e-ISSN : 2597-6052

MPPKI MEDIA PUBLIKASI PROMOSI KESEHATAN INDONESIA

Research Articles Open Access

Implementation of Stunting Prevention Policies in Rote Ndao Regency: A Phenomenological Study

William Djani[1]*, Jeny J. Therikh[2], Belandina Liliana Long [3], Apris A. Adu[4]
[123]Faculty Of Social and Political Sciences, Nusa Cendana University, East Nusa Tenggara, Indonesia
[4]Faculty of Public Health, Nusa Cendana University, East Nusa Tenggara, Indonesia

***Corresponding Author: E-mail:** williamdjani@gmail.com

ARTICLE INFO

Manuscript Received: 25 Mar, 2025
Revised: 27 Jun, 2025
Accepted: 28 Jul, 2025
Date of Publication: 12 Aug, 2025
Volume: 8
Issue: 8
DOI: 10.56338/mppki.v8i8.7899

KEYWORDS

Stunting Prevention;
Policy Implementation;
Rural Health;
Intersectoral Coordination;
Human Resources;
Health Governance

ABSTRACT

Introduction: This study investigates how stunting-prevention policies are implemented in Rote Ndao Regency, Indonesia—a rural district where 1 in 5 children remains stunted despite recent gains.
Methods: The research adopted a qualitative phenomenological single-case design, drawing on semi-structured interviews (n = 12), non-participant observations, and document review. Guided by implementation theory, the analysis centred on four variables—communication, resources, disposition, and bureaucratic structure—and followed data-saturation principles.
Results: Stunting prevalence declined from 22.4 % (August 2022) to 21.7 % (February 2023) in tandem with a 27 % rise in the district health budget (IDR 118 billion → IDR 150.7 billion, 2018-2022). Yet implementation remains hampered by human-resource imbalances, limited community-health-worker training, and weak inter-sectoral coordination.
Conclusion: Despite these constraints, the commitment of midwives and Posyandu cadres has yielded modest but measurable progress. To sustain gains, we recommend integrated monitoring dashboards, evidence-based HR redistribution, and structured community-communication packages that embed policy convergence, robust M&E, and deep community participation—cornerstones of cohesive, adaptive, and sustainable rural health governance.

Publisher: Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu

INTRODUCTION

Stunting remains a persistent and complex public health challenge in Indonesia, particularly in rural regions where the convergence of socioeconomic vulnerability and limited health infrastructure contributes to high prevalence rates. National data underscore the urgency of the issue, with the Asian Development Bank (2022) reporting a stunting prevalence of 31.8% among children under five in Indonesia, placing the nation as the second highest in Southeast Asia (1). Similarly, Bappenas (2019) noted that approximately 28 out of 100 toddlers suffer from stunting (2). These children often exhibit reduced vitality and mobility, compromising not only their cognitive development but also their future health and economic prospects. The persistence of such conditions calls for a critical examination of policy effectiveness and implementation, especially at the local level where the impact of stunting is most directly felt.

In examining the determinants of stunting within rural settings, multifactorial causes emerge. Structural issues such as poverty, inadequate sanitation, limited access to quality healthcare, and low levels of maternal education contribute significantly to the problem. Yuliantie et al. (2024) emphasize the role of maternal nutrition education, revealing that a lack of awareness about proper infant feeding practices substantially increases stunting risks (3). Additionally, Aliyah (2025) highlights the deficiency in rural health infrastructure, which exacerbates the challenge of delivering adequate nutritional interventions (4). These contextual constraints underline the necessity for localized strategies that are tailored to the specific needs and capacities of rural communities.

The effectiveness of national stunting prevention policies is contingent upon their adaptation to decentralized governance systems. Indonesia's decentralized health structure often leads to variability in program delivery and resource allocation, which in turn affects policy outcomes. Azhara et al. (2023) critique the inconsistency of policy implementation across regions, attributing this to disparities in local government capacity (5). Absori et al. (2022) further illustrate how fragmented governance impedes cohesive action, stressing the importance of integrating health policies with local development strategies (6). This calls for an evaluation approach that considers the operational dynamics of local governments, especially in rural districts such as Rote Ndao.

