



# Stunting, Causal, and Collaboration Between Stakeholder (*Study Case of Stunting in Salatiga City*)

<sup>1</sup>Nadia Anindya Dhafita, <sup>2</sup>Erlis Saputra, <sup>3</sup>Sudrajat

<sup>1</sup>Researcher, <sup>2</sup> Researcher, <sup>3</sup> Researcher

<sup>1</sup>Departemen Magister of Geography, Faculty of Geography

<sup>1</sup>University of Gadjah Mada, Yogyakarta, Indonesia

**Abstract :** This study cover the causal and contribution of the stakeholder in Salatiga City about stunting programs. Stunting has been a popular, one of the population challenges in Salatiga City. Where the development of Salatiga City has one mission in the form of zero new-case stunting. This is an ongoing challenge for various parties in Salatiga City, not only the government but also the community in the Salatiga City area. Stunting has become quite a focus in Salatiga City with the coordination of various agencies in handling and preventing stunting in Salatiga City, including in sustainable development. Stunting in Salatiga City uses object determinants of height and age with a very short index based on the measurement every month. By using qualitative methods and indepth interview, we found the community and governance is collaborate making programs and progress together. The findings suggest the programs was need collaborated for chasing the zero new case stunting and prevent also recovery the stunting case not only by governance but also community together with their own task and function.

## I. INTRODUCTION

### INTRODUCTION

The problem of stunting is caused by nutritional problems starting from babies still in the womb to children aged 2 - 5 years, which is indicated by body weight less than the standards set by WHO (Nuzuliana & Wijhati, 2021; Wijhati et al., 2020). Stunting can cause various problems that will affect the future, including decreased survival, impaired motor and cognitive development, lack of economic productivity, and the risk of poverty (Punjabstuti et al., 2023). This makes the problem of stunting a multidimensional problem from various ministries and services including the Ministry of Health, National Development Planning Agency, Ministry of Education and Culture, Ministry of Villages, Development of Disadvantaged Regions, and Transmigration, and so on (Wicaksono et al., 2020). The Ministry of Health emphasizes that addressing stunting in Indonesia is a development problem that requires comprehensive, holistic, and integrated management by various sectors with the collaboration of various stakeholders (Ika Indriyastuti & Tri Kartono, 2022). Measuring stunting to determine target achievement uses stunting prevalence. The prevalence of stunting is one of the highlights of regional and national calculations through the target that has been set at 14% (Peraturan Presiden Republik Indonesia Nomor 18 Tahun 2020, 2020). Stunting is a child's linear growth disorder caused by a lack of nutritional intake over a long period, characterized by the child's length or height being shorter than his age. The importance of early detection of stunting is because disruption to a child's development can have an impact on the risk of low quality of personal human resources, including future work productivity (Setianingsih et al., 2022). The problem of stunting also occurs in Salatiga City, Central Java Province. In line with the achievement of Sustainable Development Goal 2, Zero Hunger focuses on indicators of the development of stunting prevalence, where the prevalence rate of stunting in children under five or under five years old in Salatiga City was recorded at 6.33% or 629 children under five, while the figure was 5% for stunted toddlers. Or 182 toddlers as of August 2022. This figure has decreased from 2022 which had a stunting prevalence of 9.58% or 1,099 toddlers, while for toddlers it was 7.07% or 329 toddlers (Badan Perencanaan dan Pengembangan Daerah Kota Salatiga, 2023). This figure is below the WHO limit of 20% and the national stunting prevalence is 14% (Regulation of the President of the Republic of Indonesia Number 18 of 2020, 2020). However, Salatiga City has a goal that will be achieved in line with Sustainable Development in Salatiga City, Central Java Province, namely zero new cases of stunting. However, there are challenges in achieving this goal, where Zero new cases of stunting and a reduction in the prevalence of stunting itself can be due to a reduction in stunting due to children graduating according to height and weight according to predetermined indicators, but it can also be due to children graduating because they are already old. More than five years. This has also become a special focus for the local government, the community, and various health workers who treat stunted toddlers in Salatiga City. The increase and decrease in the percentage of stunted in Salatiga City can be caused by various reasons, including lack of nutrition for pregnant women, lack of parental care, limited access to health services, lack of access to nutritious food, and limited access to sanitation and clean

