

Health promotion evaluation of specific sensitive nutrition interventions for stunting management at Bati Health Center, East Nusa Tenggara

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Abstract

Purpose: This study aims to determine the implementation of health promotion, including input, process, output, and outcome components in specific and sensitive nutrition interventions for handling stunting in the working area of Bati Health Center. **Methods:** This qualitative research uses the descriptive method with a purposive sampling technique so that the number of informants must meet the information adequacy requirements. Data analysis was carried out in a qualitative descriptive setting using a case study approach, which focused intensively on a particular object and studied it as a case. Case study data can be obtained from all parties concerned; in other words, data is collected from various sources. **Results:** In the input component, supporting health services and health promotion facilities, namely road access/transportation and electricity, still need to be improved. Another obstacle is the delay in providing incentives for health promotion human resources, which is related to delays in village funds. **Conclusion:** Cross-sectors need to support the implementation of health promotion in villages, including specific and sensitive nutrition interventions, to optimize the reduction of stunting rates in the working area of the Bati Health Center.

Keywords: health promotion; sensitive nutrition intervention; specific nutrition intervention; stunting

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INTRODUCTION

Stunting is a condition where toddlers have a length or height that is less compared to age. This condition is measured by a z-score that is less than -2SD (stunted) or less than -3SD (severely stunted) [1]. The short-term impact of stunting is increasing morbidity and mortality, inhibiting cognitive, motor, and verbal development in children, and increasing health costs.

Long-term impacts are short stature, increased risk of obesity, decreased reproductive health, decreased learning capacity and performance during schooling, and not optimal productivity [2].

The Integrated Toddler Nutrition Status Survey (SSGBI) in 2019 showed that the Province of Nusa Tenggara Timur (NTT) had the highest proportion of stunting, at 43.82% [3]. The Riskesdas 2018 showed that 269,658 out of 633,000 toddlers in NTT were stunted,

and 75,960 of them were wasted. In NTT, the district with the most stunting was TTS, namely 70.5% in 2013 and 56% in 2018 [4]. Although there has been a decrease, this figure still exceeds the national stunting rate.

Facing high stunting rates, the government issued Presidential Decree No. 18 of 2020 concerning the 2020-2024 RPJMN, where the major project is accelerating the reduction of maternal mortality and stunting [5]. The target for reducing the prevalence of stunting in children under five is expected to reach 14% (2024) from 27.7% (2019). One of the policies highlighted is the nutrition program, which includes specific and sensitive nutrition interventions. This policy involves all stakeholders in an integrated manner, from the center to the village. For this reason, adequate health promotion efforts are needed, supported by health-oriented public policies [6].

Based on a preliminary study conducted by researchers, stunting-related nutrition programs, both specific and sensitive nutrition interventions, have been carried out in the working area of the Bati Health Center. The nutrition programs at the Bati Health Center have been quite successful. They are known for reducing stunting rates from 175 cases (2018) to 76 cases (2021) [7]. In line with research conducted by Yulyanti (2018), several nutrition programs for stunting have been carried out. However, the implementation of the POAC management aspects is still not optimal. Hence, improving the program's quality is necessary by fulfilling human resources, facilities, and more specific planning. Another study by Muthia and Yantri (2019) showed that stunting prevention in the 1000 HPK movement-specific nutrition intervention was going well. However, there were still deficiencies in each component, both input, process, and output [8].

Based on the explanation above, researchers are interested in exploring further how to implement health promotion in the input, process, output, and outcome components of a specific and sensitive nutrition interventions program for the treatment of stunting in the working area of Bati Health Center, North Mollo District, TTS Regency in 2021.

METHODS

Study design

This research was conducted qualitatively with a case study approach. The researcher wanted to

describe and gain a thorough understanding of implementing health promotion in specific and sensitive nutrition interventions for treating stunting in Bati village. The steps include determining the problem, choosing the appropriate design and instrument, collecting data by interviewing the key informants, analyzing the data obtained, and preparing a research report.

