

# Implementation of Specific Nutrition Interventions to Prevent Stunting in Pregnant Women in the Oesapa Community Health Center Area East Nusa Tenggara

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ARTICLE INFO	ABSTRACT
<b>ORCID ID</b> Author 1: <a href="https://orcid.org/0000-0002-5115-0311">https://orcid.org/0000-0002-5115-0311</a> Author 2: <a href="https://orcid.org/0000-0001-6299-8855">https://orcid.org/0000-0001-6299-8855</a> Author 3: <a href="https://orcid.org/0000-0001-5646-0661">https://orcid.org/0000-0001-5646-0661</a> Author 4: - Author 5: <a href="https://orcid.org/0000-0002-6352-929X">https://orcid.org/0000-0002-6352-929X</a>	Policies related to stunting prevention have been in place since 2013. However, the prevalence of stunting in East Nusa Tenggara Province is still the highest in Indonesia from 2013 to 2022. One of the areas in the province where the prevalence decreased from 2021 to 2022 is Kupang City. Oesapa Community Health Centre was appointed by the Indonesian Ministry of Health as a pilot health centre representing Kupang City. The purpose of this study is to describe the implementation of specific nutritional interventions for handling stunting based on the variables of communication, bureaucratic structure, resources, and disposition in the target group of pregnant women which will be associated with the target achievement of specific nutritional interventions based on Presidential Regulation No 72 of 2021. The research used qualitative methods with triangulation of informants totalling 5 people, data triangulation, and triangulation of methods, namely in-depth interviews and observations. The results showed that interventions in the form of providing additional food to pregnant women with chronic energy deficiency conditions and pregnant women who consume blood supplement tablets at least 90 tablets during pregnancy have successfully reached the target. Other Community Health Centres can make the Oesapa Community Health Centre a barometer in providing health services, especially in specific nutrition interventions aimed at target groups of pregnant women so that they work together in accelerating the reduction in stunting prevalence.
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## 1. Introduction

Stunting is a crucial global nutrition issue. The incidence of stunting is a sign of the risk of poor child development. This condition occurs as a result of malnutrition below the average growth standard chart so that children experience growth failure (Katmawanti et al., 2021). Stunting can only be diagnosed when the child is aged after 24 months and over. However, it can be detected since the child is in the womb (BKKBN, 2021). Stunted children will experience impaired growth, brain development, and have the opportunity to earn low income as adults (Picauly, 2021). In fact, stunting affects a country's economic productivity and is one of the contributors to the increase in early childhood mortality (Indra, 2022).

If not handled immediately, the World Health Organisation (WHO) predicts that by 2025, 127 million children under five will be stunting (WHO, 2014). In 2020, looking at the global situation, 149.2 million children under five have been stunting (United Nations, 2021). The high number is according to WHO predictions, even before 2025. Based on the Global Hunger Index/GHI in 2022, it shows that Indonesia ranks 77th out of 121 countries with a score of 17.9, which means that the level of hunger is in the moderate category. The smaller the GHI score, the lower the hunger index, thus affecting the prevalence of stunting children in the region. When viewed from Indonesia's GHI score, it represents that there is a need to increase awareness and understanding of the struggle against hunger and calls for attention from all aspects to eliminate hunger in Indonesia. Nevertheless, the results of the Indonesian Nutrition Status Survey (SSGI) in 2022, showed that the prevalence of stunting in Indonesia reached 21.6% with the highest province of stunting incidence being East Nusa Tenggara (NTT) (Kemenkes RI, 2023a). NTT has remained the highest province for stunting since 2013 with a prevalence of 51.7%, in 2018 it reached 42.6%, in 2019 it reached 43.82%, in 2021 it reached 37.8% and in 2022 it reached 35.3% (Kemenkes RI, 2013), (Kemenkes RI, 2018), (BPS RI & Kemkes RI, 2022), (Kemenkes RI, 2019d), (Kemenkes RI, 2021), (Kemenkes RI, 2023a). One of the regions in NTT where the prevalence of stunting has decreased is Kupang City with the prevalence of stunting reaching 26.1% in 2021 and 21.5% in 2022 (Kemenkes RI, 2021), (Dinas Kesehatan Provinsi Nusa Tenggara Timur, 2021), (Puskesmas Oesapa, 2023).

Although there has been a decline, the high prevalence of more than 20% indicates that stunting is a chronic public health problem, so special attention is needed to deal with the situation (Wardani et al., 2020), (Kemenkes RI, 2022c). Not only by policy makers, but policy implementers, and the general public need to collaborate to deal with the incidence of stunting. This was started by the World Health Assembly by targeting a 40% reduction in the number of stunted children by 2025 (WHO, 2018). The Indonesian government took serious steps, which were realised through the National Medium-Term Development Plan with a target of reducing the prevalence of stunting by 14% by 2024 (Presiden RI, 2020). This step was elaborated through Presidential Regulation No. 72 of 2021 concerning the Acceleration of Stunting Reduction which includes specific and sensitive interventions (Presiden RI, 2021). The policy is an improvement from Presidential Regulation No. 42 of 2013 on the National Movement for the Acceleration of Nutrition Improvement, which can be carried out, among others, through specific nutrition interventions aimed at addressing the direct causes of stunting in the form of nutritional intake and the presence of infections (Kementerian PPN/ Bappenas, 2018). At the provincial level, this step was followed up by the NTT Provincial Health Office through the 2019-2023 Strategic Plan by accelerating the prevention and control of stunting, one of which is through specific nutritional interventions (Dinas Kesehatan Provinsi Nusa Tenggara Timur, 2019). In addition, the Government of NTT also issued a Decree related to the Commission for the Acceleration of Stunting Prevention in NTT Province Number: 324/KEP/HK/2018. At the city government level, the Mayor of Kupang also issued the Kupang City Regional Regulation on Maternal, Newborn, and Infant Health (KIBBLA) as an effort to fulfil basic human rights by guaranteeing health services for mothers, newborns, and children under five through interventions that have reduced maternal and infant mortality rates (Perda Kota Kupang, 2013).

