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Optimization of the Stunting Reduction Program in Nagrak Village, District, Buahdua, Kab. Sumedang

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Abstract

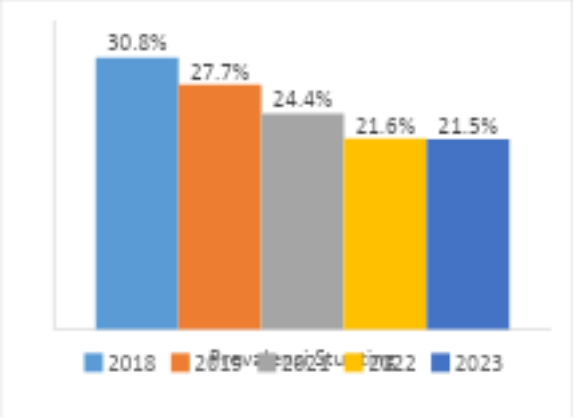
Stunting is a serious nutritional problem and must be faced by Indonesia and other countries. Stunting itself is a disorder of child growth and development where the height of stunted children is shorter than that of children of the same age. This study was conducted to find out whether the stunting reduction program in Nagrak Village is optimal or not. To find out, the researcher used a descriptive qualitative research method. In this study, the researcher collected data by documentation, interview, and observation techniques. In an effort to reduce stunting in Nagrak Village, the focus is on three target groups, namely, adolescents, pregnant women and toddlers 0-59 months. The results of the study show that early detection of nutritional problems in Nagrak Village has been carried out with the existence of a youth posyandu program and also the provision of Blood Supplement Tablets (BST) and anemia checks to schools. In addition, in the target group of pregnant women, assistance has been provided regarding the consumption of nutrition and BST or other supplements and additional nutritional intake has been provided for high-risk pregnant women. Stunting treatment for toddlers 0-59 months is carried out with the posyandu program, where the weight and height of toddlers are measured every month so that their growth and development can be monitored, in addition to the provision of supplementary food (PMT) for toddlers who are indicated to be stunted so that they can meet additional nutritional intake. It was concluded that the stunting reduction program in Nagrak Village has been carried out optimally.

Keywords: *Stunting, Teenagers, Pregnant Women, Toddler.*

INTRODUCTION

Stunting is one of the nutritional problems in Indonesia besides *wasting*, anemia and obesity which require immediate treatment because they will have an impact on the long-term conditions of the next generation. *Stunting* or it could also be called stunting, it is a condition of failure in children under five years (toddlers) due to chronic malnutrition and recurrent infections in the first 1000 days of life (HPK) (Vice Presidential Secretariat, 2019). *Stunting* will have an impact not only on the child's growth and development but also on the child's intellectual capacity which will not be able to develop optimally, handling stunting is not only carried out from the time the child is born but from the teenage years of the prospective parents of the next generation (Yuda *et al*., 2023).

Quoted from news sourced from the National Research and Innovation Agency (BRIN), prevalence of stunting in Indonesia it fluctuates, in the 2010-2013 period the prevalence of stunting increased and in the 2014-2018 period it decreased and will continue to decrease until 2023.

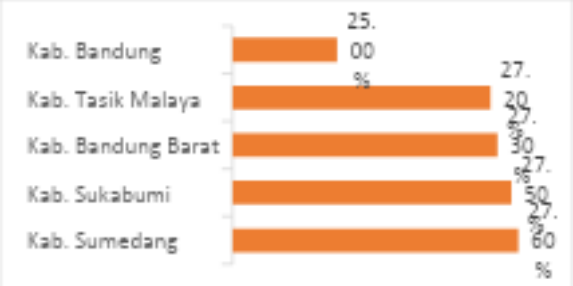


Graph 1 Prevalence *Stunting* period 2018-2023

It can be seen in the graph above that in 2018 the prevalence *stunting* Indonesia is 30.8% and in 2023 it will decrease to 21.5%, although it has decreased, this figure still does not meet the stunting prevalence figures set by *World Health Organization* (WHO), the global target is below 20%. For 2024, the government is targeting a stunting prevalence rate of 14%, so a reduction of 6.5% is needed to achieve this.

