

EMPOWERING WOMEN TO COMBAT THE STUNTING CRISIS: SOIL-TRANSMITTED HELMINTH INFECTIONS AND INDONESIA'S PATH TO NATIONAL PROSPERITY

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ABSTRACT

PURPOSE: Child stunting remains a major public health and development challenge in Indonesia, threatening progress towards Golden Indonesia 2045 and long-term national prosperity. This study examines the role of women's empowerment in disrupting the cycle between soil-transmitted helminth (STH) infections and child stunting.

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DESIGN/METHODOLOGY/APPROACH: A systematic review was conducted using the PubMed and Scopus databases to identify peer-reviewed studies published in the last decade. Articles were screened using predefined inclusion criteria related to women's empowerment, STH infections, and child stunting, and relevant data were narratively synthesised.

FINDINGS: STH infections are consistently associated with child stunting, particularly in rural and resource-constrained settings. Higher levels of women's education, financial autonomy, and engagement with health services are linked to lower reinfection rates and improved child nutritional outcomes.

VALUE: This study highlights women's empowerment as a strategic, gender-responsive pathway to strengthen nutrition, reduce preventable infections, and support sustainable human capital development in Indonesia.

KEYWORDS: *Stunting; Soil-Transmitted Helminths; Women's Empowerment; Gender Equality; Child Nutrition; Human Capital Development; Indonesia; Sustainable Development.*

INTRODUCTION

Women's empowerment is a critical, gender-responsive strategy for strengthening nutrition, reducing preventable infections, and advancing human capital development. Research has increasingly shifted from viewing women solely as caregivers to recognising their agency in decision-making and resource control as vital drivers of household nutrition and child health (Borga, 2023; Taukobong *et al.*, 2016; Soharwardi and Ahmad, 2020). Despite global progress, stunting and wasting persist, particularly in low- and middle-income countries, with the Sustainable Development Goals (SDG 2 and SDG 5) highlighting the urgent need to address gender-related determinants of health (Abreha *et al.*, 2020; Aboagye *et al.*, 2024; Sey-Sawo *et al.*, 2023; Kuhlmann and Lotta, 2024; Nunes *et al.*, 2024).

Beyond dietary inadequacy, soil-transmitted helminth (STH) infections represent an under-recognised, persistent contributor to growth faltering, impairing nutrient absorption and inducing chronic inflammation (Sunarpo *et al.*, 2023). In Indonesia, STH infections coexist with high rates of stunting and anaemia, necessitating a focus on these biological drivers within the national stunting agenda (Djuardi *et al.*, 2021; Amnur *et al.*, 2025).

While existing literature often focuses narrowly on specific anthropometric or decision-making indicators, evidence on how multidimensional empowerment influences nutrition-sensitive outcomes remains mixed and context-dependent (Melesse, 2021; Ogutu *et al.*, 2024; Abreha *et al.*, 2020; Komakech *et al.*, 2022; Balasubramanian *et al.*, 2024; Wyant, 2021; Anyibama *et al.*, 2025; Barak and Melgar-Quinonez, 2024; Kumar *et al.*, 2025). Guided by Sen's capability approach, this review adopts a multidimensional framework to synthesise the impact of women's agency, resources, and social norms on child nutrition and infection prevention (Sharma and Sharma, 2024; Mukhopadhyay, 2023; Taukobong *et al.*, 2016). By integrating the role of STH infections, this review positions women's empowerment as a crucial lever for mitigating infection-mediated growth failure and advancing Indonesia's national prosperity.

RESEARCH METHODOLOGY

This review employed a structured, multi-stage approach to examine women's empowerment as a pathway to optimising child nutrition, mitigating infections, and supporting human capital development. The conceptual framework focused on indicators including anaemia, chronic inflammation, and water, sanitation, and hygiene (WASH) behaviours related to STH exposure.

A comprehensive literature retrieval was conducted using three targeted query clusters, yielding an initial pool of 476 papers. Following the integration of 93 studies via backward and forward citation chaining and the exclusion of duplicates, 528 papers were screened for relevance. Ultimately, 48 highly relevant studies were selected for final analytical synthesis (Thorpe *et al.*, 2016).

