

Case mapping and evaluation of the stunting reduction acceleration program in Kendari, Indonesia

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Abstract

Stunting is a child's growth and development disorder due to chronic malnutrition and recurrent infections. In 2022, the prevalence of stunting in Kendari was 19.5%, a decrease of 4.5% from 2021. However, this prevalence still exceeds the national target (14%). This study aimed to determine the distribution of stunting cases and evaluate the Acceleration of Stunting Reduction Program in Kendari. A mixed methods with concurrent design was carried out in August-November 2023 in Kendari. In the mapping distribution cases, the coordinate point of all cases was domiciled in 15 Focus Location Villages collected then analyzed by Quantum Geographic Information System (QGIS). For program evaluation, 10 informants were selected by purposive sampling technique. Data was collected through in-depth interviews and then analyzed using reduction techniques, data presentation and drawing conclusions. There were 82 cases of stunting spread across 15 villages, with the most cases being in Punggaloba Village with 20 cases. In implementing the acceleration reduction stunting program, it was supported with guidelines in each level, the sensitive and specific interventions from National Population and Family Planning Agency have been carried out. Several cross-programs and cross-sectors from sub-district to provincial levels play a role in implementing the program. Obstacles faced include limited operational funds, sectoral egos and low public awareness and non-acceptance of the status of stunted toddlers. Cross-sector commitment in efforts to implement the acceleration program needs to be strengthened and socialization to increase public awareness and acceptance of the community.

Keywords: Mapping; Acceleration; Reduction; Program; Stunting

1. Introduction

Stunting is a child's growth and development disorder due to chronic malnutrition and recurrent infections. This is characterized by body length or height below the standards set by ministry of health. Globally, there were 149.2 million children under 5 years experienced stunting. More than half of them live in Asia, which Indonesia is one of the countries with the highest prevalence of stunting namely 30% [1].

Basic health survey in 2013 recorded that the prevalence of Stunting in 2-year-old children was 37.3% (18.1% very short and 19.2% stunted) or the equivalent of almost 9 million children under five [2]. The same survey was conducted in 2018 reported the prevalence of stunting was 30.8% (19.3% of toddlers were short and 11.5% of toddlers were very short) [3]. This number continues decreased to 24.4% in 2021 and 21.6% in 2022 based on the Indonesian Nutritional Status Study [4]. The prevalence of stunting in Southeast Sulawesi Province decreased of 2.5 % from 30.2 in 2021 to 27.7% in 2022. Even though there has been a decrease in the prevalence of stunting, nationally, Southeast Sulawesi Province is still in the 10 provinces with the highest prevalence in Indonesia. Kendari is one of the cities in Southeast Sulawesi with the lowest stunting prevalence was 19.5% in 2022. Stunting cases in Kendari fell by 4.5% compared to 2021, namely 24%. However, this prevalence still exceeds the national target (14%) in 2024 [5].

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The stunting issue needs special attention from both the government and the community because it is related to poverty which can affect the food availability in the household level and concerns knowledge about healthy living behavior. The nutritional condition of the community will influence the level of health, age and life expectancy, which is one of the main elements in determining the success of development. Handling nutritional problems is closely related to a nation's strategy in creating healthy, intelligent and productive Human Resources [6].

In order to reduce the number of stunting cases, the government carries out two holistic interventions; specific and sensitive interventions. Specific interventions are activities that directly address the causes of stunting and are generally provided by health sector. Meanwhile, sensitive interventions are carried out through various development activities outside the health sector and constitute cross-sector collaboration [7].

The National Strategy for the Acceleration of Stunting Reduction was established to solve the stunting issue. Based on Presidential Regulation of the Republic of Indonesia Number 72 of 2021 concerning the Acceleration of Reducing Stunting, there are five pillars of the strategies, namely: 1) commitment and leadership vision; 2) National campaign and behavior change communication; 3) Convergence, coordination and consolidation of central, regional and village programs; 4) Nutrition and food security; and 5) Monitoring and evaluation. Global experience showed that implementing integrated interventions involving cross-sectors and targeting priority groups in priority locations is the key to success in improving child nutrition and growth and development, which ultimately helps prevent stunting [8].