The prevalence rate of stunting in Indonesia is also influenced by the prevalence rate of stunting in each province, district/city, even down to the village. In 2022 as quoted from https://databoks.katadata.co.id/ (Annur, 2023)

West Java province ranks 22nd with the highest prevalence of stunting in Indonesia at 20.2%, which will increase in 2023 to 21.7%. West Java has 27 districts/cities. Data on stunting prevalence at the district/city level in West Java in 2022 is Sumedang Regency with a figure of 27.6% and Bekasi City is the city with the highest prevalence rate. *stunting* the lowest in West Java in 2022 at 6%.



Graph 2 *Prevalence Stunting* Highest Regency/City Level, West Java Province in 2022

In 2022, Sumedang Regency will still be the district/city with the highest prevalence of stunting highest in West Java, but in 2023 Sumedang Regency succeeded in reducing the prevalence of stunting by 13.2% to 14.4%. The Sumedang Regency Government is responding seriously to issues regarding *stunting*.

According to (Presidential Decree No. 72 of 2021) regarding the acceleration of decline *stunting*, article 3 states that there are five target groups in efforts to reduce stunting, namely teenagers, prospective brides, pregnant women, breastfeeding mothers, and children aged 0-59 months. These five targets are related to each other, this was confirmed by the village midwife who stated that there were potential risks to children *stunting* higher if the mother's lifestyle as a teenager is also unhealthy, which has an impact on her child.

The child said *stunting* If the child's height or length is less than that of children his age, the height measurement is <-2 standard deviations from the median growth standard according to WHO (Hitman *et al*., 2021). Adolescence is a transition process from childhood to adulthood, for young women it ranges from 12-21 years and 13-22 for young men (Asatuti *et al*., 2021). Since adolescence, it is necessary to be prepared to fulfill good nutrition and fulfill vitamin needs so that no teenager is malnourished which will have an impact on the next generation. Next quoted from (Savitrie SKM M.Kes, 2022) in https://yankes.kemkes.go.id/ A pregnant woman is a woman who is pregnant from the moment the egg and sperm cells meet until the birth of the baby, with a normal pregnancy duration of 40 weeks calculated from the first day of the last menstruation (HPHT). Fulfilling nutrition for pregnant women is one of the first steps in preventing *stunting*, pregnant women with sufficient nutrition will also have good fetal conditions, while pregnant women who are malnourished will cause the fetus to be disturbed (Mayangsari, 2022).

The Sumedang Regency Government is working with PT Telkomsel for collaboration in the context of combining health services with *digital governance* to provide information and services digitally (Sumedang Health Office, 2023). From the results of this collaboration, a platform called SIMPATI was created. This platform is useful in recording the condition and growth and development of babies and also the health of pregnant women. Data on toddlers is recorded in real time and data on toddlers with stunting is recorded periodically.

The program that has been prepared by the Sumedang Regency Government needs to be adapted and carried out by the Village Government, therefore the aim of this research is to analyze the stunting reduction program for 3 target groups, namely teenagers, pregnant women and also toddlers 0-59 months.

From the description above, researchers will discuss optimizing the reduction program *stunting* in Nagrak Village, Buahdua District, Sumedang Regency.

IMPLEMENTATION METHOD

The research method used in this research is a qualitative research method which is useful for researching natural objects with triangulation as a data collection technique (observation, interviews and documentation) (Sugiyono, 2023:9).

The analysis used in this research uses the data analysis technique of the Miles and Huberman model (Sugiyono, 2023: 133) which

suggests that activities in qualitative ata analysis are carried out interactively and continue continuously until completion until the data is saturated. Activities carried out for data analysis include:

1. Data Collection *(Data Collection)*
   Researchers collected data by observing and following the activities carried out, interviewing relevant respondents and requesting data that had been created by
2. Data Reduction *(Data Reduction)*
   Researchers sort data that can be formed into tables and that can be narrated.
3. Data Presentation *(Data Display)*
   Researchers present data using narrative text coupled with charts and tables.
4. Conclusion *(Conclusion)*
   The conclusions in this research are used to see whether the stunting reduction program that has been carried out is optimal

