

Original Article

Effectiveness of the Sensitive Nutrition Intervention Program in Accelerating Stunting Reduction in Baubau City

Rininta Andriani^{1*}, La Ode Syaiful Islamy¹

¹Universitas Dayanu Ikhsanuddin, Bau-Bau, South East Sulawesi, Indonesia

(Correspondence author email, rinintaandriani@unidayan.ac.id)

ABSTRACT

Stunting is a condition of failure to thrive in toddlers due to long-term malnutrition, exposure to repeated infections, and lack of stimulation. Not all short toddlers are stunted, so pediatricians need to differentiate them, but stunted children are scarce. Responding to this problem, the government issued Presidential Regulation (Perpres) Number 72 of 2021 concerning the Acceleration of Reducing Stunting. This regulation is a form of the government's commitment to accelerating the achievement of the stunting reduction target to 14 percent by 2024. This research aims to describe the effectiveness of a sensitive nutrition intervention program to accelerate stunting reduction in Baubau City, focusing on the accuracy of program targets and program outreach. The research used a qualitative design with a phenomenological approach. Data was collected through in-depth interviews with six informants, while secondary data came from related regional government organization (OPD) data. The data was then analyzed in several stages: data collection, reduction, presentation, and conclusion drawing. The research results show that based on indicators of the accuracy of program targets and program outreach in sensitive nutrition intervention programs, the acceleration of stunting reduction in Baubau City has been running effectively even though it has not significantly contributed to reducing the stunting prevalence rate. The decline in the stunting prevalence rate of only 1% shows that the accuracy of program targets still needs to be improved. Access to drinking water and sanitation, community recipients of PKH benefits, and the formation of farming community groups in the future must be several things that need to be maximized to achieve an accelerated reduction in stunting in Baubau City. In conclusion, the consistency of policy implementers must be bound by a shared commitment and shared goals and understanding in efforts to reduce the prevalence of stunting.

Keywords: *Effectiveness, Sensitive Nutrition Intervention, Stunting*

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INTRODUCTION

Stunting is an increasingly common problem in developing countries, including Indonesia. Based on the 2021 Indonesian Nutrition Status Survey (SSGI) results carried out by the Ministry of Health, the stunting prevalence rate in Indonesia in 2021 was 24.4%. Basic Health Research (RISKESDAS) data shows that the prevalence of stunted toddlers has reached 30.8

percent, which means one in three toddlers is stunted. Indonesia is the country with the 2nd highest burden of small children in the Southeast Asia region and 5th in the world.

Stunting (dwarf) is when a toddler has less length or height than age. This condition is measured by body length and size that is more than minus two standard deviations from the median of WHO child growth standards. Stunted toddlers are a chronic nutritional problem caused

by many factors such as socio-economic conditions, maternal nutrition during pregnancy, infant pain, and lack of nutritional intake in babies, which means that in the future, these stunted babies will experience difficulties in achieving physical and cognitive development¹.

Stunting (short) or chronic malnutrition is another form of failure to thrive², The World Health Organization (WHO) defines stunting as a condition where the body is so short that it exceeds a deficit of 2 SD below the median length or height international reference population³, Stunting has an impact on children starting from the beginning of the child's life and will continue throughout the human life cycle⁴.

According to the Ministry of Health, stunting is a condition of failure to thrive in toddlers due to long-term malnutrition, exposure to repeated infections, and lack of stimulation. Not all short toddlers are stunted, so pediatricians need to differentiate them, but stunted children are scarce⁵.

In the short term, the harmful impacts that can be caused by nutritional problems (stunting) are disruption of brain development intelligence, physical growth disorders, and metabolic disorders in the body. Meanwhile, in the long term, the negative consequences that can arise are decreased cognitive abilities and learning achievement and uncompetitive work quality, which results in low economic productivity⁶.

Several non-medical factors, such as the socio-economic level of the community, can trigger stunting. Children born to highly educated parents are less likely to experience stunting compared to children born to low-educated parents⁷. Economic conditions also have a significant effect on the incidence of stunting in children aged 0-59 months. Children from families with low financial status tend to receive less nutritional intake⁸. In the results of his research Akombi et al., (2017) the family's economic status dramatically influences the child's health. Financial situation is closely related to the ability to provide nutritional intake and health services for the family⁹.

