



## **THE ROLE OF VILLAGES IN INTEGRATED STUNTING PREVENTION AND REDUCTION**

### **(Juridical Review of The Working Area Bandarharjo Public Health Center North Semarang District)**

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<b>ABSTRACT</b>	<b>Keywords</b>
<p>This research aims to investigate the contribution of communities in the North Semarang sub-district to preventing and reducing integrated stunting. It also seeks to identify the challenges encountered in these efforts. This research demonstrates that villages play a crucial role in preventing and reducing stunting in the Bandarharjo Community Health Centre Working Area, North Semarang District. This is in accordance with Presidential Regulation of the Republic of Indonesia Number 72 of 2021 and Semarang Mayor Regulation Number 45 of 2023. City of Semarang Regulation No. 27 of 2022 aims to speed up the reduction of stunting in Semarang by implementing a comprehensive plan that includes maternal and child health interventions, nutritional counselling, clean water and sanitation provision, and social protection services. Obstacles in preventing and reducing stunting in Bandarharjo village include inadequate socialisation about different communities' responses to stunting and insufficient provision of food and vitamin supplements for intervention activities. Society's culture and ideas often attribute a child's small stature to inheritance from their parents.</p>	<p><b>Role of village, Juridical analysis, stunting prevention</b></p>

### **INTRODUCTION**

Children may develop stunting as a result of malnutrition, recurrent infections, and insufficient psychosocial stimulation (Ni Putu Ayu Krisna Yuniastuti & I Kadek Adi Paramartha, 2022). Stunted children are those whose height is greater than two standard deviations below the median of the

Child Growth Standards established by the World Health Organization (WHO) for their age. Short growth or stunted development is not the result of genetic influence. A common lack of awareness exists regarding the fact that growth disorders can cause stunted development in infants as early as the womb ("WHO Child Growth

Standards,” 2009). Pregnant women who suffer from persistent exhaustion may give birth to infants with low birth weight (LBW), characterized by reduced weight at birth, short stature, or both..

Barker's theory posits that adulthood is beset with the possibility of developing degenerative diseases due to impaired fetal development in the uterus (Akombi et al., 2017). The anthropometric index of height for age, which quantifies the linear growth experienced both before and after birth and indicates chronic malnutrition due to insufficient nutrition and/or health conditions, can be utilized to diagnose stunting (Ponum et al., 2020). Stunting is defined as inadequate linear growth compared to the individual's genetic capacity, caused by hunger and illness. Another condition that is indicative of stunting is when the length or height of a child is shorter than his age. Stunting, which is the primary cause of nutritional deficiencies, is a condition in which a child develops growth disorders that result in a body that is shorter than that of his peers (Yunitasari et al., 2022). Numerous individuals are unaware that a child's brief stature indicates chronic nutritional issues within the developing body. However, keep in mind that short children do not inevitably have stunted growth, whereas stunted children appear to be short. Stunting is defined as having a body length or height that is more than two standard deviations (SD) below the average for youngsters.. Moreover, this condition must be treated promptly and appropriately in children younger than two years of age. 3 The issue of stunting is intertwined with health complications that have emerged due to a multitude of historical factors. The aforementioned elements comprise inadequate nutrition, recurrent infection, preterm infants, and low birth weight (LBW) (Santosa et al., 2022). Typically, this

condition of insufficient nutrition in children does not manifest solely postnatally, but can also commence during gestation. In addition, nutritional deficiencies, particularly stunting, impede the growth and progress of young individuals, resulting in enduring adverse consequences (Prasetyo et al., 2023).

Previous research has established a significant correlation between childhood brevity and adverse outcomes such as academic underachievement, reduced years of education, and adult income. (Akombi et al., 2017). The likelihood that short children will develop into individuals who are less educated, poorer, less healthy, and more susceptible to noncommunicable diseases is increased. (Diana et al., 2022). As a result, diminutive children are generally regarded as an indicator of substandard human capital, which ultimately diminishes the future productive capacity of a nation. Indonesia ranks among the nations where the prevalence of stunted children is particularly high. Ensuring that programmes, activities, and funding sources associated with stunting prevention can be implemented convergently or integratedly at the Regency/City and Village levels is the greatest obstacle to preventing stunting (Januarti et al., 2020).

In Indonesia, stunting cases still have a fairly high prevalence rate, namely 24.4 percent and still above the standard rate tolerated by WHO, namely below 20 percent (Fikawati et al., 2021). This is due to the high rate of anemia and malnutrition in young women before marriage, which results in stunted children during pregnancy. Data from the 2021 Indonesian Nutritional Status Study also released that the stunting rate in Indonesia was still 24.4 percent (Ricca Handayani & Sri Rahayu, 2023). This means that one in four Indonesian children is stunted. Currently, the government is focusing on handling stunting in ten

provinces which are of main concern. These provinces have the highest stunting prevalence rates in Indonesia, namely East Nusa Tenggara, West Sulawesi, West Nusa Tenggara, Gorontalo, Aceh, Central Kalimantan, South Kalimantan, West Kalimantan, Southeast Sulawesi and Central Sulawesi. 5 However, there are at least 7 provinces that have the highest incidence or prevalence of stunting, including East Nusa Tenggara (NTT), West Sulawesi, Southeast Sulawesi, West Kalimantan, South Kalimantan, West Nusa Tenggara (NTB), and 6 Aceh. West Sulawesi is one of 7 provinces currently with a high level of stunting cases. The high level of nutritional problems and stunted growth (short body) is currently a concern for the government (Putri, 2021). Sula's stunting rate West WSI itself is currently at 39.7 percent above the national average of 27.5 percent and ranks second highest in Indonesia. High stunting rates in West Sulawesi Province are impacted by both internal and external causes.. Internal factors are due to not all community health centers having nutritionists and lack of socialization. Meanwhile, external factors are influenced by the lack of optimal use of posyandu by the community and incorrect community culture regarding feeding babies and children (Gusnedi et al., 2023).

