

Strategy of The Women Empowerment Child Protection and Family Planning Agency (DP3AKB) In The Prevention and Reduction of Stunting in Simeulue Regency

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ABSTRACT

Stunting is a nutritional problem faced by the world, especially poor countries and growing. Malnutrition status in pregnant women is a major factor cause children under five to experience stunting, Simeulue Regency there are 746 toddlers who malnutrition, 8 toddlers who experience malnutrition and there are 1162 toddlers who are stunted. The purpose of this study was to determine stunting prevention strategies conducted by DP3AKB in Simeulue Districh. This research is research qualitative case study approach using in-depth interviews as reference, observation and documentation. (1) provision of diverse, nutritious, balanced, and safe; (2) training/counseling and counseling on nutrition, exclusive breastfeeding, and MP-ASI; (3) social protection for increasing access of pregnant and lactating mothers and toddlers to health insurance; (4) provision of clean water, sanitation and other appropriate activities village local needs.

INTRODUCTION

Following Presidential Regulation Number 72 of 2021 regarding the Acceleration of Stunting Reduction, Article 1 paragraph (1) states that stunting is a growth and developmental disorder in children caused by chronic malnutrition and repeated infections, characterized by their height or length being below the standards set by the Minister responsible for government affairs in the field of health. Stunting or failure to thrive, is a condition that describes chronic malnutrition during a child's growth and development, starting from early life and is represented by a low height-for-age z-score of less than two standard deviations based on the World Health Organization (WHO) growth standards (Ni'mah, 2015). Stunting can be observed in children as young as two years old. It is a condition caused by an imbalance in nutrient intake during the critical period of early childhood, rather than being due to growth hormone disorders or specific diseases. Many studies have shown that poverty, sanitation and environmental health are other factors that have consequences for stunting in young children. In addition, low maternal education and knowledge also significantly influence the occurrence of stunting in toddlers (Ardiyah, 2015). Socioeconomic conditions of the



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community, characteristics of pregnant mothers, parenting patterns, as well as environmental and geographical factors (population density, climate conditions, and inadequate sanitation) are also contributing factors (Danila, 2018). Stunting is a significant problem because it is associated with increased risks of illness, death, delayed motor development, and impaired cognitive processes in affected individuals (Dewi et al., 2020).

Status Poor nutritional status in pregnant women and infants is the main factor causing stunting in young children. Maternal knowledge about health and nutrition before pregnancy, as well as during the postpartum period, is still low. Limited access to healthcare services such as antenatal care, inadequate nutritious food availability, poor sanitation, and lack of clean water are also causes of stunting (Yuwanti et al., 2021). Factors contributing to stunting are also influenced by the mother's occupation, father's height, mother's height, income, household size, parenting patterns, and exclusive breastfeeding (Wahdah et al., 2016). Other factors that contribute to malnutrition include inadequate maternal knowledge, recurrent or chronic infections, poor sanitation, and limited access to healthcare services. Providing proper nutrition from birth to the age of two is a fundamental effort to ensure optimal growth and development and fulfill the child's rights. Stunting is caused by multidimensional factors that are not only related to poor nutrition experienced by pregnant women and toddlers. Therefore, the most crucial interventions to reduce the prevalence of stunting should be implemented during the first 1,000 days of a child's life.

In more detail, several factors that contribute to stunting can be described as follows: (1) Poor caregiving practices, including the lack of maternal knowledge about health and nutrition during and after pregnancy. Available facts and information indicate that 60% of children aged 0-6 months do not receive exclusive breastfeeding, and two out of three children aged 0-24 months do not receive complementary feeding (MP-ASI). Complementary feeding is introduced when the child is above 6 months old. Apart from introducing new types of food to infants, complementary feeding also provides the necessary nutrition that breastfeeding alone cannot support, as well as strengthens the child's immune system and overall development. (2) Limited healthcare services, including ANC (Antenatal Care) services for pregnant mothers, Postnatal Care, and inadequate access to immunization services. The Ministry of Health and the World Bank reported a decrease in the attendance rate of children at integrated health posts from 79% in 2007 to 64% in 2013, and children still do not have sufficient access to immunization services. Additionally, two out of three pregnant women do not consume adequate iron supplements, and there is limited access to quality early childhood education services (only one out of three children aged 3-6 years are enrolled in Early Childhood Education). (3) Limited access to nutritious food within households/families, which is still relatively expensive in Indonesia. According to several sources, food commodities in Jakarta are 94% more expensive compared to New Delhi, India. The prices of fruits and vegetables in Indonesia are also higher compared to Singapore. The limited access to nutritious food in Indonesia has contributed to one in three pregnant women experiencing anemia. (4) Lack of access to clean water and sanitation. Field data indicates that one in five households in Indonesia still practices open defecation, and one