Responding to this problem, the government issued Presidential Regulation (Perpres) Number 72 of 2021 concerning the Acceleration of Reducing Stunting. This

regulation is a form of the government's commitment to accelerating the achievement of the stunting reduction target to 14 percent by 2024, by the mandate of the 2020-2024 National Medium Term Development Plan. This Presidential Decree also strengthens the implementation of the National Strategy for the Acceleration of Reducing Stunting 2018-2024, which aims to reduce the prevalence of stunting, improve the quality of preparation for family life, ensure the fulfillment of nutritional intake, improve parenting patterns, increase access and quality of health services and increase access to drinking water and sanitation¹⁰.

This regulation is a reference for the national scale stunting reduction acceleration program. Stunting prevention is one of the areas of focus in health development because growth at an early age is an important thing to pay attention to. One of the causes of stunting can arise from environmental factors and the food consumed, whether looking at the source of nutrition or vitamins. By looking at the percentage increase in stunting, currently in Indonesia, it is being intensified in each region based on government supervision.

This research aims to describe the effectiveness of a sensitive nutrition intervention program to accelerate stunting reduction in Baubau City, using indicators of program effectiveness proposed by Budiani, namely accuracy of program targets, program outreach, program objectives, and program monitoring¹¹. However, in this research, the author only focuses on program targets' accuracy and socialization.

METHOD

This research uses a qualitative method with a phenomenological approach. This research was carried out in the city from January to July 2023. Data was collected through in-depth interviews with six informants, while secondary data came from related regional apparatus organization (OPD) data. The data was then analyzed in several stages: data collection, reduction, presentation, and conclusion drawing.

Data were obtained from document sources, interviews, and direct observation of actors participating in sensitive nutrition

intervention programs to accelerate stunting reduction. All evidence of the origins of these findings was determined using a purposive sampling technique. Namely, the data sources were selected only from data that could explain the research focuses, namely the effectiveness of sensitive nutrition intervention programs to accelerate stunting reduction in Baubau City.

The validity of the data can be obtained by carrying out a triangulation process that consists of (1) Source Triangulation, namely by checking data that has been found from various sources such as interview results, archives and other sources, (2) Technical Triangulation, namely by checking data with the same source but with Different techniques such as rechecking the interview results with the results of observations, (3) Time triangulation, namely by checking the data obtained at different times and situations again until valid data is obtained.

RESULTS AND DISCUSSION

According to Mahmudi (2015), Effectiveness is the relationship between output and goals; the more significant the contribution (contribution) of the production to achieving goals, the more influential the organization or activity program will be ¹². Effectiveness refers to the ability to have appropriate goals or achieve predetermined goals ¹³. Effectiveness is also related to the problem of how to achieve goals or results obtained, the usefulness or benefits of the results obtained, the level of functional power or elements or components, and the level of user satisfaction.

From the definitions above, effectiveness is a measure of success in achieving a predetermined goal. It is likely effective if the specified objectives are achieved. Researchers see two indicators of program effectiveness: the accuracy of program targets and program socialization.

Accuracy of Program Targets

The accuracy of the program target is the suitability of the beneficiaries of the sensitive nutrition intervention program to accelerate stunting reduction with the program targets that

have been determined, namely communities or families at risk of stunting in Baubau City.

Based on interviews with informants, information was obtained that this sensitive nutrition intervention target program was implemented based on Presidential Regulation Number 72 of 2021 concerning the Acceleration of Reducing Stunting, which was then followed by Baubau Mayor Regulation Number 15 of 2022 concerning Accelerating the Reduction of Integrated Stunting. The regulation states that the target of sensitive nutrition interventions is the community or family.

Informant HM revealed that the Baubau City PUPR Service's intervention in the management and development program for the drinking water supply and waste water systems is one of several mandatory activities embedded in the PUPR Service's primary duties and functions. Every year, the PUPR service will allocate a budget for these activities, the amount adjusted to the regional financial capacity. The location of the activity implementation is also the physical work related to drinking water and sanitation carried out by the PUPR Service, always starting with planning starting from the musrembang stage at the sub-district, sub-district, and so on levels. Determining the location of activities is not based on the stunting locus area alone but also pays attention to the urgency and level of availability of facilities built in the area.