Specifically for the Bandarharjo Community Health Center Working Area, North Semarang District, there is still a very significant stunting problem, especially in rural areas. For this reason, regional governments play an important role in development in their regions, including in the health sector, with various existing challenges and opportunities, including the problem of preventing and reducing stunting which is currently being faced (Candra et al., 2011). In connection with the increasing number of stunting cases occurring in the Bandarharjo Health Center Working Area,

North Semarang District, through the policy of the Mayor of Semarang, he issued Perwali Kota Semarang No. 27 of 2022 concerning the Role of Villages in Integrated Stunting Prevention and Reduction. This regional regulation is part of the efforts made by the regional government to respond to various stunting cases and the synergy between the Semarang Mayor Government and the Central Government in order to support the prevention and reduction of stunting rates (Puspita Sari et al., 2021).

Mayor of Semarang City No. 27 of 2022 concerning the Role of Villages in the Prevention and Reduction of Integrated Stunting is a guideline for handling and preventing stunting in the Semarang Mayor District (Meikawati et al., 2021). The presence of this regulation is expected to prevent stunting in Semarang City. However, the presence of these regulations has so far not been able to reduce the stunting rate in Semarang City. For this reason, through this regional regulation, researchers want to see the extent of the role of the village government in efforts to prevent a reduction in stunting rates in Semarang City, especially in Bandarharjo Village, as well as the obstacles faced in the government's efforts in the Bandarharjo Public Health Center Working Area, North Semarang District, in preventing a reduction in stunting rates based on Semarang City Regulation No. 27 of 2022 concerning the Role of Villages in Integrated Stunting Prevention and Reduction.

## **METHOD**

In this research the author used data collection techniques based on field research and library research methods. Field research, namely research carried out in the field by collecting data directly through observation and interviews with government agencies and related institutions (Crump, 2020). Apart from that, field research also

emphasizes research that is carried out systematically by collecting data from the field. Library research (library research), namely research carried out to obtain secondary data related to the author's research in the form of collections of library data or literature obtained from reading and recording and processing research materials (Rudzki et al., 2022). Additionally, library research encompasses more than simply perusing and documenting gathered data. Furthermore, it is imperative that researchers possess the capability to analyse the gathered data through the various phases of library research. The author will employ a qualitative descriptive method to analyse the data collected for this study. This method generates analytical descriptive data, including statements made verbally or in writing by respondents and information regarding actual perpetrators. entire investigation and study subject (Skogley & Sawyer, 2015).

According (Cristancho et al., 2018), The qualitative technique involves obtaining information from natural situations in an object's life to address an issue, viewed from both theoretical and scientific perspectives. pragmatic. Qualitative research involves gathering data in a real-world setting and interpreting it in a way that aligns with human intuition. (Moen & Middelthon, 2015). Therefore, the primary objective of the researcher is not simply to reveal the truth, but rather to comprehend it in order to derive conclusions and offer recommendations regarding the issues that the researcher has identified. Primary data consists of information and data obtained through interviews with experts, sources, and consumers in the field. In this instance, primary sources of information were derived from pertinent statutes and rules, such as: 1) The Constitution of the Republic of Indonesia from 1945; 2) Law No. 6 of 2014 pertaining to Villages. 3) Executive Order

No. 72 of 2021 Regarding the Acceleration of Stunting Reduction 4) Resolution No. 27 of 2022 of the Mayor of Semarang City Regarding the Participation of Villages in Integrated Stunting Prevention and Reduction Secondary data typically comprises documentary data, which consists of evidence, notes, or historical reports compiled from published and unpublished archives. Subsequent legal materials comprise legal publications lacking official status. Legal publications consist of textbooks, legal dictionaries, and periodicals.

## RESULTS

### **The Relevance of Villages in the Integrated Prevention and Reduction of Stunting in the Bandarharjo Community Health Center Working Area, North Semarang District**

The concepts of recognition and subsidiarity have shifted the state's control approach towards villages, elevating villages to subjects of development. Village positioning regulations ensure that villages are not entirely subordinate to the district or city authority. The aim of regulating village authority based on the principle of recognition and the principle of subsidiarity is to achieve village independence so that village communities become subjects of development (Sari et al., 2021). Apart from that, it is hoped that villages can play a role in improving public services and increasing community welfare. Thus, the role of villages is currently very much needed as part of sustainable development, including in various programs related to preventing and reducing stunting. Stunting is a persistent growth impairment in children under the age of five resulting from inadequate nutritional consumption or prolonged malnutrition. The food he eats does not provide the necessary nutrients for the child's age. This phenomenon is common

in various regions, notably in Semarang city. Stunting in Semarang City is a critical issue currently being encountered. (Sakti et al., 2023).