Handling stunting is a shared responsibility of various cross-sectors because stunting occurs due to multifactorial causes. Specific nutrition interventions to address stunting are generally carried out by the health sector, such as community health centres (Muthia et al.,

2019), (Presiden RI, 2013). Oesapa community health center is a pilot puskesmas appointed to represent Kupang City in accordance with the Decree of the Ministry of Health of the Republic of Indonesia No HK. 01.07/MENKES/636 year 2018 (Kementerian Kesehatan Republik Indonesia, 2018). The appointment was due to the fulfilment of pilot health centre criteria in accordance with the guidelines for the implementation of pilot health centres, such as the health centre being in a strategic location, having been registered, and assessing the performance of the health centre with a good category in the previous year. Pilot health centres are designed to assist the implementation of health programmes, so that the Ministry of Health's performance indicators can be realised (Kemenkes RI, 2019a). In addition, pilot health centres have an important role as a barometer in the development of other health centres. With the factors in policy implementation used by the Oesapa Community Health Centre in providing specific nutrition interventions, the prevalence of stunting in the Oesapa Community Health Centre area decreased from 29.5% in 2021 and 24.9% in 2022.

However, there is no research that discusses the implementation of specific nutrition interventions at the Oesapa Community Health Centre, especially in the target group of pregnant women, so this is interesting to study. In line with Shekar et al., (2021) research, which states that research on the implementation of stunting management is not new, but has not been prioritised by researchers or the government. Specific nutritional interventions aimed at groups of pregnant women are carried out as a preventive effort for stunting in children who are born. This is because the pregnancy period is included in the First 1000 Days of Life or golden age, so interventions provided during this period are most effective in preventing stunting (Mappamadeng et al., 2021). The golden age is the most important period in life because there is the most rapid growth and development, so if nutrients are not fulfilled, stunting will occur in children (Melati & Afifah, 2021). Based on this description, the researcher will conduct a study with the title "Implementation of Specific Nutrition Interventions to Prevent Stunting in Pregnant Women in the Oesapa Community Health Center Area East Nusa Tenggara" to describe the implementation of specific nutrition interventions for pregnant women in the area. The purpose of this study is to describe the implementation of specific nutritional interventions for handling stunting in priority target groups, namely pregnant women, in terms of communication variables, bureaucratic structures, resources, and dispositions, so that the four variables will later be associated with the percentage of achievement of specific nutritional intervention indicators according to Presidential Regulation of the Republic of Indonesia No. 72 of 2021. With this research, it is hoped that the Oesapa Community Health Centre can further improve the quality of its services in implementing specific nutrition interventions for stunting. In addition, the Oesapa Community Health Centre can be used as a barometer in providing health services, especially in providing specific nutrition interventions for pregnant women, so that it can work together to accelerate the reduction of stunting, especially in the East Nusa Tenggara Region.

## 2. Method

This study is a qualitative research with triangulation of methods in the form of in-depth interviews and observation. The research was conducted in East Nusa Tenggara, namely Oesapa community health centre, Oesapa sub-community health centre, and Bougenville integrated service post in August 2023. The research location was determined because Puskesmas Oesapa is a pilot health centre in Kupang City based on the Decree of the Ministry of Health of the Republic of Indonesia No. HK. 01.07/MENKES/636 of 2018. In addition to using

triangulation of methods, this study also used triangulation of informants as research subjects in order to explore the implementation of specific nutrition interventions in depth.

The research subjects were selected using purposive sampling technique. The triangulation of informants was divided into main informants and other informants. The main informants in this study were the Nutritionist of Oesapa Community Health Centre, the Head of Administration of Oesapa Community Health Centre, and the Midwife of Oesapa Community Health Centre. The other informants were the integrated service post cadres and the target group of pregnant women who received specific nutrition interventions at the Oesapa Community Health Centre. There were 5 informants in this study. The criteria for determining informants who were used as research subjects are presented in Table 1.