water. The reduction and increase in the percentage of stunting is of course also influenced by various policies, strategies, and programs that have been implemented by the Salatiga City Regional Government (Safina et al., 2023). The programs and policies that have been prepared by the Salatiga City government have been implemented at various levels. These levels lead from top to bottom including the main level, namely the Salatiga City Regional Planning and Development Agency. Then at the second level are the Salatiga City Health Service and the Salatiga City Women's Empowerment, Child Protection, Population Control and Family Planning Service which manages various public health and gender interests in the area. Furthermore, at the third level, there is the Public Works and Public Housing Service also Village Health Center which collaborates with various aspects regarding development and spatial planning, including sanitation which affects areas affected by stunting in Salatiga City.

### **NEED OF THE STUDY.**

Stunting has been being cases rooted in community. Stunting according to the (World Health Organization, 2019) is defined as children who experience stunted growth as a result of long-term nutritional deficiencies and can cause slow mental development, reduced intellectual capacity, and poor school performance, which in turn can affect productivity at the national level. The causes of stunting are divided into direct and indirect causes. Direct causes include inadequate nutritious food, lack of breastfeeding and MPASI, and infectious diseases, while indirect factors can be due to parenting patterns, family food insecurity, environmental health services, sources of clean water, and adequate sanitation, as well as interactions and contributions to health. adequate, poor family economic conditions, socio-cultural, economic, and political factors according to various studies in cities and districts in Central Java (Susanti et al., 2024). The causes of stunting in Salatiga City tend to vary in fostering, nurturing, and compassion in stunting. Various cases of stunting occur among stunted toddlers and toddlers in Salatiga City. The cases that occur start from trivial things such as feeding to the complexity of parenting patterns in families which have a high risk of causing stunting in toddlers. The urgency of stunting research in Salatiga City is also influenced by various studies that have previously been carried out. The research gaps obtained include methods, location, focus, and direction of research development as well as strategy formulation which focuses more on programs and strategies that can be used to accelerate the achievement of the Sustainable Development Goal target, Goal 2: Zero Hunger. Various similar studies that have been carried out also have differences in the specifications of the research locations, where this research focuses on Salatiga City, Central Java Province, which has the nickname of a city but urban characteristics are only found in a handful of areas, while the rest have rural characteristics. Where the majority of urban residents are heterogeneous with various urban socio-cultural characteristics. However, most of the areas are areas with rural characteristics. This also influences the differences in research focus locations which are also supported by the existence of toll exits in Salatiga City.

### **RESEARCH METHODOLOGY**

This research method uses an analysis unit in the form of an agency in Salatiga City, Central Java Province. The type of data used is primarily obtained from various agencies and regional government institutions in Salatiga City, Central Java Province, through in-depth interviews with the Regional Government of Salatiga City, Central Java Province. The processing technique uses multivariate analysis with qualitative descriptive methods to produce an analysis of causal factors and programs for handling and preventing stunting in sustainable development in Salatiga City, Central Java Province. Qualitative descriptive is an analytical technique used to describe a phenomenon, whether behavior, field events, or other activities in depth and detail (Sugiyono, 2013). Qualitative descriptive analysis only describes a variable that is related to something being studied without paying attention to the relationship between variables.

#### **3.2 Data and Sources of Data**

Qualitative descriptive using various planning documents in the form of in-depth interviews with the Regional Government of Salatiga City, Central Java Province (Health Service, Women's Empowerment Service, Child Protection and Population Control, Family Planning, Regional Planning Agency, Community Health Center), as well as communities or families affected by stunting. The use of documents will provide qualitative descriptions based on regional criteria to develop recommendations and strategies that suit regional needs. The qualitative descriptives in the in-depth interviews obtained were also used in developing recommendations and strategies that support government and community policies and synergy.

#### **3.3 Theoretical framework**

The concept of sustainability develops based on the relationship of three aspects including economic development, environmental quality, and social equality. This relationship is needed to integrate various decisions that have economic equality that are adapted to the social needs of society accompanied by regenerating the capacity of the environment (Peter P Rogers, 2007). The concept of sustainable development needs to be understood comprehensively through various multidimensional indicators and each dimension within them (Setianingtias et al., 2019).