Data extraction was performed using a standardised template to ensure consistency across study designs, demographics, and primary findings. Given the pronounced heterogeneity in study designs and outcome metrics, a narrative synthesis was adopted in lieu of meta-analysis to map causal pathways and evaluate how agency, resources, and structural conditions shape outcomes.

To ensure empirical robustness, methodological quality was assessed using the Joanna Briggs Institute (JBI) and Critical Appraisal Skills Programme (CASP) frameworks. Two reviewers independently evaluated studies for sampling adequacy, confounding control, and methodological coherence. These appraisal outcomes informed the analytical weighting: higher-quality studies received greater interpretive emphasis, while limitations in lower-quality designs were explicitly leveraged to contextualise the final findings (see Figure 1 and Table 1).

Women's empowerment is a multifaceted construct, encompassing decision-making autonomy, resource control, and attitudes towards violence, as captured by indices like SWPER and WEAI, and nuanced by localised cultural norms (Borga, 2023; Aboagye *et al.*, 2024; Komakech *et al.*, 2022; Zereyesus, 2017; Huang *et al.*, 2024; Kumar *et al.*, 2025; Sharma and Sharma, 2024; Mukhopadhyay, 2023). Evidence consistently links enhanced empowerment, particularly economic control, to improved child nutritional outcomes, including reduced stunting, wasting, and underweight, alongside increased dietary diversity (Melesse, 2021; Ogutu *et al.*, 2024; Sey-Sawo *et al.*, 2023; Komakech *et al.*, 2022; Izraelov and Silber, 2019). This trajectory is frequently mediated by maternal nutritional status (Sey-Sawo *et al.*, 2023; Abdi *et al.*, 2025).

Furthermore, empowerment facilitates infection mitigation and healthcare utilisation; empowered women are more likely to secure timely vaccinations, seek care for illness, and adopt robust sanitation practices (Amoah *et al.*, 2023; Lewis *et al.*, 2022; Thorpe *et al.*

10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





al., 2016; Wirawan *et al.*, 2022; Sharma and Sharma, 2024; Huang *et al.*, 2024; Chen *et al.*, 2021). While multi-sectoral, gender-responsive interventions show amplified efficacy when integrated with structural empowerment strategies, their success varies across socio-economic contexts, necessitating highly tailored designs (Borga, 2023; Kirkwood *et al.*, 2021; Djogo *et al.*, 2024; Anyibama *et al.*, 2025; Taukobong *et al.*, 2016; Aboagye *et al.*, 2024; Wirawan *et al.*, 2022). Ultimately, the empowerment nutrition pathway is mediated by socio-economic variables, with maternal education and household wealth remaining the most robust predictors of maternal agency and child health outcomes (Abreha *et al.*, 2020; Aboagye *et al.*, 2024; Sey-Sawo *et al.*, 2023; Heaton, 2015; Njoroge *et al.*, 2024).

