

Communication of the Government Regarding the Handling of Stunting in Bejijong Village, Mojokerto Regency

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Abstract

Stunting is one of the national and global health issues. Stunting is a condition of growth failure in children due to chronic malnutrition, resulting in children being too short for their age. In Indonesia, stunting is one of the serious problems currently being faced; therefore, efforts are needed to prevent cases of stunting. In accordance with Presidential Regulation No. 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement, efforts to prevent stunting have been organised, in which the government and the community work together to accelerate nutrition improvement. Good communication is greatly influenced by the continuity of communication, where interaction with the community must be effective. This must be a point of attention because, in addition to having a positive impact on the success of the village government in the process of implementing effective communication policies, it will also have a direct impact on the existence of the village government. In a different context, this study attempts to examine issues in the implementation of stunting prevention policies through policy advocacy. The aim is to increase support for the implementation of stunting prevention policies. Advocacy for stunting prevention policies is multisectoral in nature, therefore involving many parties and cooperation from various sectors and levels of government in various geographical locations. The reliability of information dissemination is also an important point in the implementation of Government Communication, because government communication is not only about managing public opinion but also related to managing the entire communication process that takes place in government to achieve objectives, one of which is strengthening the socialisation and dissemination of information. Data was collected through interviews, surveys and document analysis. The results of this study are expected to provide valuable contributions to local governments and relevant stakeholders in developing communication outreach and advocacy for government policies related to stunting prevention in Bejijong Village, Mojokerto Regency.

Keywords: *Stunting, Public Policy, Policy Advocacy, Health Communication, Stunting Prevention*

INTRODUCTION

Stunting remains one of the world's most pressing public health problems, affecting millions of children in both developing and least developed countries. Defined as impaired growth and development due to poor nutrition, repeated infections, and

inadequate psychosocial stimulation, stunting has long-term impacts not only on individual health but also on national development. Nationally, health is currently a focus of the government. The Healthy Indonesia programme is the main programme for health development, the achievements of which are outlined in the Ministry of Health's

2015-2019 Strategic Plan (Renstra). The main target of the Indonesia Sehat programme is to improve the health and nutritional status of the community by emphasising community efforts and empowerment, supported by financial protection and equitable health services. Efforts to address health issues are not only the main task of the government, but also require the involvement and support of all elements of society (Zainal, 2018).

In Indonesia, stunting has been a persistent problem, with prevalence rates historically higher than the global average. The Indonesian government, through the National Strategy for the Acceleration of Stunting Reduction (Stranas Stunting), has set an ambitious target to reduce stunting rates to below 14% by 2024. This national commitment demonstrates recognition that stunting is not only a health issue but also a development issue, with implications for education, economic growth, and social equity. Efforts to address stunting include cross-sector collaboration between the Ministry of Health, the Ministry of Social Affairs, the National Population and Family Planning Agency (BKKBN), and local governments. These institutions aim to ensure that interventions address not only direct nutritional factors but also indirect determinants such as sanitation, early marriage, and poverty. Despite these efforts, stunting reductions are uneven across regions, and rural communities often face greater challenges due to limited access to health services, cultural practices, and economic

constraints (Roediger et al., 2020).

Mojokerto Regency in East Java is one area that has made significant efforts to address stunting, including the development of digital platforms and community-based programs. Within this regency, Bejjong Village serves as a case study of how the local government, in collaboration with community organizations, implemented an advocacy communication strategy to support stunting prevention. Bejjong is known not only for its cultural heritage and tourism potential, but also for its proactive involvement in public health initiatives.

Advocacy focuses on decision-makers or community leaders, communication generally targets individuals or groups in the community, and social mobilisation aims to gain support from the wider community and specific communities. Advocacy aims to increase resources or obtain political commitment, policy support and social leadership for programme development (McKee et al 200b in McKee et al 2004, Notoatmodjo 2007). Schiavo (2014) uses the term public advocacy as the use of communication strategies to influence changes in public opinion and attitudes so as to influence policymakers or decision-makers and promote changes in behaviour, social norms, policies, and resource allocation for the benefit of community groups or organisations.

