EVALUATING LOCAL GOVERNANCE STRATEGIES IN STUNTING PREVENTION: A CASE STUDY OF THE STUNTING CASE AUDIT PROGRAM IN SEYEGAN SUBDISTRICT, SLEMAN REGENCY

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ARTICLE INFO

Article history
Received 17 June 2025
Revised 23 June 2025
Accepted 30 June 2025

Keywords
Stunting prevention
Case Audit Program
Program Effectiveness
Public Health Intervention

ABSTRACT

This study analyzes the effectiveness of the Stunting Case Audit (SCA) program in Kapanewon Seyegan, Sleman Regency. The program has shown measurable success in reducing stunting prevalence from 8.1% (2021) to 6.9% (2023). A qualitative approach was employed, using data collection methods such as observation, interviews, and documentation. The study focuses on four effectiveness indicators: target accuracy, program socialization, goal achievement, and monitoring system. The results indicate that the SCA program effectively identified high-risk stunting groups, despite limitations related to sampling and participation. Socialization was considered effective, with positive community responses and concrete follow-up interventions. The identification of stunting determinants allowed for more targeted actions, while routine monitoring by health center staff and the Family Assistance Team (TPK) supported program success. Continuous evaluation is essential to ensure the sustainability and broader impact of this regional intervention.

INTRODUCTION

Stunting is a condition of impaired growth and development in children caused by chronic malnutrition, resulting in a height that is significantly below the standard for their age (D. Mustakim et al., 2022). The stunting process begins during pregnancy and continues through the first 1,000 days of life (Carolina & Ilyas, 2021). Nutritional deficiencies that start in utero and persist in early childhood can lead to stunting, which can often be detected at birth. A child is classified as stunted when their height-for-age or length-for-age z-score is below -2 standard deviations (SD), and severely stunted if it falls below -3 SD (Asif et al., 2022; Acharya et al., 2023). Stunting has severe consequences, including increased morbidity, delayed motor development, higher risk of mortality, and impaired mental growth (Kemp et al., 2024). The main contributing factors include poor parenting practices, inadequate prenatal care, limited access to nutritious food, poor sanitation, lack of clean water, and exposure to infectious diseases (Ali, 2021; Yani et al., 2023). Stunting is not only a critical public health issue in Indonesia but also a major global concern.

DOI : 10.24076/s7r6e363

Table 1. National Stunting Prevalence Rate (2021–2023)

No	Year	Prevalence Rate
1.	2021	24,4%
2.	2022	21,6%
3	2023	21,5%

Source: Indonesian Health Survey (SKI), 2023

As shown in the table above, Indonesia's national stunting prevalence decreased from 24.4% in 2021 to 21.6% in 2022, but only slightly declined to 21.5% in 2023. Stunting remains a critical public health challenge in Indonesia and is a national priority requiring effective intervention. Despite significant efforts, the country still records a very high prevalence of stunting and has yet to reach its national target (World Health Organization [WHO], 2023).

The Special Region of Yogyakarta (DIY) continues to face significant challenges in stunting reduction. Although ranked among the top five provinces in Indonesia for stunting management, DIY is still striving to achieve the national target of reducing stunting prevalence to 14% by the end of 2024 (Government of DIY, 2024). The region consists of four regencies and one municipality. Gunung kidul Regency has the highest stunting prevalence at 22.2%, followed by Bantul (20.5%), Yogyakarta City (16.8%), and Sleman (12.4%) (SKI/SSGI, 2023). Although the stunting rate in DIY is already below the WHO's threshold of 20%, the figure in Yogyakarta in 2019 was still 12.37%. The Sleman Regency Government has successfully reduced its stunting rate to 4.41% in 2024, marking a decrease of 0.1% from 4.51% in 2023 (Harian Jogja, 2024).