Various cases of stunting that occur are spread across several villages in the Semarang City area. This is as can be seen in Table 1, regarding the distribution of stunting cases that occurred in Semarang City.

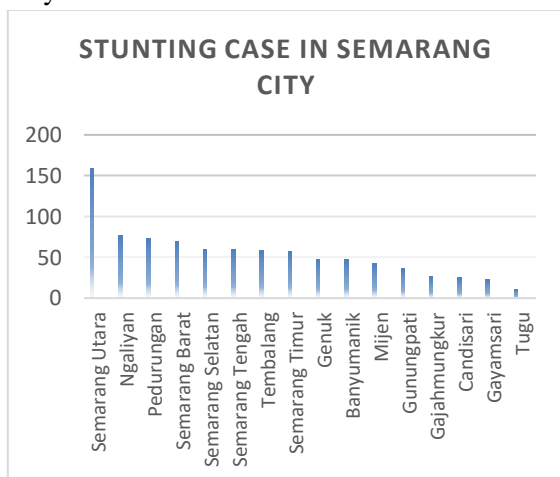


Chart 1. Stunting case in Semarang City

From chart above, it can be seen that various stunting cases occurred in Semarang City, showing that there are several sub-districts with the highest case rates. From the author's observations, North Semarang District has a relatively high case rate. This is as summarized by the author in Table.

The Semarang City Government reported that 2.3% or 1,364 children in Semarang City were impacted by stunting. Kemijen Sub-district in East Semarang District has one of the highest numbers of instances. The Mayor of Semarang, Hevearita G Rahayu, explained that several other sub-districts experienced an increase in stunting in Semarang. These include Muktiharjo subdistrict, Tandang subdistrict, Tanjung Emas subdistrict, Bandarharjo subdistrict, Rejosari subdistrict, and Muktiharjo Kidul subdistrict. "These areas have high levels of poverty," he said, Wednesday (22/2). On the other hand, the

SSGI survey stated that the reduction in stunting prevalence in Semarang was high, reaching 10.2 percent. However, these results are very different from surveys conducted by the city government (Pradana PH et al., 2022). Ita said that there are three causes that cause children to suffer from stunting. Namely poor nutrition, parenting patterns towards children, and sanitation. Therefore, his party is taking anticipatory steps by collaborating with the Ministry of Women's and Children's Empowerment of the Republic of Indonesia. Namely by creating Rumah Pelita to handle stunting children in Semarang.

Apart from that, the Mayor's Regulation on stunting explicitly concerns village government activities or programs in an effort to improve community nutrition and prevent stunting in the Mayor's Regulation which states that (. et al., 2021). Activities to improve community nutrition and prevent stunting.

- a. Provision of clean water and sanitation facilities;
- b. Provision of supplementary and nourishing food for toddlers;
- c. Instruction on monitoring the health progress of pregnant women and/or breastfeeding mothers;
- d. Support for periodic health examination activities for pregnant women and/or breastfeeding mothers through Posyandu;
- e. Ensuring access to potable water and sanitation;
- f. Providing supplementary and nourishing food for young children;
- g. Providing instruction on monitoring the health progress of pregnant and breastfeeding women;



- h. Utilising Posyandu support to facilitate regular health examinations for such populations;
- i. Establishing village living pharmacies and horticulture products to satisfy the nutritional requirements of such populations;

The author further asked about concrete efforts to deal with improving nutrition and preventing stunting based on the Mayor's Regulation on Stunting, where the Village Head emphasized that: "Actually, those who play the most important role in helping the village in efforts to prevent stunting are the health workers at the community health center and posyandu. One often used programme involves health assessments for pregnant women and nursing mothers.. "The village government is more concerned with assisting health workers in preparing health examination activities and assisting with outreach to the community." Implementation of stunting prevention efforts must be prepared through a work plan, not just by helping community health centers or posyandu. The author sees that what the village has done so far is more about encouraging community participation and assisting community health centers and posyandu in providing regular examinations for breastfeeding and giving birth mothers and toddlers (Andriani et al., 2016). In fact, the Mayor's Regulation on Stunting clearly states the village's obligations in preventing stunting.

**Tabel 1. Implementation of the Stunting Prevention Program in the Bandarharjo Community Health Center Working Area**

No	Stunting Prevention Program	Description
1	Provision of Clean Water and Sanitation	Available
2	Provision of supplementary,	Done

	nourishing sustenance for young children	
3	Instruction in the surveillance of the health progress of nursing and pregnant women	Done
4	Supportive assistance from Posyandu to facilitate routine health examinations for expectant and nursing mothers;	Available
5	Development of food security in the village;	Not yet available
6	Socialization of stunting prevention and handling policies	Done
7	Other quality of life management activities that are in accordance with Village authority and decided at Village deliberations	Not yet available

Source: Progress Data

From the data in table 3, various stunting prevention programs have been implemented well. In implementing the program, the provision of Clean Water and Sanitation in the Bandarharjo Health Center Working Area is available through the Community-Based Clean Water and Sanitation Provision (Pamsimas) program. Pamsimas activities in the Bandarharjo Community Health Center Working Area are a manifestation of the Central Government's policy through the Ministry of Public Works which wants to realize the achievement of drinking water and sanitation. This is also done in an effort to support stunting prevention programs (Suparto et al., 2022). Thus, the provision of clean water which is part of the implementation of the stunting prevention program has been carried out well.

