

GOOD PRACTICES OF SPECIFIC NUTRITION INTERVENTIONS IN REDUCING STUNTING PREVALENCE IN BENGKULU CITY

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ABSTRACT

Background. The prevalence of stunting in Indonesia is third in Asia and has not met the target nationally. The decrease in the prevalence of stunting in Bengkulu City is very significant. It is necessary to examine the good practices that have been done in reducing the prevalence of stunting. This study aims to analyze the good practices of specific nutrition interventions in reducing stunting prevalence in Bengkulu City.

Method. The study used research on policy design in Bengkulu City from August to November 2023. Data collection uses Focus Group Discussion (FGD), in-depth interviews, and document review. The informants were selected by purposive sampling, with analysis using the SWOT analysis and content analysis methods.

Result. Good practice in reducing stunting in Bengkulu City is a strong commitment of the local government by including this program in the Regional Government Work Plan. Cross-sector collaboration between governments, non-governmental agencies, and local communities strengthens stunting efforts. Regular training for Nutrition Implementers and health cadres increases their knowledge in dealing with nutrition issues. In addition, counseling on nutrition at posyandu and schools, as well as adequate access to health services, supports monitoring children's growth. Stunting case audits are also applied for quick handling, while special interventions target vulnerable groups such as toddlers and pregnant women.

Conclusion: Strengthening cross-sector coordination and providing periodic training for health workers are essential. Increased budget allocations for monitoring and evaluation, enhanced public education on balanced nutrition, and improved health facilities are vital to sustaining progress in reducing stunting.

Keywords: Strategic policy study, implementation, stunting, research of policy

INTRODUCTION

The current priority program of the Ministry of Health is stunting prevention and control, which is contained in the 2020-2024 National Medium-Term Development Plan (RPJMN), with a target of reducing stunting to 14% in 2024 (Kementerian Kesehatan RI, 2020). The prevalence of stunting in Indonesia is currently still higher than the normal limit set by the World Health Organization (WHO) of 20%. Data from the 2022 Indonesian Nutrition Status Study Survey (SSGI) shows that the prevalence of stunting is at 21.6%, down from 24.4% (SSGI 2021) and 27.7% (SSGI 2019), but has not reached the RPJMN target (Kemenkes, 2021). To achieve the target, the National Development Planning Agency (Bappenas) issued Decree Number

Kep/42/M.PPNS/HK/04/2020 concerning the Determination of the Expansion of Regencies/Cities Focal Locations for Integrated Stunting Reduction Interventions in 2021. Bengkulu Province is one of 34 provinces designated as a priority area for handling stunting in 2021 (Kementerian PPN/ Bappenas, 2019). The results of the evaluation of the achievement of stunting prevalence in 2021 have not been optimal, so the Government has made policies in accelerating stunting reduction (PPS) through Presidential Decree of the Republic of Indonesia Number 72 of 2021 which is carried out in an integrated manner including specific and sensitive nutritional interventions with the approach of families at risk of stunting (Peraturan Presiden Republik Indonesia Nomor 72 Tahun 2021 Tentang Percepatan Penurunan Stunting, 2021).

The prevalence of stunting and nutritional problems in children under five in Bengkulu Province (19.8%) is lower than the national figure (21.6%), even among them, Kaur Regency (12.4%) and Bengkulu City (12.9%) have reached the 2020-2024 RPJMN target. The prevalence of stunting in Bengkulu Province (19.8%) is better than the national figure (21.6%), even Kaur Regency (12.4%) and Bengkulu City (12.9%) have reached the 2020-2024 RPJMN target (14% in 2024). The decrease in stunting prevalence in Bengkulu Province is very significant, from 22.1% (SSGI 2021) to 19.8% (SSGI 2022). The decrease in the prevalence of stunting in Bengkulu City is very significant (9.3%) from 22.2% (SSGI 2021) to 12.9% (SSGI 2022) (Kemenkes RI, 2023). This decrease in stunting prevalence is the result of specific and specific interventions. There has been no deep abomination of the driving and inhibiting factors for the implementation of PPS policies through specific nutrition interventions in Bengkulu Province.

