

**IMPLEMENTATION OF INTEGRATED STUNTING REDUCTION  
ACCELERATED POLICY IN WARU JAYA VILLAGE, BOGOR  
DISTRICT**

**Nany Widiastuti**

Master of Administrative Sciences,  
Faculty of Social and Political Sciences,  
Muhammadiyah Jakarta University,  
[widiastutinany@gmail.com](mailto:widiastutinany@gmail.com);

**Retnowati WD. Tuti**

Master of Administrative Sciences,  
Faculty of Social and Political Sciences,  
Muhammadiyah Jakarta University;

**Azhari Aziz Samudra**

Master of Administrative Sciences,  
Faculty of Social and Political Sciences,  
Muhammadiyah Jakarta University;

**Evi Satispi**

Master of Administrative Sciences,  
Faculty of Social and Political Sciences,  
Muhammadiyah Jakarta University;

**Devia Andiani**

Master of Administrative Sciences,  
Faculty of Social and Political Sciences,  
Muhammadiyah Jakarta University;

**ABSTRACT**

Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, especially in the first 1,000 days of life. According to the results of the Indonesian Toddler Nutrition Status Survey, the stunting rate in 2021 has again decreased to 24.4%, which is higher than the WHO standard of 20%. The prevalence of stunting in Waru Jaya Village in 2019 was 30.5%. The purpose of this research was to analyze the implementation of policies to accelerate the reduction of stunting in Waru Jaya Village, Bogor Regency, West Java. The research method used is descriptive qualitative method. Data was obtained through interviews with related parties and also from several official government websites. The data were analyzed using the policy implementation theory of Merilee S. Grindle. The results show that there is a Regional Government policy in the form of a Regent's Instruction related to accelerating the reduction of integrated stunting in Waru Jaya Village and it has been implemented properly as evidenced by a reduction in the stunting rate to 2.9% in 2021. The Regent's Instruction should be updated so that it is in line with Presidential Regulations.

The implementation of the policy to accelerate the reduction of integrated stunting in Waru Jaya Village is going well because it is based on an integrated prevention and treatment policy even though there are a number of things that need to be improved.

**Keywords:** *Acceleration of stunting reduction; Policy implementation Stunting intervention*

## A. INTRODUCTION

The Unitary State of the Republic of Indonesia is the largest archipelagic country in the world consisting of 16,056 islands. The population of Indonesia as of 2020 is 270,203,913 people (BPS, 2020) As a country with an archipelagic form, the level of welfare of the population on each island and even province is of course different. In national life, we always have the ideal of creating a prosperous society. The Republic of Indonesia clearly states this ideal in the Preamble to the 1945 Constitution of the Republic of Indonesia, namely advancing the welfare of the people and making the life of the nation intelligent.

One of the factors in the welfare of a country is the health of its population. In terms of health, Indonesia has quite serious problems, one of which is nutritional problems. This is characterized by the large number of cases of malnutrition, both in toddlers and school age. Based on the 2021 Indonesian Nutrition Status Study (SSGI), the prevalence of underweight is stunting at 27.67%, 17%, and wasting at 7.1% of 153,228 households under five (Ministry of Health, 2021).

Nutritional problems at school age can cause children to become weak, tired quickly and get sick easily. This will have an impact on the ability to understand lessons and of course also affect the level of attendance at school (Sulastris, 2012). The 2021 SSGI results show that nutritional problems influence the occurrence of several diseases, namely ARI at 24.1%, pneumonia at 1.7% and diarrhea at 9.8% (RI Ministry of Health, 2021).

Nutritional problems are complex problems, one of which is closely related to food, which plays an important role for humans in survival. Research that has been conducted shows that households that experience food insecurity tend to have children under five who are stunted (Safitri and Nindya, 2017). Nationally, in March 2020, Indonesian people's vegetable consumption was 128.34 grams/person/day, fruit consumption was 88.56 grams/person/day while protein consumption was 46.04 grams/capita (excluding consumption of prepared food protein). This number is still far below the threshold set by WHO and the Ministry of Health (RI, 2021).

Stunting is a condition of failure to thrive in children under five due to chronic malnutrition, especially in the first 1000 days of life (1000 HPK). (Ministry of National Development Planning/Bappenas, 2018). Failure to thrive in toddlers is caused by two factors, namely lack of nutritional intake for a long time and recurrent infections. These two factors are influenced by inadequate parenting patterns, especially in the 1000 HPK.

Stunting that is left unchecked will have a long-term impact and will have a big influence on the productivity and quality of the Indonesian nation. This can happen because stunting affects brain development so that children's intelligence is not optimal. Apart from that, stunted children become more susceptible to disease and are also at high risk of suffering from chronic diseases in their adulthood.

Indonesia is a country with a fairly high stunting rate compared to other middle-income countries. Currently, the stunting rate in Indonesia is still higher than Vietnam, namely 23%, Malaysia 17%, Thailand 16% and Singapore 4%, but it is still better than Myanmar with a stunting rate of 35% (Indonesian Ministry of Health, 2018).

