BARRIERS TO STUNTING PRIMORDIAL PREVENTION THROUGH PROSPECTIVE BRIDE’S ADVISORY SERVICE: A QUALITATIVE STUDY USING SOCIAL ECOLOGICAL MODEL

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ABSTRACT

Since the Faculty of Medicine and Health Sciences, University of Warmadewa, launched community-oriented medical education (COME), the stunting prevalence in Gianyar Residence decreased from 12.1% (2018) to 11.1% (2019). In 2021, it decreased to 5.1% which was lower than Bali province (10.9% in 2021) and much less than the Republic of Indonesia (24.4%). The PentaCOME (Pentahelix Community-Based Medical Education) project, the modification of COME, was the collaboration of the Indonesian Ministry of Education, Culture, Research, and Higher Education, the Warmadewa University, as well as PT. Sido Muncul is implemented to further lower stunting prevalence via the “Stunting Primordial Prevention Through Prospective Brides Advisory Service” initiative in Payangan District. The present study was intended to figure out barriers to implementing such initiatives. This is a qualitative study using in-depth interviews and focus group discussions (FGDs) in obtaining data. Purposive sampling was used to select informants who represented academicians (3), businessmen (2), community (9), government (3), and media (3) (i.e., Penta helix components). Twenty in-depth interviews and two FGDs involving academician, community, government, and media were conducted during the 1 September 2022 – 15 October 2022 period. Two coders transcribed and coded independently. The social-ecological model was used to categorize the codes. Informants described that they never heard about the ELSIMIL application (ELSIMIL stands for Electronic Siap Nikah dan Hamil which means ‘prepared to get married and pregnant application’) at the personal level. The “No pregnancy, no marriage” motto (i.e., social pressure to get pregnant before marriage among Balinese) was found a barrier at the interpersonal level. At the institutional level, key informants stated the prospective bride’s advisory service and ELSIMIL application campaign were not adequate. At the community level, the family support team community has been established, however, they could not fulfill their function properly due to the “no pregnancy, no marriage” motto. At the policy level, the traditional village assembly (i.e., “Majelis Desa Adat”) has not issued regulations regarding the prospective bride’s advisory service. A lack of cross-sector collaboration was also reported as a barrier to this initiative. A well-planned promotion could socialize ELSIMIL application among prospective brides. Advocacy to the traditional village assembly might diminish the “no pregnancy, no marriage” motto. Pentahelix collaboration needs to be established to achieve the “zero stunting for golden generation” goal.

Keywords: stunting, primordial prevention, ELSIMIL, PentaCOME, Bali

ABSTRAK

Sejak Fakultas Kedokteran dan Ilmu Kesehatan Universitas Warmadewa meluncurkan pendidikan kedokteran berorientasi masyarakat (COME), prevalensi stunting di Gianyar Residence menurun dari 12,1% (2018) menjadi 11,1% (2019). Pada tahun 2021 menurun menjadi 5,1% yang lebih rendah dari provinsi Bali (10,9% pada tahun 2021) dan jauh lebih rendah dari Republik Indonesia (24,4%). Proyek

**Kata kunci:** Stunting, pencegahan primordial, ELSIMIL, PentaCOME, Bali

**INTRODUCTION**

Stunting remains the most essential challenge to deal with in human growth and development, particularly among children under five years of age [1]–[4]. Stunting might result in decreased cognitive ability which further caused lower school performance, and when they reach productive age, decreased earnings. About 149.2 million children under five years of age suffered from stunting worldwide in 2021, of whom 92% live in Asia and Africa [1]–[4].

The stunting prevalence among children under five years old in Indonesia was 24.4%, based on the 2021 Indonesian Nutrition Status Study. It meant that nearly one-fourth of children under five years old were stunted [5]–[9]. The data was collected from 34 provinces (i.e., 514 districts or cities) encompassing 153,228 children under five years old with a total of 14,889 census blocks. A large discrepancy was found between the Community-Based Nutrition Recording and Reporting Electronic Application and the Indonesia Nutrition Status Study. In Klungkung District, for example, the 2022 Community-Based Nutrition Recording and Reporting Electronic Application merely reported 597 children under five years old who were stunted, while the 2021 Indonesia Nutrition Status Study reported 2,300. The report which is recognized officially is the data from the Indonesian Nutrition Status Study [5]–[7], [9], [10].
Indonesian government attempts to decrease the stunting prevalence below 14% by 2024. Therefore, the stunting prevalence should be lowered by at least 2.7% annually [10]–[12]. Following the World Health Organization (WHO) guidelines, the Ministry of Health implements nutrition-specific interventions to address the direct causes, such as providing nutrition supplementary and preventing as well as treating infectious diseases through integrated management. The nutrition-sensitive interventions were carried out by the National Population and Family Planning Agency in collaboration with several other ministries. The nutrition-sensitive interventions are intended to address the stunting indirect causes, such as the provision of nutrition and health services, drinking water and sanitation, increasing access to food, and enhancing awareness of child care and nutrition. Stunting is defined as height according to age falls below two standard deviations. Stunting is a failure to thrive indicator due to chronic nutritional deficiency during the first 1,000 days of life [6], [8], [9], [13].