The results of the study show that various stunting prevention and control programs face various obstacles, due to the sectoral ego of each OPD, socialization is not optimal, and understanding is not comprehensive (Fadlurrahman, 2014), The program has not been fully implemented, the scope of the program, its quality and targets are still low and the coordination between ministries and institutions has not been maximized, the policy has not fully reached the existing problems, the policy is dominated by the government, the role of the community is still very limited, and the lack of regulatory and budget support (Maulana et al., 2022), policy does not involve all cross-sectors, the KIA Regional Regulation has not been focused, not directly related, and has not involved all interventions to save 1000 HPK and stunting (Samsudrajat & Jati, 2018). Obstacles faced in policy implementation in terms of policies, budget, health, and human resources (Permanasari *et al.*, 2020; Rahman *et*

al., 2016). Some of the studies that have been conducted generally analyze the problems faced in policy implementation, limited to examining good practices carried out for the success of reducing stunting prevalence. A comprehensive study of the effectiveness of PPS policy implementation in Bengkulu City has never been conducted, so it is necessary to conduct a thorough study involving all relevant parties. The purpose of the study is to analyze the implementation of the PPS policy, as well as to find out the supporting and inhibiting factors in the implementation of the PPS policy.

METHODS

The research is a study of policy with a qualitative design, to find out the forms of PPS policies, analyze the implementation of PPS policies, especially specific interventions, and find out the supporting and inhibiting factors in the implementation of PPS policies in Bengkulu Province. A qualitative study was carried out in Bengkulu City from August to November 2023. The document review was carried out from data from the health offices of all districts/cities in Bengkulu Province. The informant of the in-depth interview is the Head of Public Health, Bengkulu City Health Office, and the Head of the Stunting Reduction Acceleration Team, BKKBN. FGD informants: Health Office (Nutrition Officer), Health Center Leaders (3 people), Nutrition Officers (3 people), Health Cadres (3 people). Data collection uses a qualitative approach with the Focus group discussion (FGD) method, in-depth interviews, and document review to collect primary and secondary data. The selection of informants uses purposive sampling techniques. The main informants were 10 heads of Public Health from Regencies/Cities related to the implementation of the PPS policy, key informants were 5 Nutrition Officers of Puskesmas in Bengkulu City.

The information that will be explored in this study is the driving and inhibiting factors for the implementation of the PPS policy. The policy analysis method uses SWOT analysis (strengths, weaknesses, opportunities, and threats related to the implementation of PPS policies). The instruments in this study are the researcher himself by conducting FGD and in-depth interviews using FGD and interview

guidelines, voice recorders, stationery, and cameras. Data Analysis using content analysis. Before the study was carried out, it began with the submission of ethical clearance to the KEPK of the Bengkulu Ministry of Health Polytechnic No.KEPK.BKL500/09/2023. The data analysis method uses content analysis with the starting stages of Data Reduction, Data Display, and Conclusion Drawing.

Table 1. SWOT Analysis of the Implementation of Policies to Accelerate the Reduction of Stunting Prevalence Through Specific Nutrition Interventions in Bengkulu City