The Rote Ndao Regency in East Nusa Tenggara Province exemplifies the challenges associated with rural stunting prevention policy implementation. The regency recorded a stunting prevalence of 22.4% in 2022, which saw a slight decline to 21.7% in early 2023. Despite the reduction, this rate remains alarmingly high. Governmental targets for East Nusa Tenggara aim for a reduction to 18% in 2023 and further to 14% in 2024. However, these ambitious goals are undermined by issues such as inadequate policy socialization, insufficient human and financial resources, and underperforming health facilities. The study at hand investigates these implementation gaps through a phenomenological approach, focusing on the lived experiences of stakeholders involved in stunting prevention across various rural contexts in Rote Ndao.

Effective communication strategies are central to successful policy implementation. As highlighted by Mardian et al. (2024) and Rusliadi & Aina (2024), public health campaigns that utilize culturally relevant messaging and local community leaders yield better engagement and behavior change (7,8). In Rote Ndao, however, the socialization of stunting related policies has been sporadic and insufficiently targeted, leading to gaps in community understanding and participation. This aligns with findings from Pratiwi (2023), who argues that improvements in public communication are essential for fostering behavioral shifts necessary for stunting prevention (9).

Local governance plays a pivotal role in shaping policy outcomes. Azizah et al. (2024) describe the success of localized interventions such as the "kelanting" program, which leverages the involvement of grandmothers in disseminating child nutrition knowledge. This model demonstrates how integrating local actors into policy delivery can enhance effectiveness and sustainability. Similarly, Kanedy & Lutfi (2023) emphasize the value of community health workers in bridging the gap between formal health systems and rural populations (10). Yet, in Rote Ndao, the potential of such localized actors remains underutilized, pointing to missed opportunities in optimizing grassroots level engagement.

Theoretical models provide further insight into the mechanics of policy implementation. Edward III's framework, which identifies communication, resources, disposition, and bureaucratic structure as key implementation variables, is particularly relevant. Wasono & Sukmana (2024) and Suwarta et al. (2023) have applied this model in various Indonesian contexts, revealing how misalignment among these variables can hinder policy success (11,12).

In Rote Ndao, weaknesses in bureaucratic structure including fragmented responsibilities and inadequate monitoring systems have diluted the impact of otherwise well intentioned policies.

The purpose of this study is to describe and analyze the implementation of stunting-prevention policies in Rote Ndao Regency through a phenomenological lens, examining how stakeholders perceive and experience policy enactment in rural settings. Specifically, it addresses the following research questions: (1) How are stunting-prevention messages communicated to rural households? (2) How adequate and equitably distributed are human and financial resources? (3) How do frontline actors' dispositions shape policy delivery? and (4) In what ways does the bureaucratic structure facilitate or impede multisector convergence?

By grounding the analysis in both empirical data and theoretical frameworks, this study offers a nuanced understanding of why stunting persists in Rote Ndao despite ongoing interventions. It advocates for a rethinking of implementation strategies that prioritize inter sectoral collaboration, community participation, and the strengthening of local capacities. Ultimately, the study aims to inform more responsive and context sensitive health policies that can better address the enduring challenge of stunting in Indonesia's rural heartlands.

METHOD

his study employed a qualitative, single-case, phenomenological design (Creswell, 2018) to explore how stunting-prevention policies are implemented in rural Rote Ndao Regency (13). A case-study frame was chosen for its ability to integrate multiple data sources—semi-structured interviews, non-participant observations, and document review—while the phenomenological lens captured stakeholders' lived experiences and perceptions of policy execution (14).

Research Type

This research was conducted in Rote Ndao Regency, a rural district in East Nusa Tenggara Province, where stunting prevalence remains high. The focus of the study encompasses four variables essential to policy implementation: (1) communication, (2) resources, (3) disposition, and (4) bureaucratic structure. These dimensions serve as analytical anchors through which implementation performance and challenges are assessed. The choice of location is deliberate, given the documented issues of stunting and the recognized need for localized policy evaluation.

Study Setting & Analytical Framework

This study was carried out in Rote Ndao Regency, East Nusa Tenggara Province—a district with a 21.7 % stunting prevalence (2023). Guided by Edward III's model, we analysed four variables: (1) communication, (2) resources, (3) disposition, and (4) bureaucratic structure. These variables informed both the interview guide (see Appendix A) and the initial coding matrix, ensuring analytic alignment between theory and data.