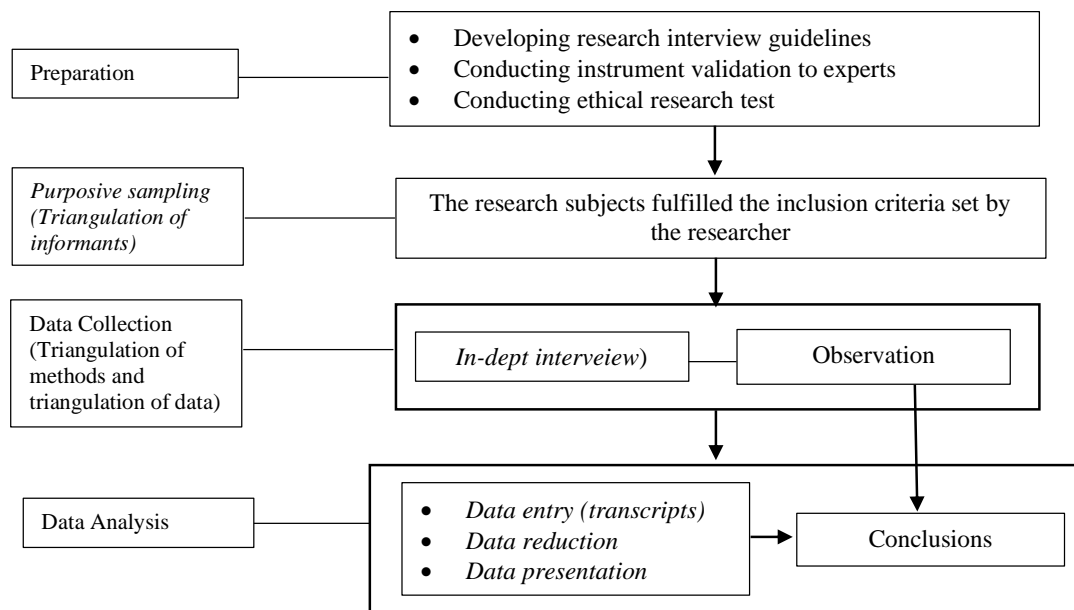
**Table 1. Inclusion Criteria of the Research**

<b>Position</b>	<b>Inclusion Criteria</b>
<b>Key Informant</b>	
Nutritionist Oesapa Community Health Centre (Nutrition Team Coordinator)	: 1. The person in charge and/or implementer of the stunting management programme policy at Oesapa Community Health Centre. 2. Willing to become an informant indicated by filling out informed consent. 3. Actively working as a health worker at Oesapa Community Health Centre.
Oesapa Community Health Centre Officials (Head of Administration)	: 1. In charge of the health programme at Oesapa Community Health Centre. 2. Actively serving as the Head/Chief at Oesapa Community Health Centre. 3. Willing to be an informant indicated by filling out informed consent.
Midwife Oesapa Community Health Centre	: 1. The person in charge and/or implementer of the stunting management programme policy at Oesapa Community Health Centre. 2. Active midwife at Oesapa community health centre. 3. Willing to become an informant indicated by filling out informed consent.
<b>Other Informants</b>	
Integrated Health Post Cadres	: 1. Active as an integrated service post cadre in the Oesapa Community Health Centre Working Area for at least the last 1 month. 2. Willing to become an informant indicated by filling out informed consent. 3. Assist in the implementation of specific nutrition intervention programmes to address stunting in the Oesapa Community Health Centre Working Area.
Targeted Recipients of Specific Nutrition Interventions (Groups of pregnant women in Oesapa Community Health Centre Area)	: 1. Involved in receiving/processing specific nutrition interventions by the Oesapa Community Health Centre for at least the last 1 month as evidenced by participation data available at the Oesapa Community Health Centre/ownership of the Maternal and Child Health book. 2. Willing to be an informant as indicated by the completion of informed consent.

Source: Primary Data, 2023

In addition, there were also exclusion criteria such as: informants leaving the research location and/or not cooperating in answering interview questions.

The data used in this study are primary data obtained from in-depth interviews and observations and secondary data in the form of data on the achievements of specific nutrition interventions adjusted to the Presidential Regulation No. 72 of 2021. This research only describes the success factors of the implementation of specific nutritional interventions for handling stunting which include communication variables, bureaucratic structures, resources and dispositions which will be supported by the percentage of achievement of specific nutritional intervention indicators according to Presidential Regulation No. 72 of 2021. The research instruments used interview guidelines and observation sheets. During data collection, researchers used stationery and gadgets to record interviews and document observations. Data analysis was carried out through the process of: 1) data entry/transcript; 2) data reduction; 3) data presentation in the form of a matrix; and 4) conclusion drawing. Data validity and reliability were carried out by: 1) testing research instruments with experts; 2) triangulating data collection methods; 3) using reference materials; 4) recording important points of each interview and observation; 5) describing data through transcripts; and 6) analysing data. This research has passed the ethical test and has received approval from the Health Research Ethics Commission of the Faculty of Dentistry, Universitas Airlangga with number 865/HRECC.FODM/VII/2023. The flow of this research is presented in Figure 1.



Source: Primary Data, 2023

**Figure 1. The Research Flow**

### 3. Result and Discussion

#### 3.1 Informant Characteristics

The characteristics of the informants in this study are listed in Table 2.

**Table 2. Characteristics of research informants**

No	Type of Informant	Informant	Position	Informant Location	Length of Service/Receiving Intervention
1	Key	Informan 1 (I.1, PKM)	Head of Administration at the Community Health Centre	Kelapa Lima Village, Kupang City	13 year
2	Key	Informan 6 (I.2, PKM)	Community health centre midwife		7 year
3	Key	Informan 7 (I.3, PKM)	Community health centre nutrition team coordinator/nutritionist		14 year
4	Other	Informan 2 (I.4, HML)	Pregnant women receiving nutrition-specific interventions	Lasiana Village, Kupang City	5 month
5	Other	Informan 5 (I.5, KDR)	Integrated service post cadres	Kelapa Lima Village, Kupang City	5 year

Source: Primary Data, 2023

#### 3.2 Communication in the Implementation of Stunting Handling Policies Viewed from Specific Nutrition Interventions in the Target Group of Pregnant Women in the Oesapa Health Centre Area