Based on the matters above, this research aims to carry out case mapping and evaluation of the stunting reduction acceleration program in Kendari, Indonesia.

2. Material and methods

A mixed method with concurrent design was conducted in this study to describe the distribution of stunting cases and evaluate the stunting reduction acceleration program in Kendari. This study was carried out in August to November 2023.

2.1. Mapping of Stunting Distribution

The coordinate points of case's residence were collected through google map. This activity was focused in 15 villages that stated as the focus location of stunting in Kendari. The samples were 82 cases that selected by total sampling. Then the data was analyzed by Quantum Geographic Information System (QGIS) application version 2.18.15 to produce a map of stunting cases distribution.

2.2. Evaluation of Stunting Reduction Acceleration Program

The program evaluation was carried out in the Punggaloba Village and Benu-Benu Health Center as the village and health center with the highest of stunting cases in Kendari. Data was collected through in-depth interview to 9 informants. The informants consisted of 2 key informants (Representative of the Southeast Sulawesi stunting Task Force and Technical Assistant (TA) of Stunting for Kendari) and 8 regulars' informants (Nutrition coordinator of Benu-Benu Health Center, Nutrition Person in Charge of Punggaloba Village, Kendari Barat Sub District Head, Punggaloba Village Head, Integrated Service Post cadres, Policeman and mothers of stunting case that were selected by purposive sampling technique. Data analyzed with reduction techniques, data presentation and drawing conclusions.

3. Results and discussion

3.1. Mapping of Stunting Distribution

There are 15 sub-districts as stunting focus locations (locus) in Kendari City, spread across 8 health centers. Based on data obtained from the Kendari City Health Service, there were 110 cases of stunting originating from the stunting locus. However, during the investigation of the case location only 82 cases were found, while the rest came from outside the area, moved domicile and died.

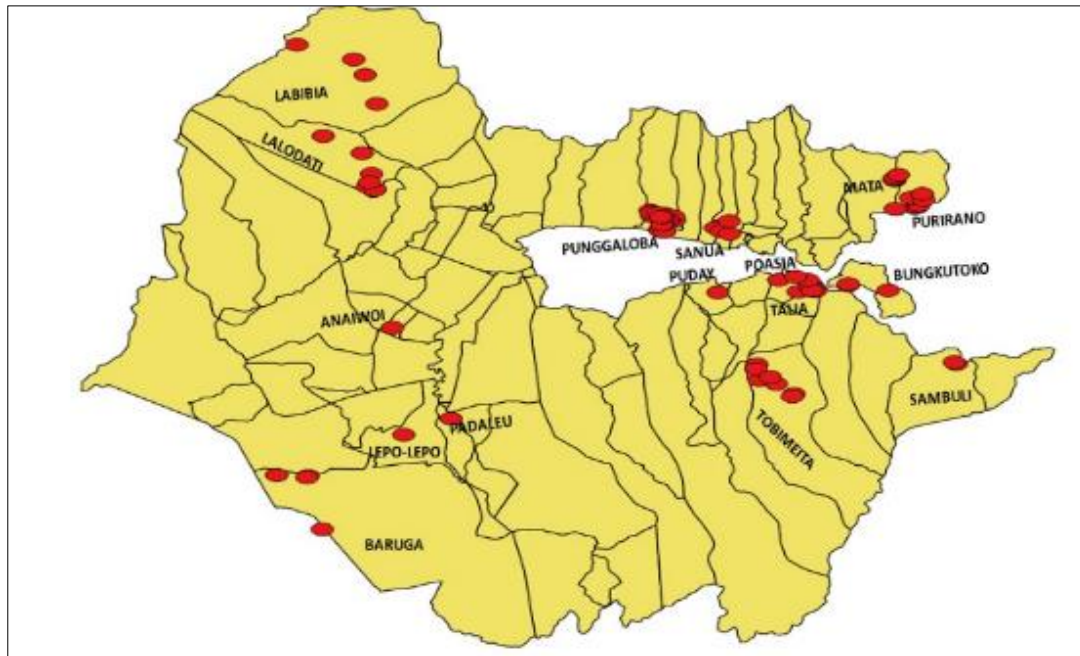


Figure 1 Map of Stunting Distribution in Focus Location of Stunting by Villages in Kendari