Study participants

In selecting research informants, researchers used purposive sampling because by using this technique, researchers could choose informants who could provide a deeper understanding of cases and problems related to implementing health promotion in specific and sensitive nutrition interventions for treating stunting in Bati village. Data was collected using in-depth interview techniques according to the interview guidelines. The key informants must meet inclusion criteria, be domiciled in Bati Village (except health center staff/health office staff), and be willing to be informants. Meanwhile, the exclusion criteria for this study were informants with a physical or mental disorder. The number of key informants in this study amounted to 11 people, consisting of 2 village assistants, 1 Soe Health Office staff, four health workers of the puskesmas, two trained cadres, two toddlers, and families of toddlers involved in specific and sensitive nutrition intervention programs in the working area of the Bati Health Center. The research will be conducted at the Bati, North Mollo District, TTS Regency. The study will be conducted after the ethical approval is issued.

Data collection

Data collection in this study was conducted through observations, interviews, and documentation. Observing the extent to which health promotion actions have been carried out in specific and sensitive nutrition programs for handling stunting problems at the Bati Health Center, a document review will be conducted to compare health promotion carried out in the Bati Health Center. The interview was conducted using interview guidelines that had been prepared. The researcher then explained the research procedure, including objectives, methods, respondents' benefits, and possible risks. Willing respondents are asked to fill out and sign a consent form voluntarily.

Table 1. Result of the study

Category	Sub-category	Quote
Input	Government regulation/ policy	<p>"Ah, the guidelines and duties of the health promotion program exist, and that's clear. We are here based on the 2007 health promotion guidelines for Health Center. But in practice, not all of them are carried out, so we carry them out according to our capabilities." (LL (28), program coordinator for Health Promotion)</p> <p>"We use guidelines according to the ministry of health. But for the promotional material itself there is usually a calendar from the health office, it has arranged everything starting from what the topic is or how it is implemented." (YL (47), Coordinator of the nutrition program).</p>
	Coordination/cooperation	<p>"We are not only cooperate with health, but also with other sectors that have nothing to do with the health sector... For example for sanitation, it has to do with the availability of clean water, so we have to work with water supply providers, more to be precise, e ka village, which has collaborated with Pamsimas... Then for example healthy toilets, yesterday's healthy latrines were with PU."</p>
	Human resources	<p>As for health resources, we have one Health Promotion staff member, Mrs. Ina. However, we are also involved in implementing the promotion itself. So there is also the empowerment of other health workers besides health workers who have a background in health promotion" (YL (47), Coordinator of the nutrition program).</p>
	Infrastructure	<p>"As for facilities at the puskesmas, in general, or more specifically when we talk about health promotion, we definitely get that from the health office regularly. Except for certain facilities which are not routinely provided by the service, and we need them, for example an ambulance or medical equipment, if there is a shortage, yes, we will submit them again as needed to then be fulfilled by the health service." (YL (47), Coordinator of the nutrition program).</p>
	Empowerment	<p>"If there is certainly empowerment, both in the health sector and across sectors, there will still be empowerment. Cadres are also a form of empowerment..Then if there are more cross-sectors, because we also cooperate with many sectors, agriculture, public works, and so on. These sectors are generally related to village development, infrastructure, agriculture, and so on, we always involve the community. The goal is not only to become a government program but also a community program." (YL (47), Coordinator of the nutrition program).</p>
	Fund	<p>"Funds, for the current source of funds, only BOK and Capitation funds. that's money for the Officer's Services. For the operation of all programs at the health center, the BOK funds. So it's been budgeted from there for every promotional activity and other activities as well."</p>
	Process	Health promotion in the building
Health promotion outside the building		<p>"We are also at the Posyandu for sure, for sure we will do counseling first and then we will do the weighing. If found (underweight), by the KMS, health officers will immediately take action. Direct counseling on the spot. So we, by collaborating with the village, basically, cross-sector cooperation, yes. So from the village itself they also support us, So we are always counseling." (LL (28), Coordinator of the Health Promotion program).</p>
Print/digital media		<p>"Several health promotion facilities have also been facilitated, in fact, every month we still receive posters or brochures, as well as counseling calendars, so we don't have any planning yet, we are still focused on running the existing programs. The counseling calendar can also be used as a guideline for compiling media or promotional programs at the puskesmas" (WK (47), Head of the Bati Health Center).</p> <p>"Ah, our health promotion uses two languages. There is Indonesian and there are</p>