The village government has

collaborated with the Community Empowerment and Family Planning Task Force (TPK), community health centers (Puskesmas), and schools to create an integrated program that addresses multiple dimensions of stunting. This makes Bejjong an important small sample for analyzing the opportunities and challenges of implementing communication strategies at the grassroots level (Anggraini & Romadona, 2020).

The positive behaviour of community leaders is certainly very important in setting an example for other members of the community. This is a form of social support. In addition, there is collaboration between health workers and community leaders in carrying out health education, counselling and other activities through various opportunities and media. It is hoped that these activities will increase the knowledge, attitudes and behaviour of the community towards healthy living (empowerment).

The importance of communication and advocacy in stunting prevention cannot be overstated. While technical interventions such as nutritional supplementation, immunization, and health services are crucial, they are unlikely to succeed without effective communication that ensures community understanding and participation. Advocacy communication involves not only disseminating information but also persuading, motivating, and mobilizing stakeholders to take collective action. In Bejjong Village, communication strategies range from conventional media such as

community radio to modern platforms such as WhatsApp groups, e-Stunting, and the Elsimil app.

Advocacy in this context is interpreted as a strategy for approaching others who are considered to have an influence on the successful implementation of a programme. Based on this, the target of advocacy is the leaders of organisations or work institutions, both in the government and private sectors, as well as community organisations. The aspect of communication and advocacy is a form of personal, interpersonal, and mass communication aimed at policy makers at all levels and social structures.

These tools enable real-time data collection, health information dissemination, and family health monitoring, particularly for couples preparing for marriage and pregnant women. The integration of communication into stunting prevention demonstrates that behavior change and community engagement are as important as medical interventions in addressing complex health issues (Yuda et al., 2023).

Despite progress, several challenges remain. Socioeconomic factors such as poverty and limited access to nutritious food also contribute to the persistence of stunting. Furthermore, digital innovations, while promising, face challenges related to digital literacy and internet access. These gaps underscore the need for sustainable advocacy and communication strategies that are adaptive, inclusive, and responsive to local

realities.

The findings of this study are expected to provide theoretical and practical insights. Theoretically, this research enriches the field of communication for development by demonstrating how advocacy strategies can be contextualized in rural Indonesia. It demonstrates how health communication models, such as behavior change communication and participatory communication, can be applied in community-based settings.

Furthermore, (Wahyuni & Arief, 2023) emphasizes that reliable information dissemination is a critical aspect of government communication. This process goes beyond merely managing public opinion; it also involves overseeing the entire flow of information within government operations to achieve objectives such as strengthening socialization and ensuring effective delivery of key messages.

This study examines the advocacy communication strategies implemented to support stunting reduction initiatives in Bejijong Village, with particular attention to how these strategies contribute to community engagement, health awareness, and sustainable policy implementation. Effective communication is strongly shaped by the continuity and consistency of interactions between the government and the community. Ensuring that communication remains ongoing and responsive is crucial, as it not only increases the success of implementing policies but also directly strengthens the

legitimacy and presence of the village government within the community. Prioritizing continuous engagement should therefore be a key consideration for achieving meaningful outcomes (Rizqi & Hariyoko, 2023).

Notoatmodjo (2012) explains that advocacy originates from historical aspects, definitions, advocacy principles, activities, and indicators of advocacy success found in health programmes. As one of the global efforts in health promotion, the term advocacy was first used by the WHO in public health programmes. The WHO formulated that in order to realise the vision and mission of health promotion effectively, three main strategies are used, namely advocacy, social support and community empowerment. This global strategy is intended for the implementation of health programmes in the community, and the steps used include: (a) approaching or lobbying local decision-makers so that they accept and commit to the programme and are ultimately willing to issue policies to create or support it. This activity is called advocacy. (b) Approaching and training local community leaders, both formal and informal. The aim of this activity is to ensure that these leaders have the skills expected by the programme and can subsequently help disseminate information about the programme or provide education to the community.