Figure 1 above shows that the highest number of stunting cases was in Punggaloba Village (Benu-Benu Health Center) with 20 cases; followed by Purirano Village (Mata Health Center) with 14 cases; Lalodati Village (Puuwatu Health Center), Sanua Village (Benu-Benu Health Center), Talia Village (Abeli Health Center) and Tobimeita Village (Abeli Health Center) each had 7 cases; and the remaining Baruga Village (Lepo-Lepo Health Center) had 5 cases; Labibia Village (Labibia Health Center) 4 cases; Lepo-Lepo Village (Lepo-Lepo Health Center), Poasia Village (Poasia Health Center), Sambuli Village (Nambo Health Center) each with 2 cases; as well as Anaiwoi Village (Jati Raya Health Center) and Pudai Village (Abeli Health Center) with 1 case each. Meanwhile, there was no stunting case reporting in Petoaha Village (Nambo Health Center).

In 2022, Punggaloba village is the highest prevalence of stunting in 2021 in Kendari city. The increasing distribution of the number of stunted toddlers shows that there are still high levels of nutritional problems and determinant factors among toddlers found in the area, so it is necessary to continue to carry out specific and sensitive nutritional interventions. Smoking habit is one of the obstacles to reduce the number of stunting in Kendari. Three sub-districts with the highest of stunting percentage among toddlers from smoking families, one of which is West Kendari Sub District. West Kendari Sub District has the second highest problem of toddlers who do not receive exclusive breast milk, 49.04% stunting toddlers who do not have BPJS. In addition, there were 9 stunting toddlers in this area who have Soil Transmitted Helminthiasis (STH) [9].

3.2. Evaluation of Stunting Reduction Acceleration Program

3.2.1. Guideline for Implementing the 5 Pillars of the National Strategy for Stunting Reduction Acceleration Program

In implementing the Stunting Reduction Acceleration Program, a Technical Instruction or guideline is needed for a reference to formulate the activities to reduce stunting cases both at the sub-district level and the provincial level. This information can be seen in the results of interviews with the following informants:

- "There are technical guidelines. They are used as a reference for implementing the program" (CK).
- "The guideline was distributed from Central level and carried out by the Family Assistance Team" (LP)
- "There are Operational Standard Procedures for cadres and nutritionist for determining stunting. There is also an Activity Reference Framework from Community Health Centers. "Meanwhile, the technical guidelines from the central level are in soft file form" (KS).

"The technical specifications used are National Strategy, Presidential Decree no. 72 of 2021, and national action plan to accelerate the reduction of Indonesia's stunting rate from the National Population and Family Planning Agency" (AS).

In carrying out the Stunting Reduction Acceleration Program, it is equipped with technical guidelines from the central to sub district level and also regulation for references. Based on research results, the guidelines or technical instructions are the National Strategy for Accelerating the Prevention of Stunting, Presidential Regulation of the Republic of Indonesia number 72 of 2021 concerning the Acceleration of Reducing Stunting [10], and National Population and Family Planning Agency Regulation number 12 of 2021 concerning Action Plans National Acceleration of Reducing Stunting Rates in Indonesia 2021 – 2024 [11]. As well as Guidelines for the Task Force for the Acceleration of Reducing Stunting to Support the Acceleration of Reducing Stunting in Regions issued by National Population and Family Planning Agency in 2022 [7]. The implementation of accelerated stunting reduction requires regulations and policies that are in line with the National Strategy for the Acceleration of Stunting Reduction and the National Action Plan for the Acceleration of Stunting Reduction, so that the implementation of activities to accelerate stunting reduction can be carried out holistically, integrative and with quality through coordination, synergy and synchronization between ministries/ institutions, provincial regional governments, district/city regional governments, village governments, and stakeholders [12].