This communication means the process of conveying information from the communicator to the communicant which includes the dimensions of transmission, clarity, and consistency (Pratiwi, 2023). Before implementing the stunting programme, specific nutrition interventions were communicated from policy makers to executors. The communication is carried out in stages. Starting from the Health Office/Population and Family Planning Agency/other government organisations or Non-Governmental Organisations (NGOs) involved in handling stunting in Kupang City, East Nusa Tenggara to the Oesapa Health Centre. The information is then communicated to the target through the intermediary of the health centre cadres. This is supported by the informant's statement as follows:

"Because we are the implementers below, so all the latest policies, the latest instructions are usually from the office ..... to the field of public health, especially from nutrition, then the process of coordination with the head of the puskesmas then with the person in charge itself (the person in charge of the programme) to coordinate the latest information, the latest instructions." (I.1, PKM)

"... (information) from cadres." **(I.2, HML)**

Communication is done face-to-face or remotely through coordination meetings, letters, mini workshops, monitoring and evaluation visits, WhatsApp groups, phone calls or private messages. If they want to transmit information related to the latest policy, the office will hold a meeting with the head of the puskesmas and/or with the person in charge of the programme. Communication carried out in various ways is more flexible, so it cannot be predicted when the communication will take place. Regarding the information transmission process within the Oesapa Community Health Centre, there is a set schedule so that it is consistent, namely through Community Health Efforts meetings, Individual Health Efforts meetings, administrative meetings, and mini workshops, while there is also flexibility as needed through WhatsApp groups, private messages, and telephone calls. These consistent forms of information transmission are held once a month. In transmitting information to targets, posyandu cadres approach them directly by going to their homes, especially for targets who have not received the intervention (sweeping) and informing them about the implementation of posyandu. However, integrated service post cadres also transmit information by telephone for targets who can access the telephone. Supported by the informant's statement as follows:

"With the agency, we have online communication letters with the WA group or we japri or we do communication when they do monitoring and evaluation... the first monitoring evaluation and coaching (by the health office) is through the WhatsApp group with the agency, as well as through japri and through their visits to the puskesmas... monitoring evaluation every 6 months... If you wait for 6 months, it's long, if you wait for a monthly meeting, it's long... so we also do monitoring and evaluation coaching through the WhatsApp group... as well as at the puskesmas, we do monitoring evaluation through WhatsApp, after that we have a Community Health Efforts meeting, a mini workshop meeting... We at the community health center have a Community Health Efforts meeting, an Individual Health Efforts meeting, and an administration meeting, then after that there is a minilok for the whole ... it's every month." **(I.3, PKM)**

"Yes, nowadays it's sophisticated so (communication) via WA... Any notification (from the health office or other agencies) can also be in WA... if the letter is sent in pdf only... communication is every day, we update the status every day, information is every day... usually (information dissemination system related to posyandu) H-1 and H+1, H-1 cadres go down to provide information tomorrow there is posyandu,.... well H+1 the cadres have to go down to the houses, we sweeping." **(I.5, KDR)**

Communication is not only dominantly carried out by the Oesapa Community Health Center as the executor, but the health office and other agencies also build communication with each other. In its implementation, this communication had experienced obstacles due to the process of disseminating information that was not tiered because communication from the agency was directly conveyed to the person in charge of the program, so the head of the puskesmas did not understand if there was information, resulting in misinformation. In addition, there were personal obstacles, namely misunderstanding information because the message was conveyed through private messages or WhatsApp groups. However, these obstacles can still be resolved directly and are not a big problem, so they are not a significant

obstacle because the information can still be conveyed clearly. Supported by the informant's statement as follows:

"Again, we are in the city, one of our advantages is that we don't have a difficult signal, so there are many ways to communicate. The obstacle is when we run out of quota... Yes, we are interacting at some point, there must be miscommunication, no way no, there must be. But the proof is that it goes well ... what is certain is that the understanding is different, when we meet, oh, it means this.... if the message on WhatsApp is sometimes confused or sometimes I haven't read the above because the chat is too long so I can't read it. but that's rare, it has happened but not too much, so I don't remember." **(I.3, PKM)**

"Yes, there have been miscommunications.... It depends on the person, ma'am.... The miss may be, for example, today two people are cooking but only one of them must be angry anyway." **(I.5, KDR)**

"...it is better to be visited directly because if you mail it I can't ask, if directly I can ask." **(I.2, HML)**

Communication is the main pillar in supporting the success of intervention programs for individuals, groups, and communities (Judiono et al., 2018). This is because the results of communication become a provision in preparing and providing specific nutrition interventions, so that the implementation is in accordance with the instructions. Based on the interview results, communication transmission is carried out from the health office or other agencies to the Oesapa community health center, then conveyed to the community health center cadres. Furthermore, the community health center cadres as intermediaries will convey the information to the target group receiving the intervention. George Edward III's theory argues that communication in policy implementation includes dimensions of transmission, clarity, and consistency (Tachjan, 2006), (Mudi et al., 2022). In this study, the transmission of information on stunting prevention at the Oesapa Community Health Center was carried out in stages to all parties involved. This is in accordance with Pratiwi, (2023), research, that transmission in communication requires stunting management policies to be conveyed to all relevant stakeholders. A good communication process will also make cross-sector collaboration practices better (Azzahra et al., 2023).