Stunting in sustainable development is discussed through sustainable development, various goals are arranged in the 2030 Sustainable Development Goals or Sustainable Development Goals 2030. The 2030 Sustainable Development Goals also include stunting as one of the challenges of sustainable development contained in Goal 2: Zero Hunger with specific goals in the form of eliminating hunger, achieving food security and good nutrition, and increasing sustainable development.

## IV. RESULTS AND DISCUSSION

### 4.1 Stunting Causal in Salatiga

The city of Salatiga is located between 007°17' and 007°17'.23" South Latitude and between 110°27'56.81" and 110°32'.4.64" East Longitude and has an altitude of between 450-825 m above sea level. Salatiga City has four sub-districts including Sidorejo, Argomulyo, Sidomukti, and Tingkir sub-districts with a total area of 54.98 km<sup>2</sup> (Badan Pusat Statistik Kota Salatiga, 2024). Land use in Salatiga City is predominantly non-agricultural at 3,140.2 hectares, while non-paddy agricultural land and paddy fields are 1,843 and 517.75 hectares respectively (Badan Pusat Statistik Kota Salatiga, 2024). The city of Salatiga has a strategic location connecting regional routes in Central Java Province between Semarang City and Surakarta City, equipped with the Semarang-Surakarta national route and the East Java crossing with the central route to West Java (Khairina, 2022). This means that Salatiga City is an urban form but is still dominated by a rural style. This mixed style also divides Salatiga City into three classifications used in this research, including rural or rural, urban or urban, and strategic areas that are passed by the Salatiga Ring Road. The strategic routes mentioned previously mean that these areas tend to have higher accessibility compared to other classifications, namely urban and rural. However, it should be noted that in the field, urban and rural conditions sometimes still appear mixed due to the presence of beautiful non-building land in the area. There are urban areas that have rural characteristics. The characteristics of the urban area in Salatiga City are supported by the existence of office areas or schools and universities which encourage people to settle in the area. However, the new built-up land in the area means that the area is still characterized as rural, even though in terms of calculations and appearance the characteristics are urban. This classification creates its own uniqueness which is able to enable people to have different characteristics of livelihood.

The differences in livelihood characteristics mean that there are different stunting area in each region. The main intervention indicators for preventing stunting in the Salatiga City area are determined based on data determined by the Women's Empowerment Service, Child Protection and Population Control, Family Planning of Salatiga City service including (1) Coverage of Pregnant Women with Chronic Energy Deficiency who receive meal recovery, (2) Coverage of Pregnant Women receiving tablets of blood at least 90 tablets during pregnancy, (3) coverage of underweight toddlers who receive providing additional meal, (4) coverage of attendance at health centre (ratio of attendance to total target), (5) coverage of pregnant women – K4, (6) coverage of children 6 – 59 months who receive Vitamin A (7) coverage of children aged 0 – 11 months who have been fully immunized, (8) coverage of toddlers with diarrhea who receive zinc supplementation, (9) coverage of adolescent girls receiving blood increasing tablets, (10) coverage of postpartum mother services, (11) coverage of maternal classes. pregnant (mothers taking part in nutrition and health counseling), (12) coverage of families taking part in Toddler Family Development, (13) coverage of households using adequate drinking water sources, (14) coverage of households using adequate sanitation, (15) coverage of people parents who take parenting classes, (16) coverage of children aged 2 -6 years registered (students) in kindergarten, (17) coverage of households participating in Indonesian of Health Card, (18) Coverage of family hope who receive FDS Gozo and health, (19 ) family coverage of 1000 HPK poor groups recipients, (20) coverage of villages implementing (Women's Empowerment Service, Child Protection and Population Control, Family Planning; Village Healthy Center; In-depth Interview, 2024). The city of Salatiga also has a uniqueness in that in terms of sustainability, the city of Salatiga occupies the highest classification in regional development sustainability from 2016 to 2018 (Yuvinda, 2022).