Posyandu has been used to provide nutritious extra food for young children. Furthermore, the posyandu plan focuses on monitoring the health development of pregnant or lactating women. Posyandu has implemented many steps to reduce stunting,

including conducting regular health check-ups on pregnant and breastfeeding mothers. The village's food security development initiative is not yet functioning. (Noer et al., 2017). The implementation of the various programs above is in order to support efforts to prevent stunting in the Bandarharjo Community Health Center Work Area. Apart from that, Mayor Stunting Regulations states that:

- 1) In order to prevent stunting in the Village, the Village Government is obliged to prepare a work plan for implementing stunting prevention which is converged with the work plan for implementing stunting prevention in the Region.
- 2) The work plan for implementing Stunting prevention must include a plan for the 5 (five) stunting prevention service packages as intended.

Therefore, the author also asked about the village's obligations in preparing a work plan for implementing stunting prevention that is converged with the work plan for implementing stunting prevention in the region to the Head of the Bandarharjo Community Health Center Working Area. Providing clean water and sanitation is one of the activities carried out by the village government to support efforts to accelerate stunting management.

The Bandarharjo Community Health Center Work Area has also implemented the construction of clean water supply facilities to help support the availability of clean water for village residents. Apart from that, activities that also support the acceleration of handling and preventing stunting are nutritional counseling through periodic examinations carried out by community health centers and posyandu to ensure maternal and child health services (Ruminem & Sukmana, 2022). For this

reason, the author conducted more in-depth interviews with the Heads of Community Health Centers and Posyandu by looking at the programs that have been implemented based on the Mayor's Stunting Regulations. One of the programs implemented is "Grebek Prevent Stunting" which is carried out in the Bandarharjo Community Health Center Working Area. This activity aims to detect potential children under five who suffer from stunting.

This effort is intended to immediately provide appropriate nutritional interventions to improve their developing bodies. Health officers at the Community Health Center and Posyandu in the Bandarharjo Community Health Center Working Area are actively carrying out activities that are part of the village government program. Toddler examinations are carried out every week not only on toddlers but also on pregnant and breastfeeding mothers. In fact, community health centers and posyandu also provide and provide multivitamins for toddlers and pregnant and breastfeeding mothers. Apart from that, health officials also urge pregnant women to carry out regular pregnancy checks. Apart from that, there is an active campaign to avoid cigarette smoke and provide good nutrition during pregnancy, including a healthy, balanced menu, adequate intake of iron, folic acid and iodine which continues to be conveyed to pregnant women who make regular visits to the Posyandu. For toddlers, community health centers and posyandu also monitor children's growth and development through immunization programs, especially basic immunization, as well as providing education to breastfeeding mothers to provide exclusive breast milk until the child is 6 months old and provide adequate complementary foods (Pradana PH et al., 2022). This is in line with the Mayor's Regulation on Stunting which states that: When carrying out monitoring of the

intervention package as intended, other sensitive and specific intervention activities must be taken into account, including:

- a. exclusive breastfeeding;
- b. early initiation of breastfeeding;
- c. clean and healthy living behavior;
- d. increasing food access; and
- e. other activities.

Furthermore, the author also asked about the role and responsibilities of villages in assisting the process of handling and preventing stunting in the Bandarharjo Community Health Center Work Area. In the Stunting mayor's regulations it is stated that:

- (1) The Village Government is in charge of implementing Stunting prevention Convergence at the Village level.
- (2) The responsibilities of the Village government as intended in the regulations

In the author's interview with the Bandarharjo Village Head: Currently the district government through the village government continues to strive to implement stunting prevention convergence by involving all village officials together with health workers in the Bandarharjo Community Health Center Working Area. The concrete steps currently being taken are providing education to the public and direct outreach, especially to pregnant women (Meikawati et al., 2021). The real program currently being carried out by the village also carries out comprehensive data collection on pregnant women or those who have just given birth. However, hopes for stunting prevention are still inadequate. The explanation from the Head of the Bandarharjo Health Center Working Area and the author provides a compatibility between the actual program carried out and the rules contained in the Mayor's Regulation on Stunting. Apart from that, the provisions contained in the Mayor's Regulation are based on the presidential

decree regarding stunting prevention. Apart from the implementation of real programs that have been carried out, the role of villages in stunting prevention is an important part in implementing integrated stunting prevention and management.

The role of villages in implementing stunting prevention is also based on the rules contained in the presidential decree and Mayor's Regulation on integrated stunting prevention.

Various implementations of stunting prevention convergence programs such as priority and supporting interventions are carried out by villages through the direct participation of village officials and the community (Ti Ripan et al., 2021). The Village Government is responsible for implementing the Convergence on Stunting Prevention at the Village level, as stated in the Mayor's Regulation on Integrated Stunting Prevention and Reduction. Apart from that, the village government is responsible for doing several things including:

- a. Converge planning and budgeting for Village development programmes to assist stunting prevention.
- b. Ensure that every priority target receives and effectively uses the priority nutrition intervention service package.
- c. Enhance monitoring and evaluation of service implementation for all priority targets and coordinate data collection and regular update of intervention coverage data.