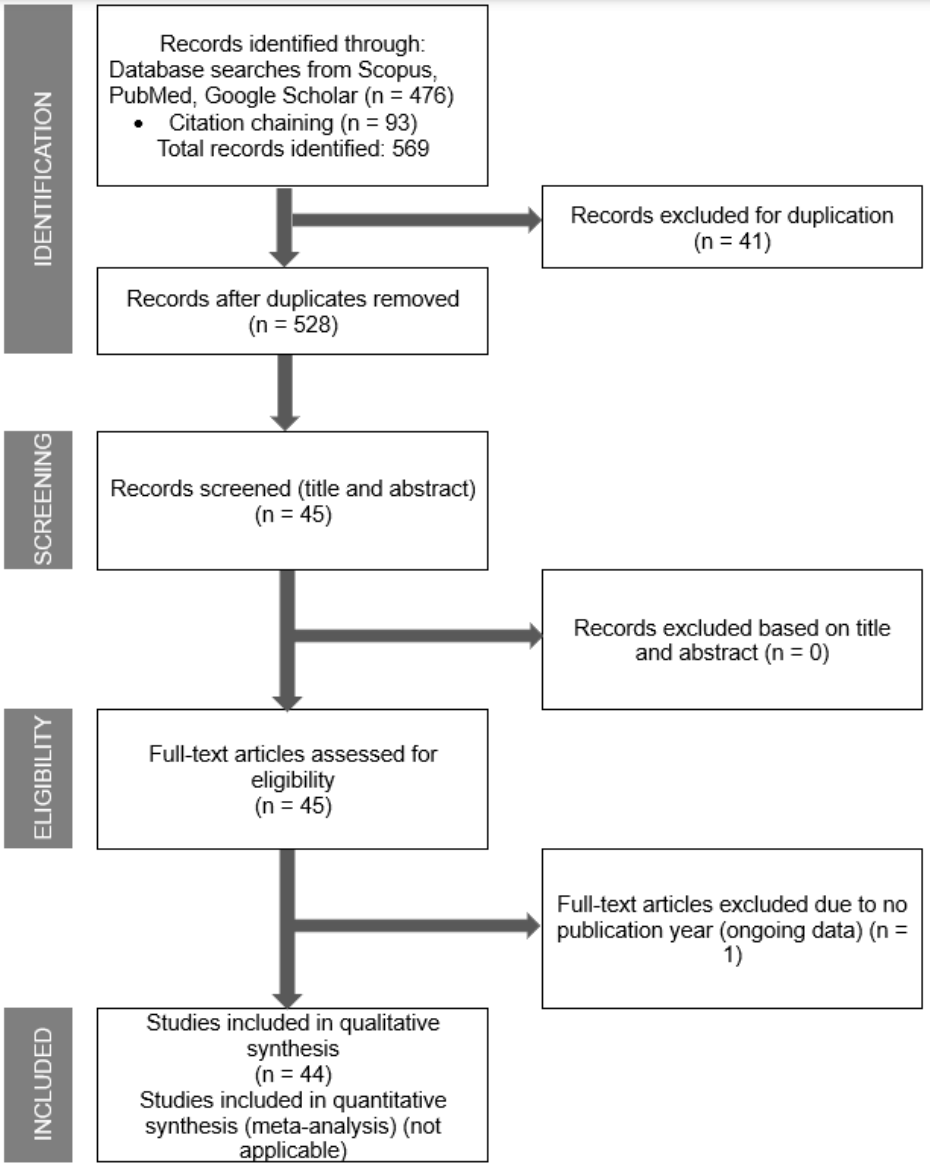


Figure 1: PRISMA Flow Diagram of Study Selection

Source: Constructed by authors

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11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



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Table 1: Summary of Included Studies

No.	Study	Empowerment Dimensions	Nutritional Outcomes	Infection Reduction	Intervention Effectiveness	Socio-economic Mediators
1	Borga, 2023	Latent variable from autonomy and decision-making questions	Positive impact on child health and nutrition investments	Not explicitly measured	Family policy reform increased empowerment and child health investments	Education, literacy, assertiveness, intra-household heterogeneity
2	Melesse, 2020	Nutrition knowledge and empowerment in agricultural decisions	Reduced child stunting, improved dietary diversity	Not directly assessed	Nutrition knowledge and empowerment interaction improved outcomes	Economic resource control, rural context
3	Zereyesus, 2017	Capability approach with multiple empowerment indicators	Positive effect on household health including child stunting and wasting	Not directly measured	Empowerment linked to better household health status	Father's literacy, dependents ratio, health expenditures
4	Ogutu <i>et al.</i> , 2024	Multiple decision-making domains in agriculture and income	Improved dietary diversity, reduced underweight and wasting	Not directly measured	Panel data shows empowerment domains affect nutrition	Access to land, market participation, credit
5	Anyibama <i>et al.</i> , 2025	Gender roles and nutrition knowledge in farm households	Dietary diversity and child stunting improved with empowerment	Empowerment linked to reduced child stunting	Nutrition-sensitive agriculture and gender programmes effective	Financial pressures, education, cultural norms
6	Kirkwood <i>et al.</i> , 2021	Composite index based on Women's Empowerment in Agriculture Index	Not primary focus; empowerment measured	Not primary focus	Combined nutrition counselling and cash transfer trial	Mobile platform, mixed methods, rural Bangladesh
7	Abreha <i>et al.</i> , 2020	Five indices including decision-making, attitudes, asset ownership	Reduced stunting, wasting, pneumonia, anaemia	Pneumonia and anaemia linked to empowerment	Cross-sectional associations with child health	Education, media access, saving promotion
8	Sariyev <i>et al.</i> , 2020	Metric of intra-household decision-making participation	Positive association with dietary diversity	Not assessed	Decision-making linked to human capital investments	Rural Ethiopian households, financial investments