In terms of the social pillar, Salatiga City has a poverty rate that tends to be low at 4.66% 9.41 thousand a poverty depth index of 0.75 and a poverty severity index of 0.17 in 2023 (Badan Pusat Statistik Kota Salatiga, 2024). High sustainability is also supported by the population in Salatiga City. The population in Salatiga City is recorded at 201,369 people with a low population growth rate of 0.57% (Badan Pusat Statistik Kota Salatiga, 2024). The population in Salatiga City also has a high net participation rate and gross participation rate. The net participation rate in 2023 for SD/MI/equivalent numbers will reach 99.97, while the gross participation rate will reach 106.05. The net participation rate at the SMP/MTS/equivalent level reached 81.72 while the APK reached 84.15. The net participation rate at the SMA/SMK/MA level is 67.64 while the gross participation rate reaches 112.30. However, there are still various stunting challenges in Salatiga City.

Various cases of stunting occur among stunted toddlers and toddlers in Salatiga City. The cases that occur start from trivial things such as feeding to the complexity of parenting patterns in families which have a high risk of causing stunting in toddlers. The different cases that occurred in Salatiga City can be divided into several phases, including pre-wedding parents, pregnancy, birth, and toddlers. The data collection process provides the main characteristics including gender, age, height, and weight for toddlers affected by stunting, while for parents these include age, age at marriage, highest level of education, occupation, and income as well as whether or not they employ a nanny.

During pre-marriage, various causes of stunting were found to be due to a lack of parental knowledge and the occurrence of unintended pregnancies and underage marriages. Young mothers may be at risk of stunting due to inexperience and the risk of babies being born with low birth weight and lack of growth in children (Fagbohunge et al., 2020). Underage in marriage carries major risks such as lack of health, low education, domestic violence, and poverty, all of which are at long-term risk.

*"Many here have had KTD but don't admit it. We want to educate and it is also difficult if the documents are incomplete. "KTD without knowing who the father is, when he got married, you can't make a document for a birth certificate, even though now many people need a NIK for aid programs." (Community health center Kutowinangun Lor, In-depth Interview, 2024)*

The pregnancy phase is important for providing optimal nutrition to the baby. In the pregnancy phase, the common cause of stunting is that pregnant women experience CED (Chronic Energy Deficiency). This also influences the lack of nutrition that the baby gets. The baby will become deficient in nutrition which will result in the baby's birth weight being low or LBW. LBW can also occur when the baby is not old enough to be born, causing imperfect growth. Babies with LBW also require more optimal medical needs compared to babies with normal birth weight. This makes the pregnancy phase require optimal nutrition and nutrition.

During the pregnancy phase, it is important to get support so that it can develop optimally. Without support, the baby being born will be less than optimal in providing nutrition and the mother will be susceptible to baby blues.

*"When I was pregnant, I didn't want anything. My husband even went out of town for a long time, I was left alone. Still have to take care of younger siblings and parents. Even though I also have a hard time not paying attention. So, when I gave birth,*

*I hated my child. I'm still holding it to give my child attention, but I hate it because the baby blues. (Informant 01, In-depth Interview, 2024).*

This also has a big influence on the birth phase and 1000 days. The birth phase, especially in the first 1000 days until toddlerhood, is a common phase for children affected by stunting, which is a crucial phase because two options can occur, namely toddlers becoming new cases of stunting or not adding new cases but qualifying to become not stunted because they are old enough or have exceeded the threshold. The stunting value is 5 years. Stunting cases in toddlers fluctuate because calculations are carried out every month after community health center activities end and are included in reports by the puskesmas. Every month, if there are toddlers who do not gain weight or do not increase their height, this becomes a reference for the condition of stunting in toddlers. Furthermore, the toddler can enter a special program that has been planned through the stunting discussion.

Conditions of ups and downs in height and weight also occur due to infectious diseases. In some cases, some toddlers get sick and then lose weight. This is because toddlers who do not want to eat when they are sick cause weight loss. Losing weight means there is a need for interventions that help with referrals to community health centers and nutrition officers so that they can be monitored to provide better nutrition. Stunting in Salatiga City uses object determinants of height and age with a very short index. This was obtained from various community health center spread across the Salatiga City area. Community health center-community health center in Salatiga City periodically provides a monthly recap of the results of community health center implementation. Community health center for toddlers is carried out at the beginning of the month because every 25th, the village health center will receive a summary and process it further to determine the number and percentage of stunted toddlers in the area, as a monthly report. This monthly report will later be used as a reference in the "Rembug Stunting" which is carried out together with other agencies.