		<p>regional languages. Yes The regional language is our own reason. so we spread it via radio, there is also via, FB also via YouTube. Like that” (RL (55) Head of Promkes, District Health Office TTS)</p> <p>“Considering that the topography of TTS is hilly, mountainous and one of the widest districts in NTT. So to reach Timor Tengah Selatan in general, its impossible. But aa, 70-80% is reachable...often the health service uses radio for service purposes, especially disseminating aa or providing explanations, enlightenment to the public regarding stunting.” (HT(44), Announcer RSPD Soe).</p>
Output	<p>Additional food and nutrients: not only received, but also consumed, and fulfilled the amount.</p>	<p>“If the cadres for health promotion, especially stunting, are under the control of a nutritionist, but to fulfill that, surely there will always be health promotion, we will definitely recommend it. for pregnant women, or food for her, pregnant women are at high risk, just like that, that's always there for us to promote..” (LL (28), Coordinator of the Health Promotion program).</p> <p>“Health promotion cannot be separated from all programs at the Puskesmas. In other words, we have a spearhead because it needs promotion to convey programs from the puskesmas so that the community will know the purpose of the programs and want to be involved in them, which can help us achieve the program targets set by the center. (YL (47), Coordinator of the nutrition program).</p>
	<p>The same key message for cadres, village assistants, officers</p>	<p>“For the promotion theme itself, there is usually a calendar from the service, it has arranged everything, starting from what the topic is or how it is implemented. From these guidelines, the promotion officer will arrange the program unit.. We also have our own whatsapp group, there we don't only discuss tasks at the puskesmas, one of which is that we also share activities at the puskesmas, so we still have monitoring from other health workers. While each of us carries out our duties, communication continues.” (YL (47), Coordinator of the nutrition program).</p>
	<p>Intervention packages in Puskesmas and posyandu</p>	<p>“So far we have health workers from the puskesmas, we have PTT midwives, they are quite optimal, quite good. In the midst of us having these limitations, they can still reach out to us, to convey what they really have to say. Luckily, the puskesmas staff, PTT officers, they really have the intention to serve. So let us be in any corner, they will arrive, that's what I salute. So if you ask me about the promotion earlier, the health promotion, I can say it's been pretty good.” (DR (34), PLT village head Iusmolo).</p>
	<p>Trained cadres</p>	<p>“First, the village father asked us, if we agree, then we will communicate with the puskesmas, there will still be training for us from the officers. Yes, later we will start participating in the field trip and also slowly get assignments to help out in the field, until now on average all of us have been able to work. We, the cadres, have a decree, ma'am” (KP (52), Iusmolo village cadre).</p>
Outcome	<p>Achievement of program targets</p>	<p>“Stunting cases have also decreased, right in Bati. This means that, aa health information reaches the community. So, with the existence of this health information, it will ultimately affect their behavior, so, the change is better, the adherence to drug consumption is getting better, then, aa, the hygiene is getting better, the sanitation and cleanliness of the environment is also getting better, so then we can see from there is a reduction in disease rates.” (WK (47), Head of the Bati Health Center).</p> <p>“Moreover, we are also currently on the target to accelerate the reduction in maternal mortality and stunting rates which are targeted to reach 14% in 2024, so of course we always send reports on the development of cases in our area, whether there is progress or not, if there is but If it is not significant, we will increase the existing efforts again, so that together we can get closer to the target because the time has gone on, now we are in 2022, there are only 2 years left for us to reach 2024 which is targeted in the aa RPJM.” (WK (47), Head of the Bati Health Center).</p>

The interview process was recorded using a voice recorder. Researchers also made field notes during the study to ask for answers that needed affirmation. Interviews are conducted in Bati health center, village, and informant workplaces. In conducting interviews, researchers are accompanied by informant friends. The interview process is performed for 30-75 minutes, and when researchers want to dig for information, it is felt less by researchers, done through WhatsApp or by phone because of the busyness and the COVID-19 pandemic. This is also a request from the research informant. Health officers were interviewed about implementing health promotion in Bati Health Center, including the input process and output components. Health service employees were interviewed about their responsibilities, regulations, and policies to overcome stunting. Researchers carried out the observation process by visiting the health center, the village, and the village's office. The interview and observation process was documented to provide a broader picture of implementing health promotion in specific, sensitive nutrition interventions for stunting management at Bati Health Center.