In 2013, 37% (almost 9 million) of children under five experienced stunting and in 2018 this decreased to 30.8%. In 2019, the stunting rate in Indonesia decreased again, reaching 27.67% of 93,817 children under five.(Indonesian Ministry of Health, 2020). Based on the results of the 2021 Indonesian Nutrition Status Survey (SSGI), Indonesia's stunting rate has decreased again, namely at 24.4%(KEMKES, 2021). However, this figure is not good enough considering that the maximum stunting rate target from WHO cannot be more than 20%.(BKKBN, 2021).

The reduction in stunting rates in Peru is said to be successful, from 31.3% in 2000 to 13.1% in 2016. The key to success is the sharpness of the President's commitment and leadership carried out by improving socio-economics, sustainable policy implementation both from within and from outside the health sector through a multisectoral approach and maximum advocacy for the community (Huicho et al., 2020).

In India, the infant and child intervention policy in health planning takes the form of introducing complementary foods which continues to be refined to reduce the proportion of stunted children (Dhami et al., 2019). In Senegal, in line with improving the country's political stability, the government is placing a priority on nutrition and implementing nutrition efforts with a multisectoral approach, increasing the availability of maternal health and education services, access to clean water and sanitation facilities as well as efforts to reduce poverty in order to reduce stunting rates. (Brar et al., 2020). Research in Thailand revealed that apart from exclusive breastfeeding, stunting affected by the level of household poverty (Cetthakrikul et al., 2018). Increasing father and mother education, household social status, sanitation conditions, access to maternal health services and family planning are several factors in reducing stunting rates. (Vaivada et al., 2020).

Cambodia was able to successfully reduce the prevalence of stunting from 51.5% in 2000 to 34% in 2014. This was driven by economic progress, increased education for women, exclusive breastfeeding for six months, mass media campaigns, training for health workers, community-based health initiatives and increasing access to health service facilities (Laillou et al., 2020).

The seriousness of the Indonesian Government in accelerating the reduction of stunting is demonstrated by the enactment of Presidential Regulation Number 72 of 2021 concerning the Acceleration of Reducing Stunting, which regulates the

involvement of Ministries and Institutions as well as Regional Governments and Village Governments in accelerating the reduction of stunting rates.

In Indonesia, efforts to reduce stunting rates have been carried out by the Central Government and Regional Governments. Each region has its own strategy, the results of which show that there are differences in the results of implementing stunting reduction. One of the strategies to reduce stunting in West Bandung Regency is through outreach and education provided to all communities in the West Bandung Regency area. Resources in policy implementation are carried out by involving various sectors and the community to create maximum treatment for stunted children (Wulandari, 2019). Meanwhile, in Bogor Regency, one of the strategies implemented is implementing nutrition policies and programs which are the commitment of the Regional Government in nutrition management (Irmaida, Briawan and Martianto, 2021).

Bali Province, as the province with the lowest stunting rate, continues to strive to ensure that the number of stunted children in its region continues to decline. One of the strategies implemented in Bali as a province with the lowest rate of stunted children in Indonesia is empowering health workers as posyandu cadres who are community members who are involved by the Community Health Center to manage Posyandu as the main pillar and frontline because they are the ones who are closest and understand the characteristics of the community in their area. (Subratha and Peratiw, 2020). One of the efforts in this Posyandu is to empower groups of mothers to increase the knowledge of pregnant women and mothers with babies under two years old regarding the prevention of stunting with the strategy of providing good supplementary foods for breast milk (MP-ASI) through health promotion and processing MP menus. -ASI by utilizing local ingredients that are cheap and easy to obtain and monitoring growth.

West Java Province has a stunting rate proportion of 24.5%, above the WHO recommended figure (RI Ministry of Health, 2021). As a province that is located adjacent to the capital and is one of Indonesia's rice barns, this is of course a little odd considering that this province's access to food sources and clean water as well as the latest information is very large. Tasikmalaya Regency has the highest proportion figure among other districts/cities in West Java province, namely 34.1%, followed by Bogor Regency at 33.6% (Sudikno et al., 2019). Based on the *Surat Keputusan Menteri Perencanaan Pembangunan / Kepala BAPENAS Nomor: Kep 42/M.PPN/HK/04/2020* concerning Determining the Expansion of Districts/Cities Focus Locations for Integrated Stunting Reduction Interventions in 2021, Bogor Regency is one of the districts that will be the focus location for interventions reduction in stunting.

As one of the districts that is a special location for accelerating the handling of stunting, the Bogor Regent has issued the *Instruksi Bupati Bogor Nomor 440/884 Tahun 2019* concerning Integrated Stunting Intervention. Apart from that, the Regent of Bogor also designated 68 villages from 26 sub-districts as locations for accelerated handling of stunting as determined by the *Surat Keputusan Bupati Bogor Nomor 444/5050/Kpts/Per-UU/2020* concerning Determining Locations for Stunting Intervention in Bogor Regency (TP2AK, 2021). One of the villages that is the priority locus for accelerating the handling of

stunting in Bogor Regency is Waru Jaya Village, Parung District. The prevalence of stunting in Waru Jaya Village in 2019 was 30.5% or 354 out of 1,161 children under five who were weighed as experiencing stunting. (Ministry of Home Affairs, 2022) The stunting rate is very high considering the location of this village area which is not far from the national capital and is a connecting area between the Bogor and Jakarta areas. The sub-district office of Parung Sub-district is even located in this village, where the sub-district government should be able to more closely monitor the condition of the people of Waru Jaya Village so that it can prevent high stunting rates from occurring. Based on the above, researchers are interested in finding out how to implement policies to accelerate the reduction of stunting rates in Waru Jaya Village, Bogor Regency.