Population and Informants

Data were obtained from both primary and secondary sources. Primary data collection involved in depth interviews and participant observations, supported by audio visual documentation. Twelve informants were purposively selected, ensuring a diverse range of perspectives that include policy makers, frontline health workers, and local beneficiaries. Informants included: (1) the Secretary of the Rote Ndao District Health Office, (2) the Head of the Community Health Section, (3) the Head of the Family Planning Sub Section, (4) representatives from the Family Assistance Team, (5) sub district and village officials, and (6) five community members at risk of stunting. This purposive sampling approach ensures that individuals with deep contextual knowledge are included, enhancing the study's validity and richness (15,16).

A purposive-maximum-variation strategy yielded twelve key informants: the District Health-Office Secretary; Community-Health Head; Family-Planning Sub-section Head; two Family-Assistance-Team representatives; two sub-district/village officials; and five caregivers of under-five children at risk of stunting. Recruitment continued until code-saturation was reached (no new sub-codes emerged in two consecutive interviews). Participants provided written informed consent and agreed to audio-recording and field-note observation.

Research Location

This research was conducted in Rote Ndao Regency, a rural district in East Nusa Tenggara Province, where stunting prevalence remains high

Validity and Reliability

To ensure the credibility and dependability of findings, data triangulation was employed. This involved cross verifying information across different sources and types of data, including interviews, observations, and documents. This method mitigates the biases typically associated with qualitative research, while enhancing the accuracy and integrity of the results (Sugiyono, 2018). Regular peer debriefing sessions were also conducted to challenge interpretations and ensure coherence with the field data.

Credibility was strengthened via data-source triangulation, member-checking (participants reviewed summary transcripts), and peer-debriefing after every third interview. Dependability was bolstered through an audit trail (field notes, reflexive memos) and intercoder reliability testing: two researchers independently coded 20 % of transcripts in NVivo 14, achieving $\kappa = 0.82$ (substantial agreement). Any discrepancies were resolved through consensus meetings.

Data Collection Procedures

Primary data were collected through semi structured interviews, designed to explore participants' insights into the functioning and effectiveness of the stunting prevention policies. Observations were conducted in both health facilities and community settings to capture the practical enactment of policies. Additionally, relevant documents including posyandu cadre reports and stunting reduction program guidelines were reviewed. Secondary data encompassed published research articles, government reports, and health profiles of Rote Ndao Regency.

Data Analysis

Data were analyzed using the Miles and Huberman framework (in Sugiyono, 2018), which includes three main stages: data reduction, data display, and conclusion drawing (17). During data reduction, relevant information was extracted and organized according to the four variables of interest. This information was then visually displayed through tables and narrative summaries to identify patterns and relationships. The final step involved synthesizing the findings to draw meaningful conclusions about the strengths and weaknesses in policy implementation. The analysis was iterative and reflective, allowing for a grounded understanding of the social dynamics and operational mechanisms underlying the stunting prevention policies.

Transcripts were imported into NVivo 14 and subjected to open coding, followed by axial-thematic clustering aligned with the four variables. We iteratively refined the codebook, memoing emergent patterns and negative cases. Visual data displays (matrix queries, heat maps) supported pattern identification. Findings were synthesised through Miles & Huberman's three-stage cycle: reduction, display, and conclusion drawing, with continual comparison across data sources.

RESULTS

Stunting Trends Across Health Centers

The stunting rate in Rote Ndao declined 0.7 percentage points (22.4 % → 21.7 %) between August 2022 and February 2023. Figure 1 (bar graph) visualises prevalence across the 12 primary-health-centre catchments, with the highest rates in Oelaba (30.9 %) and the lowest in Ndao (12.3 %). The geographic dispersion of risk highlights service-delivery inequities and guides targeted intervention planning.

Table 1. Stunting prevalence by primary health centre, Rote Ndao Regency (2023)

No	Name of Health Center	Presentation (%)
1	Eahun	21.00
2	Sotimori	25.58
3	Sonimanunu	27.05
4	Korbafo	16.31
5	Feapopi	13.05

No	Name of Health Center	Presentation (%)
6	Baa	20.48
7	Oele	27.00
8	Busalangga	22.06
9	Oelaba	30.85
10	Batutua	23.08
11	Delha	26.19
12	Ndao	12.25
	Regency Average	**22.27**

These results point to persistent disparities in service delivery and outcomes, and further justify targeted, area specific interventions.