The poor nutritional status which was detected among pregnant women and children under two years old is a community health problem in certain areas of Indonesia [9]–[13]. West Kalimantan Province, for example, is found to have both chronic energy deficiency in pregnant women as well as a high stunting prevalence in children under five years old. Bali, whose wasting prevalence is 3% and stunting prevalence is 10.9%, is the only province categorized in good category (i.e., wasting prevalence and stunting prevalence both <= 20 percent). Yogyakarta, DKI Jakarta, the Islands of Riau, Bangka Belitung, and Lampung are provinces with high wasting prevalence but low stunting prevalence and hence categorized as chronic nutrition deficiency. Meanwhile, Bengkulu with low wasting prevalence but high stunting prevalence is categorized as acute nutrition deficiency [5], [6], [8], [13].

The government targeted to decrease stunting prevalence by 3% in 2022 through convergent specific and sensitive nutrition intervention, facilitated by more accurate and precise coverage data, stunting reduction acceleration team establishment, and stunting reduction program via family approach conducted at integrated health service post. For the next step, the government intends to further reduce stunting prevalence to 14% in 2024. This is quite aggressive target (i.e., a 10.4% decrease in less than 2.5 years). Following such a target, the government introduced the National Action Plan for Reducing Indonesia’s Stunting Prevalence in 2022 as the guidance to further expedite stunting reduction [7], [14].

Without neglecting provinces whose stunting prevalence is low, the stunting reduction acceleration program is emphasized in the provinces whose stunting prevalence is high. Such provinces include West Nusa Tenggara, Central Sulawesi, South Kalimantan, West Kalimantan, Aceh, West Nusa Tenggara, and East Nusa Tenggara. Other provinces whose stunting absolute numbers are high, which include West Java, East Java, Central Java, Banten, and South Sumatra, should also be considered. Bali, whose stunting prevalence is 10.9% and wasting prevalence is 3%, is the only province in the good category with a low
stunting prevalence (<= 20 percent) and low wasting prevalence (<= 20 percent). Lampung, Bangka Belitung, the Islands of Riau, DKI Jakarta, and Yogyakarta are provinces with low stunting prevalence and high wasting prevalence (categorized as chronic nutrition malnutrition). Meanwhile, Bengkulu with high stunting prevalence and low wasting prevalence is categorized as acute nutrition malnutrition [7], [8], [11], [14].

Although Bali is considered the province with the lowest stunting prevalence in Indonesia, the government set a target of 6 percent in 2024. Achieving such a target requires cross-sectoral collaboration and the district-based family support teams enhancement. Inadequate sanitation, poverty, malnutrition, and improper parenting are the main determinants associated with stunting. Hence, it is imperative to unceasingly engage the community, especially teenagers, to prevent them from giving birth to stunted children in the future. Stunting primordial prevention needs to be done starting with teenagers. Therefore, the stunting primordial prevention through prospective brides’ advisory service is imperative. The program is best initiated three months before marriage to give adequate time for preparation. This study is intended to explore the barriers to stunting primordial prevention through prospective brides’ advisory service using the ELSIMIL application (electronic siap nikah dan hamil which means ready to marry and get pregnant application).

METHODS

Payangan District was selected as a PentaCOME location since the predecessor (COME) was conducted there. Payangan is located in Gianyar Regency, Bali province. It has nine villages with an area of 75.88 km². It is bordered by Banua Village, Kintamani District, Bangli Regency to the north; by Kedewatan Village, Ubud District, Gianyar Regency to the south; by Sebatu Village, Tegallalang District, Gianyar Regency to the east; and by Pangsan Village, Petang District, Badung Regency to the west.