## B. METHODS

This research is qualitative research with a descriptive approach. The research location was in Waru Jaya Village, Bogor Regency, which was carried out in June-September 2022. The data collection technique was carried out by collecting primary data obtained from 10 informants, collecting secondary data obtained from reports from government agencies, the results of weighing, measuring and counseling on Posyandu, information publication materials, journal articles and data from official government agency websites related to stunting reduction, observations carried out at several Posyandu in Waru Jaya Village as well as interviews with several informants. Determination of informants was carried out based on techniques using the purposive sampling method. Through purposive sampling technique, The initial informants determined were staff or officials at the Bogor District Health Service, Parung Community Health Center and Waru Jaya Village. Apart from that, 3 cadres as policy implementers who go directly to the community will also be used as research informants. The last are 4 people in the community, namely mothers who have toddlers. The interview guide and analysis of the success of implementing the *Peraturan Presiden Nomor 72 Tahun 2021* concerning the Acceleration of Stunting Reduction and the *Instruksi Bupati Bogor Nomor: 440/884 Tahun 2019* concerning Integrated Stunting Intervention is to use Merilee S. Grindle's theory. According to Grindle, policy success is influenced by two variables, namely the content of the policy and the implementation environment Apart from that, 3 cadres as policy implementers who go directly to the community will also be used as research informants. The last are 4 people in the community, namely mothers who have toddlers. The interview guide and analysis of the success of implementing the *Peraturan Presiden Nomor 72 Tahun 2021* concerning the Acceleration of Stunting Reduction and the *Instruksi Bupati Bogor Nomor: 440/884 Tahun 2019* concerning Integrated Stunting Intervention is to use Merilee S. Grindle's theory. According to Grindle, policy success is influenced by two variables, namely the content of the policy and the implementation environment Apart from that, 3 cadres as policy implementers who go directly to the community will also be used as research informants. The last are 4 people in the community, namely mothers who have toddlers. The interview guide and analysis of the success of implementing the *Peraturan Presiden Nomor 72 Tahun 2021* concerning the

Acceleration of Stunting Reduction and the *Instruksi Bupati Bogor Nomor: 440/884 Tahun 2019* concerning Integrated Stunting Intervention is to use Merilee S. Grindle's theory. According to Grindle, policy success is influenced by two variables, namely the content of the policy and the implementation environment. The interview guide and analysis of the success of implementing the *Peraturan Presiden Nomor 72 Tahun 2021* concerning the Acceleration of Stunting Reduction and the *Instruksi Bupati Bogor Nomor: 440/884 Tahun 2019* concerning Integrated Stunting Intervention is to use Merilee S. Grindle's theory. According to Grindle, policy success is influenced by two variables, namely the content of the policy and the implementation environment. The interview guide and analysis of the success of implementing the *Peraturan Presiden Nomor 72 Tahun 2021* concerning the Acceleration of Stunting Reduction and the *Instruksi Bupati Bogor Nomor: 440/884 Tahun 2019* concerning Integrated Stunting Intervention is to use Merilee S. Grindle's theory. According to Grindle, policy success is influenced by two variables, namely the content of the policy and the implementation environment (Ministry of Home Affairs, 2022).

Data analysis techniques are carried out using the Miles and Huberman interactive analysis model, namely starting with data collection, data reduction by selecting and simplifying the data, presenting the data in the form of structured information to enable conclusions to be drawn. (Basrowi and Suwandi, 2008).

## **C. RESULTS AND DISCUSSION**

### **Results**

The number of stunted children in Waru Jaya Village in 2019 was 30.5% or 354 of the 1,161 toddlers who were weighed were Stunting. This makes Waru Jaya Village one of the villages designated as a stunting intervention location in Bogor Regency. Based on this, attention and handling is needed from parties who have the authority to reduce stunting rates in Waru Jaya Village.

Apart from poor lifestyle habits such as feeding that does not meet nutritional needs, parents who smoke, not giving exclusive breast milk to babies up to 6 months, and children not being given the required immunizations, the high number of stunting in 2019 also occurred because cadres who do not understand how to weigh and measure a child's body correctly so that cadres miscategorize the results of weighing and measuring children. This was expressed by the Village Midwife and also the Human Development Cadre (KPM) of Waru Jaya Village.

In the *Peraturan Presiden Nomor 72 Tahun 2021*, it is stipulated that the implementation of accelerating stunting reduction at the village level is carried out through coordinating the parties involved, prioritizing the use of village funds and optimizing village development programs and activities that can support the implementation of accelerating stunting reduction. Apart from that, the Waru Jaya Village Government also refers to the *Instruksi Bupati Bogor Nomor: 440/884 Tahun 2019* concerning Integrated Stunting Intervention.