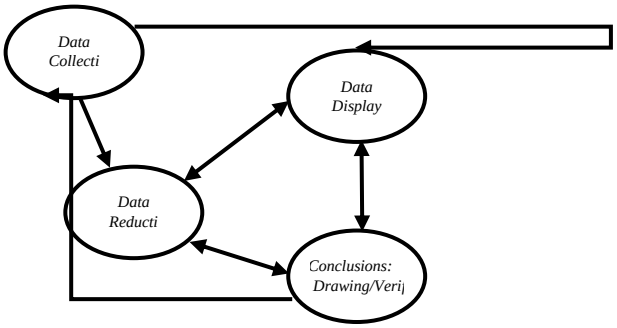


Figure 1. Research Flow

RESULTS AND DISCUSSION

1. Drop Program *Stunting* in the Teenage Target Group

   Adolescents are people aged 10-18 years, who are in the transition period from children to adults. Nutritional problems that occur in teenagers result from unhealthy eating habits resulting in an imbalance between the nutrition consumed and the nutrition needed (Natanael et al., 2022).

   Posyandu cadres and PKK Nagrak Village created a youth posyandu program which is held once a month on Sundays, teenagers are gathered to do gymnastics together and measure weight and height as well as abdominal circumference and upper arm circumference specifically for young women as well as blood pressure followed by a counseling program and reading movement.

   When measuring body weight, adolescent Posyandu participants are expected to wear light clothing to obtain accurate body weight and to measure height, participants are allowed to remove their footwear and face forward, this measurement is useful for knowing the increase in weight and height each month.

   Furthermore, abdominal circumference measurements are used for early detection of obesity in adolescents. Abdominal circumference measurements are one indicator of determining the type of obesity. Large abdominal circumference is associated with increased risk factors for disease and is a manifestation of obesity (Yulianto & Arismawati, 2022).

   Measurement of upper arm circumference (LiLA) in adolescent girls is carried out to determine whether adolescent girls have chronic energy deficiency (KEK) (Kamariyah & Musyarofah, 2018), the threshold which is the reference in measuring LiLA according to (Prihati et al., 2023) if LiLA < 23.5 cm is included in the category of malnutrition, LiLA ranging from 23.5 – 28.5 cm is said to be normal nutrition, and LiLA > 28.5 cm is said to be overnourished.

   The next examination is blood pressure, a blood pressure check is used to measure how strong the blood pressure is in the arteries when the heart is pumped using a blood pressure monitor (Prima et al., 2023).

   And the last youth posyandu activity is counseling which usually discusses healthy living procedures, education regarding nutritious food, reproductive health, and prevention related to narcotics and illegal drugs, this is in accordance with the results of interviews conducted with human development cadres (KPM) Nagrak Village which stated that counseling was carried out by community health center officers or village midwives. This is done to detect early nutritional problems in adolescents.

Figure 2. Nagrak Village Youth Posyandu

Figure 3. Process of measuring abdominal circumference

According to the results of the request for population data received by researchers from the service section in Nagrak Village, the population with the criteria of being a teenager is 397 people with the following criteria:

Table 1. Data on the population of the Nagrak Village group teenage age

Criteria	Amount
Ages 7-12 Years	211
Age 13-15 Years	88
Age 16-18 Years	98

This is a very large number, but it is a shame that only 20% of the teenage posyandu participants who take part in it are the total number of registered teenage population in the village. This was revealed during an interview conducted with Human Development Cadres (KPM) who stated that the number of youths posyandu participants was at most 78 people, judging from the attendance list.

In (Secretariat of the Vice President, 2019) in the intervention to accelerate the reduction of stunting, the specific nutritional intervention carried out for teenagers is by providing blood supplementation tablets (TTD) for young women. Sourced from KPM, the provision of TTD supplements for young women is carried out in schools followed by hemoglobin checks. This statement is in line with the answer from the village midwife, who stated that TTD administration and anemia checks were given directly to schools supervised directly by officers from the community health center. According to data taken from (S. Admin, 2024) https://pwa.simpati.app/ there are indicators of the acceleration of decline *stunting* According to (Presidential Decree No. 72 of 2021) in Nagrak Village for the youth target group there are 2 indicators, namely:

Table 2. Indicators of achievements in reducing stunting in Nagrak Village, target group of teenagers

Indicator	Percentage
Young Women who consume Blood Additive Tablets (TTD)	100%
Adolescent girls who receive anemia status (hemoglobin) screening services	100%

From these data it can be concluded that the number of young women who consume TTD and the number of young women who are registered have all consumed TTD. Likewise, in the next indicator, it was concluded that all young women in Nagrak Village had received anemia status examination services. So that Nagrak Village obtained a percentage of 100% for these two indicators.