Despite this, researchers assess that each PUPR Department remains committed to accelerating efforts to reduce stunting in Baubau City. This can be seen in the activities to improve the SPAM pipeline network in Baadia Village, FY 2021; Development of the home connection distribution network in Palabusa Village, T.A 2022; Development of the Sukanayo sub-district house connection distribution network T.A 2023; and Construction of individual scale septic tanks in Tomba Village, T.A. 2022". All development locations are by the priority sub-districts for preventing and handling stunting in Baubau City in 2022 as stated in Baubau Mayor Regulation Number 601 of 2021 concerning the Determination of Priority Sub-districts for Stunting Prevention in Baubau City in 2022. The priority sub-districts are Labalawa, Kempeonaho, Tampuna, Palabusa, Waborobo, Sukanayo,

Katobengke, Kantalai, Kolese, Kalialia, Liwuto, Lowu-lowu, Lipu, Sulaa and Tomba.

In the social service interviews conducted with MI, information was also obtained that the social protection programs implemented by the Baubau City Social Service include the Family Hope Program (PKH) and Non-Cash Food Assistance (BPNT), national programs. The target of this program is not based on data on families at risk of stunting issued by the Population Control and Family Planning Service (DPPKB) but is based on data from the Integrated Social Welfare Data (DTKS) application, which is input by each operator in the DTKS which is spread across all sub-districts. The program has its indicators, such as having at least one of the following categories: pregnant women, babies/toddlers, early childhood, and school-age children (elementary, middle school, high school), and is aimed at underprivileged communities.

Due to differences in data sources and program target priorities, Social Services has not yet been able to confirm what percentage of people at risk of stunting have been recorded in the social security program. Although the Baubau City Social Service remains committed to accelerating stunting reduction through training and increasing the capacity of DTKS operators in sub-districts, it hopes to prioritize people experiencing poverty and worthy of assistance because they are a group most susceptible to the threat of stunting.

However, based on researchers' observations, the slow completion of data sorting carried out by the Social Service from 2021 since the Mayor's Decree on Accelerating Stunting Prevention was issued until mid-2023 shows a lack of seriousness in dealing with the problem of stunting and even though the requirements for PKH recipients are similar to the indicators for families at risk of stunting, PKH takes into account the condition of the family's economic environment while determining the status of a family at risk of stunting does not. So researchers can recommend that they carry out data comparisons because this is a very urgent stage to carry out, anticipating the existence of people with underprivileged status who are also at risk of stunting. Moreover, the nominal amount of PKH

Program assistance will be beneficial in terms of the socio-economic environment of the community.

Likewise with the PUPR Service and Social Service, based on the results of interviews with DM, the target of the Agriculture and Food Security Service intervention program is also not based on the status of communities or families at risk of stunting. A form of sensitive nutrition intervention is by carrying out group development activities for the use of the yard, Ensuring the availability and supply of resources needed by the community, and Encouraging community participation in food-independent area programs. This program targets areas where people have home gardens. This program has been implemented in several regions of Baubau City, such as Gonda, Kadolokatapi, Karya Baru, Palabusa, and parts of Lipu. The yard can be used for planting. Meanwhile, in urban areas where community activities are predominantly traders and in small yards, intervention cannot be carried out even if families are at risk of stunting.

At the Population Control and Family Planning Service (DPPKB) and the Health Service, the interventions target communities or families at risk of stunting. This is as per the results of interviews with informant YA that the DPPBK is implementing a sensitive nutrition intervention program, namely by implementing nutritional counseling and family development interventions through data collection activities on the targets of the stunting risk family program, Carrying out case mapping of families at risk of stunting, and Forming a Family Assistance Team (TPK) at risk of stunting.

Regarding TPK, in Baubau Mayor Regulation Number 15 of 2022 Article 1, it is stated that "The Family Assistance Team, from now on abbreviated to TPK, is a group of personnel formed and consisting of midwives, TP PKK cadres, and KB cadres to carry out assistance including counseling, facilitation of referral health services, and facilitating social assistance programs for prospective brides/prospective couples of childbearing age, pregnant women, postpartum mothers, children aged 0-59 months as well as conducting surveillance of families at risk of stunting to detect early risk factors for stunting.