The Bogor Regency Regional Government's commitment to implementing the stunting reduction policy stipulates the political promise of the regional head for the 2018-2023 period with the slogan "*Panca Karsa*", one of which is Healthy Bogor Karsa. This is stated in the *Peraturan Daerah Nomor 4 Tahun 2019*

concerning Regional Medium Term Development Plans for 2018-2023. One of the five (five) initiatives of the Bogor Regent is the Healthy Bogor Initiative, one of whose strategic activities is the "Stunting-Free Bogor Movement (GOBEST)".

In the context of implementing GOBEST to accelerate stunting reduction, the Village Government appointed Human Development Cadres (KPM) who were given a salary every month to facilitate and directly monitor the implementation of stunting reduction in the field, including ensuring that the 56 Posyandu cadres on duty in the field had the ability and capacity in carry out his duties. KPM also functions as a liaison between the Village Government, Community Health Center and the Community. The KPMs are under the guidance of a Village Midwife from the Community Health Center and a Stunting Facilitator from the Regency.

To coordinate the implementation of accelerating stunting reduction through integrated stunting intervention, one way is through the Village Development Planning Conference (Musrenbang) held by the Village Government. In the Musrenbang, KPMs were involved in evaluating the implementation of stunting reduction, planning what was needed and sharing ideas and views on accelerating stunting reduction.

Apart from Musrenbang, the Village Government also held a Stunting Consultation which was attended by representatives from the Village, District Government, Community Health Center, KPM and cadres and Stunting Facilitators from the Regency. Through village-level stunting consultations, policy implementers at the village level gather to discuss problems that occur in implementation and discuss solutions. Apart from that, in this forum, deliberation participants can also express ideas or plans for the future. Stunting consultations are held once a year.

In using village funds, the Village Government is asked to provide a special budget for reducing stunting. This is based on the *Peraturan Bupati Bogor Nomor 21 Tahun 2019* concerning Procedures for Distribution, Determination and Distribution of Village Funds for the 2019 Fiscal Year. In the 2021 Fiscal Year, the Waru Jaya Village Government allocated around 5-6% of the Other Expenditure Budget which came from Village Funds. These funds are used to improve services at Posyandu, to provide milk, biscuits or vegetables and other types of nutritious food for Supplementary Feeding (PMT) at Posyandu. However, according to the Village Midwife, the budget provided is still inadequate considering that Waru Jaya Village has 11 Posyandu spread across 3 (three) hamlets.

Supplementary Feeding (PMT) in the form of biscuits and milk originating from the Village Fund through the Village Government is given to pregnant women and toddlers who come to the Posyandu. For pregnant women with Chronic Energy Deficiency (KEK) and toddlers with nutritional problems such as stunting, they will be given Additional Recovery Feeding (PMT-P) in the form of vitamins, vegetables, baby porridge and special milk. For children stunting and pregnant women with KEK, KPM will make a special visit to carry out intensive monitoring and share knowledge with the target of reducing stunting. Apart from providing PMT-P, stunting children and pregnant women with KEK will be

referred to the Community Health Center for regular counseling by doctors and nutritionists.

The Village Government coordinates with the Community Health Center and KPM to involve Posyandu cadres in various types of training to improve their competency, skills and knowledge. This training is useful for increasing the knowledge and abilities of Posyandu cadres considering that in 2019, cadres did not understand how to weigh and measure children's bodies correctly so that cadres miscategorized the results of weighing and measuring children. This is also one of the reasons why the stunting prevalence rate in Waru Jaya Village in 2019 is very high.

Another effort to prevent stunting is through providing clean water and sanitation for the community. To make this happen, the Waru Jaya Village Government has helped build proper toilets and bathrooms for residents who don't have them as well as building water channels so that the environment is maintained clean so that it doesn't cause disease in the community.

In terms of education, KPM collaborates with several Early Childhood Education (PAUD) schools in Waru Jaya Village to regularly provide educational outreach on Clean and Healthy Living Behavior (PHBS). PHBS education includes teaching the importance of washing hands, how to wash hands properly and correctly and consuming food with balanced nutrition.

The economy is one of the factors causing stunting, therefore in order to improve the economy of the Waru Jaya Village community, the Waru Jaya Village Government is developing a Minapolitan area, namely an area with economic development through the fisheries sector. This is because one of the potential natural resources of Waru Jaya Village is the fisheries sector.

To monitor the development of pregnant women and toddlers, Posyandu is held regularly every month by KPM and Posyandu cadres who are accompanied by the Village Midwife and Nutritionist from the Community Health Center. In the implementation of Posyandu, not only is weight weighing, height measurement for toddlers, provision of immunizations and vitamins and blood tests for pregnant women, but also at the same time providing counseling and outreach regarding the provision of balanced nutrition as well as nutritious eating patterns and menus with ingredients that are easy to obtain for families, especially toddlers, pregnant women and breastfeeding mothers.

Apart from routine weighing every month, in February and August nationally, Toddler Weighing Month (BPB) is held, at which time Vitamin A is given to toddlers. If there are pregnant women and mothers with toddlers in the Posyandu area who have not come, the cadre will go to the residents' homes to ask them to come to the Posyandu. This is an effort to "pick up the boa" so that the growth and development of toddlers and the health of pregnant women can always be monitored.