in three households lacks access to clean drinking water (Morphology, 2017) as cited in Hitman et al. (2021).

The prevalence of stunted (height for age) toddlers based on data from districts/cities in the Aceh Province is 33.2%. Meanwhile, in Simeulue District, the number of stunting cases is 25.9%. According to the summary data from the National Population and Family Planning Agency (BKKBN) of Simeulue District as of December 6, 2022, there are 746 malnourished toddlers, 8 toddlers suffering from severe malnutrition, and 1162 toddlers with stunting out of a total of 7409 toddlers surveyed. Therefore, specific and sensitive interventions are needed to prevent and reduce stunting.

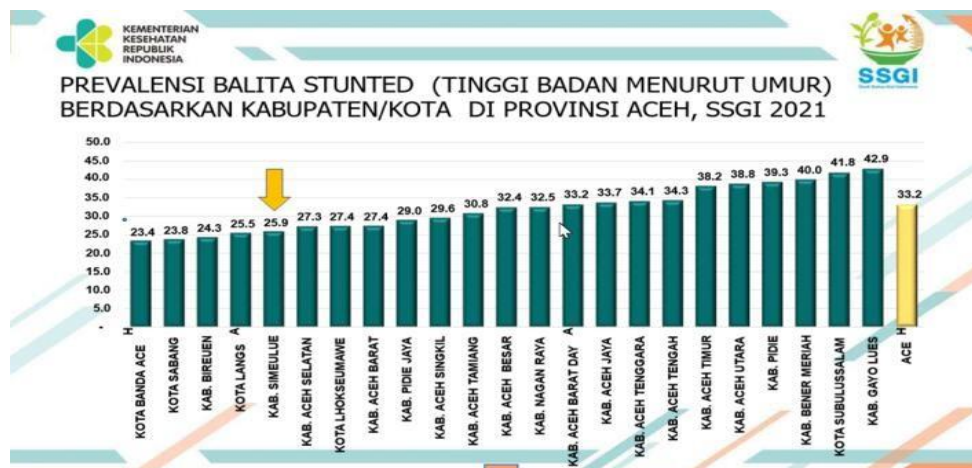


Figure 1. Prevalensi of Stunting Data

The case indicates that based on the obtained data, the number of stunting cases in Simeulue District is already quite high and needs to be addressed. In light of this situation, the Simeulue District Government issued the Simeulue Regent Regulation No. 13 of 2019 on Integrated Prevention and Reduction of Stunting in Villages, and the Regent made a decision in Article 1, Number 5 regarding Integrated Prevention and Handling of Stunting in Villages, which serves as a guide for villages and related stakeholders in planning, budgeting, and implementing integrated nutrition interventions for the prevention and handling of stunting in Simeulue District.

The Simeulue District Government has made efforts to create a program involving multiple sectors to address stunting. Training for cadres and healthcare workers on Infant and Child Feeding, classes for pregnant and lactating women, prenatal care, delivery preparation, and postnatal care have been provided to pregnant women participating in the training, along with health education for adolescents and prospective brides. However, the reality is that many people still lack understanding of the importance of nutrition for pregnant women and young children. Until now, there are still cases of mothers neglecting the importance of early breastfeeding initiation because they consider breast milk that appears cloudy as spoiled, leading them to discard it. Yet, that is the first breast milk containing colostrum, which is beneficial for the baby and should be given within the first one to two hours after birth. According to (Putri & Ayundia, 2020), there is a significant relationship between exclusive breastfeeding and the occurrence of stunting.