### **3.3 Bureaucratic Structure in the Implementation of Stunting Handling Policies Viewed from Specific Nutrition Interventions in the Target Group of Pregnant Women in the Oesapa Health Centre Area**

The bureaucratic structure in the implementation of specific nutrition intervention stunting handling policies discusses the existence of Standard Operating Procedures (SOPs) which include the organizational structure and division of authority (fragmentation) with related units (Tachjan, 2006), (Nursalim, 2017). Based on the results of interviews and observations, the Oesapa Community Health Center has an organizational structure and a clear division of authority in carrying out this specific nutrition intervention. The division of authority is presented in the form of a decree related to job descriptions authorized by the head of the health center. The job descriptions are also made in the form of a job description board that is placed on the main stairs of the community health centre. However, the organizational structure at the Oesapa Community Health Centre is still in the process of being printed, so other than the Oesapa Community Health Centre staff, it is unclear who

holds which positions. Each of the specific nutrition intervention programs implemented at the Oesapa Public Health Center has an SOP, but there is no SOP for handling stunting. Supported by the informant's statement as follows:

"Well, our structure is in the process of being printed, because there has been a change in the head of the puskesmas and several program managers, so it is still in the process of being printed. If the full authority remains with the person in charge, ee... nutrition, and nutrition friends because this program is directly related to nutrition. If we from other friends such as health promotion, environmental health also carry out our main duties that can support nutrition, as long as we carry out our main duties according to our main functions, it doesn't matter, meaning that we are not limited by the head of the public health center, especially because before we served in the position we were given the responsibility, we were explained what the main duties were like what the limits were like what was the responsibility. For the person in charge of the program, we have a decree from the head of the public health center in which there is also a document for the main job description according to the position or there are additional tasks, there is also a document of the task. Friends who are given additional tasks must know what kind of tasks." So all the tasks that must be carried out in the posyandu have been described in the Decree, and it has been socialized to all, so all who go down the posyandu know. If the SOP is all in each of those who run it. So like immunization means that it is in charge of immunization and then socialized to all in midwives and nurses and doctors who carry out immunization. Likewise with SOPs related to nutrition and handling stunting. So each of them has their own documents..." **(I.1, PKM)**

Organizational structures that are too long tend to weaken supervision and create red tape or complicated and complex bureaucratic procedures (Rizkiyani & Ismayanti, 2023). With that, it is necessary to have a division of authority and related SOPs so that the boundaries between units are clear and do not overlap (Nurva & Maharani, 2023). The SOPs owned by the Oesapa Community Health Center are archived by each person in charge of the program. The legalized SOP is used as a foundation/guideline in action (Anggreni et al., 2022). Thus, whatever steps will be taken will not violate the rules and harm the community. The existence of SOPs in health services is also intended to improve the quality of service to the community so that they have certainty regarding the service (Pemerintah Luwu Sulawesi Selatan, 2018). However, SOPs related to handling stunting at the Oesapa Health Center still do not exist, so so far they are still using SOPs per service/program so that each intervention continues to run,

Regarding fragmentation, the Head of the Oesapa Community Health Center has given authority and responsibility to each unit involved in stunting prevention. This fragmentation is used to equalize work through the distribution of obligations and rights, thus affecting the achievement of policy objectives (Kurniawan et al., 2021). In its implementation, all nutrition-specific intervention programs at the Oesapa Community Health Center involve cross-programs for implementation. This is due to the limited staff of the health center but the targets and targets reached are very broad. In order to avoid overlapping in carrying out their main duties and functions, in addition to a Decree that discusses job descriptions, a mini workshop meeting is held which is a routine agenda every month for all officers at the Oesapa Community Health Center to discuss program achievements, monitoring and evaluation, and follow-up plans. At the mini-workshop

meeting, the division of roles in each program will be explained, so that this fragmentation is not just written, but conveyed verbally to each health worker.

### **3.4 Resources in the Implementation of Stunting Prevention Policies Viewed from Specific Nutrition Interventions in the Target Group of Pregnant Women in the Oesapa Health Centre Area**

Implementation of stunting management policies for specific nutrition interventions will run if supported by resources. The resources referred to here are human resources, equipment resources, and budget resources used to support the implementation of these interventions (Nursalim, 2017). Oesapa Community Health Center has trained and qualified resources in their respective professions. However, related to facilities and infrastructure resources, there is a need for addition and improvement. Supported by the informant's statement as follows:

"At the puskesmas, we are placed based on profession, if it is nutrition, we are placed in nutrition, if it is a nurse, it is a nurse. There are three nutrition teams, one of which has just entered one year of CPNS, so far two, then these 3 ... For the handling of stunting, almost everyone is involved, if for treatment there are specific and sensitive ones. If it is specific, we are health people ... there are health workers who are assisted by cadre mothers ... if we still get 11 (anthropometry kits) for integrated service posts, then what about other posts? We have to borrow them, so we bring them. Because if we are given 11 integrated service posts, then what do we use for the 30 posts? Inevitably, the community health center borrowed the integrated service post to bring it around... Because we know that it is lacking, so we asked the Kupang City Polytechnic, we asked their students to do education..., In 2023, there is no budget for stunting, but the budget is the budget for malnutrition... The budget allocation for local supplementary feeding for the budget at the Oesapa community health center is 1.6 billion. That's only 2023 because from the provision of biscuit supplementary food to the provision of local supplementary food. there is a change in the process if in the past it was directly to the cadres if now there is a Mbiz-market system so .." **(I.3, PKM)**

"... the place is patented but not owned, if it is owned it is called an independent integrated service post. For me (the integrated service post) is in the house of the head of the neighborhood who volunteers ... five-six (per integrated service post point), so there are approximately 100 (number of cadres)." **(I.5, KDR)**