Informant YES also revealed that DPPKB cadres collected data on the targets of the stunting risk family program, numbering 315 people spread across eight sub-districts and 43 in Baubau City. Data collection on families at risk of stunting is determined based on indicators of whether or not there are family members who are pregnant women, postpartum mothers, toddlers, and unmarried young women. If there are any errors in the family among these indicators, then the family is at risk of stunting. After the data was collected, mapping was carried out, followed by the formation of the TPK, which was also spread across eight sub-districts, 43 sub-districts in Baubau City, and DPPKB cadres. This TPK provides education, counseling, and outreach to families at risk of stunting.

This information shows that intervention through data collection and mapping can be appropriately on target because it is carried out by DPPKB cadres who, apart from being competent, are also given clear data collection indicators and are spread throughout all sub-districts and sub-districts throughout Baubau City. Apart from that, the informant also explained that in carrying out their duties, the TPK collaborated or joined in posyandu activities carried out regularly by the Health Service. There are tables for health workers and also TPKs. On average, people who come to the community health center are categorized as being at risk of stunting. There, TPK cadres provide education or outreach regarding nutrition or other matters related to stunting prevention.

Informant YA added that the Health Service carried out interventions in various activities such as socialization of Blood Supplement Tablets (TTD) for young women in schools, validating cases of nutritional problems, and reviewing stunting integration performance. The program targets babies, toddlers, pregnant women, breastfeeding mothers, and teenage girls or young adults. This program has become routine by health officers and cadres in posyandu activities at community health centers. Based on the results of interviews, it is also known that the Health Service always routinely carries out posyandu activities at least ten times in each community health center spread across Baubau City. In this activity, various handling activities

such as illumination and others. Thus, the sensitive nutritional interventions carried out by the Health Service have been right on target.

However, observing one of the posyandu implementations at the Bukit Wolio Indah Community Health Center, it appears that the cadres actively provide education and outreach per their duties. However, there were people there who seemed serious about paying attention to what the cadres said, but there were also those who seemed indifferent. This is found ¹ The response of the program's target group will significantly influence how the program achieves its results. In the stunting intervention program, two answers will be obtained: a positive response and a negative one.

There are different intervention targets in program implementation for each OPD involved. Some target society in general, but some only focus on communities or families at risk of stunting. In this way, researchers think that the program targets that have been set need to be reviewed again, considering that the indicators for program implementation are always different, although it cannot be denied that each program has a significant impact on efforts to reduce stunting prevalence. A policy has no significance without being accompanied by genuine efforts made with programs, activities, or projects. A program as a comprehensive plan must clearly describe the targets to be achieved so that implementers do not have multiple interpretations of the program ¹.

Likewise, Ramadhan (2022) states that organizational effectiveness must begin with clarity on the goals to be achieved to make it easier for the organization and its parts to determine strategies for achieving the set goals¹⁴. This is no exception to program effectiveness because programs are part of efforts to achieve organizational goals.

Differences in interpretation occurred, where initially, the DPPKB released data on families at risk of stunting. For the Health Service, this data will serve as a guide in implementing various interventions. This is different from other OPDs. For example, the PUPR Service in building access to drinking water and sanitation does not focus on communities with family status at risk of stunting

but all communities. Next, for example, the Social Service provides PKH or other assistance with its standards. The most important thing is that the community is categorized as poor or unable.

Meanwhile, determining whether people are at risk of stunting, poor or rich, is not an indicator. This difference, of course, also impacts the recipients of interventions carried out by the Social Service. Then, the Department of Agriculture and Food Security, in forming farming community groups to implement Sustainable Food Yards (P2L), was also not based on whether the family's status was at risk of stunting. But in communities that have readiness, especially land/house yards.

