



INCREASING COMMUNITY AWARENESS IN JELADRI VILLAGE THROUGH SUPPLEMENTARY FEEDING TO PREVENT STUNTING: AN EFFECTIVE AND SUSTAINABLE APPROACH

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Abstract

Stunting is a serious problem in Indonesia that has a direct impact on growth and development in children. This study focuses on evaluating the effectiveness of the Supplementary Feeding Program (PMT) in Jeladri Village to prevent stunting in children under five. It involves the implementation of the PMT, which provides a nutrient-rich supplementary menu, as well as intensive socialization activities to the village community. The results showed that PMT can have a significant positive impact on improving the nutritional status of children in Jeladri Village. The PMT menu is specially selected and designed to provide nutrition that contains essential nutrients needed for optimal growth in children under five. Nonetheless, the study also identified several obstacles, such as a lack of community understanding and participation in the program. While there has been an increase in awareness of the importance of nutrition for children, further efforts are needed to improve the level of understanding and active community involvement in the PMT program. This is important to significantly reduce stunting rates in the future. In this context, the research recommendations suggest the need to improve national nutrition policies that are more integrated and effective. In addition, a comprehensive and sustainable approach is needed in the implementation of stunting prevention programs across Indonesia. This includes not only nutrition education and access to PMT, but also health system strengthening and support from various parties including local governments.

Keywords: Approach, Jeladri, PMT, Stunting

Introduction

The issue of stunting or impaired growth in children under five remains a major focus for the government to reduce, with a target of 14% reduction by 2024. This is a crucial issue because, especially in developing countries, stunting can have a negative impact not only on children, but also on the nation's economy and human resource development. An important step to stop and tackle stunting is to take a cross-sectoral approach that focuses on.(1)

Anthropometric parameters used to assess children's nutritional status define stunting as a condition of malnutrition characterized by substandard body length or height-for-age (Z-Score) between -2 SD and -3 SD (short/stunted) or less than -3 SD (very short/stunted). It is a reflection of long-term underconsumption of food, which starts during pregnancy and continues until the child is two years old.(2) Stunting without adequate physical growth increases public health risks, including the risk of disease, death, and motor and mental developmental barriers. Stunting is caused by suboptimal growth, so children born with normal weight can also become stunted if the food and drink they consume is not nutritionally adequate.

In Indonesia, 36.4% of children under five were stunted in 2019. This means 8.8 million children under five, or more than a third of the population, suffer from malnutrition that results in below-average height for their age. Although the Status of Nutrition Indonesia (SGI) study reported a stunting prevalence in Pasuruan City of 11.7% by 2023, this is still well above the WHO standard of 20%.⁽³⁾ This is already lower than the expected national target of 14% by 2024. In Southeast Asia, the prevalence of stunting in children under five in Indonesia is the second largest after Laos, reaching 43.8%.

According to the Nutrition Status Monitor (PSG) in 2021, the prevalence of stunting in children under five in Indonesia reached 26.6%, with 9.8% in the very short category and 19.8% in the short category. Considering that the first 1000 days of life is a crucial period for child growth, there are still many children under five who experience nutritional problems in the age range of 0-59 months. To address this issue, the government has launched a national movement for stunting prevention and collaborated across sectors. The National Team for the Acceleration of Poverty Reduction (TNP2K) has prioritized 160 districts/cities to reduce stunting. Based on the 2013 Basic Health Research (Riskesmas), there were 15 districts/cities with stunting prevalence above 50%. In 2019, the Indonesian Ministry of Health through the Health Research and Development Agency (Litbangkes) conducted Riskesdas again and found that the prevalence of stunting or children growing short fell from 37.2% in Riskesdas in 2013 to 30.8%.⁽⁴⁾

In terms of improving the nutritional status of the community, the government has established a number of key health measures in nutrition services to reduce the prevalence of malnutrition. One of the methods used is the Supplementary Feeding Program (PMT), which is aimed specifically at under-fives from poor families, so as to improve the nutrition of these children.⁽⁵⁾ PMT is an important component of this effort, aiming to improve the nutritional condition of vulnerable groups, especially under-fives with nutritional problems. In order for the program to be sustainable, it is recommended that food ingredients for PMT be obtained from locally available or producible ingredients, so that the program can be sustainable in the long term.⁽⁶⁾ The PMT program offers supplementary food to complement, not replace, a child's main daily diet in order to meet the nutritional needs of under-fives.