From the results of these interviews and observations, it was found that equipment resources in the implementation of specific nutrition interventions are still limited. These facilities and infrastructure are limited anthropometric kits/integrated service post kits consisting of digital adult scales, digital infant scales, stadiometer/adult height measuring instrument, infantometer/infant height measuring instrument, head circumference tape, arm circumference tape or lila provided by the health office making each posyandu does not have it. Thus, the community health center must borrow the anthropometry kit to be taken to other integrated service posts. The Indonesian Ministry of Health targets that by 2024, all integrated service posts will have their own anthropometry kits (Kemenkes RI, 2022b). Currently, the anthropometry kit allocation is still 11, while the number of integrated service posts in the Oesapa community health center is 40 posyandu (Dinas Kesehatan Kota Kupang, 2018). This also happened in Rizkiyani & Ismayanti (2023), research in Petir Village,

although human resources are adequate, but not supported by adequate facilities, it will affect the success of implementation. Related to this, the local government has provided a solution with the procurement of these goods, but the realization is still being followed up.

In addition, the majority of integrated service posts are held in residents' homes/in the halls of neighborhood associations. The use of residents' homes as integrated service posts is based on advocacy from cadres to relevant residents, so that residents voluntarily allow the implementation of integrated service posts to be held in their homes. This situation is in accordance with the recommendations of the Ministry of Health of the Republic of Indonesia to organize integrated service posts in locations that are easily accessible to the community, such as residents' houses, courtyards, village halls or special places built by the community (Kementrian Kesehatan RI, 2011). Related budget resources at Oesapa Health Centre consist of the *Non-Physical BOK DAK* budget, National Health Insurance (*JKN*) *capitation* fund budget, *DAU specific grant*. *Non-physical BOK DAK* funds are allocated for operational costs of community health centers, fulfillment of essential drugs and consumable medical materials as well as improving the performance of health workers and cadres (Kemenkes RI, 2022a). while specific grant funds are allocated priority for the fulfillment of primary and referral services (Kemenkes RI, 2022a). *JKN* *capitation* funds are funds paid by BPJS Kesehatan to community health centers as health service providers for participants in the *JKN* which are used entirely for health services and operational cost support (BPK, 2016). There is no specific budget for implementing nutrition-specific interventions, only for undernutrition and local food supplementation. However, these two interventions also contribute to the prevention of stunting.

Regarding human resources, the Oesapa Community Health Center has human resources in accordance with the Minimum Service Standards (SPM) in the health sector in Permenkes RI Number 4 of 2019. In toddler health services, human resources at the Oesapa Community Health Center are in accordance with the Minimum Service Standards, which consist of personnel: doctors, midwives, nurses, nutritionists, early childhood education teachers/cadres to organize these services. For health services for pregnant women, human resources at the Oesapa Community Health Center are in accordance with the Minimum Service Standards, consisting of: doctors/obstetric specialists and midwives/nurses. In health services at the age of primary education (adolescents), the Oesapa Community Health Center personnel are also in accordance with the Minimum Service Standards, consisting of: doctors/dentists, midwives, nurses, nutritionists, community health workers, teachers, and cadres/peer counselors (Kemenkes RI, 2019b). In addition, the number of Oesapa Community Health Center personnel involved in this specific nutrition intervention has been calculated based on the workload with the number of services provided, the ratio to the population and its distribution, the size and characteristics of the area and other matters regulated in Permenkes RI Number 43 of 2019 concerning community health centers (Kemenkes RI, 2019c). Every new policy, the health office and NGOs will conduct related training for health workers and/or integrated service post cadres or related targets. For example, in the local food supplementation policy, training has been conducted at community health centers and integrated service post cadres and nutritious action activities have been held for adolescent girls and School Health Unit teachers. The number of nutrition workers at the Oesapa Community Health Center is 3 people, 18 midwives, 17 nurses, and 1 head of administration. However, the number of health workers available has not been able to maximally reach all targets to get interventions, so it requires cooperation with integrated

service post cadres and cross-sectors such as religious leaders, NGOs, and also students to converge to deal with the problem of stunting. The number of integrated service post cadres in the Oesapa Community Health Center area consists of 5-6 people per integrated service post point. This number is adjusted to the number of steps in the integrated service post, namely the 5 table system (Kementrian Kesehatan RI, 2011). This five-table system consists of: registration, weighing, recording (filling in the Towards Health Card), counseling, and health services.

### **3.5 Disposition in the Implementation of Stunting Handling Policies Viewed from the Spesifik Nutrition Intervention in the Target Group of Pregnant Women in the Oesapa Health Centre Area**

Disposition in the implementation of specific nutrition intervention stunting handling policies means the attitudes or characteristics that implementers and target groups have in accepting/providing specific nutrition interventions (Rizkiyanti & Ismayanti, 2023), (Tachjan, 2006). The Oesapa community health center collaborates with cross-sectors and cross-programs to accelerate the reduction of stunting. In addition, integrated service post cadres are also very enthusiastic about carrying out their duties.