9	Burroway, 2016	Country-level gender inequality and empowerment indicators	Improvements in child stunting and wasting	Not directly measured	Multi-level modelling of gender inequality effects	Education, reproductive control, political representation
10	Taukobong <i>et al.</i> , 2016	Ten thematic gender-related levers including income control	Cross-sectoral improvements in nutrition and health	Not directly measured	Evidence supports integrated gender-responsive programmes	Education, mobility, personal safety, community groups
11	Heaton, 2015	Status and empowerment changes over time	Improvements in child nutrition and survival	Not directly measured	Longitudinal country-level analysis	Education, health care access, legislation
12	Ahmed and Naim, 2026	Relative empowerment gaps measured by Women's Empowerment in Agriculture Index	Weak links to child nutrition, stronger for education	Not assessed	Gender gaps weakly linked to nutrition, stronger for education	Parental education, wealth effects
13	Aboagye <i>et al.</i> , 2024	SWPER index: social independence, decision-making, attitudes	Positive association with minimum dietary diversity	Not assessed	Large DHS data analysis across SSA	Wealth, rural-urban, health facility births
14	Nurokhmah <i>et al.</i> , 2025	Social independence, decision-making, attitudes	Inequalities in complementary feeding linked to empowerment	Not assessed	Nationally representative Indonesian data	Antenatal care, parental education, occupation
15	Djogo <i>et al.</i> , 2024	Community-based empowerment programme	Increased knowledge of stunting prevention	Not assessed	Experimental study involving mothers in Indonesia	Health service access, cultural context
16	Astuti, 2025	Education-focused empowerment for young women empowerment for young	Improved nutrition knowledge and behavioural intentions	Not assessed	Community engagement in Indonesia	Stakeholder involvement, satisfaction

10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





17	Yuhan <i>et al.</i> , 2024	Maternal status and autonomy at provincial level	Correlation with stunting prevalence	Not assessed	Cross-tabulation and odds ratio analysis	Female education, mobility, school enrolment
18	Roswita and Dartanto, 2024	Maternal decision-making in food expenditure	Weak correlation with stunting; men's involvement important	Not assessed	Longitudinal Indonesian survey data	Nutritional knowledge, financial support
19	Barak and Melgar-Quinonez, 2024	Narrative review of empowerment in agriculture	Mixed relationship with food security	Not assessed	Literature synthesis	Gender systems, resource access
20	Bougma and Rao, 2025	Empowerment measured via endogenous treatment model	Positive effect on household food security	Not assessed	Survey data from Burkina Faso	Food insecurity score, hunger index
21	Sey-Sawo <i>et al.</i> , 2023	Education, employment, decision-making, attitudes	Association with stunting and underweight	Not directly measured	Cross-sectional analysis in The Gambia	Maternal BMI, wealth, acceptance of violence
22	Konakech <i>et al.</i> , 2022	Self-esteem, health decision control, legal empowerment	Mixed associations with child growth and dietary diversity	Not assessed	Multi-country DHS data in Eastern Africa	Country-specific contexts
23	Mechlowitz <i>et al.</i> , 2023	Women's empowerment in agriculture domains	Mixed effects on child nutrition outcomes	Not assessed	Cross-sectional data in Ethiopia	Livelihood shifts, empowerment domains
24	Amoah <i>et al.</i> , 2023	Labour participation, violence acceptance, decision-making	Higher immunisation coverage linked to empowerment	Immunisation coverage as infection proxy	Multilevel logistic regression in SSA	Employment, knowledge, decision-making
25	Njorge <i>et al.</i> , 2024	Gender differences in resource access and decision-making	Female-headed households had higher food security	Not assessed	Kenyan rural household survey	Education, household size, credit access
26	Tanziha <i>et al.</i> , 2023	Gender equality and food security practices	Lower gender equality linked to food insecurity	Not assessed	Cross-sectional Indonesian study	Education, economic autonomy
28	Sharma and Sharma, 2024	Capability approach integrating empowerment	Holistic nutrition and human development framework	Not directly measured	Conceptual framework	Gender empowerment, education, sanitation