STRENGTH	WEAKNESS
<ol style="list-style-type: none"> 1. Commitment from local governments, health workers, and the community 2. Budget availability for PPS policy implementation in Puskesmas 3. Availability of Health Facilities at the City/District Level 4. Provision of PPS programs in Related Agencies (BKKBN, Health Office, Education Office, Ministry of Religion, Agriculture Office) 5. Health workers are available with the competencies 6. Technical instructions and guidelines are available for the implementation of the PPS policy 7. There is a Foster Father/Mother Foster Child Stunting (BAAS) program involving the general public and local government officials 8. Data Analysis Master is available (stunting target data, coverage, PKH< supply data, etc.) to determine the stunting locus 9. A complete e-PPBGM application is available for program evaluation 10. An e-cohort with complete data on pregnant women is available to report ANC activities 	<ol style="list-style-type: none"> 1. Weak coordination between institutions. 2. Programs are still not integrated 3. Stunting data management is not yet optimal 4. Nutrition implementation personnel (NIP who go to the field are lacking, 1 health center only has 1-2 TPG, while there are many activities in the field 5. Posyandu activities are only for growth monitoring, immunization, vitamin A, and worms. No more pregnancy checks (ANC) and PMT for pregnant women in SEZs 6. There is no special budget for stunting services for toddlers at the health center; the health center only makes referrals to cases found 7. There are no incentives for posyandu cadres at the Puskesmas; there are no cemat/sub-district funds for cadre incentives in lieu of transportation, etc. 8. Posyandu cadres concurrently serve as TPK cadres, so cadres do not know the difference in duties between posyandu cadres and TPK cadres 9. Posyandu cadres are less active 10. There is a CERIA application (for Teen TTD), but it is not clear how to use it
OPPORTUNITY	THREAT
<ol style="list-style-type: none"> 1. The participation of stakeholders and the community in the implementation of the PPS policy has been good 2. The availability of regional budgets at the Health Office, stakeholders (BKKBN), CSR funds from the private sector (ASTRA), village funds 3. The existence of an ELSIMIL application for bride-to-be screening, getting a certificate to get health services at the Puskesmas 4. Assistance from Basnas Kota distributes milk for stunted toddlers 5. Adequate access to clean water sanitation for Bengkulu City 6. Geographically, the city of Bengkulu is located in a coastal area with abundant sources of animal protein 	<ol style="list-style-type: none"> 1. Public understanding of stunting, handling, and prevention is still low 2. Low purchasing power of the community for the provision of food to the family 3. the ability of the community to process foodstuffs, especially animal protein sources so that nutritional intake is low. Families are less able to process food at home, so children often get processed food from outside the home. 4. The community rejects the existence of stunted toddlers, the existence of a stimulus that stunted toddlers is a disgrace in the family, so families who have stunted children are not taken to posyandu/puskesmas to receive health services. 5. Weighing coverage Community participation in posyandu (D/S) is still low 6. There is a negative public perception of immunization

1. Strength

The strengths in implementing the PPS policy include the commitment from the local government, healthcare workers, and the community; the availability of budget for the implementation of the PPS policy at the Puskesmas; the presence of health facilities at the city/district level; the provision of PPS programs by related agencies (BKKBN, Health Office, Education Office, Ministry of Religious Affairs, and Agriculture Office); the availability of qualified healthcare personnel; the existence of technical guidelines and necessary manuals for the implementation of the PPS policy; the presence of the Stunting Foster Parent Program (BAAS) involving the general public and local government officials; access to Master Data Analysis (data on stunting targets, coverage, PKH, supply data, etc.) to determine stunting loci; the availability of a comprehensive e-PPBGM application for program evaluation; and access to e-cohorts with complete data on pregnant women to report ANC activities.

2. Weakness

The weaknesses in implementing the PPS policy include weak coordination among agencies, non-integrated programs, and suboptimal management of stunting data. There is a lack of nutrition implementers (TPG) in the field, with only 1-2 TPG per Puskesmas, while there are numerous activities taking place. Posyandu activities are limited to growth monitoring, immunization, vitamin A distribution, and deworming, with no ANC or supplementary feeding programs for pregnant women. There is no specific budget for stunting services for toddlers at the Puskesmas, which only refers to cases identified. Additionally, there are no incentives for posyandu cadres, and no funds at the district/village level for transportation incentives. Posyandu cadres also serve as TPK cadres, leading to confusion about their distinct roles. Furthermore, posyandu cadres are less active, and although there is a

CERIA application for adolescent health, its usage is not clearly defined.