3.2.2. Implementation of the Stunting Reduction Acceleration Program that has been Carried Out

In the implementing the program, a work team was formed to coordinate, synergize and evaluate the program in an effective, convergent and integrated manner with involving cross-sectors at the central and regional levels. This is in accordance with the interviews result with the Kendari task force as follows:

"The team for accelerating stunting reduction is all relevant institutions from the central and regional levels to sub district level. For Kendari, the chairman is the Kendari Regional Secretary, the deputy is the chief of Regional Planning and Development Agency and the Secretariat in the Family Planning Service. In the Sub-District level, the chairman is the Sub-District Head and the implementer in the village is Family Support Team " (SA)

"The stunting task force was formed by the National Population and Family Planning Agency as the head of the stunting acceleration reduction program implementer, at the provincial level it is called the Program Manager Coordinator and, in each district/city it is called the Stunting Task Force Technical Assistant (TA)" (AS).

"At the sub-district level there is a The Family Assistance Team consists of family welfare empowerment cadres, health worker and Integrated Service Posts cadres, namely Empowerment of Family Welfare cadres, health worker cadres and. The team was formed by National Population and Family Planning Agency and have responsibility to assist families with stunting children." (SA).

Accelerating the reduction of stunting among children under five is the Government's priority program as stated in the 2020-2024 National Medium Term Development Plan. The national target of stunting prevalence by 2024 is 14%. The Vice President of the Republic of Indonesia as Head of the Central Team for the Acceleration of Stunting Reduction is tasked with providing direction regarding the determination of policies for implementing the Acceleration of Stunting Reduction; as well as providing considerations, suggestions and recommendations in resolving obstacles and barriers to this program in an effective, convergent and integrated manner by involving cross-sectors at the central and regional levels [13].

Based on research results, the stunting reduction acceleration program in Kendari City is implemented by the Stunting Reduction Acceleration Team which comes from all relevant institutions from the central and regional levels. For Kendari City, the chairman of this program is the Kendari City Regional Secretary the deputy is the chief of Regional Planning and Development Agency and the Secretariat in the Family Planning Service. In the sub-district the chairman is the sub-district head and the implementer in the village is Family Support Team" (TPK).

This is in accordance with Presidential Decree no. 72 of 2021 concerning the acceleration of stunting reduction, states that in order to accelerate stunting reduction at the district/city level, the regent/mayor shall establish a team for the acceleration of stunting reduction at the district/city level [10]. The team for the Acceleration of Reducing Stunting at the district/city level consists of regional officials and stakeholders, including the Family Welfare Empowerment Team. At the village/sub-district level, the Acceleration of Decline Team involves health workers including at least midwives, nutrition workers and environmental health workers; Family Planning Extension Officer and/or Family Planning Field Officer; Family Welfare Empowerment Mobilization Team; Village Family Planning Assistant and or Human Development Cadre, cadres, and/or other community elements [14].

The Stunting Task Force is a team formed by the Head of the National Population and Family Planning Agency as the Chief Implementer of the Acceleration of Stunting Reduction which is delegated to the Head of the Provincial Population and Family Planning Agency to carry out consultation functions, facilitate coordination and strengthen the provision of One Stunting Data to the Government, Provincial Government, Regency/City Government down to the service level in accordance with directions and instructions from the Chief Executive for the Acceleration of Stunting Reduction. Meanwhile, the Technical Assistant of Kendari is a Program Personnel who carries out task force duties at the districts and city levels [15].