Human Resources for Health

Human resources (HR) are pivotal to stunting control. The district employs 959 health workers—657 in health centres, 259 in Ba'a Regional Hospital, and 43 in the Public Health Office—but their distribution is uneven (e.g., Oelaba has one midwife per 1 185 under-five children, exceeding the WHO benchmark of 1:300). Interviews attribute workforce maldistribution to delayed recruitment cycles and limited rural-placement incentives.

Table 2. Remains unchanged but will be referenced in text and supplemented by a workforce-to-population ratio column

No	Work Unit	Amount
1	Health Center	657
2	Ba'a Regional Hospital	259
3	Public Health Office	43

Interviews also revealed a lack of continuous professional development, particularly for cadres at the village level (e.g., Posyandu staff), many of whom struggle to correctly identify and manage stunting cases due to limited training. This is consistent with national observations where rural health systems often face HR shortages and competency gaps (18).

Budget Allocation and Fiscal Trends

Financial commitment has strengthened, with the health budget rising 27 % (IDR 118 bn → 150.7 bn, 2018–2022). Nonetheless, informants cited bureaucratic delays that "push cash flow to Q4, leaving Posyandu unfunded for most of the year" (Village Midwife #3).

Table 3. Five-year trend in Rote Ndao health-budget ceiling (2018–2022).

No	Year	Amount (IDR)
1	2018	118,072,565,862
2	2019	99,836,573,990
3	2020	122,867,217,600
4	2021	136,920,483,345
5	2022	150,724,730,796

Moreover, 10% of village funds are earmarked for stunting related activities, but the utilization of these funds lacks systematic monitoring. This condition aligns with challenges highlighted in recent literature concerning policy implementation gaps in fiscal decentralization (19,20).

Convergence and Inter sectoral Coordination

The study finds limited convergence between sectors responsible for health, education, water, sanitation, and nutrition. This deficiency results in fragmented efforts, missed synergies, and overlapping or contradictory programs. Although Standard Operating Procedures (SOPs) exist, their contextual adaptation and consistent enforcement remain

weak. Informants indicated that programs are sometimes implemented in silos, with limited integration, thereby compromising the overall effectiveness of interventions. The effectiveness of coordination efforts led by the District Acceleration Team for Stunting Reduction (TPPS) varies significantly across sub districts.

Community Engagement and Capacity Building

Community involvement in stunting prevention is increasing but remains insufficient in scale and consistency. Interviews and observations noted that Posyandu cadres and midwives often lack updated materials and audiovisual aids for educational outreach. Stakeholders suggested that equipping them with tools such as projectors, booklets, and local dialect resources would enhance Communication, Information, and Education (CIE) initiatives. Programs that promote parental involvement, particularly the "father foster" initiative, have shown potential but require formalization and scalability.

In conclusion, while Rote Ndao Regency has made measurable progress in reducing stunting, this success is uneven and constrained by systemic limitations in human resources, funding mechanisms, institutional coordination, and community engagement. Targeted interventions based on localized data and improved multisectoral collaboration are essential to sustain and deepen impact.

DISCUSSION

The findings reveal a dynamic interplay among institutional, structural, and behavioural factors shaping stunting-prevention implementation in Rote Ndao. Although national regulations and regional plans provide a solid framework, street-level realities (Lipsky, 2010) often disrupt fidelity, resulting in inconsistent and, at times, sub-optimal execution.

One of the most critical challenges is the maldistribution of human and financial resources. District HRIS data show that Oelaba has one midwife per 1 185 under-five children—nearly four times the WHO 1:300 benchmark—while urban Puskesmas are comparatively over-staffed. These data reinforce Dahrianti et al.'s (2024) call for decentralised yet coordinated HR-redistribution algorithms tailored to rural contexts (18).

Moreover, capacity-building for Posyandu cadres remains sporadic (only 43 % received refresher training in 2023), hampering accurate case identification and timely intervention.