3. Opportunity

Opportunities in implementing the PPS policy include good participation from stakeholders and the community in the policy's implementation, the availability of regional budgets from the Health Office and stakeholders (BKKBN), CSR funds from private entities (ASTRA), and village funds. There is also the presence of the *elsimil* application for screening prospective brides and grooms, which provides certificates for accessing health services at the Puskesmas. Additionally, support from Basnas Kota in distributing milk for stunted toddlers, adequate access to clean water and sanitation in Bengkulu, and the geographical advantage of being a coastal city with abundant animal protein sources contribute positively to the implementation of the policy.

4. Threat

The challenges faced by Bengkulu City in implementing the PPS policy include low public understanding of stunting prevention and management, low purchasing power for food supplies at the household level, and limited ability to process food, particularly animal protein sources, resulting in inadequate nutritional intake. Families struggle to prepare meals at home, leading children to often consume processed foods from outside. Additionally, there is a stigma surrounding stunted toddlers, perceived as a family shame, which discourages families from bringing their stunted children to posyandu or Puskesmas for health services. Furthermore, the coverage of weighing (D/S) remains low, and there are negative perceptions in the community regarding immunization.

The results of the study show that stunting prevention and control efforts in Bengkulu City are supported by several key factors. The commitment of all elements of

government in implementing Government Policies or Priorities focuses on and prioritizes reducing the prevalence of stunting. Strong policies and commitments from local governments in terms of human resources and infrastructure that support efforts to reduce stunting prevalence. There is financial support from the government and private sectors as well as CSR in stunting prevention activities. Collaboration between local governments, non-governmental organizations, the business world, and local communities can strengthen efforts to reduce stunting prevalence. There are complete human resources available for the implementation of PPS policies at the Regency/Sub-district and Village levels (posyandu cadres, TPK cadres). Only 1 health center out of 20 health centers for Nutrition Implementation Personnel is not from the Nutrition Science Field. Programs are available to achieve 11 specific nutrition intervention indicators. Nutrition action activities in schools in 20 health centers. Easy access to facilities and infrastructure (environmental sanitation, roads, information, transportation, and others) that reach the entire community. The availability and accessibility of balanced and nutritious food is essential. This includes policies to ensure access to nutritious food for low-income families. Good health facilities that are easily accessible are essential for monitoring children's growth, providing immunizations, and providing nutritional advice to parents. There are health centers that have BLUD (Durian Depun Health Center) that can become pilot health centers. The role of mothers in ensuring children's nutritional intake and taking care of their health is very important. Education and support programs for young mothers can help improve children's health. Special Intervention for Vulnerable Groups such as toddlers with malnutrition, children from poor families, children with certain health problems, and Pregnant Women of SEZ is essential. There is a Stunting Case

Audit (AKS) in Bengkulu City, so that every stunting case is immediately followed up.

Inhibiting factors that may affect the implementation of policies to reduce stunting prevalence in Bengkulu City. The following are some possible inhibiting factors, namely the lack of budget to carry out supervision, monitoring, and evaluation (MONEV) from the Family Health and Nutrition Sector, which went to the field for data validation, so that MONEV activities have not been scheduled. The achievement data of specific nutrition intervention indicators have not been integrated. Data is available in each program. So that data management has not been synchronized. In 2022, there is no budget for stunting from the health office. Negative public perception of stunting. There are still people who do not agree with the immunization program. It is still found that people consider stunting as a family disgrace, so they do not bring growth monitoring and health checks to health facilities, there is still a traditional belief in the treatment of sick children. Not all mothers of toddlers bring their toddlers to the posyandu. The awareness of mothers of toddlers who do not bring their toddlers to be weighed at posyandu or in health services. Low public awareness and education of the importance of balanced nutrition or knowledge of how to process foodstuffs, and how to provide good nutrition to children, can be the main obstacle. Inequalities in the distribution of resources and access to quality health services and education can negatively affect vulnerable groups. Lack of coordination between government agencies, NGOs, and other stakeholders can make it difficult to implement policies, there are still sectoral egos in carrying out interventions. Low public awareness of the importance of monitoring the growth of Posyandu. After giving birth, the infant's mother does not come to the posyandu except when there is immunization. With various supporting and inhibiting factors, a policy

recommendation is needed to prevent new stunting cases in Bengkulu City.