During the "Stunting Measurement Dissemination and Public Reporting" event held at the Prima SR Hotel on October 14, 2024, the Head of Sleman Health Office, Cahya Purnama, emphasized that stunting remains a top priority for the local government. Interestingly, poverty accounts for only around 5% of stunting cases in Sleman, while over 90% are attributed to various factors including parenting behavior (Media Indonesia, 2024). In response, the Sleman Regency Government has implemented a range of integrated health and nutrition programs, including the Stunting Case Audit (SCA) program (Juarez et al., 2021; Conway et al., 2020).

Stunting prevention is a national priority, and the Stunting Case Audit (SCA) has been designated as one of the flagship programs outlined in the National Population and Family Planning Agency Regulation No. 12 of 2021. This regulation forms part of the National Action Plan to accelerate stunting reduction between 2021 and 2024 (Lailiyah, 2023). However, empirical studies assessing SCA at the local level remain limited. The government has set a target for 100% of regencies and municipalities in Indonesia to implement SCA at least twice annually. The SCA process includes case selection, dissemination, and evaluation stages (Directorate of Early Childhood and Toddler Families, 2024). The SCA is defined as a systematic activity aimed at identifying risks and root causes of stunting based on routine surveillance or other data sources for targeted groups (Devi Sari et al., 2023).

According to a 2024 interview with the Sleman District Women's Empowerment, Child Protection, Population Control, and Family Planning Office (P3AP2KB), there are 17 subdistricts (Kapanewon) in Sleman, with four Minggir and Turi (in 2023), Seyegan and Pakem (in 2024) having implemented the SCA program. These subdistricts were selected as pilot areas due to their high stunting prevalence rates. The SCA program was formalized through a decree issued by the Regent of Sleman, mandating problem-based intervention efforts in Kalurahan areas within these subdistricts.

Data show that Seyegan Subdistrict has experienced a consistent decline in stunting prevalence: from 8.1% in 2021 to 7.5% in 2022, and further to 6.9% in 2023 (Sleman Regency Government, 2023). This decline suggests that government interventions, including the SCA program, may have contributed to this positive outcome. Evaluating the program's effectiveness is thus essential. Seyegan was selected as the focus of this study because it demonstrated the most significant stunting reduction over three consecutive years, making it more appropriate than other subdistricts like Minggir, Turi, or Pakem. Accordingly, this study aims to analyze the effectiveness of the SCA program in stunting reduction in Kapanewon Seyegan. Specifically, it addresses the following research questions: How effective is the SCA program in reducing stunting rates in Kapanewon Seyegan, and what factors contribute to its success.

METHOD

This study employed a qualitative approach to analyze the effectiveness of the Stunting Case Audit (SCA) program in Kapanewon Seyegan, Sleman Regency. The research location was selected due to Seyegan's consistent decline in stunting prevalence over the past three years, making it a representative case compared to other subdistricts like Minggir, Turi, and Pakem that also implemented SCA.

The study was conducted from October 2024 to April 2025. Data were collected through three methods: observation, interviews, and documentation. Observation was carried out through direct field visits to obtain an in-depth understanding of the SCA program implementation. A total of six informants were selected using purposive sampling based on their direct involvement in the program. These included one representative from the P3AP2KB Office (Head of the K3 Division as SCA Facilitator), one specialist physician involved in the SCA, two community-level cadres, and two parents representing program beneficiaries.

Documentation served to complement and strengthen data collected from observation and interviews. Data analysis involved several stages: coding important information, categorizing similar data, and conducting thematic interpretation to identify patterns and recurring themes in responses. Data validity was ensured through source triangulation by comparing information across informants, and method triangulation by cross-checking findings from different data collection methods. The conceptual framework developed in this study illustrates the relationship between the SCA program, its effectiveness indicators, contextual influencing factors, and the expected outcomes.