In accordance with the work plan for implementing stunting prevention in the region, the Village Government is required to develop a work plan for implementing stunting prevention in the village. In addition to social protection and early childhood education services, the work plan



for implementing stunting prevention encompasses maternal and child health intervention services, integrated nutritional counselling, and the provision of pure water and sanitation. Semarang Mayor Regulation No. 45 of 2023 categorises intervention services bundles for stunting prevention activities into five unique packages to ensure the correct execution of Village Government tasks:

- A. Maternal And Child Health (Mch);
- B. Integrated Nutritional Counseling;
- C. Clean Water And Sanitation;
- D. Social Protection; And
- E. Paud Services.

The Village Head, along with community empowerment activists, village development actors, and Human Development Cadres from the Healthy Village House, coordinate the implementation of stunting prevention activities outlined in the work plan. Every stakeholder participating in stunting prevention must create technological procedures that can be implemented within a specified timeframe.

Further information in the author's interview with the Head of Banjarharjo. He emphasized that: Currently the prevention and handling of stunting in the Village is assisted by community empowerment activists, Village development actors and KPM who are members of the RDS monitoring the fulfillment of specific and sensitive nutritional intervention services for targeted households so that what we implement is guided by existing regulations (Apriliyanti & Kustriyanti, 2023). We formed each organ based on village needs and paying attention to the incentive burden for KPM.

Engagement of multiple stakeholders in the community to carry out the intervention programme outlined in the document. The work plan and technical steps are essential components of the

village's involvement in integrated efforts to prevent and reduce stunting. Additionally, activity monitoring is conducted to guarantee that each priority target obtains and effectively utilises the priority nutrition intervention service package. Community empowerment activists, village development actors, and KPM members of the RDS monitor particular and sensitive nutritional intervention services for target households during the first 1,000 days of life. The monthly monitoring data are presented in the annual final report on activity implementation to the Village Head and BPD during the December Village Conference. In addition to monitoring, supervision of stunting prevention convergence is also conducted as outlined in Semarang Mayor Regulation number 45 of 2023. The Village Government and/or the RDS oversee the implementation of stunting prevention convergence initiatives at the Village level. Villages supervise by utilising open stunting information to collect and share village-specific data on stunting prevention activities.

. Apart from that, supervision is also carried out by RDS through supervisory discussions (Winarti et al., 2020). This is stated in Semarang Mayor Regulation number 45 of 2023: Supervision of the implementation of stunting prevention convergence through RDS as intended is carried out through supervisory meetings. Supervision meetings are carried out in order to control the effectiveness of each activity process in achieving the expected goals. Supervision meetings are carried out by, among others:

- a. Ensure the implementation of activities in accordance with predetermined plans;
- b. Ensuring that the quality of each activity carried out is in accordance with the established criteria;

- c. Ensure that all stunting prevention actors have carried out their obligations and responsibilities in accordance with their respective duties and functions;
- d. Obtain an assessment of the results of program implementation;
- e. Managing complaints and resolving problems;
- f. Prepare reports on the results of implementation of activities; and
- g. Prepare follow-up plans for the preservation and utilization of activity results.

Furthermore, the results of the supervision consultation are formulated in the form of proposals and/or recommendations for improvements to the implementation of stunting prevention activities. Community involvement in preventing and handling stunting in villages is also carried out (Kusuma, 2013). This is as stated in Semarang Mayor Regulation number 27 of 2022: Community participation, in the form of:

- a. Maintain a healthy lifestyle;
- b. Maintaining environmental health;
- c. Consume food that contains nutrients; and
- d. Provide input on the implementation of stunting prevention and management.

Community participation is the most important part in supporting the implementation of stunting prevention and management in villages. Therefore, participation in maintaining a healthy lifestyle, maintaining a healthy environment, consuming nutritious food and understanding stunting is very necessary.

## DISCUSSION

### Obstacles Faced in Integrated Stunting Prevention and Reduction in the Working

#### Area of Bandarharjo Health Center, North Semarang District

Presidential Regulation Number 72 of 2021 outlines regulations for stunting prevention, serving as a fundamental and national reference for provincial and local governments to expedite the reduction of nutritional issues. Prevention programs in communities have been implemented by regent regulations. Regional governments, via village governments, believe that there is a shortage of programs that can directly prevent stunting. (Nugraheni et al., 2022). The obstacles faced in preventing and reducing integrated stunting in the working area of the Bandarharjo Health Center, North Semarang District are influenced by several things, including:

##### 1. Lack of Understanding about Stunting.

Public understanding, especially pregnant and breastfeeding mothers, who do not understand the importance of preventing stunting. Even though various efforts have been made, such as socializing the Mayor's Regulations on preventing stunting. However, this is considered not optimal so it has an impact on the public's ignorance of regulations related to stunting prevention. Article 3 paragraph (3) letter h states that the socialization of stunting prevention and handling policies is one of the activities to improve community nutrition and prevent stunting. Article 30 paragraph (1) also states that: Socialization is an activity to disseminate convergent information on stunting prevention ("Factors Related to Stunting in Toddlers Aged 6-24 Months," 2020). For this reason, the importance of socialization in understanding stunting is very

necessary in order to provide a comprehensive understanding to village communities. In the author's interview with health worker Mrs. 35 Muliati at the Integrated Health Family Planning Service Post (Posyandu). He stated that: So far, the outreach we have carried out has only been limited to giving advice to the public about the importance of providing nutrition to toddlers so that it can prevent stunting. This is usually done in the activities we do at Posyandu.