The success of Bengkulu City in reducing the prevalence of stunting is supported by various key factors. First, a strong commitment of local governments to stunting prevention policies is crucial. Policies that focus on reducing stunting, both in terms of human resources and infrastructure, create a solid foundation for program implementation (Sunarto & Winarti, 2024). In addition, financial support coming from the government, private sector, and Corporate Social Responsibility (CSR) strengthens the financing of stunting prevention programs, allowing more planned activities and interventions (Hidayaturrehman and Harsono, 2023; Arifin *et al.*, 2025). Collaboration between various parties, including the government, non-governmental institutions, the business world, and local communities, is also a key driver in efforts to reduce stunting. This synergy ensures comprehensive support for various nutrition intervention programs (Fauziah & Novandi, 2021). The availability of trained Human Resources (HR), such as posyandu cadres and Family Assistance Teams (TPK), also plays an important role, with the majority of health centers having competent nutrition implementers (Fauziah & Novandi, 2021). Challenges in stunting prevention in Pandeglang Regency include the change of cadres which hinders the transfer of knowledge that has been obtained, resulting in less than optimal posyandu services. In addition, one cadre is involved in various activities, such as posyandu and early childhood education, making it difficult to focus. In this case, the village head can

assess the competence of its citizens and determine the appropriate placement for each activity. The more people involved in government programs, the more knowledge is obtained, so that the village community will be more empowered (Candarmaweni & Rahayu, 2020). The implementation of stunting prevention policies in Malang Regency has experienced a lack of program synergy between OPDs which specifically has a slice of activities related to the prevention, management, and handling of stunting cases, including the involvement of elements of higher education, NGOs who are concerned about the problem to relevant NGOs (Agustino & Eko, 2022).

Access to good facilities and infrastructure, including sanitation and transportation, increases the effectiveness of nutrition programs by reaching a wider community. The availability of balanced nutritious food and policies that support access to healthy food for low-income families are also very important in overcoming nutritional problems (Pratiwi *et al.*, 2023). In addition, health centers with the status of Regional Public Service Agency (BLUD), such as the Durian Depun Health Center, provide examples of best practices in health services.

The role of mothers in maintaining children's health and nutrition is crucial, so education and support programs for young mothers are an important component of this intervention. Through education and awareness-raising efforts, it is hoped that mothers can better understand the importance of good nutrition for their children (Yuliana *et al.*, 2023). Finally, the existence of Stunting Case Audits (AKS), which is carried out periodically, allows the identification and handling of stunting

cases quickly and efficiently, thus supporting the success of the overall stunting prevention program in Bengkulu City.

In line with the results of research in Lenek Duren Village, Lenek District, East Lombok Regency, it shows that the implementation of the Stunting Reduction policy has been successful judging from the quality of the stunting handling program that touches every joint of the stunting problem, the healthy living community movement is carried out as a stunting handling program where the coordination of programs carried out between regional apparatus organizations is good, the first 1000 days of life movement as a stunting prevention measure set by the OPD is good, and nutrition education is provided as a form of service to the people of Lenek Duren village is considered optimal (Wididiati et al., 2022).

The factors that hinder the success of Bengkulu City in reducing the prevalence of stunting greatly affect the effectiveness of policy implementation. First, the lack of budget for supervision, monitoring, and evaluation from family health and nutrition makes this activity poorly scheduled (Setiawan et al., 2023). The absence of adequate funds causes the data validation process not to run optimally, so that information related to the achievement of specific nutrition intervention indicators is not integrated, and data management becomes out of sync (Dewi & Wati, 2022). In addition, the public's negative perception of stunting and immunization programs is also a big challenge. Some parents still consider stunting to be a family disgrace, so they are reluctant to bring their children for health checkups, which has an impact on

the low level of growth monitoring in health facilities (Rahman et al., 2023). Low public awareness and education regarding the importance of balanced nutrition and knowledge in food processing also contribute to this problem, leading to a lack of attention to providing good nutrition for children (Fitria & Hidayah, 2024).