*"We have community health center every first day of the month, because on the 25<sup>th</sup> every month we have to go to the village health center for the monthly report." (Regional Secretary for Nutrition, Mangunsari Community Health Center, In-depth Interview, 2024).*

The causes of stunting are also found in indirect conditions apart from the direct conditions of toddlers affected by stunting. One of the indirect conditions that can cause stunting is parenting patterns in families that are at risk of malnutrition. Parenting patterns are not only limited to parents of stunted toddlers but are more directed toward family parenting patterns including grandmothers or other caregivers. The condition of parenting is also influenced by (1) irregular feeding, (2) habituation to food, (3) parents working and then being left in care, (4) immunization history, and (5) sanitation and clean water.

Irregular feeding is indicated as one of the causes of stunting. Feeding toddlers is attempted three times a day on a normal schedule in the morning, afternoon, and evening. However, in some toddlers, irregular feeding appears, with irregular feeding causing unstable or even stagnant body weight for a month.

Irregular feeding also influences feeding practices or even various types of food. The type of food that is not varied causes a lack of nutrition in toddlers. Unsatisfied nutrition for toddlers creates a risk of nutritional deficiencies in toddlers. One example of a case of lack of nutrition in toddlers is exemplified by Head of Nutrition Division at the Salatiga City Health Service.

*"For example, here there are lots of people selling porridge using liquid vegetables. Well, some people are given breakfast, just porridge with sauce or one piece of tofu. What if that's the case every day? The nutrition is reduced." (Head of Nutrition Division, Salatiga City Health Service, In-depth Interview, 2024)*

This is exemplified in the period of one day, the practice of giving the same food every time without variation and balanced nutrition creates a risk for nutritional deficiencies in toddlers. Things related to the menu are exemplified in one day. This means that the local government of Salatiga City has a PMT (Supplemental Food Provision) program which is carried out together with third parties and helps with the community's need to provide maximum nutrition to toddlers.

The practice of feeding is not only in the form of the menu given but also in the timing of feeding to toddlers. In several cases, it was found that toddlers were not given breakfast, which resulted in no nutrition coming in in the morning.

*"For example, the toddler is not woken up in the morning for breakfast. When I woke up, it was already too late for breakfast. So let's give it time for lunch. Breakfast and lunch. "Well, that's what makes children lack nutrition because they don't get nutrition in the morning." (Head of Nutrition Division, Salatiga City Health Service, In-depth Interview, 2024).*

This feeding practice results in the risk of height and weight not progressing at the time of measurement. When height and weight are within the red line or below the red line or have not increased from before, this is a separate indicator of stunting. However, this is still difficult for caregivers to accept when they are told that a toddler is stunted. The difficulty of acceptance means that people who do not understand do not want to come to the community health center anymore. The failure of toddlers to arrive at the community health center means that data on the height and weight of toddlers is not recorded at the community health center. This also makes stunting conditions fluctuating.

The unwillingness to go to community health center by toddlers affected by stunting creates mutual distrust of community health center cadres.

*"Many ladies, who are told that toddlers are stunted, don't even want to come anymore. Even make a status on WhatsApp or something else. There are also a lot of people who say it's okay if they say they are stunted but don't improve their parenting patterns. "So I don't believe it when it's called stunting." (Head of Nutrition Division, Salatiga City Health Service, in-depth interview, 2024).*

The unwillingness make attendance of community health centre not in 100%, that's make the cadre should go door to door. Feeding practices and food habits are also influenced by caregivers, which creates complexity in family parenting patterns. Caregivers usually provide food that suits toddlers' tastes but does not match the nutrition provided. Several studies show that good parenting, including maternal knowledge, is important in providing child nutrition. Through maternal knowledge, nutrition can be given optimally and not cause nutritional problems for babies or toddlers. Mother's knowledge is a concept in providing optimal nutrition, including for family members, which also determines the quality of the food provided (Wiji et al., 2023).