Some of the previous studies that will be discussed are the results of the author's research. First, it was found that the implementation of the PMT program provided significant benefits, including an increase in body weight and nutritional status in under-fives after participating in the program. This finding was supported by a study by Rochyani et al. in 2007 entitled "The Effect of Providing Complementary Feeding Program and Commercial Complementary Feeding Program on the Growth of 6-11 Months Old Infants in Kampar District," which was published in the Indonesian Journal of Clinical Nutrition.⁽⁷⁾ Second, an article entitled "Tempeh Nuggets as an Intervention The use of nutrient-dense foods to prevent stunting in children is discussed in the paper 'Supplementary Feeding to Prevent Stunting in Padang Lumajang Village' by Beti Werdiningsih et al. This study emphasizes the benefits of eating healthy foods to avoid stunting, the impact of soybean tempeh nuggets, and parents' awareness of changing food content. A major problem that can have a long-term impact on children's development and health is stunting. With encouraging results, health counseling activities were conducted in this study to increase the awareness of mothers of toddlers of stunting and efforts to prevent it. Tempeh is a fermented soybean food that is good for consumption by all ages as it is low in fat and high in minerals. This project aims to raise awareness of the benefits of tempeh in stunting prevention.⁽⁸⁾ However, this study has several limitations such as the lack of discussion on the long-term impact of tempeh nugget consumption and the absence of comparison with other protein-rich supplementary foods. Therefore, further studies are needed to address these weaknesses and deepen the understanding of the utilization of tempeh in stunting prevention.

Third, an article entitled "Socialization of 'Isi Piringku' as Stunting Prevention at Raudlatul Athfal Tanwirut Tulab Payung Makmur Central Lampung" written by Riska Nur Suci Ayu and

Noviansyah Surahman. This article explores stunting prevention efforts through education about balanced nutrition based on the principle of “Isi Piringku.” The socialization activity was aimed at parents of 60 students in Lampung, with a special emphasis on the importance of balanced nutrition in stunting prevention. The results showed that 78.3% of parents who participated in this socialization began to practice serving food in accordance with the principle of “My Plate”. This shows an increase in parents' understanding of the importance of proper nutrition to prevent stunting.(9) However, this study has two weaknesses. First, there is a lack of discussion on the role that health professionals and community health workers can play in supporting these efforts. Second, the study did not go deep enough in exploring the challenges that may be faced in applying the “Fill my plate” principle in everyday life.

Previous studies have shown that supplementary feeding programs (PMT) have a positive effect on children's growth and nutritional status. For example, research conducted by Rochyani and colleagues in 2007 found that the PMT program succeeded in improving the body weight and nutritional status of under-fives. Another study by Beti Werdiningsih and colleagues found that tempeh nuggets could be an effective intervention in preventing stunting, especially if followed by health counseling to parents. However, this study also identified shortcomings in terms of discussion of the long-term impact of tempeh nuggets and comparison with other high-protein supplementary foods. Furthermore, Riska Nur Suci Ayu and Noviansyah Surahman in 2019 showed that education on balanced nutrition through the “Isi Piringku” program was effective in improving parents' understanding of stunting prevention. However, this study did not address the role of health professionals and the challenges in implementing these principles. The study by Taufikurrahman and his team highlights the importance of education and community participation in stunting prevention programs, although they also note the need for further evaluation of the effectiveness of prevention methods in areas with high stunting rates.