Inequality in the distribution of resources and access to quality health services and education can hurt vulnerable groups, making people increasingly marginalized in efforts to combat stunting (Anwar, 2022; Achmad *et al.*, 2024). Weak coordination between government agencies, Non-Governmental Organizations (NGOs), and other stakeholders is an additional obstacle, given the sectoral egos that are still strong in implementing interventions (Mastina and Mitra, 2023; Syamsuadi *et al.*, 2023; Febrian and Yusran, 2021). Low public awareness of the importance of monitoring growth in posyandu can also increase the incidence of stunting (Fauziah & Novandi, 2021)

The implementation of the stunting handling policy in Lenek Duren Village, Lenek District, East Lombok Regency is still not optimally implemented because there are inhibiting factors, namely the resources that hinder the implementation of the stunting handling policy in East Lombok Regency are human resources, the attitude of the implementing agent of the stunting handling policy in Lombok Tiimur Regency is not completely good, the communication that occurs between the implementing agent and the target community is still not going well, policy capacity in building the implementation process is still ineffective, and the lack of

access to drinking water and sanitation is inadequate as well as the culture of early marriage carried out by the people of Lombok in general (Wididiati et al., 2022). The implementation of prevention and control policies in Nagari Kajai, West Pasaman Regency, has not been optimal because the level of public knowledge about prevention has not increased significantly, and there has been no significant change in behavior by the community in providing nutritional intake. Inadequate facilities, lack of program supervision, and limited funds are also the causes of the program's suboptimal (Kinanti & Yusran, 2022).

The implementation of the stunting prevention policy by the Population Control and Family Planning Office of South-Central Timor Regency in Kie District has not been successful because, from the aspect of communication, the Population Control and Family Planning Office of South-Central Timor Regency has in principle socialized to the community regarding the impact of stunting on children, but the community thinks that stunting is due to hereditary factors and not due to malnutrition. Resources to implement this policy are quite available, but there is still a shortage of human resources in quantity and quality to conduct counseling, supervision, and control of stunting cases in Kie District. Meanwhile, from the aspect of disposition, policy implementers have good enough characteristics for the successful implementation of this stunting prevention policy, although there are still some extension workers who are indifferent to implementing the policy. The bureaucratic structure in the implementation of this

policy also has a fairly strong foundation, but on the other hand, improvements must still be made in terms of regulations to be more decisive in dealing with stunting problems and eliminating sectoral egos between SKPDs who are responsible for preventing stunting problems in Kie District, South Central Timor Regency (Fallo, 2020).

CONCLUSION

The City of Bengkulu has implemented several good practices in stunting reduction, including a strong local government commitment by including this program in the Regional Government Work Plan. Cross-sector collaboration between governments, non-governmental agencies, and local communities strengthens stunting efforts. Regular training for Nutrition Implementers and health cadres increases their knowledge in dealing with nutrition issues. In addition, counseling on nutrition at posyandu and schools, as well as adequate access to health services, supports monitoring children's growth. Stunting case audits are also applied for quick handling, while special interventions target vulnerable groups such as toddlers and pregnant women.

Policy recommendations from the results of this study include strengthening cross-sector coordination for the integration of stunting management programs, as well as increasing periodic training for health cadres and Nutrition Implementation Personnel to improve their competence. In addition, the special budget allocation for monitoring and evaluation needs to be increased so that the implementation of the program can be monitored effectively. Public education on the importance of balanced nutrition and monitoring of children's growth must be strengthened through campaigns involving various parties. Finally, providing incentives to health cadres and improving health facilities

will encourage active community participation in efforts to reduce stunting.

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CONFLICT OF INTEREST

All authors declared that there was no conflict of interest.

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