Based on the above definition of advocacy, Notoadmodjo argues that advocacy has a broad and comprehensive dimension. In this case, advocacy is not only an act of political lobbying but also includes

persuasive functions, providing motivation, and even intervening with institutional leaders. Advocacy can be implemented not only by individuals but also by groups, organisations, and communities. The main objective of advocacy is to 'encourage publicities that are supportive to health.' Thus, it can be concluded that advocacy is a combination of individual and social approaches or activities to obtain political commitment, policy support, social acceptance, and a supportive system for a programme or activity.

METHODOLOGY

This study will use a comprehensive qualitative approach to develop a communication model for outreach and advocacy regarding government policies related to handling stunting in Bejijong Village, Mojokerto Regency. This method involves collecting primary data through in-depth interviews with stakeholders, including the community and the Mojokerto Regency government. The interviews will focus on improving their understanding and information regarding the nutritional needs of stunted children.

In addition to primary data, secondary data such as literature, related documents, and previous research will be used to provide a broader context. Data analysis will be carried out by identifying themes and patterns that emerge from the interviews and then connecting them with relevant literature. The feedback obtained will be the basis for improving and optimizing the innovative

extension communication model. During the research, there will be cooperation and collaboration between the government and local communities. This collaboration will serve as a foundation for testing and implementing relevant and sustainable extension communication models on a wider scale.

This research design will involve several stages that are interrelated and support each other in developing a communication model for government policy extension and advocacy related to stunting in Bejijong Village, Mojokerto Regency. A literature review, the initial stage of this research will involve a comprehensive literature review on communication and advocacy of government policies related to stunting in Bejijong Village, Mojokerto Regency. Primary data collection, primary data will be collected through in-depth interviews with stakeholders and the community. Observation, researchers will be actively involved in activities to gain an in-depth understanding of the communication that occurs between the community and stakeholders. Data analysis, the collected data will be analysed by identifying themes and patterns that emerge from interviews and observations. Secondary data will also be used to provide a broader context. Evaluation and improvement: the feedback obtained will form the basis for optimising the extension communication model. Collaboration: collaboration with the government and local communities will be carried out throughout the research. This will ensure strong involvement

from all parties and guarantee the implementation of a relevant and sustainable extension communication model. Implementation and dissemination: the research results will be disseminated through scientific articles and participation in conferences or seminars to share the findings and contributions of the research with the academic community.

RESULTS AND DISCUSSION

Effective advocacy in addressing stunting in Bejjong Village requires a communication approach that involves various stakeholders outside the health sector. The Mojokerto Regency Government should develop a comprehensive approach that includes the agricultural, education, social, and economic sectors to enhance collaboration in stunting prevention efforts. This is essential because stunting is not just a health issue; it also involves access to education and the socioeconomic conditions of the village community.

The advocacy strategy implemented by the government in communication regarding stunting management in Bejjong Village must be participatory, involving community leaders, health cadres, and parents as agents of change. Effective communication is not only top-down from the government to the community, but also facilitates a two-way dialogue that allows the community to convey obstacles and input in stunting prevention efforts. This approach will increase community ownership of the program and ensure the sustainability of the interventions

carried out (Baharuddin & Kongkoli, 2023).

Government communications regarding stunting management in Bejjong Village must also include advocacy for policies that support adequate resource allocation. This includes communicating with the central and provincial governments to secure budget support, as well as advocating for the private sector to participate in Corporate Social Responsibility (CSR) programs focused on stunting prevention. Local governments need to communicate the long-term impacts of investments in stunting prevention, both in terms of the economy and human resource development (Uzochukwu et al., 2020). This needs to be taken into consideration because the development of other sectors also plays a role in the emergence of health problems, so efforts are needed to increase attention and build commitment from the government and other sectors. Advocacy here aims to provide a solution to a problem (Berniak-Woźny & Rataj, 2023)

Modern communication strategies in advocating for stunting management in Bejjong Village can utilize various media platforms, ranging from conventional media such as community radio to social media and digital applications. The Mojokerto Regency Government has developed applications such as e-Stunting and KERISMOJO to record toddler weighing and monitor the implementation of the TPPS (Stunting Reduction Acceleration Team). These tools not only improve data accuracy but also make it easier for policymakers to identify priority

cases and allocate resources more efficiently.