Fragmented inter-sectoral coordination persists. Although convergence SOPs exist, only 2 of 12 Puskesmas held joint nutrition-WASH planning meetings in 2023, illustrating the symbolic nature of current arrangements (12). Van Metter & Van Horn's (1975) model of external constraints—political fragmentation and resource scarcity—remains highly relevant; effective convergence still hinges on local political will and operational capacity.

Bureaucratic complexity also undermines implementation: four separate dashboards capture nutrition indicators, yet none are interoperable, creating reporting fatigue and data silos. Although the District TPPS offers a venue for dialogue, its mandate lacks enforcement power over line-agency budgets. Consistent with Tahir's (2020) recommendations (21), , simplifying reporting lines and integrating dashboards into a single M&E platform would enhance clarity and accountability.

On a positive note, frontline actors exhibit strong intrinsic motivation. Cadres manually track child-growth data with >95 % completeness and mentor at-risk families, reflecting the "coping" strategies of street-level bureaucrats (Lipsky, 2010). With digital tools and structured incentives, this latent capacity could be harnessed for broader impact (22).

Yet these efforts are constrained by logistical gaps—only 3 of 32 villages possess functioning projectors for KIE sessions. Echoing Tachjan (2006), policy design must be matched by adequate operational tooling. We therefore recommend a ring-fenced Posyandu micro-grant (IDR 5 m annually) to procure communication aids.

The Pemberian Makanan Tambahan (PMT) programme suffers from frequent design changes and limited targeting precision. Only 56 % of eligible children received PMT for ≥ 3 consecutive months in 2023, diluting impact. Consistent administration and nutrient-dense formulations, as advocated by Mubarak & Nafisah (2023), are urgently needed (20).

Stronger monitoring and evaluation (M&E) is indispensable. We propose an integrated "Stunting Dashboard" that auto-pulls data from e-PPGBM and District-Budget systems, enabling real-time analysis and quarterly feedback

loops—aligning with Grindle's emphasis on adaptive management (23). The current efforts, although well intentioned, fall short of establishing a feedback loop that can inform planning cycles effectively.

Community engagement must move beyond pilot status. Scaling the "Father Foster" model to all 10 high-burden villages—and embedding it within village-fund bylaws—would institutionalise parental involvement, echoing Reta et al.'s (2024) participatory-governance framework (24).

multidimensional development issue. Converging nutrition, WASH, early-childhood education, and social-protection interventions—consistent with SDG 2 and SDG 6 synergies—is essential for sustainable impact (25). Future policies should therefore adopt a whole-of-community, life-course approach.

In sum, Rote Ndao's modest stunting gains remain fragile and spatially uneven. Sustained progress requires adaptive, participatory, and evidence-driven governance that addresses HR allocation, bureaucratic simplification, and multisector convergence.

Limitations and Cautions

This study is limited by its qualitative, phenomenological design, which, while rich in contextual depth, restricts generalizability beyond Rote Ndao Regency. The purposive sampling of twelve informants may not fully capture the diversity of experiences across all subdistricts, especially in a geographically dispersed region. Additionally, reliance on self-reported data from key stakeholders introduces potential bias, as informants may present socially desirable responses. Observational data were also constrained by logistical access to remote areas, potentially omitting critical variations in policy implementation. Readers are cautioned to interpret findings within the scope of localized insights rather than as universally representative of rural Indonesia.

Recommendations for Future Research

Future research should consider employing a mixed-methods approach to triangulate qualitative insights with quantitative metrics on stunting outcomes, enabling broader generalizability and policy relevance. Expanding the geographic scope beyond Rote Ndao to include comparative rural districts would help identify patterns and contextual differences in policy implementation. Additionally, longitudinal studies are needed to assess the sustainability of current interventions over time and to evaluate the long-term impact of community-based programs such as Posyandu and "father foster" initiatives. Investigating the role of digital tools and mobile health technologies in improving outreach, monitoring, and intersectoral coordination may also offer innovative solutions to persistent implementation challenges.