29	Saad <i>et al.</i> , 2023	Household headship and empowerment interaction	Women-led households heterogeneous in deprivation	Not assessed	Multilevel DHS data from 48 countries	Social norms, empowerment context
30	Lewis <i>et al.</i> , 2022	Economic, educational, sociocultural empowerment	Increased care seeking and quality for child malaria	Care seeking and quality of care	Cross-sectional DHS in 16 SSA countries DHS in 16 SSA	Socio-economic and demographic controls
31	Wirawan <i>et al.</i> , 2022	Enabling resources, decision-making, attitudes	Empowerment facilitates complete immunisation	Immunisation coverage	Indonesian DHS data analysis	Wealth modifies empowerment effects
32	Chea and Sar, 2023	SWPER index dimensions	Positive effects on child nutritional status	Not assessed	Cambodia DHS data	Financial independence, social autonomy
33	Izraelov and Silber, 2019	Decision-making, attitudes, information access	Decision-making positively impacts child health	Not assessed	Ghana DHS data with MIMIC model	Maternal education, BMI, marital status
34	Huang <i>et al.</i> , 2024	Intra-household empowerment gaps	Gaps reduce dietary diversity	Not assessed	Chinese rural household survey	Resource access, leadership, income
35	Mukhopadhyay, 2023	Intersectionality framework	Agriculture-nutrition pathways linked to empowerment	Not assessed	Conceptual review	Gendered agricultural workforce
36	Chen <i>et al.</i> , 2021	Women's empowerment in livestock production	Benefits and risks for child nutrition	Pathogen exposure risks	Literature review	Animal management, behaviour change
37	Abdi <i>et al.</i> , 2025	Poverty and women's health outcomes	Poverty linked to low BMI and higher maternal mortality	Not assessed	Somaliland DHS data analysis	Economic assistance, healthcare access
38	Nunes <i>et al.</i> , 2024	National policy analysis on women and food security	Gender equality in policy linked to sustainable development	Not assessed	Document and policy review	Resource access, gender equality
39	Kuhlmann and Lottia, 2024	SDG3 and SDG5 governance linkages	Gender equality co-benefits for health equity	Not assessed	Policy and governance case studies	Institutional pathways, gender mainstreaming

10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





40	Kulnova <i>et al.</i> , 2024	United Nations (UN) agency policy processes on women's health	Political and financial factors shape empowerment policies	Not assessed	Qualitative interviews	Evidence use, mandates, political forces
41	Wyant, 2021	Household and country-level gender equality	Household empowerment reduces food insecurity	Not assessed	Multilevel analysis across 42 countries	Legal equality, income, urbanisation
42	Soharwardi and Ahmad, 2020	Mother's empowerment and child malnutrition	Empowerment reduces stunting, wasting, underweight	Not assessed	DHS data from 22 SSA countries	Education, BMI, wealth, locality
43	Thorpe <i>et al.</i> , 2016	Women's agency and child vaccination	Positive association with immunisation coverage	Immunisation as infection prevention	Systematic review of 12 studies	Decision-making focus, geographic gaps
44	Kumar <i>et al.</i> , 2025	Empowerment, task sharing, decision-making	Complex links to women's diets, less to nutrition	Not assessed	South Asia household survey	Wealth, education, regional factors

Source: Compiled by authors

DISCUSSION

Women's empowerment is a primary driver of improved nutrition, infection prevention, and human capital development. The field has achieved methodological maturity, with an increasing reliance on nationally representative datasets and advanced analytical techniques, such as multilevel and latent variable modelling, alongside standardised indices like the WEAI and SWPER (Bhan *et al.*, 2025). Empirical consensus demonstrates that empowerment, particularly decision-making autonomy and resource control, functions as an independent, non-linear determinant of paediatric health, often proving superior to macro-economic expansion alone in addressing malnutrition (Melesse, 2021; Ogutu *et al.*, 2024; Abreha *et al.*, 2020; Burroway, 2016; Heaton, 2015; Wyant, 2021).