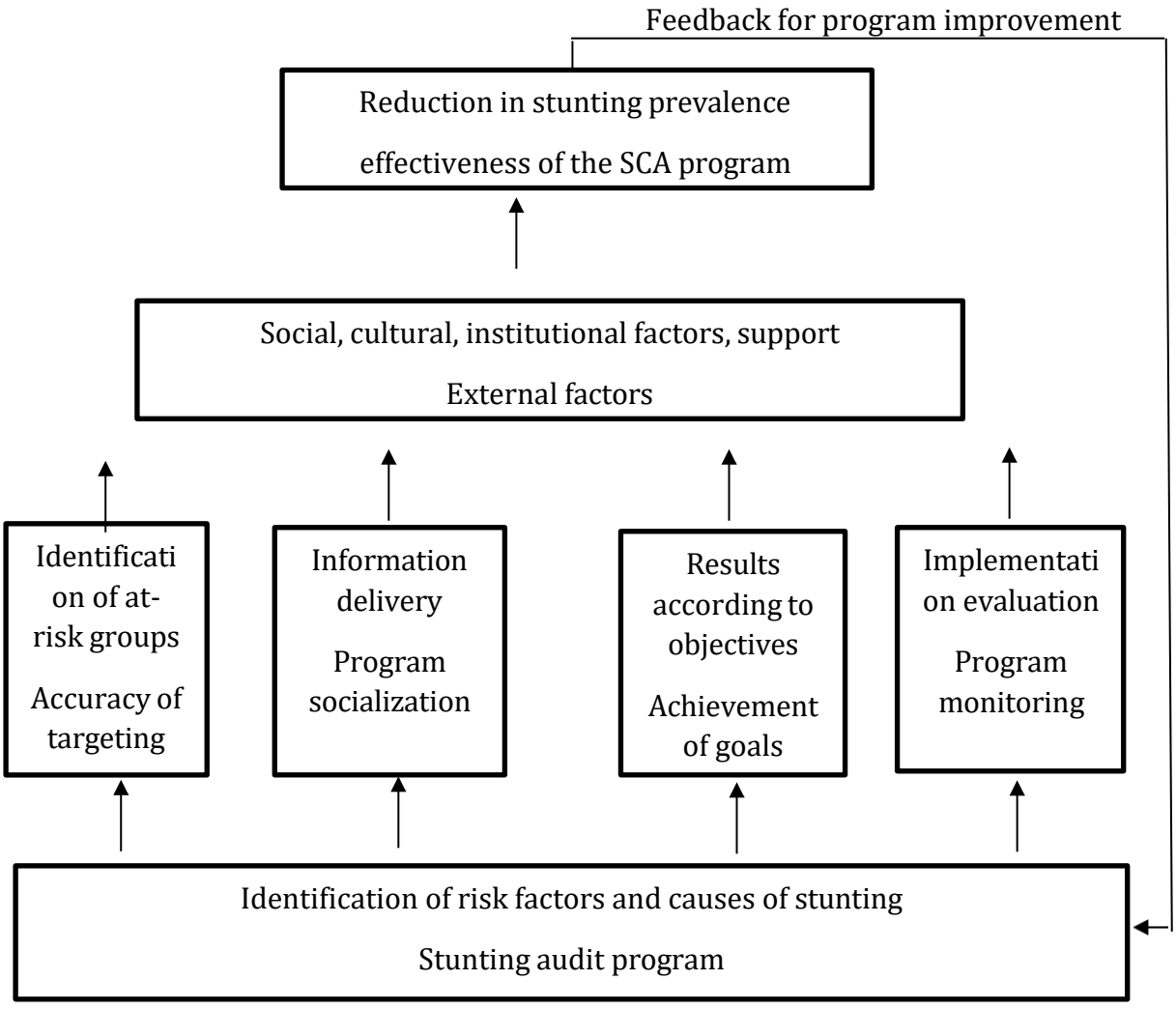

Figure 1 Conceptual Framework of the SCA Program

Figure 1 illustrates the logical flow of the SCA program, starting with the identification of risk factors and followed by evaluation based on four key indicators: target accuracy, program socialization, goal achievement, and monitoring. These indicators are shaped by social, cultural, institutional, and support-related contextual factors, ultimately contributing to the program's effectiveness in reducing stunting. The framework also incorporates a feedback loop as a mechanism for continuous improvement.