The announcement of the implementation of Posyandu was made via mosque or prayer room loudspeakers and also on a WhatsApp group which contained KPM, Posyandu cadres as well as pregnant women and mothers of toddlers registered at Posyandu. The KPMs actually want the participation of the Head of the Household (RT Head) in terms of giving announcements to their



residents to take part in the Posyandu program. This is one of the responsibilities of the RT Head's role in maintaining the health of its citizens, especially pregnant women, breastfeeding mothers and toddlers.

Posyandu implementation is carried out in rotation at 11 (eleven) Posyandu in 3 (three) hamlets in Waru Jaya Village. Based on the results of weighing and measurements carried out at BPB in February 2022, recorded in Waru Jaya Village, out of 1,353 toddlers, who were weighed and measured, there were still 11 toddlers suffering from stunting and in the BPB in August 2022, there were encouraging results, namely that there were no children suffering from stunting at all in Waru Jaya Village.

If we look at the prevalence of stunting in Waru Jaya Village since 2019, the number has decreased very significantly as can be seen in the table below. Of course, this is cooperation from various integrated parties to accelerate the reduction in stunting rates in Waru Jaya Village, both in terms of prevention and management.

**Table 1. Progress in reducing the prevalence of stunting in Waru Jaya Village**

YEAR	2019	2020	2021	2022
PERCENTAGE	30.5%	5.8%	2.9%	0%
AMOUNT	365 of 1,160 toddlers	67 of 1,149 toddlers	61 of 2,337 toddlers	0 out of 1,234 toddlers

### Supporting Factors for Implementation

Various efforts were made by stakeholders in Waru Jaya Village, including the District Government, Village Government, Community Health Center, PKM and also Posyandu cadres who supported reducing the prevalence of stunting. There are clear and detailed programs and strategic plans from the Bogor District Health Service so that policy implementers are not confused about their implementation.

There is support from the Village Government in the form of a special budget allocation to accelerate stunting reduction, facilities and infrastructure for implementing stunting reduction policies as well as the formation of collaboration with Puskesmas health workers and the opening of good communication channels between the Village Government, Puskesmas, cadres and also village assistants from the Regency, facilitates coordination between stakeholders.

The Village Government appointed Human Development Cadres (KPM) who have special duties in carrying out various activities related to accelerating stunting reduction as well as coordinating cadres from all Posyandu in Waru Jaya Village. These KPMs are also tasked with coordinating cadres who have a high level of commitment and concern and a willingness to continue learning.

Parung Community Health Center regularly holds monthly meetings between Community Health Center Health Workers, KPM and Posyandu cadres in the context of "transfer of knowledge" and guidance on preparation of the monthly Posyandu program so that errors no longer occur in the process of

weighing and measuring the height of toddlers. This activity was stopped when the COVID-19 pandemic hit Indonesia, but now it is starting to gradually return to normal.

KPMs consistently take a persuasive and personal approach not only to Posyandu participants, but also do not hesitate to directly visit pregnant mothers and parents of toddlers who do not come to Posyandu to provide personal counseling. This is done to achieve as much as possible all policy targets for accelerating stunting reduction.

For the targets of accelerating stunting reduction, namely pregnant women with KEK and stunted toddlers, KPM and Posyandu cadres provide intensive assistance by carrying out routine home visits carried out by KPM to provide counseling and tips on good parenting and eating patterns as well as providing PMT-P. Apart from that, pregnant women with KEK and stunted toddlers are referred to the Community Health Center for special consultations with the Nutrition Officer or Nutritionist at the Community Health Center and also to provide PMT-P by the Community Health Center.

There is assistance for the prospective bride and groom by cadres and also the Community Health Center so that the prospective bride and groom have knowledge about how to prepare themselves as prospective parents in order to create a quality generation.

KPM visited PAUD-PAUD in Waru Jaya Village in order to provide education on Clean and Healthy Living Behavior, both to mothers and students. Both KPMs and cadres are given a monthly honorarium from the Village Government as a form of appreciation from the Village Government for the hard work of the cadres.

Accurate and timely reporting carried out by each policy implementer. Especially for KPM and Health Workers, they have used the Ministry of Health's reporting application, namely e-ppgbm, to provide an easy reporting system and minimize data collection errors.

### **Discussion**

Based on the research results above, the success factors for implementing policies to accelerate stunting reduction through integrated stunting reduction interventions are seen based on Merilee S. Grindle's theory.

### **Policy Content Context**

The interests of policy implementers ranging from the Bogor District Health Service, Community Health Centers, Village Government, cadres to target groups, namely young women, Fertile Women (WUS), pregnant women, breastfeeding mothers and toddlers, especially toddlers under 2 years of age, are to be able to improve the level of health for themselves and their children. In general, the interests that influence the acceleration of stunting reduction in Waru Jaya Village are one frequency, but additional support from the RT/RW Head is needed in assisting cadres' tasks in approaching residents and a larger budget so that cadres can provide facilities. better meet the needs of policy implementation.

The type of benefit obtained is an increase in the allocation of stunting funds so that Posyandu can be routinely carried out together with Health Workers from the Community Health Center and can provide better health facilities and services

to Posyandufdu participants, including providing PMT and PMT-P to pregnant women and toddlers who come to Integrated Healthcare Center. Apart from that, with existing policies, stakeholders are bound by a commitment to implement them optimally.