This research will be different from previous studies as it will explore innovative and sustainable approaches to stunting prevention through nutritious supplementary feeding. The main focus of this research will be to increase awareness and active participation of the community in the program. The article will also explore the long-term impact of supplementary feeding, by comparing different types of high-protein supplementary foods. In addition, the important role of health professionals and community health workers in supporting the program will be discussed in depth. Nutrition education, community participation and the use of appropriate technology will be the main pillars of this strategy, with the aim of creating an effective and sustainably implemented solution to prevent stunting in Jeladri Village.

The main objective of this study is to investigate and analyze the extent to which supplementary feeding (PMT) is effective as one of the key strategies in preventing stunting among under-fives, especially among poor families who are highly vulnerable to malnutrition. This study is expected to identify the contribution of PMT in meeting the nutritional needs of children under five and reducing the prevalence of stunting in Indonesia. It also aims to evaluate factors that may hinder or support PMT implementation, and provide strategic recommendations for improving national nutrition policy to make the program more effective in the long term. This research is expected to make a significant contribution to improving the health and growth of children under five in Jeladri village, Winongan sub-district, Pasuruan district. This research will use an integrated and sustainable approach to health care, with the hope of providing in-depth insight into how best to improve the overall quality of nutrition and health of children under five. As such, the research will not only focus on the technical aspects of supplementary feeding, but also on developing more holistic and sustainable policies to ensure optimal growth of under-fives in the area.

Methods

This study used a descriptive approach to investigate specific conditions in several locations in Winongan District. The research was conducted at the Winongan Puskesmas, Jeladri Village Hall, and the Hamlet Head's house from June to July. The study population included the Head of Puskesmas, Village Midwife, Cadres, and twenty mothers of infants under five as informants. The data used consisted of primary data obtained through in-depth interviews and observations, and secondary data obtained from documentation and recordings.

The research sample consisted of the previously mentioned informants, selected based on certain criteria relevant to the research objectives. The instruments used included interview guides, cameras for documentation, cellphones for recording, and observation sheets. Data collection techniques included in-depth interviews and direct observation at the research site. The data collected was analyzed using Miles and Huberman's data analysis model. The analysis process involved data reduction to filter out relevant information, data presentation in the form of text narratives (Data Display), and conclusion drawing/verification to ensure the validity of the findings.

Results

Stunting, a physical growth restriction in children, is a serious problem in Jeladri Village that is triggered by various complex and multi-dimensional factors. One of the main causes is the lack of nutritious food intake in toddlers and children. KKN students have implemented the Supplementary Feeding Program (PMT) in Jeladri Village by demonstrating egg takoyaki menus that are rich in protein and vitamin A as nutritional intake for children. This PMT program demonstration aims to provide additional innovation for parents whose children have not met their nutrition. This program was delivered to the Jeladri Village community and given to 9 children who were declared stunted, with an average age of 3 years. The implementation of this PMT program was also accompanied by midwives and cadres.

Child stunting can be triggered by a variety of complex multi-dimensional factors, mainly related to poor nutrition in young children. In Jeladri Village, to reduce the stunting rate, special attention needs to be given to the first 1000 days of a child's life. Some of the factors that cause stunting based on research include:

1. Parenting Knowledge and Education: Many mothers lack understanding of health during pregnancy and postpartum. Many infants aged 0-6 months are not exclusively breastfed, and more than two out of three infants aged 0-24 months do not receive appropriate complementary foods..
2. Less than Optimal Health Services: Lack of access to or quality of health services for pregnant women, postpartum women, and early childhood education. The percentage of children attending Posyandu is also declining.