So, according to researchers, the standards or indicators for determining people with family status at risk of stunting issued by the DPPKB should consider the condition or economic situation of the community. Why is that? Because stunting is a condition of chronic malnutrition, and this condition is prevalent in communities or families who experience economic limitations. Most of them eat to survive, but food quality and nutritional content are not considered. Even if they know it is essential, economic deprivation limits their options. They also prefer alternative medicine, drinking traditional herbs or other things when sick. The government providing just for control to health facilities is very rare. Apart from calculating costs, even just travel costs, they always spend time working and earning a living.

Program Socialization

Program socialization delivers information related to sensitive nutritional intervention programs to accelerate stunting reduction to communities or families at risk of stunting in Baubau City. Program socialization is the starting point that determines the program's success in achieving its goals. Therefore, program socialization must be carried out in planned and systematic ways by utilizing the resources owned by an organization to achieve the intended purposes. Communication from each OPD in implementing its intervention programs to accelerate the reduction of stunting does not only lie with its officials but also requires communication in the form of outreach to the

people of Baubau City as program targets, both directly and indirectly.

Regarding the implementation of program socialization at the PUPR service, the results of interviews with HM informants revealed that socialization of intervention programs was carried out through coordination meetings with stakeholders in sub-districts and the community and also form/appoint several people to become Field Facilitators in the sub-districts that are the location of activities to carry out socialization and supervise program implementation.

DM informants for the intervention program carried out by the DPPKB were often socialized. Especially in the Baubau City level stunting consultation activities by presenting the relevant OPD Team included in the Stunting Handling Acceleration Team. Socialization was also carried out in mini-workshops at sub-district and sub-district levels, and stunting status audit activities were carried out directly in the field involving the DPPKB team, Health Service, and TPK. Then, the results are submitted to the expert team to obtain the RTL for stunting action. Apart from that, the DM informant also revealed that socialization by the DPPKB was also carried out at posyandu activities with the health service. Direct socialization is carried out face-to-face with the community. For example, if there is a pregnant woman, the DPPKB officer will ask several questions, such as how many children she has. If the mother has a second or third child, she will be advised to use contraception and many other things, the essence of which is to maintain and minimize the risk of stunting.

The information above shows that the socialization of the implementation of the stunting reduction acceleration intervention program has been carried out by both PUPR and DPPKB. For the socialization program carried out by the DPPKB in conjunction with posyandu activities. So that the process of socializing the intervention program is also carried out in an integrated manner.

Next, the Health Service, informant YES, also provided information that outreach regarding stunting was carried out through stunting publications, stunting discussions, stunting socialization in sub-districts, sub-districts,

Posyandu, schools, and coordination meetings across related OPDs. Apart from that, the socialization process is becoming more massive with the involvement of the Information and Communication Service, which is responsible for socializing stunting both through online and print media.

The outreach carried out by the Health Service is not only limited to delivering material but also takes the form of direct action. This is the same as the information obtained from informant YA in socialization activities at schools targeting young women. Health workers, accompanied by nutrition officers, give blood supplement tablets to young women. It is recommended that these tablets be taken directly in the officer's presence, provided that the participant has had breakfast first. Apart from that, the informant, YA, provided information that the Health Service, through community health centers, routinely conducts classes for pregnant women. This class is a forum for health workers to provide various understandings regarding stunting to prospective mothers, especially regarding the urgency of the 1000 First Days of Birth (HPK).

At the Social Service, the MI informant also explained that the socialization of the intervention program was carried out through coordination meetings at sub-district and sub-district levels, which aimed to ensure that underprivileged families were included in the DTKS (Integrated Social Welfare Data) application, according to predetermined indicators, for example, a Certificate of No Capable (SKTM) which is strengthened by direct verification in the field. After input, a village-level deliberation is held and published in the Minutes. The next stage is that the Minutes are deposited with the Social Service and included in the SIS-NG application. The Ministry of Social Affairs will verify the data that has been input. Apart from that, outreach was also carried out to program beneficiaries, as he said as follows:

PKH Recipient Group meetings at least once a month or up to 2/3 times a month, depending on the urgency of the socialization material or data needed. PKH recipients in each sub district are grouped based on proximity to residence, with the number of members varying from 15-30 KPM. Specifically in 2022 and 2023,

the material discussed is a stunting prevention and management module which consists of 15 material sessions, namely: 1) Stunting problems; 2) Supporting Pregnant Women in Accessing Appropriate Information and Services Available in the Community; 3) Supporting the Daily Care of Pregnant Women; 4) Supporting Mother and Father to Provide Stimulation to the Fetus; 5) Prevention and Handling of Stunting through Fulfilling the Welfare of Newborn Babies and Breastfeeding Mothers; 6) Supports the provision of Stimulation to newborn babies; 7) Supports the provision of Stimulation to babies aged 6 - 12 months; 8) Supports the provision of Stimulation to children aged 1-2 years; 9) Supports the provision of Stimulation to children aged 2-6 years; 10) Utilization of Social Assistance to Fulfill Nutrition for Children and Pregnant Women; 11) Support the practice of washing hands with soap (CTPS); 12) Supporting the Use of Healthy Latrines; 13) Mapping the Potential of Self, Family and Surrounding Environment; 14) Supporting Families in Accessing the Referral System for Handling Stunting Children and 15) Commitment to Implementing Follow-up Plans.

Program socialization was also carried out by the Department of Agriculture and Food Security as the results of interviews with informant YN explained that socialization on using sustainable food yards (P2L) had been carried out at both sub-district and sub-district levels. P2L is a form of utilization of homeyard land by community groups who jointly utilize homeyard land as a sustainable source of food. This is also explained in Baubau Mayor Regulation Number 15 of 2022 article 1, which demonstrates that Sustainable Food Yards, abbreviated as (P2L), are activities carried out by community groups who jointly cultivate yard land as a sustainable source of food to increase the availability, accessibility, utilization, and income.

Meanwhile, YN revealed that Bappeda plays a role in socializing and ensuring that the stunting intervention program is included in the OPD Renja according to its function, including planning and budgeting for sub-districts through sub-district funds. The implementation of socialization is a form of government awareness, in this case, TPPS, in its efforts to accelerate the reduction of stunting, which, of course, does not

only lie with the apparatus but also requires communication in the form of outreach to the people of Baubau City, both directly and indirectly. This needs to be implemented because, after all, the people of Baubau City are the main object of implementing interventions to accelerate stunting reduction, compassionate nutrition interventions as the subject of this research.

Socialization in cross-OPD meetings shows that the implementation of sensitive nutrition intervention programs is built with coordination. In various cases, the performance of a program sometimes needs to be supported and coordinated with other agencies to achieve the expected success². However, Van Meter and Van Horn stated that social-environmental factors, including economic conditions greatly influence the successful implementation of a program¹.

Socialization and various campaigns related to the prevention and dangers of stunting will not significantly impact stunting prevention. This is again because stunting is closely related to the quality of housing and community food. The government also cannot rely on the sensitive nutrition intervention program currently being implemented. In the long term, the government should not continue to act as the leading actor in stunting prevention because as long as poverty and economic difficulties are still the dominant color in people's lives, it is only time to wait for new stunting cases to emerge. For this reason, society must be empowered economically. Apart from implementing various stunting prevention intervention programs, the government must also pursue policies and programs that can encourage increased employment and community welfare. The improvement in the economic aspects of society will promote improvements in the quality of housing and food consumed. This means that people can intervene for themselves and their families against the risk of stunting. Therefore, to support socialization that has been carried out well, the government must also start improving aspects of the community environment, especially the community's economic climate.

CONCLUSION

This research concludes that based on indicators of the accuracy of program targets and program outreach, the sensitive nutrition intervention program to accelerate stunting reduction in Baubau City has been running effectively even though it has yet to significantly contribute to reducing the stunting prevalence rate. The decline in the stunting prevalence rate of only 1% shows that aspects of achieving program goals still need to be improved. Access to drinking water and sanitation, community recipients of PKH benefits, and the formation of farming community groups in the future must be several things that need to be maximized to achieve an accelerated reduction in stunting in Baubau City. Apart from that, there needs to be attention and improvement efforts made by the government to strengthen the socio-economic aspects of society, especially for poor and low-income groups. The hope is that in the future, the community will not depend on intervention programs carried out by the government, but rather, the community will intervene independently to protect themselves and their families from the dangers and risks of stunting.

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