In November 2020, Bukian Village had the highest number of hamlets (11 hamlets), while Bresela had the least (3 hamlets). Bukian Village had also the highest population (7,673 people), however, in terms of population density, Melinggih village had the highest. The total population was 46,621 with 10,418 families. The sex ratio was 99. On average, each family consisted of five people.

Key informants for interviews and participants for two focus group discussions (FGDs) were selected using purposive sampling based on the pentahelix model which consists of academicians, businessmen, the community, government, and media. Warmadewa University lecturers who have supervised COME in Payangan District were selected as academicians’ representatives, two PT. Sido Muncul’s employees as business representatives, the family support team members as the community representatives, Payangan Community Health Centre staff as government representatives, and Bali Post,
TVRI Bali, and Radio Thomson News FM 93.3 MHz staff as media representatives. All of them got an introduction to ELSIMIL before interviews and FGDs.

Four topics: stunting, existing COME, cross-sector collaboration, and primordial prevention through the prospective brides’ advisory service were covered in the FGD Guidelines. The FGDs were conducted by three facilitators: the head of the COME unit (LGP, MPH), a social OBGYN subspecialist (GMB, social OBGYN subspecialist), and a public health scientist experienced in qualitative research (MIW, Ph.D. in public health). All facilitators were the PentaCOME champions. PentaCOME is the Matching Fund Kedaireka project; the modification of COME using the pentahelix model. It is a collaboration of the Ministry of Education, Culture, Research, and Higher Education, PT. Sido Muncul and Warmadewa University.

In-depth interviews were conducted to explore informants’ knowledge and attitudes particularly related to stunting primordial prevention through the prospective brides’ advisory service using the ELSIMIL application. Five interviewers (MDW – MSc in Biology, KTK – MPH, MP – OBGYN specialist, TS – M.Repro, and AGI – PhD in Biology) conducted such interviews. They are COME supervisors. Each interviewed four interviewees. All pentahelix model representatives were interviewed. Each interview last for about 60 minutes. Unfortunately, the businessmen representatives failed to attend both FGDs.

All interviews and FGDs were recorded and transcribed verbatim. Constant comparison was implemented: two research team members (GMB – social OBGYN subspecialist and MIW – Ph.D. in public health) grounded themselves in the transcript independently to explore the themes that would emerge without knowing what to expect. Codes were then developed based on the emerging themes. The coding was done by the same two research team members. Any discrepancies in the coding were discussed thoroughly until agreement was achieved to decide which codes were added to the model. An iterative analysis was conducted by recoding the coded transcript. The themes were then displayed using the social-ecological model.

RESULTS AND DISCUSSION

Informants Characteristics

Table 1 reveals key informants' characteristics. 20 key informants represented all components of the pentahelix model. The median age was 30 (min: 27 and max: 77). Most informants were female (70%). The community component of the pentahelix model was mostly represented (45%).
Table 1. Informant Characteristics

<table>
<thead>
<tr>
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<th>Age (years)</th>
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<td>32</td>
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Several barriers to (and facilitators of) stunting primordial prevention through the prospective brides’ advisory services emerged as the themes. The stunting primordial prevention barriers and facilitators were categorized into the social-ecological model which encompasses five levels: the individual level, the interpersonal level, the institutional level, the community level, and the policy level. In this article, we defined the community level as the family support team from nine villages in Payangan District.

**Ignorance of ELSIMIL application.** Only the family support teams know about the ELSIMIL application: there were no leaflets provided in the community health center and no promotions on the frequently viewed social media platform either. Most of them knew about the ELSIMIL campaign only after the FGDs. Once they knew, they were not able to practice the application for it was developed only for prospective brides. Others overlooked it because they considered stunting as no longer a problem in Gianyar Regency. Finally, the family support teams stated that the prospective brides they approached could not use ELSIMIL because they were not eligible (i.e., they were pregnant before marriage).

**Ignorance of premarital counseling.** Some participants stated that they were unaware of premarital counseling. They did not know when, how often, and how many times prospective brides should have counseling. One participant mentioned she did not see the need to do so since she never had premarital counseling. Several asked whether the prospective brides of the second marriage still needed premarital counseling.
“Pregnancy precedes marriage” motto. Some prospective grooms expected that their future brides got pregnant before marriage because a child, in particular a son, was very essential in a family. The key informants FGD participants stated that many women married when they were pregnant in a few weeks gestational age and hence were not eligible for ELSIMIL. They got their first antenatal care in the second trimester which made the interventions a bit late.