The impact of the length of feeding which is not significant according to the schedule, results in the baby's nutrition being reduced and the weight and height not being by existing standards and falling into the stunting category. Another reason that causes stunting is sanitation or clean water. The Department of Women's Empowerment, Child Protection, and Family Planning also

provided a statement that several houses still had poor sanitation and did not use private latrines. So that makes parenting patterns in complex families the cause of stunting cases both in the pre-marital phase, pregnancy, and birth.

#### 4.2 COLLABORATION BETWEEN STAKEHOLDER

Stunting management programs in Salatiga City are varied and carried out by different agencies but with the same goal, namely achieving zero new cases of stunting. Each related agency works together to implement stunting management and prevention programs in Salatiga City. Handling and preventing stunting in Salatiga City requires collaboration between stakeholders where the problem of stunting is multidimensional following health, education, environment, culture, and so on (Irwanto, 2023). In line with sustainable development in the Sustainable Development Goals 2030, Goal 1 No Poverty; Goal 2 Zero Hunger. Goal 3 Healthy and Prosperous Life, Goal 4 Quality Education, Goal 6 Clean Water and Decent Sanitation, and Goal 17 Partnership to Achieve Goals (Safina et al., 2023). In terms of coordination, the highest position is the Salatiga City Bappeda which coordinates the various plans that will be implemented. Furthermore, there is the Department of Women, Women's and Children's Empowerment, and Family Planning which also coordinates the practice of preventing and handling stunting in Salatiga City. Furthermore, there is a Health Service which oversees various health centers in Salatiga City. Each community health center in Salatiga City oversees various community health center in the area. The Salatiga City Health Service recorded a total of more than 200 toddler community health center in Salatiga City.

*"There are 288 children's community health center in Salatiga City, 150 elderly community health center in every community homes and 22 youth community health center are still being developed in each sub-district." (Head of Division Nutrition Family Health Service, In-depth Interview, 2024).*

The community health center is included in the village health center which falls under a certain area. Which has been determined previously. The area obtained help in developing program needs and strategies that have or have not been presented previously. However, to maximize the program in overcoming stunting and achieving zero new cases of stunting, all sub-districts are included as recipients of the stunting program to optimize the program as a whole throughout Salatiga City.

The basic programs carried out in Salatiga City can be divided into two, namely through the first, through tagging, or existing ones following from the community health center. Next, we obtained details of the program and the relationship between stunting, seen from the root of the stunting problem, so that various programs were obtained. Second, through bottom-up, namely, stunting discussions which are also obtained through village discussion by adjusting the relevant stakeholders. Stunting discussions were carried out with various communities together with various related agencies and health centers as well as Bappeda.

*"So usually the "Rembug Stunting" will be invited by DP3AKB. There will be residents such as RW and RT. "Village health center also came together with community health center cadres in the area." (Secretary of Nutrition at Mangunsari Community Health Center, In-depth Interview, 2024).*

Women's Empowerment Service, Child Protection and Population Control, Family Planning of Salatiga City also added that the agency was the coordinator who ran the budget for the meet of the stakeholder or called "Rembug Stunting". This made Women's Empowerment Service, Child Protection and Population Control, Family Planning of Salatiga City invite all levels of related agencies including Regional Planning and Development Agency of Salatiga City and Community Health Centers in Salatiga City who assisted in the stunting deliberations. The entire budget has been prepared according to the respective portions determined through the stunting discussion. The stunting discussion helped combine various opinions and input that could serve as an evaluation of the causes of stunting in sustainable development in Salatiga City. This helps in determining programs and strategies for handling and preventing stunting in Salatiga City.

The city of Salatiga has various programs for handling stunting starting from pre-wedding to after the birth of a toddler. The stunting management program in Salatiga City is determined according to the case and timeline of stunting symptoms. In the pre-wedding phase, the relevant agencies include community health centers, hospitals and religious affairs office. Each agency has its own role in the pre-wedding phase. religious affairs office and Village health center provide various counseling for couples who are getting married through outreach and the ELSIMIL program. Health centers focus on the health of prospective brides or couples who are getting married. This is tailored to the prospective bride and groom. After providing various outreach, the prospective bride and groom will be checked for various health conditions ranging from vaccinations that have been or have been received to measurements on various parts of the body. Height and weight measurements and checks and vaccinations are given to support the bride and groom's readiness to have children and support a healthy pregnancy. In the program carried out, the community health center also has an obligation if the prospective bride and groom still do not meet the pregnancy requirements, there are various programs that must be carried out, including the provision of routine supplementary food and referral to a higher health facility.