At the village level, the Bejjong Government, supported by the Village Tim Pelaksana Kesehatan (TPK), integrates preventive measures into community life.

“We are assisted by the Bejjong Village Health Implementation Team (TPK) in screening and monitoring every resident who is about to get married. We also require every couple who is about to get married to undergo screening at the Community Health Centre” (Pradana Tera, Subdistric Head of Bejjong).

A key initiative is the mandatory pre-marital screening program, where every couple planning to get married must undergo health checks at the Community Health Center. The screening includes several vital indicators such as upper arm circumference, hemoglobin levels, blood pressure, body weight, and height. These assessments are critical for identifying potential risks related to maternal and child health even before pregnancy occurs.

All the screening results are then uploaded to the BKKBN Elsimil application, ensuring that data is integrated into the national monitoring system. Through this combination of conventional communication, digital innovation, and preventive health policies, Bejjong Village demonstrates a model of how local government can strengthen advocacy and communication strategies in addressing stunting, ensuring that prevention efforts are both comprehensive and sustainable.

The Community Empowerment and Tim Pelaksana Kesehatan (TPK), established by the Bejjong Village Government and an

extension of the Mojokerto Regency National Population and Family Planning Agency (BKKBN), plays a central role in strengthening community awareness about stunting prevention. One of its main focuses is instilling the values of a clean and healthy lifestyle, ensuring that residents not only understand the importance of proper nutrition and sanitation but also apply these practices in their daily lives. The TPK also carries a clear target: to deliver accurate and reliable information to the community regarding stunting, thus empowering families with knowledge that supports healthier choices.

The main targets of advocacy are policy makers and decision makers at each level of government administration, with the aim of making them aware that health is a social, political, economic and other asset. Nationally, the goal of health advocacy is to increase public awareness of health and increase the allocation of resources for health. Locally, health advocacy can be carried out towards local government officials. The main goal of advocacy at the local level is for health programmes to be given high priority in regional development, as seen in the allocation of resources, especially the health budget, in terms of human resource development or health workers, such as training and further education.

To reinforce this initiative, the Bejjong Village Government has allocated funds from the Village Budget (APBDes) specifically for stunting prevention through the Village Health Post (Poskesdes), which functions as a community health center

offering free services.

“Through this allocation, the village provides additional nutrition for toddlers, essential health services, and medicines, all of which are managed by the Poskedes to ensure that they are accessible to every resident” (Pradana Tera, Subdistric Head of Beijjong).

Beyond the toddler, the focused program of the Beijjong Village Government also takes a broader approach to community health. It actively provides education and assistance for residents aged 16 to 60 years through the POS BINDU (Non-Communicable Disease Service Post), which is integrated with the Trowulan District Health Center. This initiative aims to promote healthy lifestyle practices among adults, reducing the risk of chronic diseases while also fostering a supportive environment for maternal and child health.

In addition, the government extends support to vulnerable groups through the Family Hope Program (PKH), offering assistance specifically to pregnant women and families with babies. This program is designed to help meet nutritional needs during critical periods, ensuring that mothers and children receive adequate care.

The World Health Organisation (WHO) (2008) outlines the use of Advocacy, Communication and Social Mobilisation (ACSM) in tuberculosis (TB) control activities. ACSM consists of three groups with different activities, all with the common goal of bringing about behavioural change. The main difference lies in the target audience. Advocacy focuses primarily on

decision-makers or community leaders, communication generally targets individuals or groups within the community, and social mobilisation aims to secure support from the wider community and specific groups. The lines between the three categories are often blurred, and interventions in one area can benefit, influence or facilitate processes in other areas.

Taken together, these efforts reflect a comprehensive and multilayered approach by the Beijjong Village Government. By combining the work of the TPK, budget allocation for stunting prevention, the strengthening of health services through Poskedes and POS BINDU, and the integration with national programs like PKH, Beijjong Village showcases a strong commitment to reducing stunting rates and building a healthier community for the future.

The Beijjong Village Government has also established a number of local regulations that reinforce its commitment to creating a healthy environment for its residents.