“Pregnancy precedes marriage’ has become a norm for many Balinese. They only marry when the future brides get pregnant. … they are not eligible to use ELSIMIL anymore.” (Academician, female, 32 years old)

Low perceived susceptibility. The low enthusiasm to participate in the prospective brides’ advisory service using the ELSIMIL application was because of low perceived susceptibility. One FGD participant realized that Gianyar Regency has the lowest stunting prevalence in Bali Province.

“It is merely about 5%. …We have the lowest stunting prevalence in Bali. It’s no longer public health issue here” (Government, female, 52 years old)

Academician representatives considered the data presented by the government was quite unreliable. The significant reduction within the last four years did not make any sense.

“Listen. The 2018 prevalence was 12.1%. It decreased to 11.1% in 2019 and all of a sudden, within two years, 5.1% in 2021. It occurred without significant interventions other than the routine. It did not make any sense to me” (Academician, male, 77 years old)

Social Norms Allowed Premarital Pregnancy. When we discussed social norms related to premarital pregnancy, informants and FGD participants cited that it was a norm to get pregnant before marriage. It occurred because for most Balinese, having children, primarily sons, during married life is imperative. Hence, some prospective brides were, by such norms, encouraged to get pregnant before marriage to assure they satisfied such prerequisite conditions.

“Premarital pregnancy was considered as an achievement. These norms are quite annoying. …to some extent, became bullying. …They kept asking when you got pregnant in public” (Community, female, 34 years old)

Pressure to Use ELSIMIL soon. The family support team considered those who did not use ELSIMIL three months before marriage as selfish and did not care. They negatively contribute to stunting. They said that they actively seek prospective brides and encouraged them to use ELSIMIL. It was necessary for the prospective brides’ benefit.

Interviewer: Have you ever coerced prospective brides to utilize ELSIMIL?
Participant 1: Yes. I obliged my relative to use ELSIMIL three months before marriage. Recently most of them were not eligible because they were pregnant already. I was unhappy. (Community, female, 29 years old)

Participant 2: I warned my relative to use ELSIMIL ... It is government policy so we must endorse such policy. (Community, female, 31 years old).

**Inadequate Promotion of Prospective Brides’ Advisory Service Program.** The majority of FGD participants learned about prospective brides’ advisory service program during the PentaCOME webinar or FGDs. They were not aware of it even though they were actively engaged in popular social media platforms. Therefore, they suggested using popular social media to promote this program. The family support teams suggested using “intimidating” messages to get prospective brides enrolled. For example, using sanctions or fines. Academicians disagreed with such an idea and suggested a more persuasive campaign. It will work much better in the long run.

“In the long run, I think we should focus more on the persuasive campaign rather than implementing sanctions or fines” (Academician, male, 77 years old).

The government and businessmen described *PeduliLindungi* Campaign as an analogy since it is very successful. They described *PeduliLindungi* as a mandatory, informative, meticulous, and up-to-date application.

“If the ELSIMIL campaign was implemented just the way PeduliLindungi was done, the success is inevitable” (government, female, 52 years old).

**Lack of human resources to conduct the campaign.** FGD participants and key informants suspected that the lack of human resources to conduct the campaign, particularly in the community health center, contributed to the ignorance of the campaign in society.

“They need more hands. ...our midwives are preoccupied with the family planning programs as well as the maternal and pediatric health....so little time, so much to do” (government, female, 36 years old).

On the contrary, other FGD participants described that the lack of human resources in the community health center should not be an obstacle because there are dozens of human development cadres in every village. They are trained to actively participate in human development, especially in monitoring stunting reduction programs.

**Constraining social norms.** The family support team reported constraining social norms as a barrier. The “Pregnancy precedes marriage” motto hindered their endeavor to recruit prospective brides. Fortunately, the National Population and Family Planning Agency has engaged the traditional village institution to deal with this hindrance.
Interviewer: What should be done to overcome the “pregnancy precedes marriage” motto?

FGD participant: Perhaps we, Hindu, can follow examples from other religions, such as Christian and Muslim ... They oblige prospective brides and grooms to attend pre-marital counseling. (Academician, female, 32 years old)

FGD participant: The traditional village institution in Bali initiated regulation (known as Perarem) which coerce prospective brides and grooms to attend pre-marital counseling. Soon, we will do as they [other religions] do. (Government, male, 49 years old)

**Presidential Regulation No. 72 of 2021 regarding the stunting reduction acceleration.** FGD participants and informants reported that the government was very serious about reducing stunting. They issued Presidential Regulation No. 72 of 2021. The National Population and Family Planning Agency was assigned as the stunting reduction acceleration team coordinator.