"The head of the community health center responded well, providing support, one of which is financial support if there are activities. We in the public health center have capitation funds, basic funds, so we try to allocate these funds for stunting activities. If it's from the city government, it's not routine, every once in a while they give a reward." **(I.3, PKM)**

If the implementer has a good disposition, it will be able to carry out the policy properly as instructed. Every policy requires implementers who have high motivation and commitment in order to achieve the expected targets (Rizkiyanti & Ismayanti, 2023). The head of the Oesapa Community Health Center has fully supported both morally and materially to implement this specific nutrition intervention in order to achieve the expected targets. All health workers at the Oesapa Community Health Center help each other and must be equally aware of the program. As an effort to increase the motivation of health workers and as a form of appreciation within the community health center, the head of the Oesapa community health center made a policy regarding the provision of rewards for health workers. This reward is intended for health workers who meet assessment indicators such as: discipline, commitment, safety, initiative, alertness, teamwork, focus on quality, willingness to develop themselves, ability to develop work plans, and ability to solve problems. Health workers who meet these indicators will be selected by the head of the health center and designated as star of the month and receive a reward. Providing rewards for these outstanding staff can motivate other staff to improve their performance (Amir et al., 2021). In addition, the head of the community health center also provides rewards for rooms with criteria: clean, tidy, and comfortable. As a form of appreciation and an effort to build motivation in carrying out work on posyandu cadres, there is an incentive allocated by the health department. Supported by research by Noviyanti et al., (2023), which states that providing incentives can increase the motivation of cadres in carrying out their duties. This incentive is given periodically every 3 months/quarterly when integrated service post cadres have completed administrative requirements such as budget accountability reports, home visit / sweeping reports, and weighing reports. Rewards are also provided by the

Kupang City government, but are not routine and are limited; if a person has received a reward in the previous year, the health worker may not receive a reward again in the following year. As a form of strengthening commitment between sectors, the Oesapa Community Health Center and the Kelapa Lima sub-district are committed to realizing a healthy community, one of which is the acceleration of reducing the prevalence of stunting. The commitment has been signed by the relevant parties and posted on the main staircase of the Oesapa Community Health Center so that the entire community understands the support and commitment.

### **3.6 Achievement of the Specific Nutrition Intervention Programme for the Target Group of Pregnant Women in the Oesapa Health Centre Area Based on Indonesian Presidential Regulation No. 72 of 2021**

Specific nutrition interventions that have been communicated by policy makers to executors to target pregnant women are the supplementary feeding programme for pregnant women from poor/chronic energy deficiency groups and the supplementation of blood tablets. The provision of blood supplementation tablets is given every month in stages of at least 90 tablets during pregnancy. Supported by the informant's statement as follows:

"Yes, given (blood supplement tablets) every month..... every month, 30 30 tablets, so taken for 1 month..... *Sonde* (no) nausea or complaints (during blood supplement tablets consumption).... taken continuously every night.... socialisation here... about how to breastfeed (infant and young child feeding)... (socialisation) from the community health center only." **(I.4, HML)**

"... For the blood supplement tablets for pregnant women, the programme has always been that all pregnant women should get at least... 90 tablets." **(I.1, PKM)**

"... we provide blood supplement tablets to pregnant women." **(I.3, PKM)**

Regarding the supplementary feeding programme for pregnant women for the poor/chronic energy deficiency groups, the current focus is on supplementary feeding with local food-based ingredients. Initially, the supplementary food provided was in the form of manufactured supplementary food, namely in the form of biscuits that have been fortified with vitamins and minerals. This re-focusing has made executors and targets adapt to each other. So that there are many preparations before the procurement of this local food supplementation. The provision of local food supplementation at the Oesapa Community Health Centre is planned to be carried out in August 2023. Supported by the informant's statement as follows:

"We at the Oesapa Community Health Centre have been given a menu from a nutritionist. So the menu that we are given is processed, we share it every month at the posyandu to each target (pregnant women and toddlers). .... local food, purple sweet potatoes, telanga rice, it must be 4 stars, there are carbohydrates, protein, vegetables, fruits." **(I.5, KDR)**

"..... for the provision of local food supplementation for chronically energy deficient pregnant women with wasting / malnourished children, we prevent stunting, we started doing it on 10 August, 2023 this just started..... The provision of recovery supplementary food has started running at the beginning of the year, ... previously the provision of

supplementary food was in the form of a manufacturer, but this year it is local food. Previously, the supplementary feeding was in the form of milk, biscuits, we distributed the aid and then distributed it to the chronically energy deficient pregnant women or malnourished children, but now (this year) the supplementary feeding is local food, a new thing, and it is also related to the use of funds as well. A lot of coordination is done before we do this supplementary feeding action so we just fixed the plan on 10 August. So at the same time as the weighing month." **(I.1, PKM)**

The intervention in the target group of pregnant women has been carried out in accordance with the instructions. The provision of additional food for chronically energy deficient pregnant women is carried out as an effort to recover from chronic energy deficiency. Pregnant women with a history of chronic energy deficiency are associated with stunting because pregnant women who have nutritional problems will interfere with the process of placenta formation, so that the transfer of nutrients to the fetus (Ismawati et al., 2021). Supported by research by Hernawati & Kartika (2019), which shows that there is a significant relationship between supplementary feeding in pregnant women with chronic energy deficiency. Recovery supplementary feeding is given to pregnant women for 90 days in the form of biscuits and/or local food-based foods (Kemenkes RI, 2020). Detection of chronic energy deficiency/anemia in pregnant women can be found during antenatal care (ANC) examinations during posyandu/self-visits to health facilities. If a pregnant woman is diagnosed with chronic energy deficiency/risk of chronic energy deficiency during ANC, the midwife will refer the pregnant woman to the nutrition clinic for counselling. If the pregnant woman is diagnosed with anaemia, she will be referred to the nutrition clinic for anaemia counselling and management. However, if the mother has normal nutrition status, she will still be given nutrition counselling as a preventive measure. The flow of detection is in accordance with the technical guidelines for the provision of local food supplementation for pregnant women and children under five (Kemenkes RI, 2023b). However, the provision of local food supplementation will be held starting in August 2023, so that at this time the targets who are included in the criteria still receive additional food in the form of biscuits in accordance with Permenkes RI No. 51 of 2016 concerning product standards for nutritional supplementation (Kementerian Kesehatan RI, 2016).