2. Drop Program *Stunting* in the Target Group of Pregnant Women

Pregnant women are one of the target groups that need to be considered in treatment *stunting*. Pregnancy is a factor in changes in the mother due to the physiological processes

she experiences (Wati *et al.*, 2023). A pregnant woman is a woman who is carrying a fetus who is vulnerable to experiencing nutritional problems because at that time there is a struggle for nutrition between the mother and the future baby. According to (Indanah *et al.*, 2021) (Indonesian Ministry of Health, 2014) there are four categories of risky pregnancies, namely:

a. Too Young, this happens to pregnant women who are not over 20 years old.
b. Too Old, occurs when a pregnant woman is over 35 years old.
c. Too Close, what is meant here is the distance between pregnancies of less than a year, while the recommended minimum distance is 2 years.
d. Too Many, the recommended number of children is no more than 2 children.

Based on the results of interviews with KPM and posyandu cadres, there are 8 pregnant women in Nagrak Village and 4 of them are included in the category of high-risk pregnant women, for reasons that are too young, too old, pregnant women are KEK because the LiLA is very small and also pregnant women with a history *caesar*. The village midwife added that all pregnant women are very at risk, therefore supervision and assistance is still needed, as well as preventive preparations such as regularly taking supplements and preparing insurance so that when undesirable things happen, pregnant women can get help without having to worry about costs.

Several programs created and implemented by Nagrak Village for the target group of pregnant women, namely:

a. Assistance for pregnant women
Pregnant women in Nagrak Village have their pregnancies checked at the community health center, hospital and visit the village midwife or midwives in the area where they live. Even though the examination is carried out in a different place, the village midwife is still responsible for all pregnant women in the village. Village midwives are assisted by posyandu cadres whose homes are close to pregnant women, several checks are carried out such as monitoring the consumption of blood supplement tablets (TTD) of at least 90 tablets during pregnancy, the food consumed is nutritious food, and routine checks with health workers and carrying out Ultrasound to the obstetrician once per trimester.

Figure 4. Assistance for Pregnant Women

b. Supplementary feeding (PMT)
The next program carried out is the provision of additional food which is usually distributed once a month or can be repeated once every two months, in the form of raw food ingredients containing protein and vitamins which can support nutrition for pregnant women.

Figure 5. Providing additional food for pregnant women

c. Usage *Smartwatch NURMI*
The health monitoring information system for adolescent girls and pregnant women or abbreviated as SINURMI, is a breakthrough program resulting from collaboration between the Sumedang Regency Regional Government and Indosat to identify and monitor the health of pregnant women. On the page https://sumedangkab.go.id/ which was written by (Marliyana, 2023) mentioned by

using *smart watch* SINURMI can determine the condition of heart rate, blood pressure and saturation and can determine the number of steps and location of pregnant women.

In Nagrak Village itself, only 2 high-risk pregnant women have used it, while the number of high-risk pregnant women is 4. As said by the village midwife, Nagrak Village actually did not receive these hours, while the 2 hours received were gifts from other villages which already received them. When using it, when a pregnant woman sees a danger signal from the application, she is required to go to the village midwife or health worker.

From the results of interviews with pregnant women who received Sinurmi, when they were found, the pregnant women were not using the smart *watch* SINURMI, because he forgot to charge it and he admitted that he often forgot to use it again after finishing worship, so it was rarely used.

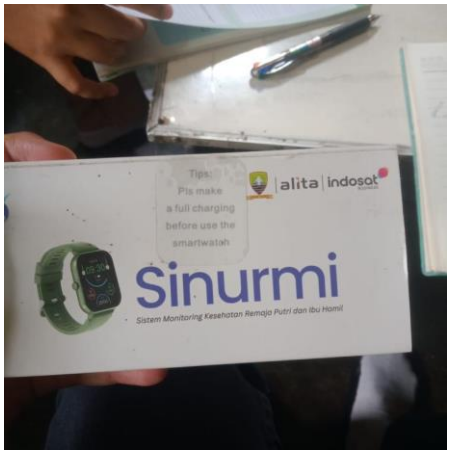


Figure 6. Box *Smartwatch NURMI*

According to (Secretariat of the Vice President, 2019), there are 3 specific nutritional interventions needed by pregnant women, namely:

Table 3. Specific Nutritional Interventions for Pregnant Women

Priority Interventions	Supportive Interventions	Priority Interventions According to Conditions
Providing additional food for pregnant women with Chronic Energy Deficiency (CED)	Giving calcium supplementation	Protection from malaria
Providing blood supplementation tablets	Pregnancy check	HIV prevention

From the table above, the priority is to accelerate the decline *stunting* for the target group of pregnant women is the provision of additional food and TTD supplementation, these two things are efforts to prevent the birth of babies with low birth weight (LBW). In fulfilling this intervention, Nagrak Village has done very well, as well as the supporting intervention group, while priority interventions according to conditions were not carried out because these conditions did not exist. This is proven by the results of the achievements of Nagrak Village taken from https://pwa.simpati.app/ following:

Table 4. Indicators of achievements in reducing stunting in Nagrak Village for the target group of pregnant women

Indicator	Percentage
Pregnant women with chronic energy deficiency (CED) receive additional nutritional intake	100%
Pregnant women consume at least 90 blood supplement tablets (TTD) during pregnancy	100%

The achievement for KEK pregnant women who receive additional nutritional intake is 100 or the total percentage of all KEK pregnant women in Nagrak Village. And the achievement for pregnant women who consume 90 TTD tablets during pregnancy is also 100 of all pregnant women, meaning that all pregnant women in Nagrak Village have consumed 90 TTD.

3. Drop Program *Stunting* in the Toddler Target Group 0-59 months

   Quoted from (Ministry of Health, n.d.) https://ayosehat.kemkes.go.id/ The toddler period is the period after giving birth until before the age of 59 months, which consists of newborns aged 0-28 days, babies aged 0-11 months and toddlers aged 12-59 months. These periods are very important for a child's development. The very rapid development of babies requires special attention in the first 1000 days of life (HPK) from all sides, especially on nutritional issues.

   Babies with low birth weight (LBW) require special attention at the early age of birth to increase their weight so that it is the same as the average weight of toddlers their age. From the data received by researchers, the number of stunted toddlers in Nagrak Village was 4, consisting of 2 girls and 2 boys.

Table 5. Toddler Data *Stunting* Nagrak Village

No	No	TB/U	ZS TB/U
1	Keysha Ghea	Short	-2.92
2	Arsy	Short	-2.68
3	M.Fatih	Very Short	-3.32
4	Kenjie Mifzal H	Short	-2.66

Stunting is a condition when a child experiences malnutrition which slows down the growth in height, causing the child's height to be shorter than the average for children his age which is caused by many factors such as socio-economics, the nutritional status of pregnant women and the nutrition received from the age of babies to toddlers (Rachman *et al*., 2021). An index that can be used to measure *stunting* is the average height of children of the same age (TB/U) with grades *z-score* <-2 elementary school (Trisyani *et al*., 2020). Therefore, treatment is needed stunting, here are several stunting reduction programs carried out in Nagrak Village for the target group of toddlers 0-59 months:

a. Posyandu

   Posyandu is a strategic monitoring activity in the context of developing the quality of human resources by monitoring body weight and height measurements (Atik & Susanti, 2020). Posyandu activities in Nagrak Village are carried out in 3 posyandu, namely Sri Waluya I posyandu which is located in Jemo Hamlet, Sri Waluya II posyandu in Cigalagah Hamlet and Sri Waluya III posyandu which is in Tanjakan Hamlet. Posyandu is held once a month.

   Weight and height measurements for toddlers are recorded on the helper's record card and maternal and child health (KIA) book to see the toddler's development each month.

Figure 7. Measurement of Toddler's Height

Figure 8. Measurement of Toddler's Weight

b. Recording on the SIMPATI application
Prevention System *Stunting* or what is abbreviated as SIMPATI is an application resulting from collaboration between the Sumedang Regency Government and PT Telkomsel. Data on the results of measuring the weight and height of toddlers when the posyandu was held input to the SIMPATI application by posyandu cadres which will then be analyzed by experts so that they can obtain data on toddlers who have nutritional problems.

c. Supplementary Food Provision (PMT)
Providing supplementary food (PMT) is an activity of providing safe and quality food to toddlers in the form of snacks. There are two types of PMT, namely recovery PMT and counseling PMT (Nurhayati Darubekti, 2021). Recovery PMT is distributed in the form of food ingredients, while counseling PMT is in the form of ready-to-eat food provided by posyandu cadres.
In Nagrak Village both PMTs have been carried out, counseling PMTs are given after toddlers have undergone the measurement process at the posyandu, while recovery PMTs are given to toddlers who are indicated to be *stunting* or other nutritional problems as a form of additional nutritional intake that is needed.