Table 1 Number of Stunting Toddlers per Year

Year	Amount
2022	16
2023	17
2024	9

Table 2 Jeladri Village Stunting Posyandu Menu

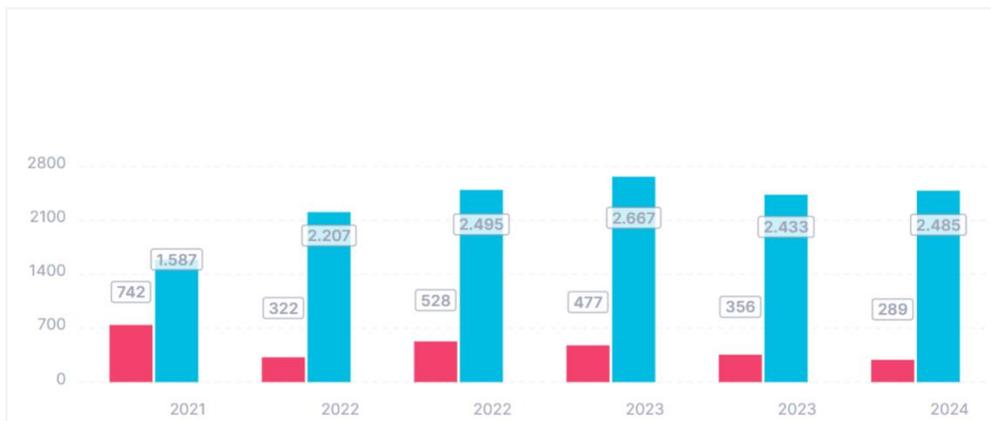
No.	Village Menu
1.	Dimsum Sayur
2.	Puding Susu
3.	Telur Puyuh Kecap Manis

Student PMT Menu

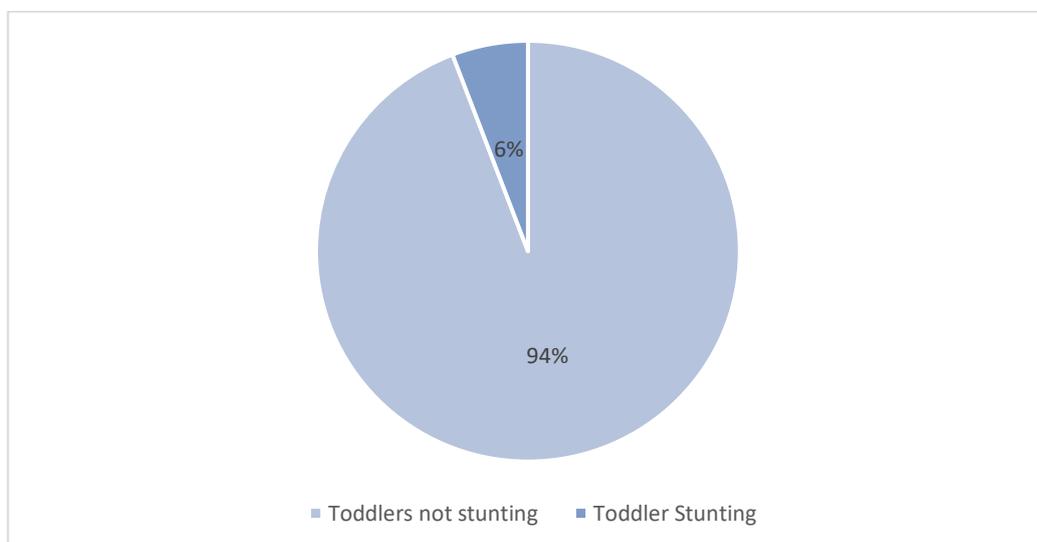
1.	Egg Takoyaki
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Table 3 Total Calories and Ingredients in Takoyaki

Calories	136
Total Fat	2%
Saturated Fat	2%
Cholestrol	13%
Sodium	16%
Carbohydrates	8%
Sugar	16%



Picture.1 Stunting Data Development of Winongan Health Center Red Color: Stunted toddlers, while blue color: toddlers are not stunted.