The stunting reduction acceleration program for the health service, in this case the community health center, is implementing specific interventions which can be seen from the following interview:

"From the Community Health Center, if we are at the Integrated Service Posts, we are monitoring the growth and development of toddlers, nutritional counseling, education, home visits, provide supplementary food for pregnant women. We still provide biscuits, giving blood supplement tablets at school every 3 months, screening teenagers for anemia 1 once a year. Exclusive breastfeeding counseling. There is also *Dapur Sehat Atasi Stunting* (DASHAT) or Healthy Kitchens to Overcome Stunting program is a program from National Population and Family Planning Agency, but the organizer is Health center" (KS).

The specific interventions with the activities are monitoring the growth and development of toddlers, nutritional counseling, education, home visits, supplementary food for pregnant women were carried out by health center. These interventions also include screening for anemia once a year, provide blood supplement tablets for teenagers at school each 3 months and exclusive breastfeeding counseling in the integrated service post. The Ministries/Institutions actually have programs related to both specific nutritional interventions and sensitive nutritional interventions, which have the potential to reduce stunting. Specific Nutrition Program interventions are carried out by the Ministry of Health through Community Health Centers and Integrated Service Posts by the First 1000 Days of Life Movement in 10 Priority Intervention Districts for Stunting Children [15].

The program implementation that has been carried out apart from the formation of the work team is the *Bapak Asuh Anak Stunting* (BAAS) as a Foster Care of Stunting Children program, the *Dapur Sehat Atasi Stunting* (DASHAT) or Healthy Kitchens to Overcome Stunting program and others. This is demonstrated by the following interview results:

"There is also a foster parent program or we called *Bapak Asuh Anak Stunting* (BAAS) program. I am also the village head, including foster parents. We provide assistance in the form of funds or basic necessities for families who have stunted toddlers and at-risk pregnant women" (LP).

"For the foster parent program for Puunggaloba, there are 5 children who are at risk of receiving help from foster parents. "Gifts from foster parents include rice, eggs, milk and necessary vitamins" (TPK).

This is in accordance with what was conveyed by key informants as follows:

"In the central level, there is a BAAS program (Foster Care Fathers for Stunting Children) which the Kendari City government then initiated into a movement of stunting-free foster parents whose role as foster parents is the the head of sub-district or other institutions. The stunting toddlers and pregnant women as the target. In his program, appointed fathers must provide assistance according to the needs of foster children until they are healthy. A powerful program such Dashed namely Healthy Kitchen to Overcome Stunting program has activities such as cooking demonstrations which is demonstrated by nutritionists from community health centers " (SA).

National Population and Family Planning Agency as the national coordinator in stunting acceleration reduction program has launched Fathers Fostering Stunting Children (BAAS) is a structured and measurable stakeholder engagement platform in accelerating the reduction of stunting which targets directly at the target group. The BAAS program targets consist of: Bride-to-be, Pregnant Women, Stunting Children, Stunting Toddlers (over 2 years), toddler under 2 years not stunting from poor families (high risk of stunting) [16]. Other program is *Dapur Sehat Atasi Stunting* (Dashat) or Healthy Kitchen program to overcome stunting. *Dashat* is a community activity to provide balanced nutrition for families at risk of stunting, who have prospective brides, pregnant mothers, breastfeeding mothers, stunting toddlers and toddlers, especially those from disadvantaged families. The *Dashat* program is basically a means of educating the public about the importance of adequate nutrition and clean and healthy living [17]

3.2.3. *The Barriers of Stunting Reduction Acceleration Program*

In implementing stunting reduction acceleration program, several obstacles were found, which can be seen from the results of interviews with the following informants:

"Apart from that, we are limited in budget." (CKB)

"The budget is minimal, especially the TPK rights which only cover credit money, and the role of the Regional Government, especially villages, is still lacking. Need cross-funding from districts/cities" (US).

Funding is one of the obstacles in implementing the stunting reduction acceleration program at the Benu-Benua Community Health Center. One of the activities that requires funds is a home visit to the stunting case' home if the toddler is not come to the Integrated service post. However, because there are no special funds, home visits cannot be carried out routinely. In line with other research who stated that one of the obstacles in efforts to reduce stunting is the ineffectiveness and efficiency of allocating and utilizing resources and funds [18].