RESULTS AND DISCUSSION

This study aims to evaluate the effectiveness of the SCA Program in Seyegan Subdistrict, Sleman Regency. In 2021, the stunting prevalence in Seyegan was recorded at 8.1%, which declined to 7.5% in 2022 and further decreased to 6.9% in 2023 (Sleman Regency Government, 2023). This consistent reduction indicates the presence of government-established programs, among which is the SCA Program. Given the

implementation of the SCA Program, it is essential to evaluate its effectiveness. The theory applied to measure the effectiveness of the SCA policy in addressing stunting in Seyegan Subdistrict is based on the effectiveness indicators proposed by Elisaria et al. (2021), which include Target Accuracy, Program Socialization, Achievement of Program Goals, and Monitoring.

Before discussing program effectiveness, it is important to understand the background of the stunting problem in Seyegan. The causes of stunting in Seyegan include: 9.8% of pregnant women frequently face chronic energy deficiency (CED), 9.2% of newborns have low birth weight (LBW), 1.7% are born prematurely, 86% experience inadequate nutritional intake, 3.5% result from unplanned pregnancies, and 9.8% are not registered in the National Health Insurance (JKN). Environmental factors contributing include 77.5% of families having members who smoke (Seyegan Subdistrict Profile, 2024).

Consistent with these findings, data from the Sleman Health Office (Dinkes) in 2023 indicate that Seyegan and Pakem Subdistricts still face significant stunting challenges, with prevalences of 7.1% and 8.69%, respectively. According to the informant Cahya, 90% of the high stunting rate is mainly caused by improper caregiving patterns, such as lack of nutrition education among child caregivers like domestic helpers or grandparents, as well as other environmental factors.

Target Accuracy

Target accuracy is the key to program effectiveness, where the intended objectives must align with predetermined criteria so the program can be effectively implemented (Rahayu et al., 2024). In the SCA implementation, target accuracy refers to the program's ability to deliver interventions effectively to individuals or groups most at risk, ensuring that the chosen targets genuinely represent high stunting risk populations (Wardhani et al., 2024). The target determination process in the SCA program in Seyegan involves case identification by the Stunting Reduction Acceleration Team (TPPS) using an audit worksheet form (KKA), which is then reviewed by experts. The primary targets include toddlers, pregnant women, and prospective brides at risk of stunting. Collected data are analyzed by experts to identify local problems and risks.

Although the target criteria are clearly set according to field needs, the SCA program faces significant challenges due to its sampling method. This means not all individuals meeting the criteria can be reached comprehensively. For example, the SCA program report for Seyegan indicated that out of 30 invited audit participants, only 17 attended. This limitation is caused by time constraints and the busy schedules of the targets, as expressed by a specialist doctor working in the SCA program:

"Since we use a sampling method, the target criteria match the field needs, but time constraints and the busy schedules of some targets become obstacles." (Interview with Specialist Doctor, SCA Officer, February 27, 2025)

Therefore, despite successfully identifying high-risk groups, the intervention coverage remains limited by practical participation constraints. In addition to time and mobility limitations, socio-cultural factors such as family caregiving practices, eating habits, and parental education levels also pose challenges to behavior change efforts for stunting prevention (Ardianti & Triratnawati, 2024). Thus, although the program effectively identifies high-risk groups, the scope of intervention is still constrained by these practical participation issues.

SCA Program Socialization

The effectiveness of program socialization is measured by how well program information is conveyed to the community and participants. So far, SCA socialization in Seyegan is conducted through dissemination forums involving various regional elements, such as subdistrict and village governments. In these forums, SCA program results are communicated to the public and stakeholders to foster understanding of stunting causes in their area. Martini et al. (2021) emphasized the importance of cross-sector collaboration and community involvement for the success of stunting intervention programs. The socialization media used include face-to-face meetings and cross-sector coordination. The effectiveness of socialization is evidenced by positive responses and concrete follow-up actions in the form of real intervention programs at the regional level. This is confirmed by the Head of K3 Division of the P3AP2KB Office, SCA Facilitator:

"I think what has been done is quite effective, considering the responses from the regions and how villages, facilitated by the subdistrict, follow up with intervention programs." (Interview, February 27, 2025)

Follow-up programs vary from providing supplementary nutritious food, caregiving training, to sanitation and water access improvements at the neighborhood level, all responding to audit findings. Thus, organized socialization involving all regional elements is key to enhancing understanding and joint commitment to addressing stunting precisely in Seyegan. Active involvement from various parties indicates that socialization extends beyond mere information delivery, successfully triggering collective action at the community level.

Achievement of Program Goals

Achievement of goals is the ability to recognize and prioritize activities that support the attainment of objectives. The main goal of the SCA program in Seyegan is to identify determinative causes of stunting locally, enabling more targeted interventions. Audit results serve as a basis for intervention recommendations followed up by local government through Regent Decrees. Current success indicators are mostly measured by regional responses and follow-ups to audit findings, such as problem-based intervention implementation. This demonstrates that the SCA program successfully facilitates regions to formulate solutions that better fit field conditions, as stated by a Specialist Doctor, SCA Officer:

"The program is considered effective because it helps regions create more targeted interventions. However, tangible results in reducing stunting prevalence require more time." (Interview, February 27, 2025)

Though long-term intervention outcomes cannot yet be fully evaluated, there are indications of positive behavioral changes in some target families, identified through family companion teams and dissemination forums, such as increased awareness to improve caregiving practices.

However, parents acknowledge that "They feel helped by the accompaniment, although not all have seen significant changes in their children." (Interview, February 25, 2025) This suggests that behavioral changes and health impacts on stunted children are gradual processes, which are important foundations for sustainable stunting prevention.

Program Monitoring

Monitoring is a post-implementation activity to ensure the program runs as planned. SCA program monitoring is routinely conducted by health center officers and Family Companion Teams (TPK). Monitoring activities include evaluating intervention implementation and medical referral follow-ups. Regular monitoring is expected to optimize program execution and anticipate emerging problems.

A cadre emphasized the importance of monitoring:

"Yes, we do monthly monitoring at the posyandu because we want to know whether children's development in our area is improving or not." (Interview with Cadre, February 25, 2025)

This quote shows that monitoring focuses not only on program activities but also on direct health progress of targets. Despite regular monitoring, a major challenge is the limited time and busy schedules of targets, especially working mothers and prospective brides, who cannot always participate fully in material deepening or interventions. Time and mobility constraints are common obstacles in community-based health programs (Rahmawati et al., 2020). The Head of K3 Division of P3AP2KB Office, SCA Facilitator, also stressed:

"Especially prospective brides, who mostly have work activities, so not all targets can dedicate time for in-depth sessions." (Interview, February 27, 2025)

On the other hand, program success strongly depends on the firm commitment of district, subdistrict, and village governments, as well as support from frontline officers. Key actors include the Office for Women's Empowerment, Child Protection, Population Control and Family Planning (P3AP2KB), family companion teams, Family Planning Counselors (PKB), Family Planning Field Officers (PLKB), and health centers, which form the main foundation of the SCA program's success. Policy support, facilities, dissemination forums, and follow-up actions via Regent Decrees demonstrate government attention and priority on stunting handling in Seyegan.

The Head of K3 Division, P3AP2KB Facilitator, emphasized this support:

"First, the commitment from both subdistrict and village is quite good. The health centers perform nutrition status measurements of toddlers at the posyandu. Many potentials in the region support the success of SCA implementation." (Interview, February 27, 2025)

This commitment and synergy among parties are key factors that offset practical challenges in monitoring and program implementation.

Effectiveness of the SCA Program in Stunting Management

Program effectiveness measures the extent to which outputs contribute to achieving goals. The greater the output contribution to goal achievement, the higher the effectiveness level of the organization, program, or activity (Prasetyo et al., 2023). In Seyegan, the SCA program is considered fairly effective in managing stunting, based on its ability to specifically identify the causes of stunting in the area. With accurate information on root causes, intervention programs can be designed and implemented more precisely, thereby contributing to the overall reduction in stunting prevalence.