However, seeing that community participation in these activities did not have a big impact, the socialization carried out was considered less than optimal in providing understanding to the community about education on stunting prevention. Socialization activities are also activities to socialize the convergence of stunting prevention and control in villages to increase understanding and awareness of village officials, BPD, and village communities regarding village development activities which are specifically aimed at accelerating stunting prevention and control and are managed convergently (Puspita Sari et al., 2021). For this reason, the role of stakeholders is highly expected to be directly involved in socializing or campaigning for forms of prevention related to stunting.

## 2. Lack of supporting facilities and infrastructure.

Facilities and supporting facilities are one of the obstacles that occur in preventing stunting. So far, the community has only relied on community health centers as the

only center for information regarding stunting prevention. One of the activities to improve community nutrition and prevent stunting is providing additional and nutritious food for toddlers. Apart from that, development of village living pharmacies and horticulture products to meet the nutritional needs of pregnant women and/or breastfeeding mothers. However, this has not gone well considering the limited facilities and supporting facilities owned by the village. The provision of additional and nutritious food for toddlers is not distributed properly, this was stated by Mrs. Muliati 36 at the Integrated Health Family Planning Service Post (Posyandu). He stated that: "The provision of additional food for toddlers has so far been limited, let alone food, the condition of our posyandu is actually far from expectations even though preventing stunting starts with adequate supporting facilities. "Apart from that, sometimes supplements for pregnant women which should be provided on an ongoing basis, including food for babies and children, are not yet optimally fulfilled." Facilities for providing supplements and food for toddlers that should be carried out are still very limited (Suyatno, 2019). Apart from that, the condition of supporting facilities, namely posyandu, is still very poor in supporting early prevention of stunting. This can also be seen from intervention activities which should be supported by providing food for toddlers and children as well as vitamin supplements which are lacking (Maragareth et al., 2019). So

that infant and child food and vitamin supplements cannot be given completely, they are very limited.

### 3. Community Culture

The habits, views, ways of acting and thinking of the general community in the village influence the implementation of the Mayor's Regulations regarding stunting prevention. People who still adhere to the noble culture of the local community make it difficult to change patterns of living habits (Ti Ripan et al., 2021). The perception that society still adheres closely to this culture has an influence on the implementation of several stunting prevention programs. In the author's interview with health worker Mrs. Muliati at the Integrated Health Family Planning Service Post (Posyandu). He stated that: 37 "Some people consider that children's short bodies are often seen as a result of inheritance from their parents. In fact, their child's short stature may not be due to genetic factors alone, but may indicate that he or she is malnourished (and possibly stunted). In fact, genetics is a determinant of health with the smallest value a if we compare this to other things such as healthy living behavior, maintaining a clean environment and even health services (Siyam et al., 2022). Therefore, these unfavorable cultures and habits should be the government's focus in making the community aware through cross-program, cross-sector collaboration and integrated and sustainable

community empowerment in villages.

## CONCLUSIONS

The village contributes to the prevention and reduction of integrated stunting in the Bandarharjo Community Health Centre Working Area, North Semarang District, by implementing a convergence programme for stunting prevention. This is achieved through the execution of a work plan that outlines various components of stunting prevention, including social protection, early childhood education (PAUD), and maternal and child health intervention services. The programme is implemented in the Bandarharjo Community Health Centre Working Area in collaboration between the village administration, the community health centre, and Posyandu. In addition, village development actors, community empowerment activists, and Healthy Village House (RDS) members serving as KPM (Human Development Cadres) are directly engaged in overseeing the execution and assessment of programmes aimed at preventing and reducing stunting. Challenges encountered in the Bandarharjo Community Health Center's domain of stunting prevention and reduction encompass programme implementation issues such as insufficient socialisation regarding community comprehension of the issue of stunting, unfulfilled provision of food and vitamin supplements as component of intervention support activities, and societal and cultural perceptions that attribute short stature to heritability. Accurately executed work plans are an essential means of expanding the responsibilities of every stakeholder. Moreover, technical guidelines based on the Mayor's Regulation on integrated stunting prevention and reduction should be utilised

to clarify the technical responsibilities of each stakeholder. The village administration should allocate more resources towards the socialisation efforts in order to maximise their effectiveness, particularly with regard to raising awareness about stunting and consequently shaping community culture. The money for stunting prevention, funded by several sources including Village APB, Regency APBD, Provincial APBD, and APBN, must be used efficiently to provide facilities and infrastructure as required by legislation.