The degree of change desired is of course the adoption of a clean and healthy lifestyle by the community which will have an impact on reducing stunting rates so that the health and quality of life of children who will later become the nation's successors will improve. This has been proven by data that there has been a change in the form of a significant reduction in the prevalence of stunting in Waru Jaya Village.

The location of decision making lies with the Village Government, which has taken the right decision by allocating a special budget for stunting and also appointing qualified cadres as program implementers who are involved directly in the community, although not all are of the same quality, this can be improved through training and transfer of knowledge” among the cadres. A slight problem is that the budget is still felt to be insufficient and this can be seen from the provision of PMT which is less than optimal.

Implementing the policy to accelerate stunting reduction at the Waru Jaya Village level are the Village Midwives and Nutrition Officers from the Community Health Center together The Waru Jaya Village Government is supported by TP-PKK, KPM and other cadres drawn from elements of the community. In its implementation, it is in accordance with the procedures, but several parties want the involvement of the RT/RW Chair in helping to mobilize residents to be actively involved in implementing the policy.

To support success, supporting resources are needed. Based on quantity and quality, in general, the available human resources are sufficient, but not all cadres have the same abilities, this is because not all cadres have received training. However, this can still be overcome by transferring knowledge from other cadres, the majority of whom have participated in training held by the Regency Government and Community Health Centers through mini workshops. In terms of budget, the Village Government has also allocated a special budget for reducing stunting. However, the budget can be further increased so that the provision of PMT can better meet nutritional standards.

What worries the Village Midwife is the lack of Nutritional Workers at the Community Health Center, so that Nutritional Workers cannot participate in the activities of all Posyandu to provide counseling related to fulfilling good and correct nutrition.

### **Policy Implementation Context**

The power, interests and strategies of the actors involved greatly influence the success of policy implementation. It is in the interests of policy implementers to accelerate stunting reduction in Waru Jaya Village to reduce the stunting rate in Waru Jaya Village by increasing clean and healthy lifestyles and consumption of good and nutritious food. To achieve this, each implementer uses its powers based on applicable laws and regulations to determine the appropriate strategy and implement that strategy.

Institutional characteristics are also important in policy implementation according to Merilee S. Grindle. The Village Government is open to input from both Community Health Center health workers and cadres in improving the success of policy implementation. Village midwives and nutrition workers from the Community Health Center also do not hesitate to share their knowledge with cadres so that even though training for cadres and socialization in classes for pregnant women and toddlers has not been held again, messages related to efforts to improve public health are still being conveyed. The cadres also have high concern and a willingness to continue to improve their quality by seeking information from health workers and the internet. They also look for ideas and ways to provide education to the community.

The level of compliance and responsiveness of implementers is quite good. It's just that there are still many pregnant women and toddlers who visit private health service facilities and sometimes there are still toddlers who don't come to the Posyandu if it's not their child's schedule for immunization so that Puskesmas health workers and cadres are unable to monitor and record their health progress. The Village Government can also increase the involvement of RT/RW Heads in approaching and providing information to residents. Meanwhile, compliance and response to policy targets are mostly good.

Based on the results found in this research, the success of Waru Jaya Village in handling stunting is not only due to the Regent's Instruction Number 440/884 of 2019 concerning Integrated Stunting Intervention, but also because there are several supporting factors. These supporting factors include routine monitoring, consistent outreach and education on stunting and the availability of additional food. This is the same as the success in reducing stunting in Kampiar Village, Banjarnegara (Prafitri et al., 2022). Collaboration between health workers, village government and the community has also been running in harmony, which is important in handling stunting because handling stunting does not only involve the health sector. (Noky, Tauho and Nugroho, 2021) (Ipan, Purnamasari and Priyanti, 2021). The high commitment of KPM and Posyandu cadres to continue to improve their expertise and skills also plays an important role, this is because they are the front guard and closest to the community in efforts to reduce the prevalence of stunting. (Onthonie, Ismanto and Onibala, 2015).

Even though Waru Jaya Village has succeeded in reducing the stunting rate in its area, there are still several inhibiting factors in its implementation. The lack of nutrition workers at the Parung Community Health Center means that not all Posyandu can be visited by nutrition workers to provide counseling during weighing activities, even though the role of nutrition workers is very important in preventing and handling stunting. (Praharmeyta, 2010). The ongoing socialization and counseling only targets pregnant women and mothers with toddlers, whereas creating a family that is nutritionally aware and lives a clean and healthy life requires the involvement of all family members, this is because the eating patterns and eating habits of toddlers depend on the family's diet. (Noky, Tauho and Nugroho, 2021) (Rahmawati, S and Rasni, 2019). The role of the RT/RW Head is still felt to be insufficient in approaching residents so that they always come to the Posyandu and maintain a clean and healthy lifestyle. The head of the RT/RW also

has responsibility for collecting data on residents who have babies and toddlers as well as pregnant women and also conducting sweeping for residents who do not bring their babies or toddlers to the Posyandu when Posyandu activities are held.(Syahriansyah, 2022).