“One of the regulations we have drafted covers the implementation of hygiene standards for every household and ensures that hygiene practices begin at the most basic community level. By requiring residents to maintain the cleanliness of their living spaces, we continue to promote the prevention of malnutrition starting from within the household itself” (Pradana Tera, Subdistric Head of Beijjong).

Furthermore, the Beijjong Village Government is working closely with schools to strengthen advocacy among the younger generation. Schools play a crucial role in

health communication because they can reach adolescents at a formative age. By monitoring student behavior and integrating sex education into the curriculum, village governments and educators work hand in hand to prevent early marriage, which is a contributing factor to stunted child development.

“Through these preventive education efforts, we want to ensure that children and adolescents grow up with a clearer understanding of reproductive health, responsible decision-making, and the long-term impact of early marriage on maternal and child health outcomes” (Pradana Tera, Subdistric Head of Bejjong).

Schiavo (2014) explains the concepts of community mobilisation and social mobilisation as important concepts in health communication and the relationship between the two concepts. In the case of community mobilisation, the importance of community dialogue, participation, and self-reliance is emphasised in the definition of the theory and its practical implementation. Community mobilisation is a bottom-up and participatory process, using multiple communication channels, seeking to involve community leaders and the wider community in addressing health issues, and forming part of important steps towards behavioural and social change or desired behavioural practices. The impact of community mobilisation is greater when different communities interact with each other and create social forces for change. This concept is incorporated in the idea of social mobilisation. Social mobilisation is the

process of bringing together or uniting communities as multi-sectoral partners to increase awareness, needs, and progress for the objectives of the process and results of the initiative (Patel 2005, in Schiavo 2014).

Another innovative step taken by the village government is the creation of the SIPJONG WhatsApp group, an online communication platform dedicated to sharing updated and regular information on public health. This digital approach reflects the government's awareness of modern communication strategies that combine face-to-face interaction with digital media outreach.

“Through SIPJONG, we make it easy for residents to access timely information, ask questions, and stay connected to the programmes we are running. This helps reduce the information gap, especially for residents who may not be able to attend community meetings or health education sessions in person” (Pradana Tera, Subdistric Head of Bejjong).

At the same time, Bejjong Village implemented a systematic premarital health checkup program. Every couple planning to marry is required to undergo a comprehensive health checkup at the local community health center. The goal of this process is to identify health risks that could potentially affect pregnancy and fetal development. Once completed, the Village Health Implementation Team (TPK) continues to provide consistent monitoring, offering guidance and follow-up care throughout the pregnancy. If high-risk cases are detected, timely interventions are implemented to maintain maternal and child health. This

continuous cycle of screening, monitoring, and intervention is a proactive approach to stunting prevention.

“However, the success of this intervention depends on the continuity of communication and advocacy activities. Our communication is an ongoing process that requires strengthening functions, setting long-term goals, monitoring community changes, and synchronising data with evolving needs” (Pradana Tera, Subdistric Head of Bejjong).

This is aligned with the communication for development approach, which emphasizes ongoing dialogue, feedback loops, and adaptation of strategies to ensure that programs remain relevant to the target population. Communication here is seen as a cycle of interaction, reflection, and adjustment, not a linear transfer of information (Ibuot et al., 2021)

The basic paradigm of sustainable development is not only development oriented towards production alone, but also building an area as a whole that includes social and environmental aspects. The paradigm of sustainable development is actually the goal of community welfare and environmental sustainability. In the concept of sustainable development, the achievement of economic goals must be in line with social goals and environmental interests (Rosy, 2022).

Communication and development are two interrelated matters that are inseparable from the dissemination of messages (ideas, concepts and innovations) to communicants, whether individually, in small groups or in large groups. This explains the

strategy of introducing and explaining ideas, concepts or innovations related to development so as to generate beneficial impacts.

Sustainable development from a social science perspective can be achieved through two main elements. First, the availability of organisational governance designs in cultural life, human relations, and natural resources. Based on this, it is hoped that social organisations can be created that can accommodate the needs of the community. Second, the availability of appropriate social techniques to coordinate social activities with the aim of preventing behavioural deviations and accelerating the formation of social capital.