Figure 9. Provision of Recovery PMT

Figure 10. Providing PMT Extension

d. Complete Basic Immunization
Immunization is one way to increase the body's immunity to prevent infectious diseases (Vasera & Kurniawan, 2023). Vaccine services can be found in any health facility such as a community health center or hospital. In Nagrak Village, immunization vaccines can be given at the sub-community health center or visiting the village midwife and also the community health center.

Figure 11. Toddler Immunization

e. Toddler Growth and Development Assistance
Assistance for the growth and development of toddlers is carried out by posyandu cadres by approaching parents and toddlers. For example, when a child is 3 years old but still cannot speak fluently, the posyandu cadre will provide knowledge about what parents should practice at home so that the child's speaking ability improves. This is routinely done every month, so that the child's development is appropriate to his age.

Figure 12. Toddler Assistance

f. Mother Toddler Class
This class is aimed at mothers who have children under five and aims to provide education related to knowledge, skills and support for mothers to carry out their roles and responsibilities in nurturing and caring for their children. https://puskesmas-sidorejolor.salatiga.go.id/ (P. Admin, n.d.). One of the classes for mothers of toddlers that was held in Nagrak Village was a class on making complementary foods for breast milk (MP-ASI).

Figure 13. Mother of Toddler Class

Activities carried out in Nagrak Village to reduce *stunting* done well, this is reflected in the achievement of the decline acceleration indicator *stunting* which is seen in https://pwa.simpati.app/ that is:

Table 6. Decrease achievement indicator *stunting* Nagrak Village target group of toddlers

Indicator	Percentage
Babies less than 6 months old get exclusive Breast Milk (ASI).	87,5%
Children aged 6-23 months who receive complementary foods with breast milk (MP-ASI)	85%
Malnourished children under five years old (toddlers) who receive malnutrition management services	100%

Children under five years old (toddlers) whose growth and development are monitored	96,1%
Children under five years old (toddlers) who are malnourished receive additional nutritional intake	60%
Toddlers who have received complete basic immunization	61,9%

It can be seen that achievements in all indicators exceed 50%. 87.5% of toddlers aged less than 6 months receive exclusive breast milk, meaning that toddlers are not given any food or drink other than breast milk. 85% of toddlers aged 6-23 months receive complementary breast milk (MP-ASI). Furthermore, Nagrak Village received a percentage of 100% for the indicator of malnourished children under five who received malnutrition management services. Then 96.1% of toddlers in Nagrak Village have had their growth and development monitored. As many as 60% of toddlers who are indicated to be malnourished have received additional nutritional intake. The final indicator is that 61.9% of toddlers in Nagrak Village have received complete basic immunization.

CONCLUSION

The conclusions that can be drawn from the results of this research are:

1. Drop program *stunting* which was carried out in Nagrak Village for the youth target group has gone very well. Judging from the achievement indicators, it shows that all young women have received TTD and anemia checks. Apart from that, from the results of observations in Nagrak Village, a youth posyandu has been carried out which functions as a form of prevention *stunting* in the future.
2. Nagrak Village is also serious about dealing with stunting for the target group of pregnant women. Judging from the indicator which states that KEK pregnant women receive additional nutritional intake with a percentage of 100%, apart from that assistance for pregnant women and monitoring of TTD consumption has also been provided, as well as special attention for high-risk pregnant women with the use of *smart watch* SINURMI.
3. The final target group is toddlers 0-59 months. The Sumedang Regency Government has established a very good system for reduction and prevention efforts *stunting*, a digital-based recording system makes it easier for stakeholders to monitor the level of stunting reduction. Nagrak Village itself has implemented the Sumedang Regency Government program well by recording the results of measuring the weight and height of children 0-59 into the SIMPATI system. Apart from that, the provision of additional nutritional intake from the Nagrak Village Government and also education related to child growth and development for mothers of toddlers have also been carried out well.