#### **D. CONCLUSION**

In order to accelerate the reduction in stunting prevalence, from the context of policy content, the Bogor Regency Government created policies related to prevention and treatment that bind several stakeholders to be integrated and aligned with each other. From the context of policy content and implementation, the accelerated implementation of integrated stunting reduction has been successfully carried out by the stakeholders involved in Waru Jaya Village and produced the expected output. This can be seen from the very significant decline in the prevalence of stunting from 2019 where at that time the prevalence of stunting was 30.5%, decreasing by 27.6% in 2021 to 2.9%, even based on BPB August 2022 there were no stunting toddlers at all. once in Waru Jaya Village.

The suggestion for the Village Government is the need for the involvement of the RT/RW Head in preventing and handling integrated stunting as stipulated in a Village Head Decree regarding the formation of a joint team with other parties involved. Apart from that, there is a need to update the Bogor Regent's Instruction Number: 440/884 of 2019 concerning Integrated Stunting Intervention so that it is in line with Presidential Regulation Number 72 of 2021 concerning the Acceleration of Reducing Stunting.

#### **BIBLIOGRAPHY**

- Basrowi dan Suwandi (2008) *Pengertian Penelitian Kualitatif*. Jakarta: Rineka Cipta.
- BKKBN (2021) *Antisipasi Generasi Stunting Untuk Mewujudkan Indonesia Emas 2045*, bkkbn.o.id. Diakses 27 Agustus 2021. Tersedia di: <https://www.bkkbn.go.id/detailpost/indonesia-prevent-stunting>.
- BPS (2020) *Sensus Penduduk Indonesia 2020*, sensus.bps.go.id. Diakses 27 Agustus 2021. Tersedia di: <https://sensus.bps.go.id/main/index/sp2020>.
- Brar, S. et al. (2020) 'Drivers of stunting reduction in Senegal: A country case study', *American Journal of Clinical Nutrition*, 112, pp.860S-874S. Available at: <https://doi.org/10.1093/ajcn/nqaa151>.
- Cettakrikul, N. et al. (2018) 'Childhood stunting in Thailand: When prolonged breastfeeding leads to household poverty', *BMC Pediatrics*, 18(1), pp. 1–9. Available at: <https://doi.org/10.1186/s12887-018-1375-5>.
- Dhami, MV et al. (2019) 'Stunting and severe stunting in infants in India: the role of late introduction of complementary foods and community and household factors', *Global Health Action*, 12(1). Available at: <https://doi.org/10.1080/16549716.2019.1638020>.
- Huicho, L. et al. (2020) 'Drivers of stunting reduction in Peru: Luis country case study', *American Journal of Clinical Nutrition*, 112, pp.860S-874S. Available at: <https://doi.org/10.1093/ajcn/nqaa151>.

- Ipan, Purnamasari, H. and Priyanti, E. (2021) 'Tata Kelola Kolaboratif dalam Penanganan Stunting', *Kinerja*, 18(3), hlm.
- Irmaida, I., Briawan, D. and Martianto, D. (2021) 'ANALISIS FAKTOR INTERNAL DAN EKSTERNAL DALAM PERCEPATAN PENURUNAN STUNTING: STUDI KUALITATIF DI KABUPATEN BOGOR <br>Analisis Faktor Internal dan Eksternal Percepatan Penurunan Stunting: Studi Kualitatif di Kabupaten Bogor</br>', *Media Gizi Indonesia*, 16(2), hal. 86. Tersedia di: <https://doi.org/10.20473/mgi.v16i2.86-95>.
- Kemendagri (2022) Monitoring Implementasi 8 Aksi Konvergensi Intervensi Penurunan Stunting Terintegrasi, Aksi.bangda.kemendagri.go.id. . Diakses pada 20 Januari 2022. Tersedia di: <https://aksi.bangda.kemendagri.go.id/emonev/DashPrev/index/2> (Diakses: 20 Januari 2022).
- Kemenkes, R. (2021) Menurunkan Prevalensi Stunting Tahun 2021 Sebagai Modal Menuju Generasi Emas Indonesia 2045, <https://sehatnegeriku.kemkes.go.id/baca/umum/20211227/4339063>. Tersedia di: <https://sehatnegeriku.kemkes.go.id/baca/umum/20211227/4339063/pe-nurunan-prevalensi-stunting-tahun-2021-as-modal-menuju-Generasi-emas-indonesia-2045/>.
- Kementerian Kesehatan RI (2021) 'Buku Saku Hasil Kajian Status Gizi Indonesia (SSGI) Tingkat Nasional, Provinsi, dan Kabupaten/Kota Tahun 2021', *Angewandte Chemie Edisi Internasional*, 6(11), 951–952. , hal. 2013–2015.
- Kementerian Kesehatan Republik Indonesia (2018) Situasi Balita Pendek (Stunting) di Indonesia, Kementerian Kesehatan. Kementerian Kesehatan Indonesia. Tersedia di: [file:///C:/Users/Andi Joe/Downloads/Buletin-Stunting-2018.pdf](file:///C:/Users/Andi%20Joe/Downloads/Buletin-Stunting-2018.pdf).
- Kementerian Kesehatan Republik Indonesia (2020) Profil Kesehatan Indonesia Tahun 2019. Diedit oleh Kementerian Kesehatan Republik Indonesia. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Kementerian PPN/Bappenas (2018) Pedoman Pelaksanaan Intervensi Penurunan Stunting Terpadu di Kabupaten/Kota, Rencana Aksi Nasional Penurunan Stunting: Rembuk Stunting. Jakarta: Kementerian Perencanaan Pembangunan Nasional/Bappenas. Tersedia di: <https://www.bappenas.go.id>.
- KEMKES, L. (2021) 'Angka Stunting Turun pada Tahun 2021 | Badan Penelitian dan Pengembangan Kesehatan' Kementerian Kesehatan Republik Indonesia [Pracetak]. Tersedia di: <https://www.litbang.kemkes.go.id/angka-stunting-turun-di-tahun-2021/>.
- Lailou, A. et al. (2020) 'Reducing malnutrition in Cambodia. Modeling exercise to prioritize multisectoral interventions, *Maternal and Child Nutrition*, 16(S2), p. 1–11. Available at: <https://doi.org/10.1111/mcn.12770>.
- Noky, VH, Tauho, K. and Nugroho, K. (2021) 'Kolaborasi Perawat dan Ahli Gizi