“We introduced the concept of reducing stunting via family approach” (Government, female, 52 years old)

The academician proposed an initiative to ensure that every bride is in her prime condition to get married and get pregnant. ELSIMIL application allows the prospective bride attains her prime condition through intervention initiated 3 months before the marriage. The intervention encompasses 3 phases: pre-conception, pregnancy, and post-delivery.

“...we developed PentaCOME program which was primarily intended to prevent stunting right from the gecko” (Academician, male, 77 years old)

The family support team was established to deal with this task. They got proper training to do so. They consisted of the National Population and Family Planning Agency cadres, the family empowerment and welfare support team, and midwives.

“...we provided a 3-day workshop on 17 May 2022 until 19 May 2022 in Sanur to empower the family support team” (Government, female, 36 years old).

Numerous studies have been conducted to measure stunting programs' effectiveness and explore barriers to implementing such programs [1]–[3], [15]–[19]. The primary aim of the current study is to explore deep dive the perceived barriers to (and facilitators of) stunting primordial prevention through prospective brides’ advisory service utilizing the ELSIMIL application. We analyzed unique in-depth interviews and FGDs data. PentaCOME is the modification of our ongoing COME project which spreads out the intervention from the first 1000 days of life to prospective brides. The social-ecological model used to categorize themes that emerged from inductive analysis is an evidence-based model that admits the intricacy of how an individual makes decisions and changes behavior [20]–[24]. Our findings show
numerous obstacles to stunting primordial prevention through prospective brides’ advisory service at the individual, interpersonal, institutional, community, and policy levels.

We identified individual-level barriers to stunting primordial prevention through prospective brides’ advisory services. The important next step is to develop proposed solutions based on the barriers that emerged from the analysis. This can be done using a commonly used theory such as Lawrence Green's Theory [22], [25] or Health Belief Model [26]–[29]. These theories emphasize the importance of enabling factors (Lawrence Green Theory) and self-efficacy (Health Belief Model) as the main determinants of behavioral alteration. When dealing with a health risk (perceived susceptibility) with intense consequence (perceived severity), according to the Health Belief Model, people will do something to prevent it from happening, unless they perceive that the barrier is beyond their ability to overcome. In other words, people facing a health risk are encouraged by the balance between perceived susceptibility and self-efficacy. Risk communication which is only exercising perceived susceptibility without ensuring high self-efficacy will lead to unfavorable consequences. A well-planned risk communication should provide clear, correct, concise, and doable advice.

Stunting has extended detrimental consequences on the child. Some of those effects include poor cognition followed by educational performance and in the end, lost productivity and low adult wages. When later on children become obese, the risk of nutrition-related chronic diseases in adult life will increase [1]–[3]. The stunting incidence in Payangan Regency has not been controlled by primordial prevention which poses a risk for future generations. Stunting primordial prevention through prospective brides’ advisory service is recognized as a simple but effective initiative. It merely requires prospective brides to register on the ELSIMIL application three months before their marriage. The risk communication should emphasize the perceived susceptibility, and at the same time, accompany them to increase their self-efficacy. The family support team should not only overcome the lack of knowledge but also inspire behavioral belief in the program. The ultimate goal is to attain zero stunting in the future.

A very salient theme that emerged on the individual level was ignorance of the ELSIMIL application. Prospective brides were unaware that they could only register for an ELSIMIL application three months before marriage and that they should not be pregnant. This barrier can be easily overcome by developing Google Form with contents similar to the questionnaire installed in ELSIMIL. This Google Form could be utilized by the family support team to provide advice for prospective brides who do not satisfy the ELSIMIL criteria. India has taken this kind of step to engage more prospective brides in stunting prevention from pre-conception [30]–[38]. The fact that stunting prevention should be initiated from pre-conception has led India to develop a stunting prevention initiative with prospective brides as the target population. They found that poverty cannot be claimed as the only culprit. They found stunted children
even among the richest households. Young children were not fed with a rich-nutrient diet even when they have access to nutritious food, and only half of mothers breastfed their children until six months of age. The sustained risk of stunting, which is often overlooked, needs to be made noticeable so that families (and communities) will do something to mitigate such risk. India initiated large-scale stunting prevention programs, in collaboration with UNICEF, which encompassed primarily dealing with prospective brides. This program has led to a significant reduction in stunting prevalence from 48% in 2006 to 35% in 2018. Even with this impressive reduction, there are still about 40.6 million stunted children in India in 2018. Hence the prospective brides’ advisory service should become an ongoing initiative. Based on our funding, health promotion should engage prospective brides as early as three months before marriage.