"I think it is quite effective because by identifying stunting causes in the area, intervention programs designed can generally reduce stunting." (Interview with Head of K3 Division, P3AP2KB Facilitator SCA, February 27, 2025)

Although the final impact on stunting reduction is not yet significantly visible in the short term, the program has shown a consistent decline in stunting prevalence from 8.1% in 2021 to 6.9%

CONCLUSION

The Stunting Case Audit (SCA) program in Seyegan Subdistrict has proven to be quite effective in reducing stunting rates, as evidenced by the decrease in prevalence from 8.1% in 2021 to 6.9% in 2023. This success is supported by four main aspects. First, the SCA program demonstrated strong targeting accuracy by successfully identifying high-risk groups for stunting—such as stunted toddlers, pregnant women, and prospective brides—according to established criteria. This capability ensures that interventions are directed toward those most in need. However, the effectiveness of target reach remains challenged, particularly concerning audit participant attendance (only 17 out of 30 invited) as well as time constraints and participant mobility. Second, effective program dissemination through forums and cross-sectoral coordination resulted in concrete follow-up actions in the form of problem-based intervention programs. Third, the program achieved its objective of identifying the determinants of stunting in the area, enabling more precise interventions. Fourth, regular monitoring by health center officers and the Stunting Reduction Acceleration Team (TPPS) ensured the program's effective implementation.

The recommendation is SCA program should expand its target reach to detect a greater number of individuals at risk. With a broader sampling coverage, the program will have a greater opportunity to conduct direct and well-targeted interventions for those in need. This expansion can be achieved by implementing a "Stunting Risk Family Map" system in each village (kelurahan), which identifies and prioritizes families with risk factors such as pregnant women with chronic energy deficiency (CED), low birth weight infants (LBW), or families with a history of smoking (considering that 77.5% of families in Seyegan Subdistrict have members who smoke).

Program outreach and education should also be intensified, especially for hard-to-reach groups such as prospective brides and working mothers. These efforts can leverage digital media more optimally and adapt activity schedules to be more flexible and accessible for these target groups. For example, the program could develop a "Seyegan Digital Nutrition Class" comprising 30-minute webinar series held every Saturday at 7:00 PM local time (prime time), or create a WhatsApp group called "Nutrition Info for Prospective Brides" to share brief nutrition tips and flexible consultation schedules every two days.

Furthermore, the program could collaborate with local health influencers, such as village midwives or health center doctors with social media followings, to produce educational content titled "1 Minute to Prevent Stunting" disseminated via Instagram and TikTok—platforms frequently accessed by prospective brides and young mothers. Through these concrete strategies, the SCA program can more effectively detect and intervene with individuals or targets in Seyegan Subdistrict.

For future research, it is highly recommended to conduct comparative studies examining the effectiveness of the SCA program across different subdistricts (kapanewon) within Sleman Regency, for example, between Seyegan and Pakem. Such comparisons could

provide deeper insights into unique success factors and challenges in each area, thereby facilitating the development of a more adaptive and effective regional stunting intervention model.

REFERENCES

Acharya, S., Thapa, B., Kansakar, R., Shakya, H., Dhakal, A. K., & Divya, K. C. (2023). Stunting among Children Aged 6 to 59 Months Visiting the Outpatient Department of Pediatrics in a Tertiary Care Centre. Journal of the Nepal Medical Association, 61(264), 654–657. https://doi.org/10.31729/jnma.8249

Ali, A. (2021). Current Status of Malnutrition and Stunting in Pakistani Children: What Needs to Be Done? Journal of the American College of Nutrition, 40(2), 180–192. https://doi.org/10.1080/07315724.2020.1750504

