), 226–237.
- Arifuddin, A., Prihatni, Y., Setiawan, A., Wahyuni, R. D., Nur, A. F., Dyastuti, N. E., & Arifuddin, H. (2023). Epidemiological Model of Stunting Determinants in Indonesia. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, 9(2), 224–234.
- Aryani, N., & Fitri, R. A. (2023). Hubungan Pengetahuan Dengan Kepesertaan BPJS Pada Masyarakat Di Wilayah Kerja Puskesmas Gedong Tataan Kabupaten Pesawaran. *Jurnal Kesehatan Panca Bhakti Lampung*, 11(1), 11. <https://doi.org/10.47218/jkpbl.v11i1.224>
- Asrinawaty, & Mahmudah. (2021). Hubungan Persepsi Masyarakat dengan Kepesertaan JKN

- Mandiri di Puskesmas Perawatan Bakau Tahun 2021. *An-Nadaa: Jurnal Kesehatan Masyarakat*, 8(2), 191. <https://doi.org/10.31602/ann.v8i2.5944>
- Firori, F. A., & Wisana, I. D. G. K. (2023). The Effect Of Participation In Jkn On Unmet Needs For Healthcare Services. *Indonesian Journal of Health Administration*, 11(2), 186–195. <https://doi.org/10.20473/jaki.v11i2.2023.186-195>
- Fitri, R., Huljannah, N., & Rochmah, T. N. (2022). Program Pencegahan Stunting Di Indonesia: A Systematic Review. *Media Gizi Indonesia (National Nutrition Journal)*, 17(3), 281–292. <https://doi.org/https://doi.org/10.204736/mgi.v17i3.281-292>
- Fristiwi, P., Nugraheni, S. A., & Kartini, A. (2023). The Effectiveness of Stunting Prevention Programs in Indonesia : A Systematic Review. *Jurnal Penelitian Pendidikan IPA*, 9(12), 1262–1273. <https://doi.org/10.29303/jppipa.v9i12.5850>
- Ilham, M., Fathoni, F., & Setyawan, A. A. (2025). Measuring Public Perception Of Stunting With The Conceptual Health Belife Model. *Management Studies and Entrepreneurship Journal*, 6(3), 2007–2022. <http://journal.yrpiiku.com/index.php/msej>
- Kusumawaty, I., Yunike, & Podojoyo. (2021). Mereduksi Potensi Gangguan Psikososial Anak melalui Optimalisasi Pengetahuan Ibu tentang Stunting. *Journal of Community Engagement in Health*, 4(2), 269–274. <https://doi.org/10.30994/jceh.v4i2.238>
- Maharani, S. C., & Rahman, S. (2022). Pencegahan Stunting Melalui Edukasi Pada Masyarakat Kelurahan Pasar Merah Barat. *Jurnal Implementasi Husada*, 3(3). [Jurnal.umsu.ac.id/index.php/JIH](http://jurnal.umsu.ac.id/index.php/JIH)
- Misbakh, Z. O., & Sulistyorini, L. (2024). Upaya Peningkatan Pengetahuan Masyarakat Melalui Sosialisasi Pencegahan Stunting. *JMM (Jurnal Masyarakat Mandiri)*, 8(1), 5–12. <https://doi.org/https://doi.org/10.31764/jmm.v8i1.19902>
- Mulyanti, S., & Astuti, A. B. (2023). Studi Deskriptif Persepsi Faktor Determinan Dan Upaya Pencegahan Stunting Di Wilayah Kerja Puskesmas Karangnom Klaten. *Jurnal Ilmu Kesehatan*, 11(1), 1–13.
- Munthe, W. S., Atika, R. A., & Candra, A. (2023). Hubungan Tingkat Pengetahuan Dan Upaya Pencegahan Ibu Dengan Kejadian Stunting. *Media Kesehatan Masyarakat Indonesia* 22(5), 22(5), 337–341. <https://ejournal.undip.ac.id/index.php/mkmi>
- Nugroho, E., Wanti, P. A., Suci, C. W., Raharjo, B. B., & Najib. (2023). Social Determinants of Stunting in Indonesia. *Jurnal Kesehatan Masyarakat*, 7(2), 144–150. <http://journal.unnes.ac.id/nju/index.php/kemas%0AFAKTOR>
- Paramita, L. D. A., Devi, N. L. P. S., & Nurhesti, P. O. Y. (2021). Hubungan Pengetahuan Dan Sikap Ibu Mengenai Stunting Dengan Kejadian Stunting Di Desa Tiga, Susut, Bangli. *Coping: Community of Publishing in Nursing*, 9(3), 323. <https://doi.org/10.24843/coping.2021.v09.i03.p11>
- Prasetiowati, L., Fatmaningrum, W., Mardiyani, E., & Anomsari, H. D. (2023). Peningkatan Peran Ibu dan Kader dalam 1.000 Hari Pertama Kehidupan sebagai Upaya Pencegahan dan Deteksi Dini Stunting di Puskesmas Morokrembangan Surabaya. *Jurnal Layanan Masyarakat*, 7(2), 252–263. <https://doi.org/10.20473/jlm.v7i2.2023.252-263>
- Purba, N. B., & Ediyono, S. (2022). Dampak Kepesertaan Bpjs Kesehatan Terhadap Akses, Kualitas, Outcome, Dan Biaya Pelayanan Kesehatan Di Indonesia: A Systematic Review.

Journal of Language and Health, 3(2), 71–78.
<http://jurnal.globalhealthsciencegroup.com/index.php/JLH>

- Rakhmaning, T., & Hasanbasri, M. (2023). Systematic Literature Review : Strategi Promosi Kesehatan Dalam Mencegah Stunting. *Jurnal Manajemen Pelayanan Kesehatan*, 26(03), 99–104.
- Romadona, N. F., Setiasih, O., Listiana, A., Syaodih, E., & Rudiyanto, R. (2023). Strategi Pencegahan dan Penanganan Stunting Multidimensi melalui Pelatihan Guru PAUD. *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, 7(6), 7241–7252. <https://doi.org/10.31004/obsesi.v7i6.5724>
- Sampurno, D. P., & Atzmardina, Z. (2022). Hubungan Tingkat Pengetahuan Masyarakat Tentang Bpjs Kesehatan Dengan Status Kepesertaan Bpjs Kesehatan Di Puskesmas Jiput. *Ebers Papyrus*, 28(1), 1–10.
- Septiani, R. E., Mulyaningsih, T., & Mulyanto. (2023). The Effect of Macroeconomics and Access to Health Service on Stunting in Indonesia. *Health Science Journal of Indonesia*, 14(1), 21–32. <https://doi.org/https://doi.org/10.22435/hsji.v14i1.6440>
- Simanjuntak, M., Yuliati, L. N., Rizkillah, R., & Maulidina, A. (2022). Pengaruh Inovasi Edukasi Gizi Masyarakat Berbasis Social Media Marketing Terhadap Pengetahuan, Sikap, Dan Perilaku Dalam Upaya Pencegahan Stunting. *Jurnal Ilmu Kel. & Konsu.*, 15(2), 164–177. <https://doi.org/http://dx.doi.org/10.24156/jikk.2022.15.2.164>
- Stiyawan, Y., & Ainy, A. (2023). Pemanfaatan Layanan Kesehatan Peserta Jaminan Kesehatan Nasional di Kecamatan Jejawi. *Jurnal Manajemen Kesehatan Yayasan*, 9(1), 163–175.