- Dalam Penanganan Masalah Gizi Balita di Wilayah Kerja Puskesmas Halmahera Barat.', *Jurnal Epidemiologi Kesehatan Masyarakat*, 6( 2), hal.293–299. Tersedia di: <https://doi.org/10.14710/jekkm.v6i2.11622>.
- Onthonie, H., Ismanto, A. and Onibala, F. (2015) 'Hubungan Partisipasi Kader Posyandu Dengan Status Gizi Balita Di Wilayah Kerja Puskesmas Manganitu Kabupaten Kepulauan Sangihe', *Jurnal Keperawatan UNSRAT*, 3(2), hal. 106264.
- Prafitri, FM dkk. (2022) 'Keberhasilan Penanganan Stunting di Desa Kasimpar Kecamatan Wanayasa Kabupaten Banjarnegara', *JEPeMas: Jurnal Pengabdian Masyarakat*, 1(April), hlm.8–13.
- Praharmeyta, R. (2010) 'Efektivitas Fungsi Manajemen Gizi Puskesmas Terhadap Pelaksanaan Program Pencegahan Gizi Buruk Di Kabupaten Demak Tahun 2010', *Jurusan Ilmu Kesehatan Masyarakat Fakultas Ilmu Keolahragaan Universitas Negeri*
- Rahmawati, UH, S, LA and Rasni, H. (2019) 'Hubungan Penerapan Peran Keluarga dengan Kejadian Stunting pada Balita di Kecamatan Arjasa Jember', *Pustaka Kesehatan*, 7(2), hal. 112. Tersedia di: <https://doi.org/10.19184/pk.v7i2.19123>.
- RI, SWP (2021) Laporan Capaian Implementasi Strategi Nasional Percepatan Pencegahan Stunting Periode 2018-2020.
- Safitri, CA and Nindya, TS (2017) 'Hubungan Ketahanan Pangan dengan Penyakit Diare dan Stunting pada Balita 13-48 Bulan di Kelurahan Manyar Sabrangan Surabaya', *Amerta Gizi*, 1(2), hal. 52. Tersedia di: <https://doi.org/10.20473/amnt.v1i2.6226>.
- Subratha, HFA and Peratiw, NMI (2020) 'Penentu Kejadian Stunting pada Balita di Kabupaten Gianyar Bali', *Jurnal Ilmu Kesehatan MAKIA*, 10(2020). Tersedia di: <http://repositorio.unan.edu.ni/2986/1/5624.pdf>.
- Sudikno dkk. (2019) 'Laporan Akhir Status Gizi Balita Tahun 2019', *Kementerian Kesehatan RI*, hal. 1–150. Tersedia di: <https://preventstunting.id/unduh/publikasi-data/>.
- Sulastrri, D. (2012) 'Faktor Penentu Kejadian Stunting pada Anak Usia Sekolah di Kecamatan Lubuk Kilangan Kota Padang', *Majalah Kedokteran Andalas*, 36(1), hal. 39. Tersedia di: <https://doi.org/10.22338/mka.v36.i1.p39-50.2012>.
- Syahriansyah, A. (2022) 'Tekan Stunting, Ketua RT/RW Punya Peran Penting Ajak Warga Rutin Ke Posyandu', *kaltengtoday.com*. Tersedia di: <https://kaltengtoday.com/tekan-stunting-ketua-rt-rw-punya-peran-important-ajak-warga-rutin-ke-posyandu/>.
- TP2AK (2021) Lokus 360 Kabupaten/Kota, <https://dashboard.stunting.go.id/unduh-data/>. Diakses 20 Januari 2022. Tersedia di: <https://dashboard.stunting.go.id/unduh-data/> (Diakses: 20 Januari 2022).
- Vaivada, T. dkk. (2020) 'Stunting pada masa kanak-kanak: gambaran beban global, tren, determinan, dan pendorong penurunan', 112.
- Wulandari, RS (2019) 'Implementasi Kebijakan Pencegahan Stunting di Kabupaten Bandung Barat', *Jurnal Sosial dan Politik*, hal. 102–109.