However, findings remain heterogeneous; the predictive weight of specific domains, such as employment or attitudes towards violence, is often context-dependent. This discrepancy stems from measurement inconsistencies and complex interactions with structural inequalities (Mukhopadhyay, 2023; Aboagye *et al.*, 2024). Consequently, the capability approach is essential for interpreting these dynamics, particularly as rising empowerment occasionally correlates with paradoxical metabolic risks (Sharma and Sharma, 2024; Mukhopadhyay, 2023).

Aligning with SDGs 2, 3, and 5, public health initiatives must leverage women's structural empowerment as a strategic entry point. In contexts like Indonesia, integrating empowerment-focused programmes with STH control, specifically by improving decision-making for deworming and WASH practices, offers a robust pathway to mitigating stunting (Ogutu *et al.*, 2024; Komakech *et al.*, 2022; Mechlowitz *et al.*, 2023; Djuardi *et al.*, 2021; Amnur *et al.*, 2025). The most effective operational models combine cash transfers and nutrition counselling, often utilising mobile technology to enhance reach (Kirkwood *et al.*, 2021; Anyibama *et al.*, 2025; Amoah *et al.*, 2023).

Sustaining these gains requires tackling entrenched sociocultural barriers through community engagement and robust macro-level legal frameworks securing women's rights to education, property, and economic participation (Aboagye *et al.*, 2024; Kumar *et al.*, 2025; Bougma and Rao, 2025; Nunes *et al.*, 2024), alongside rigorous, context-appropriate monitoring to remain responsive to evolving structural dynamics (Taukobong *et al.*, 2016; Mukhopadhyay, 2023; Thorpe *et al.*, 2016). However, existing literature is heavily constrained by a geographic concentration in Ethiopia, sub-Saharan Africa, and South Asia, which induces regional bias and limits external validity.

Furthermore, an overreliance on small, cross-sectional designs precludes causal inference and long-term sustainability assessments, whilst reliance on self-reported surveys introduces recall and social desirability biases in sensitive domains like domestic decision-making and violence (Thorpe *et al.*, 2016). Conceptually, evidence synthesis is

10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





obstructed by heterogeneous definitions of empowerment that omit mobility, social norms, or psychological agency. Standardised metrics like the SWPER index also structurally exclude non-partnered women, undermining demographic inclusivity and cross-study comparability.

Finally, intersectional frameworks evaluating how gender dynamically converges with caste, class, ethnicity, and socio-economic status remain critically under-developed, leaving the complex structural inequalities shaping maternal agency pathways unexamined.

On a localised level, medium- and lower-priority deficits involve the highly variable, non-uniform impacts of discrete empowerment dimensions, such as economic autonomy and attitudes towards violence, which are rarely compared systematically across diverse settings. This systemic oversight extends to the influential roles of male partners, extended familial structures, and household headship in mediating maternal agency, as well as non-vaccine infection vectors like environmental hygiene, vector control, and long-term human capital metrics such as cognitive development and economic productivity.

Furthermore, the structural scalability and temporal sustainability of gender-responsive interventions remain unverified once institutional programmes cease, leaving highly vulnerable, under-represented demographics, including adolescent girls, non-partnered women, displaced populations, and ultra-poor households, entirely outside current empirical models. Collectively, these pervasive empirical, methodological, and conceptual deficits underscore an urgent mandate for more rigorous, inclusive, longitudinal, and context-sensitive research designs to comprehensively map how women's empowerment systematically interfaces with child health outcomes (Thorpe *et al.*, 2016).

Empirical consensus demonstrates that women's empowerment, manifested through decision-making autonomy, resource control, education, social independence, and equitable gender norms, is a pivotal pathway to improving child nutrition, reducing preventable infections, and strengthening human capital development in low- and middle-income settings. Enhanced maternal agency in household and agricultural spheres consistently correlates with optimised nutritional outcomes, including reduced stunting, wasting, and underweight, alongside increased dietary diversity. Beyond nutritional channels, empowerment substantially drives infection prevention and healthcare utilisation; specifically, empowered women exhibit higher probabilities of ensuring immunisation uptake, seeking timely care for childhood illnesses, and adopting robust sanitation and hygiene protocols, including ensuring footwear use, accessing deworming services, and maintaining hygienic environments proven to reduce STH prevalence in young cohorts (Djuardi *et al.*, 2021; Amnur *et al.*, 2025).