Regarding the provision of blood supplementation tablets, the Oesapa Community Health Centre provided 90 tablets in accordance with the guidelines for the management of blood supplementation tablets (Kementrian Kesehatan RI, 2018). Pregnant women obtained the blood supplement tablets for free through integrated service post activities or during independent visits to health facilities. The provision of a minimum of 90 tablets is intended as a preventive measure for anaemia because pregnant women are a vulnerable group to suffer from anaemia. This is due to the increase in blood volume during pregnancy to form the placenta, fetus and iron reserves in breast milk (Kementrian Kesehatan RI, 2018). Pregnant women who suffer from anaemia have a 4 times higher risk of having stunted children due to the risk of having children with low birth weight (Widyaningrum & Romadhoni, 2018). Oesapa health centre workers suggest that consumption of blood supplement tablets should be done at night before bedtime to reduce nausea and constipation (Sakina et al., 2022), (Paramita, 2019). Regarding adherence to the consumption of blood supplement tablets, the Oesapa Community Health Centre monitors every visit to the health care facilities using the Maternal and Child Health book.

In addition to these nutrition-specific interventions, the Oesapa Community Health Centre took the initiative to conduct research on the factors that cause stunting in its area. This research was conducted to ensure that the Oesapa Public Health Centre's programmes are effective and efficient in reducing the prevalence of stunting. From the results of the research, it was found that almost 90% of the factors causing high stunting cases were the knowledge of mothers (parents) about stunting. Thus, in addition to implementing the interventions set by the Indonesian Ministry of Health, the Oesapa Community Health Centre provides an innovative programme to reduce the prevalence of stunting. This programme is in the form of providing education on food guidelines for infants and children to pregnant and breastfeeding mothers as a provision for parents in providing adequate nutritional intake for their children and increasing the knowledge of these parents. This education is packaged in the form of counselling and practice in providing the right food for children. Oesapa Community Health Centre also collaborated with Kupang City Health Polytechnic, religious figures, and non-governmental organisations (UNICEF and PT Progam Jaya) to organise the activity.

From the forms of communication, bureaucratic structure, resources, and disposition in the implementation of stunting management of specific nutritional interventions at the Oesapa Public Health Centre, the results of the percentage of achievement of the specific nutritional intervention programme are adjusted to the Presidential Regulation No. 72 of 2021. Table 3 shows the results of the comparison of the percentage of achievement of the specific nutrition intervention programme in 2022 at the Oesapa public health centre and the percentage of the specific nutrition intervention programme target in 2024 based on Presidential Regulation No. 72 of 2021.

**Table 3. Comparison of Percentage of Achievement of the Specific Nutrition Intervention Programme for Pregnant Women Target Group in 2022 at Oesapa Community Health Centre and the Target Percentage of the Specific Nutrition Intervention Programme for Pregnant Women Target Group in 2024 Based on Presidential Regulation No. 72 of 2021**

<b>Indicator</b>	<b>Percentage of Specific Nutrition Intervention Programme Achievement at Oesapa community health centre by 2022</b>	<b>Percentage of Target Achievement of Specific Nutrition Intervention Programmes in 2024 Based on Presidential Regulation No. 72 of 2021</b>
Chronically energy-deficient pregnant women who received additional nutritional intake	100%	90%
Pregnant women who take at least 90 tablets of blood supplementation tablets	94,45%	80%

Source: Secondary Data, 2023

From the table, it is found that all indicators of specific nutrition interventions for the target group of pregnant women have reached the targets set by Presidential Regulation No. 72 of 2021. In fact, these targets have been achieved before 2024.

#### 4. Conclusion

The implementation of specific nutrition interventions in the target group of pregnant women at the Oesapa Community Health Center has been running optimally because the data on the achievement of interventions in the target group have reached the target based on Presidential Regulation No. 72 of 2021. Based on communication variables, information transmission is carried out through face-to-face and long-distance so that it is more flexible. So that the information obtained is clear and consistent even though it involves many parties. The Oesapa community health center has SOPs related to specific nutrition intervention programs, but the SOPs for handling stunting as a whole have not yet been approved. Regarding the fragmentation aspect, the Oesapa Public Health Center has formed a decree related to job descriptions to discuss the organizational structure and division of tasks between related units so that there is no overlap. Based on resource variables, it consists of human resources and equipment resources (infrastructure). Human resources at the Oesapa Community Health Center are adequate and qualified according to their respective professions and have met the minimum standards of health services. Regarding equipment resources (facilities and infrastructure), it is necessary to add anthropometric kits so that each posyandu has these tools. As for budget resources, there is no specific budget for specific nutrition interventions, only a budget for local food supplementation and malnutrition funds. From the variables of communication, bureaucratic structure, resources, and disposition carried out by the Oesapa Community Health Center, targets related to specific nutrition interventions on the target of pregnant women in the form of supplementation of blood-added tablets and provision of additional food for pregnant women with chronic energy deficiency / poor groups have been achieved before 2024. Other public health centers can emulate some of the initiatives of the Oesapa Public Health Center, such as creating a database of factors that cause stunting in their respective areas (research) and collaborating with cross-sectors such as NGOs, educational institutions, and community leaders to accelerate stunting reduction.

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