Ardianti, N., & Triratnawati, A. (2024). PERAN ADAT DALAM PENGASUHAN BALITA SEBAGAI UPAYA PENCEGAHAN STUNTING DI DESA PEDAWA, BALI. Jurnal Ilmu Keluarga Dan Konsumen, 17(3), 291–304. https://doi.org/10.24156/jikk.2024.17.3.291

Asif, M., Aslam, M., Mazhar, I., Ali, H., Ismail, T., Matłosz, P., & Wyszyńska, J. (2022). Establishing Height-for-Age Z-Score Growth Reference Curves and Stunting Prevalence in Children and Adolescents in Pakistan. International Journal of Environmental Research and Public Health, 19(19). https://doi.org/10.3390/ijerph191912630

Carolina, O., & Ilyas, J. (2021). ANALISIS PELAYANAN INTERVENSI GIZI SPESIFIK INTEGRATIF STUNTING DI WILAYAH KERJA PUSKESMAS KECAMATAN PADEMANGAN JAKARTA UTARA. Jurnal Medika Hutama, 3(1), 1372–1379.

Conway, K., Akseer, N., Subedi, R. K., Brar, S., Bhattarai, B., Dhungana, R. R., Islam, M., Mainali, A., Pradhan, N., Tasic, H., Thakur, D. N., Wigle, J., Maskey, M., & Bhutta, Z. A. (2020). Drivers of stunting reduction in Nepal: A country case study. American Journal of Clinical Nutrition, 112, 844S-859S. https://doi.org/10.1093/ajcn/nqaa218

D Mustakim, M. R., Irawan, R., Irmawati, M., & Setyoboedi, B. (2022). Impact of Stunting on Development of… Impact of Stunting on Development of Children between 1-3 Years of Age. Ethiop J Health Sci, 32(3), 569. https://doi.org/10.4314/ejhs.v32i3

Devi Sari, Sri Achadi Nugraheni, & Mohammad Zen Rahfiludin. (2023). Intervensi Gizi Sensitif dalam Penurunan Stunting : Studi Kualitatif. Media Publikasi Promosi Kesehatan Indonesia (MPPKI), 6(9), 1878–1886. https://doi.org/10.56338/mppki.v6i9.3798

Direktorat Bina Keluarga Balita dan Anak. (2024). Buku Saku AKS Final 2024.

Elisaria, E., Mrema, J., Bogale, T., Segafredo, G., & Festo, C. (2021). Effectiveness of integrated nutrition interventions on childhood stunting: a quasi-experimental evaluation design. BMC Nutrition, 7(1). https://doi.org/10.1186/s40795-021-00421-7

Harian Jogja. (2024, October 15). Kabar Baik Angka Stunting Sleman Turun Tipis di 2024. Https://Jogjapolitan.Harianjogja.Com/Read/2024/10/15/512/1191504/Kabar-Baik-Angka-Stunting-Sleman-Turun-Tipis-Di-2024.

Juarez, M., Dionicio, C., Sacuj, N., Lopez, W., Miller, A. C., & Rohloff, P. (2021). Community-Based Interventions to Reduce Child Stunting in Rural Guatemala: A Quality Improvement Model. International Journal of Environmental Research and Public Health, 18(2). https://doi.org/10.3390/ijerph18020773

Kemp, C., Olckers, S., & Van der Wath, O. (2024). Nutrition and motor development during early childhood: StartWell GROW – transforming childhood nutrition for a brighter future. Journal of Consumer Sciences. https://doi.org/10.4314/jfecs.v1i1.271354

Lailiyah, K. (2023). PERAN BADAN KEPENDUDUKAN DAN KELUARGA BERENCANA NASIONAL (BKKBN) DALAM PERCEPATAN PENURUNAN STUNTING PERSPEKTIF PERPRES NOMOR 72 TAHUN 2021. Mendapo: Journal of Administrative Law, 4(1), 16–33. https://doi.org/10.22437/mendapo.v4i1.23534

Martini, C., Gautama, S. A., & Kartika, T. (2021). Strategi Komunikasi TPPS Kabupaten Pesawaran Lampung dalam Percepatan Penurunan Prevalensi Stunting. Jurnal Sosial Dan Sains, 4(10), 1011–1027. https://doi.org/10.59188/jurnalsosains.v4i10.20032

Media Indonesia. (2024, October 15). Dinkes Sleman: Hanya 5 Persen Kasus Stunting Karena Kemiskinan. Https://Mediaindonesia.Com/Nusantara/709183/Dinkes-Sleman-Hanya-5-Persen-Kasus-Stunting-Karena-Kemiskinan.