Strategy is an action that determines the success of an activity, both in the



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planning stage and in the previously planned actions by a leader, which are then implemented to achieve goals. In order to achieve the intended goals, it is necessary to consider the current conditions and then develop strategies or programs to be carried out. Strategies in the prevention and management of stunting are crucial for the government to undertake, so that there will be no more cases of stunting in Simeulue Regency. This study examines how the Women's Empowerment Child Protection and Family Planning Agency strategizes in the prevention and reduction of stunting in Simeulue Regency.

METHOD

The method used in this research is qualitative, which involves data in the form of sentences, words, pictures, and diagrams (Sugiono, 2017). The method employed is policy research, initiated due to the existence of a problem, typically faced by managers/decision-makers in an organization. The data for this study were collected through in-depth interviews, observation, and documentation. It employs a qualitative descriptive research approach, primarily focused on describing the results of interviews and observations. The collected data will be qualitatively analyzed and presented in descriptive form using a qualitative approach, encompassing three activities: data reduction, data presentation, and data interpretation.

RESULTS AND DISCUSSION

The strategy of the Empowerment Agency for Women Child Protection and Family Planning (DP3AKB) in Simeulue District is highly regarded because it aims to achieve a healthy family and children. Taking real and effective actions is necessary to create a superior generation in the next 10-20 years, as envisioned by the DP3AKB in Simeulue District: "Realizing Gender Equality Enhancement, Protection of Women and Children, Family Planning, Population Control in order to Build Prosperous Families." To achieve this vision, a strategy or program is needed, for the benefit of all. The strategies of the Empowerment Agency for Women Child Protection and Family Planning (DP3AKB) in Simeulue District include activities/programs instructed directly through Presidential Regulation Number 72 of 2021 regarding the Acceleration of Stunting Reduction, National Population and Family Planning Agency Regulation Number 12 of 2021 regarding the national action plan for accelerating stunting reduction, and Ministry of Village, Disadvantaged Areas Development, and Transmigration of the Republic of Indonesia Regulation Number 8 of 2022 regarding the priority use of Village Funds in 2023, in budgeting and implementing the priority activities for accelerating stunting reduction, as follows: (1) Providing diverse, nutritious, balanced, safe, and locally sourced supplementary food for children under 5 years of age; (2) Conducting training, education, and counseling on nutrition, exclusive breastfeeding, and complementary feeding (MP-ASI); (3) Providing social protection to improve access to healthcare for pregnant and lactating mothers, as well as toddlers; (4) Ensuring access to clean water, sanitation, and other activities according to local village needs.



As for the guidelines for prevention and management of stunting based on target groups in Article 3, they are as follows:



Figure II. Sharpening for stunting families

First, the target group/ prospective bride and groom (catin)/ prospective fertile age couples (capus) of the strategy implementation activities: (1) Strengthening the operational aspects of the Family Support Team (TPK) by providing training using the ready-for-marriage and ready-for-pregnancy electronic application (elsimil), socializing about stunting and the process of accompanying catin for marriage readiness by the Family Support Team (TPK), providing support for catin at risk by the Family Support Team (TPK), and recording and reporting catin support through the elsimil application. (2) Establishing Adolescent Counseling and Family Development Centers (PIK-R) in every village and urban area that do not have PIK-R and Family Development Centers (BKR). (3) Developing, monitoring, and evaluating the capacity improvement of TPK and adolescent/cat-in/capable accompanying efforts

Second, the target group is Couples of Reproductive Age (PUS). The strategic activities carried out are as follows: (1) Updating data on Couples of Reproductive Age (PUS) sourced from the 2022 Family Data Updating (PPK) and the elsimil application. (2) Communication, Information, Education (CIE) services for providing exclusive breastfeeding at the integrated health post (posyandu). (4) Conducting capacity building, monitoring, and evaluation of the Family Assistance Team (TPK) and assistance to Couples of Reproductive Age (PUS).