From the three conclusions above, it can be stated that the reduction program *stunting* which was carried out in Nagrak Village, Kec. Buahdua, Kab. Sumedang has been optimal.

SUGGESTION

Based on the research that has been carried out, the following suggestions can be outlined:

1. It is best to provide outreach to parents of teenagers so that they can play an active role in inviting their children to attend youth posyandu regularly and more teenagers will receive early detection.
2. Pregnant women should carry out the advice given by village midwives or other health workers regarding the consumption of PMT and also TTD supplements and others and don't forget to check them in the KIA book.
3. Preferably parents of indicated children *stunting* and receiving recovery PMT not to be consumed by all family members but only for their children.

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BIBLIOGRAPHY

Admin, P. (n.d.). *Kelas Ibu Balita*. Puskesmas Sidorejo Lor Salatiga. Retrieved July 20, 2024, from https://puskesmas-sidorejolor.salatiga.go.id/

Admin, S. (2024). *Capaian Indikator Layanan Esensial Percepatan Penurunan Stunting (Peraturan Presiden Nomor 72 Tahun 2021)*. Simpati Eksekutif:Telkomsel. https://pwa.simpati.app/

Annur, C. M. (2023). *Daftar Prevalensi Balita Stunting di Indonesia pada 2022, Provinsi Mana Teratas?* Databoks.Katadata. https://databoks.katadata.co.id/

Asatuti, N. B., Sumardi, R. N., Ngardita, I. R., & Lusiana, S. A. (2021). Pemantauan Status Gizi Dan Edukasi Gizi pada Remaja Sebagai Upaya Pencegahan Stunting. *Asmat :Jurnal Pengabmas*, *1*(1), 46–56. https://doi.org/10.47539/ajp.v1i1.8

Atik, N. S., & Susanti, R. (2020). Hubungan Pengetahuan Ibu Balita Dengan Perilaku Kunjungan Balita Ke Posyandu. *Jurnal Ilmu Keperawatan Dan Kebidanan*, *11*(2), 236. https://doi.org/10.26751/jikk.v11i2.820

Dinkes Sumedang. (2023). *STUNTING & UPAYA SUMEDANG SAKTI (Surti keur ngabakti ka sumedang simpati)*. 41–77.

Hitman, R., Samsuddin, & Rahmat, H. (2021). Penyuluhan Pencegahan Stunting Pada Anak (Stunting Prevention Expansion In Children). *Community Development Journal : Jurnal Pengabdian Masyarakat*, *2*(3), 624–628. https://doi.org/10.31004/cdj.v2i3.2489

Indanah, I., Sukesih, S., Luthfin, F., & Khoiriyah, K. (2021). Obesitas Pada Balita. *Jurnal Ilmu Keperawatan Dan Kebidanan*, *12*(2), 242. https://doi.org/10.26751/jikk.v12i2.1115

Kamariyah, N., & Musyarofah, M. (2018). Lingkar Lengan Atas Ibu Hamiil Akan Mempengaruhi Peningkatan Berat Badan Bayi Lahir Di Bps Artiningsih Surabaya. *Journal of Health Sciences*, *9*(1), 98–106. https://doi.org/10.33086/jhs.v9i1.191

Kemenkes. (n.d.). *Kategori Usia: Bayi dan Balita*. Retrieved July 8, 2024, from https://ayosehat.kemkes.go.id/

Kementerian Kesehatan RI. (2014). Peningkatan Kesehatan Ibu dan Anak Bagi Bidan dan Perawat. *Kementrian Kesehatan RI*, 1–60. https://promkes.kemkes.go.id/pub/files/files45265Layout_Peningkatan_Kesehatan_Ibu_dan_Anak_untuk_Bidan_dan_Perawat.pdf

Marliyana, P. (2023). *Smart Watch SINURMI Segera Dibagikan ke Ibu Hamil*. Pemerintah Kabupaten Sumedang. https://sumedangkab.go.id/

Mayangsari, M. D. (2022). Pengaruh Edukasi Pada Ibu Hamil dalam Upaya Pencegahan Stunting. *JMH: Jurnal Medika Hutama*, *03*(02), 2186–2192.