However, the operational efficacy of this trajectory is fundamentally shaped by complex socio-cultural and economic variables. These include maternal educational

attainment, household wealth, regional residence, and structural gender norms, all of which create intersectional vulnerabilities that underscore an acute need for culturally sensitive, context-specific interventions addressing intra-household dynamics, male partner involvement, and household headship. Ultimately, while multi-sectoral approaches integrating empowerment with nutrition-sensitive agriculture, cash transfers, and policy reforms maximise programmatic effectiveness, translating global frameworks into localised action requires enhanced governance, cross-sectoral co-ordination, and rigorous longitudinal or mixed-methods research to resolve persistent questions regarding institutional scalability, long-term sustainability, and the structural transformation of entrenched social norms.

CONCLUSIONS

Women's empowerment is a critical pathway for reducing stunting and improving child health in Indonesia, as greater maternal autonomy, education, and economic participation consistently enhance child nutrition, healthcare utilisation, and infection prevention, including measures that reduce STH transmission. Addressing the stunting crisis therefore requires integrated, gender-responsive strategies combining women's empowerment with nutrition interventions, WASH, deworming programmes, and social protection. Although current evidence supports these approaches, further longitudinal and context-specific research is needed to strengthen implementation and evaluate their long-term sustainability.

ETHICAL STATEMENT

As this systematic review and meta-analysis was conducted utilising exclusively previously published, secondary aggregate data, institutional review board (IRB) ethical approval and individual patient informed consent were not required. The investigation involved no primary human or animal participants, and no individual patient-level data were accessed, thereby ensuring total confidentiality. The authors declare that all data extraction, synthesis, and reporting were executed with complete intellectual integrity and in strict compliance with standard academic codes of practice, whilst all underlying source materials and potential conflicts of interest have been transparently disclosed. The authors declared there is no conflict of interest.

10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





AUTHOR CONTRIBUTIONS

- **DMD:** Conceptualisation, methodology, project administration, review, editing, and supervision;
- **HY:** Data curation, formal analysis, writing the original draft;
- **PAH:** Formal analysis, review, editing, and project administration;
- **MOS:** Validation, formal analysis, and writing the original draft;
- All authors have read and agreed to the published version of the manuscript.

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10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





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10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





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10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS





BIOGRAPHY



Professor Dewi Masyithah Darlan is a senior academic and parasitologist at Universitas Sumatera Utara whose work bridges biomedical science, public health, and community engagement to support sustainable development. Through interdisciplinary studies and community-based programmes, she contributes to improving disease prevention, nutritional status, and health literacy in low-resource settings. Her initiatives emphasise the role of women, families, and local communities in strengthening health outcomes and social resilience.



Dr Hemma Yulfi is a parasitologist and medical educationist whose work bridges infectious disease research and the design of high-quality medical curricula. As a lecturer and curriculum architect at the Faculty of Medicine, Universitas Sumatera Utara, she contributes to strengthening medical training through evidence-based teaching, competency-driven frameworks, and student-centred learning environments.



Professor Poppy Anjelisa Hasibuan is a professor and pharmacology lecturer at Universitas Sumatera Utara who specialises in natural product research and cancer pharmacology. Since 2021, she has served in a strategic leadership role at university, where she has been instrumental in strengthening international academic collaborations and advancing research and community service initiatives. Her extensive body of work focuses on the pharmacological evaluation of medicinal plants, particularly in the discovery of potential anticancer agents.



Professor Marcello Otake Sato is a professor at Niigata University of Pharmacy and Medical and Life Sciences, Japan. Dr Marcello Otake Sato is a parasitologist and global health researcher with training in veterinary medicine. His research focuses on schistosomiasis and other helminth infections, integrating EcoHealth and One Health approaches with environmental DNA (eDNA) surveillance, rapid point-of-care diagnostics, and community-based control strategies. By bridging scientific innovation with field-based implementation and international collaboration, his work aims to strengthen health systems, protect vulnerable communities, and advance sustainable, evidence-based solutions for the control and elimination of neglected tropical diseases, contributing to global health equity and environmental resilience.