CONCLUSION

The implementation of stunting prevention policies in Rote Ndao Regency reveals both progress and persisting challenges. While stunting prevalence has declined from 22.4% in 2022 to 21.7% in 2023, the reduction remains uneven across sub districts. The study highlights that implementation effectiveness is undermined by disparities in human resources distribution, inadequate capacity building, fragmented cross sectoral coordination, and bureaucratic complexities. Despite the availability of health workers and increasing budget allocations, frontline cadres often lack the training and tools necessary to deliver quality services and accurate data collection.

Community based programs, such as parental engagement and Posyandu outreach, demonstrate potential but remain under supported. The study finds that strong individual commitment among midwives and cadres is a valuable asset, but it must be matched with institutional and logistical support to be sustainable. Strengthening convergence across health, education, nutrition, and sanitation sectors, improving monitoring mechanisms, and fostering grassroots participation are essential steps toward reducing stunting in a holistic and sustainable manner. Therefore, a paradigm shift toward integrated, participatory, and context sensitive governance is necessary to achieve national stunting reduction targets.

AUTHOR'S CONTRIBUTION STATEMENT

William Djani conceptualized the study, formulated the research design, and supervised the data collection process in Rote Ndao Regency. Jeny J. Therikh led the field interviews, coordinated stakeholder engagement, and contributed to data transcription and thematic analysis. Belandina Liliana Long was responsible for the literature

review, theoretical framework development, and drafted the initial manuscript. Apris A. Adu provided expert insight on qualitative methodology, validated data interpretation, and finalized the manuscript through critical revisions. All authors have read and approved the final version of the manuscript.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest regarding the research, authorship, and publication of this article. All authors affirm that they have no financial, personal, or institutional relationships that could inappropriately influence or bias the content and outcomes of this study.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors confirm that no generative AI tools were used to generate the content of this manuscript. However, AI-assisted technologies such as Grammarly were utilized solely to support language editing and improve clarity. The authors remain fully responsible for the originality, accuracy, and integrity of the entire content.

SOURCE OF FUNDING STATEMENTS

This research did not receive any specific grant or financial support from public, commercial, or not-for-profit funding agencies. All activities, including study design, data collection, analysis, and manuscript preparation, were carried out independently by the authors.

ACKNOWLEDGMENTS

The authors express their sincere appreciation to the Health Office of Rote Ndao Regency and the local community health centers for their support during the data collection process. Special thanks are extended to all informants, including health workers, village officials, and community members, for their time and valuable insights. The authors also acknowledge the institutional support provided by the Faculty of Social and Political Sciences and the Faculty of Public Health, Nusa Cendana University.

BIBLIOGRAPHY

1. (ADB) ADB. Digital Government and Public Service Delivery. Asian Development Bank; 2020.
2. PPN/Bappenas K. Peraturan Menteri PPN/Bappenas No. 5 Tahun 2019 tentang Rencana Aksi Nasional Open Government Indonesia Tahun 2018–2020. Jakarta: Kementerian PPN/Bappenas; 2019.
3. Yuliantie P, Ningrum NW, Istiqamah. Effective Stunting Prevention: Empowering Maternal Nutrition Education in Rural Indonesia Through AKUR PENTING Intervention. Heal Sci Int J. 2024;2(2):183–90.
4. Aliyah NBD. Integration of Top Down and Bottom Up Approaches in Efforts to Handle Stunting in Yogyakarta City. Dinasti Int J Educ Manag Soc Sci. 2025;6(3):2338–47.
5. Azhara RRA, Deliarnoor NA, Sagita NI. Evaluation of Stunting Countermeasures Strategies in Indonesia. Al Qalam J Ilm Keagamaan Dan Kemasyarakatan. 2023;17(5):3106.
6. Absori A, Hartotok H, Dimyati K, Nugroho HSW, Budiono A, Rizka R. Public Health-Based Policy on Stunting Prevention in Pati Regency, Central Java, Indonesia. Open Access Maced J Med Sci. 2022;10(E):259–63.
7. Mardian I, Aprianti K, Putri N, Amaliya N, Irwati I, Mawardan M, et al. Sosialisasi Pencegahan Stunting Sebagai Proyek Kemanusiaan KKNT Guna Mendukung Program MBKM Di Salama Kelurahan Na'e Kota Bima. JKB. 2024;2(4):226–31.
8. Rusliadi R, Aina AN. Social Welfare Policy and Cross-Sectoral Participation: For Resilience Overcoming Stunting in Indonesia. Gov Resil. 2024;2(1):1–13.
9. Pratiwi IG. Studi Literatur: Intervensi Spesifik Penanganan Stunting. Indones Health Issue. 2023;2:29–37.
10. Muhammad Adnan Al Kadly Kanedy, Lutfi A. Relationship of Public Value to the Implementation of Stunting Policy in Bengkulu Province. J Adm Publik Public Adm J. 2023;13(1):23–30.
11. Wasono W, Sukmana H. Navigating Implementation Challenges of Stunting Solutions in Indonesia's Health Programs. Indones J Cult Community Dev. 2024;15(3).