Picture.2 Percentage of Stunting in Jeladri Village

Discussion

Explanation of Stunting

Stunting is a condition in which children under five have a very short or short height, which is below -2 standard deviations (SD) from the median normal length or height. Stunting is assessed using the anthropometric index of height-for-age, which reflects a child's linear growth before and after birth. The condition indicates long-term undernutrition due to inadequate nutrient intake. Stunting occurs due to a failure in linear growth that prevents children from reaching their genetic potential, and is influenced by poor diet and recurrent infections.(10) Stunting was defined by the World Health Organization (WHO) in 2015 as a disease of child growth and development characterized by abnormal height or length and caused by recurrent infections and chronic malnutrition. A child is considered stunted if his or her height is lower than the average for children of the same age and his or her score on the WHO growth curve is less than two standard deviations, according to the WHO 2020 definition. The syndrome is caused by a number of factors, including poor nutrition and frequent or persistent infections in the first 1000 days of life.(11) Children who are stunted experience delays in physical and mental development. Stunted children are more likely to suffer from chronic diseases in adulthood. Stunting and malnutrition have an estimated annual economic cost that reduces GDP by two to three percent.(12)

Stunting is a chronic nutritional problem often faced by developing countries, including Indonesia, which is committed to reducing the prevalence of stunting to 14% in line with the WHO global target of 40% reduction by 2024. Stunting is the most common form of malnutrition in children worldwide, affecting an estimated 161 million children aged 0-5 years.(13) Its serious impact is evident in increased morbidity and mortality rates in children, as well as a significant decline in cognitive function. The WHO has identified tackling stunting as a top priority on the global health agenda, given its long-term and widespread impact.(14)

Causes of Child Stunting

Stunting can be caused by various factors, including malnutrition in children under five and pregnant women. Therefore, efforts to reduce stunting in Jeladri Village should focus on the first thousand days of life, a crucial period for children under five years old. A more detailed explanation of the various problems that cause stunting based on the responses from 20 mothers of children under five is as follows: First, parents' lack of knowledge in raising their children. For example, mothers may not realize the importance of good diet and hygiene during pregnancy and the postpartum period. According to data, two out of every three children aged 0-24 months do not receive appropriate supplementary food after six months of age, and 60% of infants aged 0-6 months are not exclusively breastfed as recommended and are fed a less nutritious diet. When complementary foods are introduced, the child's immune system is strengthened against the food and drink they eat, and additional nutritional needs that are not met by breast milk are met. Second, inadequate health services, including prenatal, postnatal health services, and early childhood education. According to data from the Ministry of Health and the World Bank, the percentage of children attending Posyandu fell from 79% in 2007 to 64% in 2013, and the quality of vaccines declined. On the ground, access to high-quality early childhood education remains constrained, and half of pregnant women do not receive adequate iron supplements. Third, children under five are not getting enough nutrition from the food they eat at home. Comparing Jakarta to New Delhi, India, the cost of healthy food is still high in Indonesia, at 94%, according to statistics from RISKESDAS 2013, SDKI 2012, and SUSENAS. In addition, the price of fruits and vegetables in Indonesia is higher than in Singapore. Therefore, anemia affects one-third of pregnant women, impacting the unborn child.(15) Fourth, limited access to clean drinking water and proper sanitation.

Jeladri Village Stunting Data

At the Winongan Health Center, data shows that of the 2,774 under-fives measured, a total of 2,485 under-fives were not stunted and 289 stunted under-fives were found in Winongan sub-district. Stunting is a condition in which a toddler's physical growth is stunted, often due to malnutrition and a diet that is insufficient in essential nutrients during the early growth period. At the sub-district level, the 289 stunted children under five highlights the importance of attention to nutrition in the under-five population. The Winongan Health Center has likely been conducting regular monitoring to identify and provide necessary interventions to these children, so that they can grow and develop properly.

In Jeladri Village in 2024, data showed that out of 156 under-fives measured, 9 were found to be stunted. This illustrates that stunting is still a significant health problem at the village level. The stunting percentage of 6% indicates that the number of under-fives experiencing this problem, although small in percentage, remains a serious concern in public health efforts. Compared to the previous year, when 16 out of 147 children under five were measured as stunted, there was a significant decrease to 9 children under five in 2024. This reflects progress in prevention and intervention efforts in Jeladri Village. This reduction in stunting rates can be achieved through various strategies, such as more intensive nutrition campaigns, supplementary feeding programs, and routine data collection and monitoring at posyandu.