During the pregnancy phase, there are several programs carried out to deal with and prevent stunting, including regular checks through community health centers and programmed classes for pregnant women. Collaboration with the Health Service and Community Health Center for pregnant women's classes is carried out regularly every month and provides various interesting facilities, one of which is the provision of souvenirs. On the other hand, programmed vitamin administration also helps in preventing cases of infant stunting.

In the birth phase, from babies to toddlers, there are programs that are crucial because the growth and development of toddlers can be measured and monitored regularly. The program implemented by the Salatiga City Government in collaboration between the Health Service and Community Health Centers and related hospitals is periodic examination and monitoring of babies in the first 1000 days of life. This is used to monitor the exclusive breast milk given, the staple food menu, complementary breast milk food given by the baby's mother to prevent cases of stunting. Through this program, babies' health can be monitored regularly and intervention can be given immediately if symptoms of stunting occur, such as weight loss and height, whether stagnant or decreasing. This program helps provide better care for babies.

Entering the toddler phase, an intensive program is carried out every month by village health center. If symptoms of stunting occur, they will receive intervention in the form of providing additional meal and referral to a nutritional recovery home. The toddler and toddler phases are crucial in implementing stunting interventions. Regular weighing and height measurements are carried out at the community health center every month so that through regular monthly weighing and height measurements, it can be used as a

reference for toddlers and toddlers who are underweight or have not yet crossed the limit. Through this, it can be seen that important interventions include providing additional food or referral to a nutritional recovery home.

A nutritional recovery house is carried out if the provision of vitamins and supplemental food provision by the community health center can no longer help the condition of stunting, so higher health facilities are needed to get optimal treatment. There are also doctors and nurses at the nutrition recovery house who will help and educate in providing a diet to toddlers or toddlers affected by stunting. Apart from that, through high-intensity nutritional recovery homes, it is hoped that toddlers and toddlers can achieve optimal nutritional recovery.

Outside of this phase, indirect causes in the form of sanitation are also paid attention to by the Salatiga City Regional Government, where there are several locations in Salatiga City, seen from the ownership of clean water installations and washing baths. As well as the need to control appropriate livable housing assistance (Salatiga Mayor Regulation Number 10 of 2022 concerning the Salatiga City Regional Development Plan for 2023 - 2026, 2023). It's make the collaboration by top-down planning works in Salatiga City. By the working of the collaboration from up to down, from governance into the community center helps to reduce stunting. The reduce prevalence of stunting helps the working to reach the mission of Salatiga City "Zero New Cases of Stunting".

## II. ACKNOWLEDGMENT

Thanks to Salatiga City Regional Government Salatiga City Regional Planning and Development Agency. Then at the second level are the Salatiga City Health Service and the Salatiga City Women's Empowerment, Child Protection, Population Control and Family Planning Service, religious affairs office, Village health center, until community health center.