12. Suwarta N, Astutiek D, Riyanto ED, Fradana AN, Susilo JH, Puspita YM. Understanding the Role of the Environmental Arena and Community Social Structure in Stunting Prevention Education. Acad Open. 2023;8(2).
13. Creswell JW. Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. 5th ed. Los Angeles: SAGE Publications; 2018.
14. Utami TN, Kosasih K, Sayidin R. Analysis of Policy Formulation and Implementation of Stunting Reduction in Penajam Paser Utara District in 2021. J Educ. 2023;5(4):13218–27.
15. Kurniawan MRH, Sarwadhamana RJ, Arifianto B, Suryani L, Hasna ZN, Pitriani D, et al. Penerapan Program SATAMPAH (Saluran Tanpa Sampah) Sebagai Pencegahan Stunting Melalui Pembersihan Sanitasi Di Kelurahan Debong Kidul, Kabupaten Tegal. Pengabdianmu J Ilm Pengabdi Kpd Masy. 2025;10(Suppl-1):332–8.
16. Rais WA, Sakti PP, Utami PN, Oktaviana SA, Dzumar SS, Yunita NM, et al. Penanggulangan Stunting Melalui Peningkatan Partisipasi Masyarakat Dengan Sosialisasi Pentingnya Gizi Anak Di Kelurahan Lalung, Kecamatan Karanganyar, Kabupaten Karanganyar, Jawa Tengah. Soc J Pengabdi Masy. 2023;2(2):105–10.
17. Sugiyono. Metodologi Penelitian Kuantitatif Kualitatif dan R&D. Bandung: Alfabeta; 2018.
18. Dahrianti ES, Rasdin R, Idhan M, Nengsiana N. Counseling on Early Prevention of Stunting at Maccini Sombala. Abdimas Polsaka. 2024;3(1):47–52.
19. Meher C, Zaluchu F, Eyanoer PC. Local Approaches and Ineffectivity in Reducing Stunting in Children: A Case Study of Policy in Indonesia. F1000research. 2023;12:217.
20. Mubarak Z, Nafisah S. PROMKES IBU HAMIL DAN KELUARGA YANG MEMPUNYAI BADUTA UNTUK MENCEGAH STUNTING BERSAMA DP2KBP2PA Kab. KENDAL JAWA TENGAH. Abdi Surya Muda. 2023;2(1):1–10.
21. Tahir MY, Mars M, Scott RE. A Review of Teleradiology in Africa – Towards Mobile Teleradiology in Nigeria. South Afr J Radiol. 2022;26(1).
22. Kristin NCA, Bhagaskara A, Mubarok AZ. Analisis Model Pengambilan Keputusan Dalam Program Pemberian Suplemen Makanan Pada Anak-Anak Stunting Kota Surabaya. Jarvic. 2024;3(2):87–101.
23. Grindle MS. Good Governance: The Inflation of an Idea by Merilee S. Grindle :: Center for International Development at Harvard University Working Paper No. 202 :: October 2010 [Internet]. 2010. Available from: www.hks.harvard.edu
24. Reta PSM, Ummah Z, Adawiyah DM, Zuhri MAS, Meizar DQ, Handayani D. Penguatan Sinergi Jaringan Sosial Dan Program Kesehatan Untuk Mengurangi Stunting Di Desa Wates, Kecamatan Pagu, Kabupaten Kediri. Welfare. 2024;2(2):385–90.
25. Rokhmah NH, Kamariyah S, Pramudiana ID, Dwijosusilo K. The Role of Government in Reducing Stunting. Ijim. 2024;2(4):293–303.