Data analysis

The results of the interview data collected are then transcribed. Researchers conduct member-checking validity in the study by giving transcript results to the research informant to cross-check the information provided; after the member-checking process is completed then, complement the data by reviewing the data that has been obtained, both in the form of observations, interview results and the results of research documentation. After complimenting the data, create a narrative. The study results can then be used as answers after being analyzed first. Then the last step is the report preparation stage. The answers obtained are described in detail and then compiled as a report.

RESULTS

Informants have different work backgrounds. Informants who worked as Puskesmas employees comprised 36.3%, while informants who worked as employees of the Health Service, broadcasters, and farmers/cadres comprised 9.1%. Then, the other jobs are village employees/staff and homemakers, which account for 18.2% of the total. The number of male informants was 45% and fewer than the female informants, which amounted to 55%. Informants have different educational backgrounds. Higher education background was 63.6%, while informants with a junior high school education background were 9.1%.

Informants with a high school education background amounted to 27.3%.

Table 1 highlights the multifaceted efforts of health promotion programs in health centers (Puskesmas), emphasizing the integration of government policies, intersectoral collaboration, resource management, and community empowerment. It illustrates how health promotion is conducted through infrastructure-based and field activities, utilizing various media and tailored interventions.

Input component

Government regulations in the health sector aim to bring access closer, provide equitable distribution of health workers, and improve the quality of health services. In its implementation, the regional government of South Central Timor Regency through the Health Service has carried out these regulations through the TTS Regent's Regulation, through policies made by the City Health Office, and through cross-sectoral coordination. Another input component is human resources. In practice, the number of health workers, especially doctors still needs to be increased or more present in health services at the Bati Health Center. It does not only occur in the TTS District Region. However, the problem of limited health personnel is one of the problems that pose a challenge in developing the services of the NTT Provincial Health Office for 2019-2023 as stated in the NTT Provincial Health Office Strategic Plan 2019-2023, which stated that the number of health workers in NTT in 2017 was almost for each type is still lacking when compared to national standards.

Related to collaborative efforts, in implementation, the Bati Health Center has been involved in coordination efforts in the health sector and those involving cross-sectors. This can be seen from several pieces of information related to coordination steps carried out by the village government where health services are carried out and by the Puskesmas itself, as conveyed by research informants. Even though the Puskesmas have tried to establish coordination again, they are open to any invitations to cooperate in developing their area. Concerning media information delivery facilities, efforts have been made by Puskesmas and supported by the City Health Office. The local government also utilizes government radio media to disseminate information. Regarding transportation facilities, electricity supply has yet to reach all villages in Indonesia due to various obstacles, one of which is the distribution channel of the State Electricity Company, which requires road access to destination locations. At the same time, most rural areas in Indonesia still have difficult access, including Bati.

Empowerment is one part of the input component. In implementing empowerment in Bati, Bati villagers are sufficiently involved and empowered in various health efforts. The community is expected to be involved in implementing health programs and feel responsible for their role so that program implementation is not hampered and health promotion goals can be achieved. The funds used were sourced from BOK funds in carrying out health promotion at the Bati Health Center. to purchase equipment not facilitated by the health office using BOK funds because the health promotion facilities obtained from the health office were only in the form of health promotion media. In addition to BOK funds, village funds are also used for health services. Village funds are allocated to provide PMT, posyandu operations, and financing for cadres and regional contract workers (TKD).

Process component

In carrying out health promotion in the building, the Bati Health Center provides a special IEC room as part of Health promotion services at the Health Center, which allows counseling and education activities to be carried out correctly. Besides that, using various health promotion media is also one of the strategies health center staff use for health promotion in buildings. Meanwhile, health workers have attempted to promote health outside the building at the Bati Health Center in various forms, including outreach at posyandu, village offices, and even churches. During the pandemic, efforts were made to keep socialization running with a round of speeches conducted by health center staff. Health promotion is also carried out through counseling and education during home visits.