## REFERENCES

- [1] Peraturan Presiden Republik Indonesia Nomor 18 Tahun 2020, Rencana Pembangunan Jangka Menengah Nasional Tahun 2020 - 2024 313 (2020). <https://www.bappenas.go.id/id/data-dan...dan.../rpjmn-2015-2019/>
- [2] Badan Perencanaan dan Pengembangan Daerah Kota Salatiga. (2023). *Rembuk Stunting Kota Salatiga Tahun 2023*. Badan Perencanaan dan Pengembangan Daerah Kota Salatiga.
- [3] Badan Pusat Statistik Kota Salatiga. (2024). Kota Salatiga Dalam Angka 2024. *Badan Pusat Statistik Kota Salatiga*, 43, 1–293.
- [4] Fagbohungebe, T. H., Gayawan, E., & Orunmoluyi, O. S. (2020). Spatial prediction of childhood malnutrition across space in Nigeria based on point-referenced data: an SPDE approach. *Journal of Public Health Policy*, 41(4), 464–480. <https://doi.org/10.1057/s41271-020-00246-x>
- [5] Ika Indriyastuti, H., & Tri Kartono, D. (2022). Implementation of the Sustainable Development Goals (SDGs) Program on the Management of Stunting Cases in Indonesia. *International Journal of Recent Research in Interdisciplinary Sciences (IJRRIS)*, 9(2), 60–65. <https://doi.org/10.5281/zenodo.6631152>
- [6] Irwanto, R. R. (2023). *Kapabilitas dan Relasi Antar Aktor Pemerintah Dalam Penanganan Stunting: Studi di Kabupaten Gunungkidul*. <https://etd.repository.ugm.ac.id/penelitian/detail/234072>
- [7] Khairina, N. G. (2022). *Pro Poor Budgeting Berbasis Pendekatan Kebutuhan Dasar dan Perwilayahan Prioritas Miskin Kota Salatiga*. Universitas Gadjah Mada.
- [8] Nuzuliana, R., & Wijhati, E. R. (2021). *Social Economic Status and Stunting in Toddler*. 34(Ahms 2020), 222–224. <https://doi.org/10.2991/ahsr.k.210127.050>
- [9] Peter P Rogers, K. F. J. & J. A. B. (2007). *Introduction to Sustain Development*.
- [10] Punjastuti, B., Maryati, S., & Yunitasari, P. (2023). Upaya Optimalisasi Pertumbuhan Anak Melalui Pengetahuan dan Perilaku Ibu Terhadap Stunting. *Jurnal Penelitian Perawat Profesional*, 5(2), 153–158.
- [11] Safina, S. W., Nugraha, A. T., Nuraini, A. N., Taradipa, F. D., Setiadi, I. N. A., Rindika, L., Chairani, M. S., Aditya, M. Y., Dhafita, N. A., Pratama, R. P., Utami, T. B., Fajarwati, A., & Hadiwijoyo, S. S. (2023). Kasus Stunting sebagai Salah Satu Tantangan Pembangunan Berkelanjutan di Kota Salatiga. *Majalah Geografi Indonesia*, 37(1), 76–83. <https://doi.org/10.22146/mgi.70636>
- [12] Setianingsih, Musyarofah, S., PH., L., & Indriyanti, N. (2022). Tingkat Pengetahuan Kader Dalam Upaya Pencegahan Stunting. *Jurnal Ilmu Keperawatan Jiwa*, 5, 447–454. <https://journalppnijatengorg/index.php/jikj>
- [13] Setianingtias, R., Baiquni, M., & Kurniawan, A. (2019). Pemodelan Indikator Tujuan Pembangunan Berkelanjutan Di Indonesia. *Jurnal Ekonomi Pembangunan*, 27(2), 61–74. <https://doi.org/10.14203/jep.27.2.2019.61-74>
- [14] Sugiyono. (2013). *Metode Penelitian Religious affairs officentitatif, Religious affairs officelitatif, dan R & D*. Penerbit ALFABETA.
- [15] Susanti, D. W., Tanur, E., & Sitanggang, Y. R. U. (2024). Clustering Area Untuk Menurunkan Angka Stunting Di Provinsi Jawa Tengah. *Jurnal Litbang Provinsi Jawa Tengah*, 21(2), 217–226. <https://doi.org/10.36762/jurnaljateng.v21i2.1125>
- [16] Wicaksono, R. A., Arto, K. S., Saragih, R. A. C., Deliana, M., Lubis, M., & Batubara, J. R. L. (2020). Comparison of growth diagrams of Indonesian children to 2006 world health organization growth standards in diagnosing stunting. *Paediatrica Indonesiana(Paediatrica Indonesiana)*, 60(2), 95–100. <https://doi.org/10.14238/pi60.2.2020.95-100>
- [17] Wijhati, E. R., Nuzuliana, R., & Pratiwi, M. L. E. (2020). *Stunting Incidence in Tegalrejo Yogyakarta*. 27(ICoSHEET 2019), 168–171. <https://doi.org/10.2991/ahsr.k.200723.042>
- [18] World Health Organzation. (2019). *Malnutrition in Children*. <https://www.jstor.org/stable/resrep27904.6%0AJSTOR>
- [19] Yuvinda, M. (2022). *Kajian Kondisi dan Tingkat Pembangunan Daerah Berkelanjutan di Provinsi Jawa Tengah Tahun 2016-2018*. Universitas Gadjah Mada.