## REFERENCES

- . S., Pantiawati, I., Widianawati, E., & Isworo, S. (2021). Case Study in the COVID-19 Pandemic: Stunting, Low Birth Weight, Maternal Mortality and Infant Mortality in Semarang, Central Java-Indonesia. *International Journal of TROPICAL DISEASE & Health*. <https://doi.org/10.9734/ijtdh/2021/v42i2030544>
- Akombi, B. J., Agho, K. E., Hall, J. J., Merom, D., Astell-Burt, T., & Renzaho, A. M. N. (2017). Stunting and severe stunting among children under-5 years in Nigeria: A multilevel analysis. *BMC Pediatrics*. <https://doi.org/10.1186/s12887-016-0770-z>
- Andriani, H., Liao, C. Y., & Kuo, H. W. (2016). Association of maternal and child health center (Posyandu) availability with child weight status in indonesia: A national study. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph13030293>
- Apriliyanti, R., & Kustriyanti, D. (2023). Children Growth And Development Of 18 Months-Aged Babies: Nutritional Status Overview For Early Stunting Screening. *Jurnal Smart Keperawatan*. <https://doi.org/10.34310/jskp.v10i1.70>
- Candra, A., Puruhita, N., & Susanto, J. C. (2011). Risk Factors of Stunting among 1-2 Years Old Children in Semarang City. *MEDIA MEDIKA INDONESIA*.
- Cristancho, S. M., Goldszmidt, M., Lingard, L., & Watling, C. (2018). Qualitative research essentials for medical education. In *Singapore Medical Journal*. <https://doi.org/10.11622/smedj.2018093>
- Crump, L. (2020). Conducting Field Research Effectively. *American Behavioral Scientist*. <https://doi.org/10.1177/0002764219859624>
- Diana, R., Rachmayanti, R. D., Khomsan, A., & Riyadi, H. (2022). Influence of eating concept on eating behavior and stunting in Indonesian Madurese ethnic group. *Journal of Ethnic Foods*. <https://doi.org/10.1186/s42779-022-00162-3>
- Factors Related to Stunting in Toddlers Aged 6-24 Months. (2020). *Medico-Legal Update*. <https://doi.org/10.37506/mlu.v20i4.2065>
- Fikawati, S., Syafiq, A., Ririyanti, R. K., & Gemily, S. C. (2021). Energy and protein intakes are associated with stunting among preschool children in Central Jakarta, Indonesia: a case-control study. *Malaysian Journal of Nutrition*. <https://doi.org/10.31246/MJN-2020-0074>
- Gusnedi, G., Nindrea, R. D., Purnakarya, I., Umar, H. B., Andrafikar, Syafrawati, Asrawati, Susilowati, A., Novianti, Masrul, & Lipoeto, N. I. (2023). Risk factors associated with childhood stunting in Indonesia: A systematic review and meta-analysis. *Asia Pacific Journal of Clinical Nutrition*. [https://doi.org/10.6133/apjcn.202306\\_32\(2\).0001](https://doi.org/10.6133/apjcn.202306_32(2).0001)
- Januarti, L. F., Abdillah, A., & Priyanto, A. (2020). Family Empowerment Model in Stunting Prevention Based on Family Centered Nursing. *STRADA*



- Jurnal Ilmiah Kesehatan*.  
<https://doi.org/10.30994/sjik.v9i2.536>
- Kusuma, K. E. (2013). Risk Factor For Stunting Among Children Aged 2-3 Years (Study at East Semarang Sub District). *Journal of Nutrition College*.
- Maragareth, W., Hadisaputro, S., & Margawati, A. (2019). The correlation between intake of energy, protein, fat of underweight and CD4+ count for children with HIV. *Jurnal Gizi Dan Dietetik Indonesia (Indonesian Journal of Nutrition and Dietetics)*.  
[https://doi.org/10.21927/ijnd.2018.6\(2\).70-75](https://doi.org/10.21927/ijnd.2018.6(2).70-75)
- Meikawati, W., Rahayu, D. P. K., & Purwanti, I. A. (2021). Low Birth Weight and Maternal Anemia as Predictors of Stunting in 12–24 Month-Old Children in the Genuk Public Health Center Area of Semarang City. *Media Gizi Mikro Indonesia*.
- Moen, K., & Middelthon, A. L. (2015). Qualitative Research Methods. In *Research in Medical and Biological Sciences: From Planning and Preparation to Grant Application and Publication*.  
<https://doi.org/10.1016/B978-0-12-799943-2.00010-0>
- Ni Putu Ayu Krisna Yuniastuti, & I Kadek Adi Paramartha. (2022). Child Nutrition Health Services Centered on Primary Health Care To Reduce Stunting Incidence. *KESMAS UWIGAMA: Jurnal Kesehatan Masyarakat*.  
<https://doi.org/10.24903/kujkm.v8i1.1397>
- Noer, E. R., Dieny, F. F., & Panunggal, B. (2017). Promoting healthy diet through peer nutrition counseling Posyandu Remaja in semarang city, central Java, Indonesia. *Advanced Science Letters*.  
<https://doi.org/10.1166/asl.2017.9117>
- Nugraheni, S. A., Kartini, A., Fauziatin, N., Saraswati, R. S., & Wening, N. (2022). Scaling-up the role of housewives peer group activists as an effective promotor in early detection and prevention of malnutrition. *Jurnal Gizi Dan Dietetik Indonesia (Indonesian Journal of Nutrition and Dietetics)*.  
[https://doi.org/10.21927/ijnd.2022.10\(2\).46-52](https://doi.org/10.21927/ijnd.2022.10(2).46-52)
- Ponum, M., Khan, S., Hasan, O., Mahmood, M. T., Abbas, A., Iftikhar, M., & Arshad, R. (2020). Stunting diagnostic and awareness: Impact assessment study of sociodemographic factors of stunting among school-going children of Pakistan. *BMC Pediatrics*.  
<https://doi.org/10.1186/s12887-020-02139-0>
- Pradana PH, F. K., Sriatmi, A., & Kartini, A. (2022). The CIPP Model of Stunting Management Program During Covid-19 Pandemic in Semarang City. *Jurnal Gizi Indonesia (The Indonesian Journal of Nutrition)*.  
<https://doi.org/10.14710/jgi.10.2.150-160>
- Prasetyo, A., Noviana, N., Rosdiana, W., Anwar, M. A., Hartiningsih, Hendrixon, Harwijayanti, B. P., & Fahlevi, M. (2023). Stunting Convergence Management Framework through System Integration Based on Regional Service Governance. *Sustainability (Switzerland)*.  
<https://doi.org/10.3390/su15031821>
- Puspita Sari, D. W., Khofshoh, E., & Abdurrouf, M. (2021). The Effect of Training Stunting Prevention on the Work Motivation of Health Cadres Caring about Stunting in Karangroto Village, Semarang City, Central Java, Indonesia. *Annals of Tropical Medicine & Public Health*.  
<https://doi.org/10.36295/asro.2021.24324>
- Putri, S. Y. (2021). IMPLEMENTASI PROGRAM TUJUAN PEMBANGUNAN BERKELANJUTAN (SUSTAINABLE DEVELOPMENT GOALS) PADA KASUS STUNTING DI INDONESIA. *Jurnal PIR : Power in International Relations*.  
<https://doi.org/10.22303/pir.5.2.2021.163-174>
- Ricca Handayani, & Sri Rahayu. (2023). Analysis of Stunting Management Policy : Case of Pandeglang, Banten - Indonesia. *East Asian Journal of Multidisciplinary Research*.