Therefore, continuity is positioned as the final and most crucial stage in communication and advocacy activities. Simply designing effective messages is not enough; these messages must be delivered consistently, across multiple platforms, and with regular monitoring (Stewart, 2024).

“Our long-term vision is to maintain our position as a village with zero cases of stunting in Mojokerto Regency. In addition, the ultimate goal is to foster a culture within our village community that promotes clean and healthy lifestyles as something that is commonplace and deeply ingrained in daily practices” (Pradana Tera, Subdistric Head of Bejjong).

By internalizing this culture, the community itself becomes an active agent in stunting prevention, rather than simply receiving top-down instructions from the government.

The hope emerging from all these

stages is clear: effective communication and advocacy strategies, implemented in a structured and sustainable manner, will support the achievement of predetermined targets. This will also build a more health-literate, resilient, and independent community. Therefore, the government's role in training, outreach, and follow-up is essential to ensure that communication strategies reach all levels of society, including vulnerable and marginalized groups.

Finally, the Bejjong case underscores that stunting prevention is not simply a technical health issue, but also a social and communication one. It requires advocacy that influences policy, interpersonal communication that shapes daily behavior, and collective participation that transforms programs into a shared community responsibility. By linking structural policy, digital innovation, education, and continuous advocacy, Bejjong Village demonstrates a holistic model of communication in development that other regions can learn from.

CONCLUSION

This study aims to analyze how the Bejjong Village Government, together with community-based institutions and supported by national and district-level policies, has implemented systematic efforts to prevent and reduce stunting. Through a review of programs such as premarital health screening, household sanitation regulations, digital health applications such as e-Stunting and Elsimil, the work of the Community

Empowerment and Family Planning Task Force (TPK), and the use of modern communication channels such as the SIPJONG WhatsApp group, this study shows that stunting prevention in Bejjong is not only a matter of health interventions, but also effective communication, advocacy, and cultural adaptation.

First and foremost, these findings reaffirm that stunting is not simply a biomedical problem caused by poor nutrition, but rather a complex social issue influenced by behavior, cultural practices, access to health services, and public awareness. This makes communication and advocacy very important. In Bejjong Village, the government has played an active role in translating national and district-level strategies into locally relevant actions. For example, regulations mandating hygiene standards in every household demonstrate recognition that the environment in which children grow up is as important as the food they consume.

Similarly, collaboration with schools to provide sex education and to prevent early marriage reveals a long-term strategy that links reproductive health, adolescent behavior, and future maternal and child health.

This research also highlights the importance of continuity in communication and advocacy. Stunting prevention is not a short-term campaign; it requires ongoing engagement, regular monitoring, and adaptation to changing community

conditions. Bejijong Village demonstrates its understanding of this principle by emphasizing continuous screening, ongoing monitoring by the TPK (Community Health Team), and the integration of health data into the digital system. The government recognizes that continuity is at the heart of all communication and advocacy activities, ensuring momentum is maintained and improvements are sustained over time.

The conclusion that emerges is that the success of stunting prevention depends on the ability of local governments and communities to sustain communication activities, integrate technological innovation with traditional practices, and foster a culture of collective responsibility for health. The experience of Bejijong Village shows that stunting prevention is a collective effort that requires local government leadership, community participation, support from national and district institutions, and the integration of traditional and modern communication strategies. The long-term goal of maintaining the status of a “zero stunting” village is ambitious but achievable if communication and advocacy efforts remain consistent, inclusive, and adaptive.

More importantly, the community itself has begun to adopt healthy and clean living values, ensuring that stunting prevention becomes not only a government program but also a shared lifestyle. This cultural transformation is a key achievement of communication and advocacy in development: empowering communities to

take control of their own health and, in doing so, shaping a brighter future for future generations.

Based on this explanation and to reinforce Bejojong Village's vision of becoming a village with zero stunting, the communication model offered is a public communication model with several approaches, including developing storytelling about how the village government and residents are working together to create a village with zero stunting. In addition, media relations will be established by engaging the mass media to cover the environment in Bejijong Village. Finally, collaborating with universities with the aim of strengthening academic legitimacy.

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