To tackle the problem of stunting, various prevention efforts continue to be made. Providing nutrient-rich supplementary food to toddlers is one of the main strategies, to ensure the adequacy of nutrients needed in their critical growth phase. Routine data collection and monitoring at posyandu is also key to early identification of children at risk of stunting, so that early intervention can be carried out. Overall, this data shows a strong commitment to addressing the issue of stunting in the community, with the hope of continuously improving the health and growth conditions of children. Collaboration between the government, puskesmas, and local communities is key in achieving this goal, to create an environment that supports optimal growth and development for every young generation.

Implementation Objectives of the Supplementary Feeding Program

Program evaluation aims to assess the successful implementation of a program based on the plan that has been made. According to Arikunto and Jabar, the purpose of program evaluation is to assess the extent to which program objectives are achieved by understanding the implementation of program activities. The main purpose of this evaluation is to produce recommendations as a basis for decision-making related to the program that has been implemented.(16)

The implementation of the Supplementary Feeding Program (PMT) in Jeladri Village aims to improve the nutritional status of toddlers who are malnourished compared to their peers. This program is in accordance with the direction of the Ministry of Health of the Republic of Indonesia in 2017 regarding Supplementary Feeding (PMT) which aims to improve the nutritional status of toddlers, with the hope of creating a healthy, qualified, and productive generation through education about supplementary feeding to meet the nutritional needs of toddlers. The PMT program is an example of a program aimed at children aged 6-24 months. The long-term goals of PMT are to improve survival rates, accelerate growth, reduce morbidity rates, and support healthy behavioral and mental development in children. The program's main approach is to focus on achieving performance, measuring success, and ensuring results are achieved according to plan. Program targets are determined based on the results of health assessments conducted directly in the field.

Efforts to Improve Nutrition through Providing Supplementary Menus (PMT)

With the efforts of Providing Additional Menus (PMT) to improve the nutritional status of toddlers in Jeladri Village, which is not good enough, it can have an impact as well as contribute to achieving the quality of human resources with good nutrition. If the child's nutritional status is poor, it will have an impact on the child's growth regarding physical growth, lack of endurance, and disability.

Basically, the development of children's growth needs to be monitored in the first five years, with adequate nutrition, a strong immune system and of course ensuring that the child grows healthy and the body's organs function properly. With the program provided by KKN 72 UIN Sunan Ampel Surabaya students in collaboration with the Winongan puskesmas, this is an effort carried out in Jeladri Village by cadres, midwives and mothers who have children who are believed to be affected by stunting with Supplementary Feeding (PMT) as a strategy for handling nutritional problems. The PMT program run in Jeladri Village is provided with quality food content and according to age in child development. The PMT program is given to stunted children with an average age of 3 years with a total of 9 children.

The implementation of the PMT program in Jeladri Village has been carried out by providing Takoyaki eggs consumed by stunted children, with the aim that this treatment can improve nutrition to be adequate. However, the PMT program, which is being run several times, still cannot show significant results, due to obstacles such as the child's parents still not understanding the newly implemented program. Therefore, it is necessary for the community to better understand the provision of PMT according to the age stages of child growth. By understanding the provision of PMT programs to children who have not met their nutritional needs, children will grow optimally and the growth of children supports having good nutrition, of course, given nutritious food. To meet optimal nutritional needs, this PMT program provides intake with high protein content, sufficient vitamins and minerals in stages. Making Supplementary Feeding is done by itself (homemade) which is not the main food but as a distraction. On the other hand, the problem is that some parents feel there is confusion to determine the food menu.