Challenges expressed by informants at the interpersonal level were related to marriage culture: “pregnancy precedes marriage” motto. There is opposing social pressure both for and against pre-marital advisory service, even though the former was noticeably more common. Several informants in this study indicated that sooner or later, there will be social pressure for prospective brides to engage in the program since the traditional village assembly has issued a policy supporting such a program. Those who do not participate in the program will be considered uncaring for future generations although a few also predicted there will be the opposite social pressure. The diffusion of innovation theory, [39]–[41] the social learning theory, [42], [43] and the theory of planned behavior [44]–[46] point out social networks (i.e., the others’ opinions) play a significant role in behavioral change. The stunting primordial prevention through prospective brides’ advisory service should be implemented utilizing these theories. The government should attempt to modify local norms through influential traditional figures, such as local neighborhood authorities, local celebrities, teachers, respected elders, and well-connected cadres in communities.

Insufficient person in charge of the program, low frequency of ELSIMIL campaigns, health system weaknesses, insufficient promotion of ELSIMIL campaign, the inactivity of auxiliary community health center post COVID-19 pandemic, and poor selection of family support team members emerged as the barriers at the institutional level. Just as we proposed at the interpersonal level, engagement in the program can be improved by engaging well-connected cadres in communities to champion the pre-marital advisory service program. Program extension to include adolescent girls such as senior high school students, even though hypothetical, might lead to a faster stunting reduction. The community health center should reactivate the monthly mini-workshops and the quarterly mini-workshops to raise awareness among all stakeholders that stunting prevention is not merely the community health center domain. The interventions at the institutional level to enhance prospective brides’ advisory service uptake can be modeled in the framework introduced by Obrist et al. Availability, accessibility, affordability, adequacy, and acceptability
are the five components of such a framework. The present study highlighted adequacy and acceptability composites.

At the community level, barriers were cited similar to what had been stated at the individual and interpersonal levels. Enabling factor (i.e., policy level) which supports contingency strategy, is necessary for the stunting primordial prevention; for example, in India, [30], [32], [34]–[38] South Africa, [15], [17], [17]–[19] North Korea, [47]–[50] and Brazil, [51]–[53] a large-scale stunting prevention program involving prospective brides successfully reduced the stunting prevalence by 16%-20%. The combination of pre-marital advisory service and adolescent girls/senior-high-school students stunting primordial prevention program has been demonstrated to be effective in both rural as well as urban areas. The stunting primordial prevention program involving adolescent girls is essential. This is commonly conducted in collaboration with the school health program. The prospective brides’ advisory service in the urban areas of West Java achieved a huge coverage above 70%, while a similar program merely achieved 17% coverage in Tabanan [14]. In our study, despite having well-connected cadres to the villagers, the prospective brides’ advisory service program in the rural areas was inaccessible. On the contrary, the pre-marital couples in urban and peri-urban areas, whose populations are diverse, were much more easily accessed.

Our study and others revealed that knowledge, social norms regarding marriage, and perception about health services were essential components to understanding the pre-marital advisory service program’s outcome. Nevertheless, the policy level seems to play the most important role in the stunting primordial prevention program. Individual, interpersonal, institutional, and community levels barriers are easy to identify and break; policy-level barriers are much more difficult, but normally result in better improvement.

CONCLUSION AND SUGGESTION

Essential individual, interpersonal, institutional, community, and policy level factors constrain more widespread engagement in the stunting primordial prevention through prospective brides’ advisory service in Payangan Sub-District. A well-managed risk communication campaign is needed to improve prospective brides’ knowledge about stunting prevention. Introducing a contingency plan to help prospective brides who do not satisfy ELSIMIL requirements should be explored. Engaging enabling factors (i.e., the traditional village assembly and the government) will lead to program target achievement more rapidly. Diverse communities that have different socio-cultural backgrounds (i.e., urban and peri-urban communities) require flexible strategies. Finally, to achieve the ultimate goal of “zero stunting for the golden generation”, cross-sector collaboration (known as pentahelix collaboration) is inevitable.
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