Third, the target group is Pregnant Women and Postpartum Women. The strategic activities carried out are as follows: (1) Updating data on Pregnant Women/Postpartum Women sourced from the 2022 Family Data Updating (TPK), elsimil application, KIA e-cohort, or accountable data sources. (2) Strengthening the operational capacity of the family assistance team (TPK) by conducting socialization on stunting and the process of assisting Pregnant Women/Postpartum Women by the family assistance team (TPK). Assisting Pregnant Women/Postpartum Women by the Family Assistance Team (TPK): providing guidance for consuming Iron-Folic Acid Tablets (TTD), providing exclusive breastfeeding, consuming balanced nutritious food, filling out the Mother and Child Health Booklet (KIA) to monitor weight gain during pregnancy, recording and reporting the assistance provided to Pregnant Women/Postpartum Women through the elsimil application. (3) Availability of



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healthcare personnel at the integrated health post (posyandu) to provide antenatal care. (4) Availability of Iron-Folic Acid Tablets (TTD), Mother and Child Health Booklet (KIA), anthropometry, hemoglobin measurement (to detect anemia), and urine tests. (5) Referral facilities for pregnant women to health centers for health screening in the first trimester and referral for delivery in the third trimester by a doctor. (6) Conducting capacity building, monitoring, and evaluation of the Family Assistance Team (TPK) and assistance to Pregnant Women/Postpartum Women.

Fourth, the target groups are infants (0-23 months old) and toddlers (0-59 months old). The strategic activities carried out are as follows: (1) Updating data on infants and toddlers sourced from the Family Data Update (FDU) 2022. (2) Formation of Toddler Family Development Groups (BKB) with a Decree from the Village Head/Urban Village Head in each village and urban village that does not yet have a toddler development group. (3) Strengthening the operations of the Family Support Team (TPK) by conducting socialization on stunting and the process of supporting infants and toddlers by the TPK. Supporting at-risk infants and toddlers by the TPK includes ensuring that their growth and development are recorded in the Maternal and Child Health Book (KIA), providing complete basic immunization, educating clean and healthy living behaviors, and ensuring that parents/caregivers of infants and toddlers participate in the Toddler Family Development Group (BKB). Recording and reporting the support provided to infants and toddlers through the Elsimi application. (4) Implementation of the First 1000 Days of Life (HPK) parenting classes through integrated toddler family development groups with monthly integrated health service posts (posyandu). (5) Provision of supplementary feeding, Maternal and Child Health Books (KIA), and child development cards. (6) Monitoring, evaluation, and reporting of the implementation of the First 1000 Days of Life parenting classes through toddler family development groups in villages and urban villages. (7) Development, monitoring, and evaluation of the improvement of the Family Support Team (TPK) and the support provided to infants and toddlers.

The acceleration strategy for reducing stunting in the field implemented by the Family Planning (KB) sector involves providing assistance to families at risk of stunting through collaboration with a team consisting of midwives, PKK (Family Welfare Movement) Mobilization Team Cadres, and KB (Family Planning) Cadres, PL-KB/IMP to become companions for families with adolescents, prospective brides and grooms, and prospective couples of childbearing age. They are required to provide three months of pre-marriage support as part of the services for pregnant mothers and postpartum care, as well as newborns up to the age of 5, in order to prevent stunting. The tasks of the companionship include providing education, assisting in providing referral services, and facilitating access to social assistance programs. Currently, there are 200,000 Family Companionship Teams (TPK) established in Indonesia, consisting of a total of 600,000 individuals. Surveillance of families at risk of stunting is conducted to provide necessary considerations for accelerating the reduction of stunting.

Trend The trend and target for reducing stunting started from 2020 to 2024. However, in 2020-2021, the COVID-19 pandemic affected the efficient implementation of stunting reduction efforts. At that time, the government redirected its resources, including budget, development, and human resources, to address the COVID-19



situation. Therefore, the stunting reduction strategy began to be implemented in 2022. In 2022, the stunting reduction strategy was already being implemented by the Women's Empowerment, Child Protection, and Family Planning Agency in Simeulue District, and it will continue until 2024.

In this context, the Family Planning sector takes over the responsibility of providing education related to stunting. Education on stunting is one of the preventive measures against stunting. This aligns with the statement from the Ministry of Health of the Republic of Indonesia (2018), which emphasizes the importance of educating mothers to change behaviors and improve family nutrition. It is an effort to support the government in preventing stunting in Simeulue District.