It can be explained from the explanation above, in the PMT program can reduce the problem of unmet child nutrition, if parents strive for their children's nutrition by fulfilling their nutrition with the PMT program. This helps the Winongan puskesmas program by reducing the stunting rate in Jeladri Village. Another goal is to invite the community of Jeladri Village to be more innovative in providing additional food to their children with adequate nutrition. So, if necessary, the community can organize training to make various foods whose ingredients are easily available. With the obstacles felt by the community when implementing the PMT program due to difficulty or confusion in determining the menu, these obstacles will make the community reluctant to continue. The solution that can be done by the community to continue the PMT program is that the ingredients used are local products that are easily available in Jeladri Village. The implementation of PMT in Jeladri Village, accompanied by cadres and midwives, will monitor the development of the child's nutritional status during the PMT program. The implementation of PMT for stunted children in Jeladri Village is carried out once a month in the 3rd week every Wednesday, as well as monitoring children affected by stunting. The implementation of this PMT program can be carried out by parents every day by giving it once a day with the main menu served.

The first PMT menu implemented in Jeladri Village was vegetable dim sum, milk pudding, and sweet soy sauce quail eggs, which were prepared by the cadre women with the guidance of the midwife. Vegetable dim sum was chosen because it uses chicken meat and vegetables as the main raw materials. Chicken meat contains three main nutrients: protein at 23.20%, fat at 1.65%, and minerals at 0.98%. In addition, vegetables are rich in potassium, folic acid, and various vitamins such as vitamins A, E, and C. Milk pudding was chosen as a PMT menu because it is a favorite food for toddlers with its sweet taste and smooth texture. Milk as the main raw material has a high enough calcium and mineral content needed by toddlers for bone and tooth strength. Furthermore, the Egg Takoyaki menu was chosen for the second PMT menu in Jeladri Village which was carried out by KKN 72 Students of Sunan Ampel Surabaya State Islamic University. The menu was chosen because it uses the main raw materials of eggs, chicken meat, and carrots. Eggs contain three main nutrients, namely 50% fat, 42% protein, and 9% carbohydrates. In addition, eating carrots provides many benefits for children's health, such as vitamin A and beta carotene which are good for eye health, vitamin C and antioxidants which are

important for increasing endurance, and fiber which can reduce the absorption of bad cholesterol, sugar, and excessive starch in the intestines.

Based on the content of the ingredients that have been described in the PMT menu that has been implemented, it can be concluded that the selected menu can prevent stunting in toddlers, because the cause of stunting in toddlers is the lack of protein in the toddler's body.

Conclusion

The supplementary feeding program (PMT) in Jeladri Village aims to reduce the prevalence of stunting among under-fives, a serious health problem in Indonesia that hinders children's optimal growth. Through PMT, the main goal is to improve the nutritional status of under-fives and address stunting issues that can have long-term impacts on their health and development. Despite its proven positive impact, there are several obstacles that still need to be overcome in Jeladri Village, especially in terms of the community's low understanding and awareness of the importance of this program. The selected PMT menu is specifically designed to contain essential nutrients that support children's optimal growth. With effective monitoring and mentoring, it is expected that this program can significantly help reduce the stunting rate in Jeladri Village, as well as improve the overall quality of life of children.

The results showed that the PMT in Jeladri Village was successful in improving the nutritional status of children, suggesting that the approach is effective in preventing stunting among under-fives. However, challenges with community education and socialization point to the need for further efforts to increase participation and a deeper understanding of the benefits and objectives of PMT. More broadly, it provides a comprehensive picture of the urgency of stunting prevention programs and the importance of the community's active role in supporting these efforts. With the proven success of PMT, it is expected that stunting rates among under-fives will continue to decline significantly in many regions, while children's quality of life can be maintained and improved.

In addition, it also highlights the importance of the government's role in developing a more effective national nutrition policy, to support the implementation of comprehensive and sustainable stunting prevention programs. Through continuous evaluation and improvement, the PMT program in Jeladri Village has the potential to become a model for other areas in stunting prevention and improving the health of future generations. Overall, it makes an important contribution in supporting stunting prevention efforts in Jeladri Village. By continuing to conduct in-depth research and close collaboration between various related parties, it is hoped that the problem of stunting in toddlers can be effectively minimized, while the potential and future of the children of Jeladri Village can be well guaranteed.

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