Health promotion is also carried out by utilizing the regional government radio media by various agencies in TTS Regency through various delivery forms, such as advertisements, dialogue or discussion, announcements, and affirmations. Thus, the steps taken align with the results of research from Melo in 2023, which states that public interest is also influenced by technology and the attitudes of health workers. The implementation of health promotion at the Bati Health Center has utilized various print media, both provided in health facilities and distributed to the public. This is intended to meet the health information needs of the public by reading these media.

Output component

To ensure that the additional food and nutrients given to the target group are received and consumed and the quantity fulfilled, the research results show that the Community Health Center cooperates with the village government through cadres in this supervision.

Cadres' role is optimized to oversee the consumption of drugs or nutrients given, considering that cadres are part of the community. In addition, the supervisory role is also carried out by TKD Health Workers. This is also related to the closeness between TKD and the village community because TKD also lives in the village community and is facilitated by the village government.

To ensure that the community can accept key messages, health promotion at the Bati Health Center uses guidelines from the Health Office in the form of an extension calendar adapted to the local community's conditions, including disease trends in the local area. Delivery of key messages is also sometimes carried out in the local language. This is intended to make it easier for the public to accept the contents of the Health message. Interactive communication between the community and health workers is also carried out to build close relationships between community members and health workers so that it is easier for the community to receive key messages from officers and vice versa, making it easier for officers to understand health problems that exist in the community.

Efforts to reduce stunting focus on specific nutrition interventions as well as sensitive nutrition interventions. In its implementation, the Bati Health Center has been involved in health efforts outside the health sector, both those initiated by the Puskesmas itself by the Health Service and even by the village government, such as the provision of clean water facilities, food security, health insurance, poverty alleviation and so on. the presence of trained cadres is one of the expected outputs of health promotion. The selection of cadres in the village is based on specific considerations, such as the ability to organize village communities. To increase the capacity of cadres to carry out their duties, the puskesmas provide cadres with various types of training related to the basic skills that a cadre needs. The puskesmas provide the training, and contributions are from private foundations/NGOs that collaborate with the puskesmas.

Outcome component

The outcome to be achieved is the percentage of stunting reduction achievements using the stunting reduction target benchmark based on the 2020-2024 RPJMN, where efforts to reduce stunting rates that are currently occurring are still being pursued or are still in the process of achieving this target. Although the number of cases of stunting itself has decreased based on the results of research conducted in the Bati Health Center area, this process is still ongoing because the target to reduce stunting, according to the RPJMN, has not been achieved. In general, the national stunting

reduction target in 2024 is 14%. Meanwhile, the national stunting rate is currently at 24%.

DISCUSSION

On the input component, government regulations in the health sector aim to bring access closer, provide equitable distribution of health workers, and improve the quality of health services. Several regulations and policies govern the existence and operation of the Puskesmas, including support from the central, provincial, and regional governments. Among these regulations is Law Number 36 of 2009 concerning Health Article 49 paragraph (1), which states that the government, local government, and the community are responsible for implementing health efforts [9]. Meanwhile, the technical rules related to the operation of the Puskesmas are contained in the Regulation of the Minister of Health of the Republic of Indonesia No. 43/2019 regarding community health centers [10].

Related to human resources, based on the Regulation of the Minister of Health of the Republic of Indonesia No. 43/2019 concerning community health centers article 17, the staffing requirements at the Puskesmas must at least include doctors or primary care doctors, dentists, other health workers, and non-health workers [11]. Other health workers include nurses, midwives, health promotion and behavioral science personnel, environmental sanitation personnel, nutritionists, pharmacists or pharmaceutical technical personnel, and medical laboratory technology experts. The availability of human resources needs to be supported by infrastructure. The facilities are expected to support information delivery in health promotion services to village communities, which health workers carry out. By getting correct information regarding the matter, the patient/individual also feels in an environment that encourages him to behave according to health advice [10].