Figure III. Trend Graphs and Stunting Reduction Targets

The counseling/awareness-raising activities on stunting issues organized by the Department of Women's Empowerment, Child Protection, and Family Planning, particularly conducted by the Family Planning Division, provide understanding about the following: (1) Socialization of the age of marriage and reproductive health maturity, efforts to increase the age of first marriage to reach an ideal age. The ideal age for marriage and pregnancy is between 21-35 years old, as early marriage rates in Indonesia are quite high, which can have an impact on health due to not reaching the ideal age for marriage and pregnancy. (2) Socialization on improving the quality of nutrition for toddlers and pregnant women. Nutritional intake is crucial during pregnancy because if the nutritional needs of pregnant women are not met, both the mother's and the fetus's weight gain may be hindered, leading to various health problems for both the mother and the fetus. (3) Socialization on the process of preparing nutritious food. Stunting is a condition of impaired growth in children, and during counseling activities, information is provided about the types of foods that need to be consumed, such as plant-based and animal-based proteins, carbohydrates, and various vitamins, as one of the preventive measures against stunting.

From the research results through an interview with the Head of Family Planning and Family Resilience, it was stated that "in formulating the strategy, attention should be given to mapping and analyzing the situation of stunting sufferers in Simeulue District. This is done through the preparation of activity plans and important meetings regarding stunting." Based on the interview, the formulation of the prevention and reduction program for stunting in Simeulue District is running optimally and in accordance with



the guidelines and technical aspects of national stunting reduction interventions.

Furthermore, through an interview with the Head of Family Resilience and Welfare, he conveyed that "in efforts to prevent and reduce stunting in Simeulue District, the Department of Population and Family Planning collaborates with various sectors (District-Village) to facilitate direct understanding to the community." In Simeulue District, the prevention of stunting is carried out in collaboration with assistance from the local government, community social organizations, health centers in each region, and others. This step aims to build commitment and cooperation among various parties to reduce the prevalence of stunting through the full awareness of individuals and the community.

In an interview with the Head of Family Planning, Family Resilience, and Family Welfare Division regarding the evaluation of the strategy, he stated, "Alhamdulillah, so far the prevalence of stunting in Simeulue District has decreased. This is evidenced by the decline in stunting rates according to the data released from the targeted trend of stunting reduction for the years 2020-2024. Starting from 2018, the prevalence of stunting cases was 30.8%, in 2019 it decreased to 27.67%, in 2020 it was 25.9%, and in 2021 it was 24.4%." From the interview results, it can be concluded that the prevalence of stunting cases in Simeulue District over the past four years were as follows: 2018 (30.8%), 2019 (27.67%), 2020 (25.9%), and 2021 (24.4%). The decrease in stunting rates in Simeulue District until 2021 proves that the program for accelerating stunting reduction and prevention is aligned with the intended goals and has been successfully implemented by the Department of Women's Empowerment, Child Protection, and Family Planning in Simeulue District.

CONCLUSION

The strategy implemented by the Department of Women's Empowerment Child Protection and Family Planning of Simeulue District in handling the prevention and reduction of stunting includes the following activities: (1) providing diverse, nutritious, balanced, and safe supplementary food, (2) conducting training/education and counseling on nutrition, exclusive breastfeeding, and complementary feeding, (3) providing social protection to improve access for pregnant and breastfeeding mothers as well as toddlers to healthcare insurance, and (4) ensuring clean water supply, sanitation, and other activities according to local village needs. The strategy is implemented through formulating a plan or program, followed by the planned implementation and subsequent evaluation.

Overall, it can be concluded that the strategy implemented by the Department of Women's Empowerment, Child Protection, and Family Planning (DP3AKB) of Simeulue District in preventing and reducing stunting has been running quite effectively. The collaboration with health centers has been good as each health center possesses the necessary skills and capabilities to address stunting. However, there is a lack of knowledge among the community regarding the importance of adopting a healthy lifestyle to reduce stunting in Simeulue District. Additionally, the lack of community awareness to participate in the integrated health service posts (posyandu) has resulted in limitations in data collection and dissemination concerning stunting. As a suggestion, the researcher recommends that members of the family planning field who conduct



direct field education should undergo comprehensive training and mentoring beforehand. This would ensure better implementation and facilitate community understanding.

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