- <https://doi.org/10.55927/eajmr.v2i1.2596>
- Rudzki, E. N., Kuebbing, S. E., Clark, D. R., Gharaibeh, B., Janecka, M. J., Kramp, R., Kohl, K. D., Mastalski, T., Ohmer, M. E. B., Turcotte, M. M., & Richards-Zawacki, C. L. (2022). A guide for developing a field research safety manual that explicitly considers risks for marginalized identities in the sciences. *Methods in Ecology and Evolution*.  
<https://doi.org/10.1111/2041-210X.13970>
- Ruminem, R., & Sukmana, M. (2022). Assessment of Stunting Status and Stunting Prevention Efforts in Toddlers in Penajam District, North Penajam Paser Regency. *ABDIMAS: Jurnal Pengabdian Masyarakat*.  
<https://doi.org/10.35568/abdimas.v4i2.1507>
- Sakti, H., Rusmawati, D., & Alfaruqy, M. Z. (2023). PENGUATAN GENERASI ANTI-STUNTING DI KOTA SEMARANG. *RESWARA: Jurnal Pengabdian Kepada Masyarakat*.  
<https://doi.org/10.46576/rjpkm.v4i2.2544>
- Santosa, A., Arif, E. N., & Ghoni, D. A. (2022). Effect of maternal and child factors on stunting: partial least squares structural equation modeling. *Clinical and Experimental Pediatrics*.  
<https://doi.org/10.3345/cep.2021.00094>
- Sari, D. W. P., Wuriningsih, A. Y., Khasanah, N. N., & Najihah, N. (2021). Peran kader peduli stunting meningkatkan optimalisasi penurunan risiko stunting. *NURSCOPE: Jurnal Penelitian Dan Pemikiran Ilmiah Keperawatan*.  
<https://doi.org/10.30659/nurscope.7.1.45-52>
- Siyam, N., Sukendra, D. M., & Santik, Y. D. P. (2022). The Social Capital of Health Cadres and Community Figures in Overcoming DHF at Endemic Areas. *Studies on Ethno-Medicine*.  
<https://doi.org/10.31901/24566772.2022/16.1-2.645>
- Skogley, C. R., & Sawyer, C. D. (2015). Field research. In *Turfgrass*.  
<https://doi.org/10.2134/agronmonogr32.c17>
- Suparto, T. A., Nur Azizah, N., Andriyani, S., Puspita, A. P. W., & Hermayanti, Y. (2022). The Problems Affecting the Implementation of Posyandu Program: A Literature Review. *JIKO (Jurnal Ilmiah Keperawatan Orthopedi)*.  
<https://doi.org/10.46749/jiko.v6i1.74>
- Suyatno. (2019). Socio-economic status of families as predictors of stunting phenomenon among elementary school students at Semarang city, Central Java, Indonesia. *Indian Journal of Public Health Research and Development*.  
<https://doi.org/10.5958/0976-5506.2019.00640.5>
- Ti Ripan, R. A., Titin Dunggio, & Novian S. Hadi. (2021). THE ROLE OF POSYANDU CADRES IN EFFORTS TO IMPROVE THE NUTRITIONAL STATUS OF TODDLERS IN SUKA MAKMUR VILLAGE, PATILANGGIO DISTRICT. *Journal of Health, Technology and Science (JHTS)*.  
<https://doi.org/10.47918/jhts.v2i1.151>
- WHO Child Growth Standards. (2009). *Revista Chilena de Pediatría*.  
<https://doi.org/10.4067/s0370-41062009000400012>
- Winarti, W., Purbowati, P., & Galeh, S. P. (2020). The Correlation Between Intake of Protein, Vitamin A, Zink, History Of ARI With Stunting in Children Aged 2-5 Years Old in Wonorejo Village, Pringapus District, Semarang Regency. *Jurnal Gizi Dan Kesehatan*.
- Yunitasari, E., Lee, B. O., Krisnana, I., Lugina, R., Solikhah, F. K., & Aditya, R. S. (2022). Determining the Factors That Influence Stunting during Pandemic in Rural Indonesia: A Mixed Method. *Children*.  
<https://doi.org/10.3390/children9081189>