For the smooth running of health promotion, cooperation is needed. Coordination and working relationship between the Puskesmas and the hospital is in the form of coordination and referral in health efforts. The working relationship between the Puskesmas and other Health Service Facilities and community-based health efforts is in the form of guidance, coordination, and referral in health efforts. The working relationship between the Puskesmas and other related cross-sectors is a coordinating network in health efforts. Besides cooperation with the government, community empowerment is equally important. Empowerment is a process of providing informant families, groups, or individuals continuously and on an ongoing basis, as well as a process of helping

the community to change from initially not knowing to knowing, from learning to being willing, and from willing to being able to run the health programs introduced [12]. Determining standards for health promotion funds or budgets for Puskesmas is challenging. However, it is hoped that Puskesmas or District/City Health Offices can provide sufficient funds/budgets to carry out Puskesmas health promotion activities.

In the process component, Promkes in the building is health promotion carried out in the Puskesmas environment as well as in the Puskesmas building such as at the registration site, polyclinic, emergency room, laboratory, and pharmacy, including in the Puskesmas yard [10]. Health promotion activities in the Bati Puskesmas building are carried out in line with the services provided by the Puskesmas. Health promotion activities outside the health center building have also been regulated in the Decree of the Minister of Health of the Republic of Indonesia Number 585/Menkes/SK/V/2007 concerning Guidelines for Implementing Health Promotion in Puskesmas. Puskesmas officers outside the Puskesmas building carry out 10 Health promotions outside the building. This means that Puskesmas officers carry out health promotion campaigns for village communities that live or are in the working area of the Puskesmas. Health promotion outside the Puskesmas building can include home visits, health promotion at health posts, and counseling in the working area of the Puskesmas [13]. Health promotion media is an effort to display the message or information that the communicator wants to convey to the communicant, whether through print, electronic media (TV, radio, computer, and others), or outdoor media so that the intended targets can increase their knowledge and are expected to change behavior. Health in a more positive direction [14].

In the output component, the village government is expected to be involved in the convergence of stunting prevention in the village, including 1) Conducting convergence in planning and budgeting for Village development programs and activities to support stunting prevention; 2) Ensure that each priority target receives and utilizes the priority nutrition intervention service package; 3) Strengthen monitoring and evaluation of the implementation of services for all priority targets as well as coordinating target data collection and routine updating of intervention coverage data. To support behavior change, a key message dimension is needed in the Behavior Change Communication Strategy, according to the Directorate of Health Promotion & Community Empowerment (2018), which consists of 3 phases: Phase 1 is the introduction of the concept of stunting, which is most

appropriate and easily understood by the community, Phase 2 is the introduction of ways that the community can take to prevent and refer to cases of stunting, and Phase 3 is to foster empowerment and strengthen better social control among community members, for the prevention of stunting [4].

Cadres must also have the same key messages, so cadres must be given training materials that include: 1) The importance of exclusive breastfeeding until 6 months; 2) Maintain breastfeeding until the age of 2 years or more; 3) Monitoring toddler growth, filling out and interpreting KMS; 4) The needs for energy, iron, and vitamin A must be met from locally based MP-ASI; 5) Number, variety, and frequency of daily feeding; 6) Feeding sick/convalescent children; 7) Selection of raw materials and preparation of hygienic and nutritious MP-ASI; 8) Information-giving skills; 9) Counseling skills include skills to build self-confidence and provide support, and skills to observe interactions between caregivers and children [15]. Efforts to reduce stunting focus on specific nutrition interventions as well as sensitive nutrition interventions. Specific nutrition interventions are aimed at children in the first 1,000 days of life (HPK) and contribute to a 30% reduction in stunting. The framework for specific nutrition intervention activities is generally carried out in the health sector, supported by another 70% across sectors.

The measurement of outcome indicators often needs to be clarified with the measurement of output indicators. Outcome indicators are more important than just output. Even though the product has been successfully achieved, it is still being determined if the activity's outcome has been achieved. Outcome describes a higher level of achievement that may concern the interests of many parties [16].

CONCLUSION

Implemented program have led to the achievement of stunting prevention and control indicators, as evidenced by the decrease in stunting cases from year to year. However, there are still a few weaknesses in the input components. In the input component, there are still several areas for infrastructure improvement, especially in supporting facilities for health promotion activities such as transportation and electricity. In addition, delays in village funds have caused the village government to be late accommodating incentive payments for health promotion implementers, such as cadres and TKD. If this component is corrected, efforts to reduce stunting may be far more optimal.

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