Other obstacles in implementing this program include not all institutions and the community being exposed to information, the sectoral egos of each agency which sometimes overlap, and also people who do not want to receive assistance, especially if their children are said to be stunted. This is in accordance with the results of interviews with informants as follows:

"The obstacle we experienced was people's mindset. Even though we provide education and assistance, their response is different. Apart from that, the help is not much so they have to try independently." (CK).

"He doesn't want to be referred. They consider stunting taboo. The village head/cadres do not accept being said to be stunting" (HY).

"The obstacles are the sectoral egos of each agency which sometimes overlap, and also people who don't want to get help, especially if their child is said to be stunted. Don't want to get help" (DE).

Other obstacles are that not all institutions and the community are exposed to information, the sectoral egos of each agency sometimes overlap, and also people who don't want to get help, especially if their child is said to be stunted. Lack of public awareness regarding stunting management is also an inhibiting factor. This is in line with research by Kasjono, H.R., et al (2022) which states that one of the challenges and obstacles faced in implementing the stunting Regional Action Plan policy in Yogyakarta is that there is still a public perception of stunting which is still not accompanied by stigma or parental rejection. if the child is called stunting [19].

Apart from that, stunting cases do not yet have health insurance cards and there are also those who do not have administrative documents for administering health insurance cards, causing obstacles in the stunting case referral system, as shown in the following interview:

"The problem with funding is that there are no special funds for Community Health Centers, the stunting cases don't have health insurance. So, they cannot be referred to pediatrician to get further examination. Sometimes, they can get social Service for regional health insurance, but they can go only at the City Hospital not Bahteramas Provincial hospital. Those who don't have health insurance BPJS, regional health insurance card. No, not referred to. "At most we only do counseling during Integrated Service Posts time" (KS).

"Stunting is referred to a pediatrician but some of them don't have a family card and health insurance" (RH).

An obstacle is something that can hinder the progress or achievement of something. Based on the results of the interview, it can be concluded that the obstacle in implementing the stunting reduction program in Kendari City, especially in Benu-Benua Health Center, is limited funds. In addition, stunting cases do not yet have health insurance cards and there are also those who do not have administrative documents for administering health insurance cards, causing obstacles in the referral system for stunting cases. One way to overcome funding constraints is by providing Social and Health Security for poor and vulnerable families as well as receiving National Health Insurance Contribution Assistance for low-income household. However, to support Social Security and Health services, population administration services are needed so that if the population identity is like a Family Card, it will make it difficult to administer Health Insurance [20].

4. Conclusion

A total of 82 cases of stunting were spread across 15 sub-districts in Kendari City with the highest number of stunting cases being in Punggaloba Village (Benu-Benu Health Center) with 20 cases.

In carrying out the acceleration stunting reduction program, it has been equipped with technical guidelines and regulations from provincial level to sub district level. The programs that have been carried out are (1) specific interventions and sensitive nutritional interventions as well as programs from BKKM, namely Fathers for Fostering Stunting Children (BAAS) and *Dashat* (Healthy Kitchen) which have the potential to overcome Stunting. The role of implementers team, in this case the Stunting Task Force, is consultation, facilitation, coordination and provision of stunting data, while the role of stakeholders is as policy makers, implementers, coordinators, facilitators and accelerators. Barriers to implementing the acceleration stunting reduction program are that institutions and community do not fully know the information related to this program, limited budgets in the field, and the lack of awareness among the public that stunting is a chronic nutritional problem and can have long-term impacts on health. Thus, it is hoped that the government will further strengthen the commitment of each sector in efforts to accelerate stunting reduction and provide outreach to increase public awareness regarding the stunting problem.

Compliance with ethical standards

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Disclosure of Conflict of interest

All authors in the making of this scientific article have no conflict of interest.

Statement of informed consent

All informants/respondents involved in this study have stated their consent as informants/respondents to be interviewed and provided information/information in accordance with research needs.

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