Pemerintah Kabupaten Sleman. (2023). Pemkab Sleman Evaluasi Penurunan Stunting, Kapanewon Seyegan Sukses Turunkan AngkaTiga Tahun Berturut-Turut. Https://Sleman.Inews.Id/Read/330065/Pemkab-Sleman-Evaluasi-Penurunan-Stunting-Kapanewon-Sayegan-Sukses-Tiga-Tahun-Berturut-Turut.

Pemerintah Provinsi Jawa Tengah. (2023, October 24). Tuntaskan Stunting, TP PKK Jateng Dorong Optimalisasi Dasa Wisma. Https://Jatengprov.Go.Id/Publik/Tuntaskan-Stunting-Tp-Pkk-Jateng-Dorong-Optimalisasi-Dasa-Wisma.

Prasetyo, A., Noviana, N., Rosdiana, W., Anwar, M. A., Hartiningsih, Hendrixon, Harwijayanti, B. P., & Fahlevi, M. (2023). Stunting Convergence Management Framework through System Integration Based on Regional Service Governance. Sustainability (Switzerland), 15(3). https://doi.org/10.3390/su15031821

Profil Kapanewon Seyegan. (2024). Monev Pencatatan dan Pelaporan Konvergensi Stunting Kapanewon Seyegan. Https://Seyegan.Slemankab.Go.Id/Monev-Pencatatan-Dan-Pelaporan-Konvergensi-Stunting-Kapanewon-Seyegan/.

Rahayu, C. S., Soebiyantoro, A., & Pathony, T. (2024). Efektivitas program percepatan penurunan stunting di Puskesmas Cikalapa Kecamatan Subang Kabupaten Subang. The World of Public Administration Journal, 6(1). https://doi.org/10.37950/wpaj.v6i1.2051

Rahmawati, N. F., Fajar, N. A., & Idris, H. (2020). Faktor sosial, ekonomi, dan pemanfaatan posyandu dengan kejadian stunting balita keluarga miskin penerima PKH di Palembang. Jurnal Gizi Klinik Indonesia, 17(1), 23. https://doi.org/10.22146/ijcn.49696

Tempo.co. (2023, August 16). Gotong Royong Merdekakan Anak Indonesia Dari Stunting. Https://Www.Tempo.Co/Info-Tempo/Gotong-Royong-Merdekakan-Anak-Indonesia-Dari-Stunting.

Universitas Airlangga. (2024, December 24). Perspektif Budaya dalam Mencegah Stunting. Https://Unair.Ac.Id/Perspektif-Budaya-Dalam-Mencegah-Stunting/.

Wardhani, D. E., Suparwito, V. R., & Salim, A. (2024). Efektivitas Tata Kelola Penanganan Anak Stunting oleh Dokter dan Tenaga Kesehatan di Kota Yogyakarta. Jurnal Ilmu Sosial Dan Humaniora, 2(4), 547–558. https://doi.org/10.57248/jishum.v2i4.415

World Health Organization (WHO). (2023). Stunting prevalence among children under 5 years of age (%) (model-based estimates). Https://Www.Who.Int/Data/Gho/Data/Indicators/Indicator-Details/GHO/Gho-Jme-Stunting-Prevalence.

Yani, D. I., Rahayuwati, L., Sari, C. W. M., Komariah, M., & Fauziah, S. R. (2023). Family Household Characteristics and Stunting: An Update Scoping Review. In Nutrients (Vol. 15, Issue 1). MDPI. https://doi.org/10.3390/nu15010233