Natanael, S., Putri, N. K. A., & Tresna Adhi, K. (2022). Persepsi Tentang Stunting Pada Remaja Putri Di Kabupaten Gianyar Bali. *Penelitian Gizi Dan Makanan (The Journal of Nutrition and Food Research)*, *45*(1), 1–10.https://doi.org/10.22435/pgm.v45i1.5900

Nurhayati Darubekti. (2021). Pemberian Makanan Tambahan (Pmt) Pemulihan Bagi Balita Gizi Buruk. *PROSIDING SEMINAR NASIONAL PENELITIAN DAN PENGABDIAN 2021, "Penelitian Dan Pengabdian Inovatif Pada Masa Pandemi Covid-19,"* 639–978.

Perpres No. 72 Tahun 2021. (1 C.E.). *Peraturan Presiden RI No. 72 Tahun 2021 tentang Percepatan Penurunan Stunting*. *1*.

Prihati, D. R., Nurrasyidah, R., & Kuswati, K. (2023). Status Gizi Remaja Putri Di Puskesmas Klaten Selatan. *Bunda Edu-Midwifery Journal (BEMJ)*, *6*(1), 5–10. https://doi.org/10.54100/bemj.v6i1.81

Prima, R., Novandi, A., Yuliani, R., Zahrah, C. H., & Agustia, R. Z. (2023). Pengabdian Masyarakat Pemeriksaan Tekanan Darah Dan Denyut Nadi Oleh Mahasiswa Fakultas Kesehatan Universitas Muhammadiyah Sumatera Barat Di Lapangan Kantin Bukittinggi. *EJOIN : Jurnal Pengabdian*

Masyarakat, *1*(7), 594–598. https://doi.org/10.55681/ejoin.v1i7.1188

Rachman, R. Y., Nanda, S. A., Larassasti, N. P. A., Rachsanzani, M., & Amalia, R. (2021). Hubungan Pendidikan Orang Tua Terhadap Risiko Stunting Pada Balita: a Systematic Review. *Jurnal Kesehatan Tambusai*, *2*(2), 61–70. https://doi.org/10.31004/jkt.v2i2.1790

Savitrie SKM M.Kes, E. (2022). *Gizi Seimbang Ibu Hamil*. Kemenkes Direktorat Jendral Pelayanan Kesehatan. https://yankes.kemkes.go.id/

Sekretariat Wakil Presiden, R. (2019). Strategi Nasional Percepatan Pencegahan Anak Kerdil (Stunting) Periode 2018-2024. In *Sekretariat Percepatan Pencegahan Stunting*. https://doi.org/10.1088/1751-8113/44/8/085201

Sugiyono. (2023). *Metode Penelitian Kualitatif* (S. Y. Suryandari (Ed.); Ke-3). Alfabeta.

Trisyani, K., Fara, Y. D., Mayasari. Ade Tyas, & Abdullah. (2020). Hubungan Faktor Ibu Dengan Kejadian Stunting. *Jurnal Maternitas Aisyah (JAMAN AISYAH)*, *1*(3), 189–197.

Vasera, R. A., & Kurniawan, B. (2023). Hubungan Pemberian Imunisasi Dengan Kejadian Anak Stunting Di Puskesmas Sungai Aur Pasaman Barat Tahun 2021. *Jurnal Kedokteran STM (Sains Dan Teknologi Medik)*, *6*(1), 82–90. https://doi.org/10.30743/stm.v6i1.376

Wati, E., Sari, S. A., & Fitri, N. L. (2023). Penerapan Pendidikan Kesehatan tentang Tanda Bahaya Kehamilan untuk Meningkatkan Pengetahuan Ibu Hamil Primigravida Di Wilayah Kerja UPTD Puskesmas Purwosari Kec. Metro Utara. *Jurnal Cendikia Muda*, *3*(2), 226–234.

Yuda, A., Septina, Z., Maharani, A., & Nurdiantami, Y. (2023). Tinjauan Literatur : Perkembangan Program Penanggulangan Stunting di Indonesia. *Jurnal Epidemiologi Kesehatan Indonesia*, *6*(2), 53–58. https://doi.org/10.7454/epidkes.v6i2.6049

Yulianto, Y., & Arismawati, D. F. (2022). Edukasi Pada Masyarakat Usia Produktif Terkait Kondisi Lingkar Perut Sebagai Faktor Risiko Hipertensi. *Jurnal Bhakti Civitas Akademika*, *5*(2), 27–38. https://doi.org/10.56586/jbca.v5i2.197.