Innovation in Stunting Prevention Thru the Implementation of the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers)

Inovasi dalam Pencegahan Stunting Melalui Pelaksanaan Program OMASUKA (Ojek Makanan Sehat Khusus Mandau untuk Balita)

Mustiqowati Ummul Fithriyyah[1], Elza Nabila Jumiasri[2], Mustafa[3]
[123] Universitas Islam Negeri Sultan Syarif Kasim
[123] Jalan HR. Soebrantas No.Km. 15, RW.15, Simpang Baru, Kota Pekanbaru, Riau 28293
mustiqowati@uin-suska.ac.id[1]*; elzanabilajumiasri@gmail.com[2]; mustafa@uin-suska.ac.id[3];
Corresponding Author: mustiqowati@uin-suska.ac.id[1]*

ARTICLE INFORMATION

Keywords
Stunting;
Policy Implementation;
TP-PKK;
OMASUKA Program;
Toddler Nutrition;

ABSTRACT
This study aims to determine the implementation of the OMASUKA (Mandau Special Healthy Food Taxi for Toddlers) program by TP-PKK in tackling stunting in Gajah Sakti Village, Mandau District, Bengkalis Regency. This program is one of the community-based service innovations in the form of providing supplementary food delivered directly to the homes of toddlers with stunting status. The background of this study is based on the high rate of stunting in the area and the need for community-based interventions to overcome stunting. This study uses a qualitative descriptive approach with data collection techniques in the form of interviews, observation, documentation and triangulation. The theory used as an analytical tool is the theory of policy implementation according to George Edward III, which includes communication, resources, disposition, and bureaucratic structure. The results of the study indicate that the implementation of the OMASUKA program has been running quite well. However, several inhibiting factors were found, firstly in the communication aspect, although coordination between policy implementers is running well, mothers of toddlers who receive benefits still have minimal understanding of the OMASUKA program and the issue of stunting. Then, the program implementation has not been consistent due to the uncertain frequency of activities. As well as limited operational facilities are inadequate.

Kata Kunci
Stunting;
Implementasi Kebijakan;
TP-PKKProgram;
OMASUKA;
Gizi Balita

ABSTRAK
Penelitian ini bertujuan untuk mengetahui implementasi program OMASUKA (Ojek Makanan Sehat Mandau Khusus Balita) oleh TP-PKK dalam menanggulangi stunting di Kelurahan Gajah Sakti, Kecamatan Mandau, Kabupaten Bengkalis. Program ini salah satu inovasi pelayanan berbasis masyarakat dalam bentuk pemberian makanan tambahan yang diantar langsung ke rumah balita dengan status stunting. Latar belakang penelitian ini didasari oleh tingginya angka stunting di wilayah tersebut serta perlunya intervensi berbasis komunitas untuk penanggulangan stunting. Penelitian ini menggunakan pendekatan deskriptif kualitatif dengan teknik pengumpulan data berupa wawancara, observasi, dokumentasi dan triangulasi. Teori yang digunakan sebagai pisau analisis adalah teori implementasi kebijakan menurut George Edward III, yang mencakup komunikasi, sumber daya, disposisi, dan struktur birokrasi. Hasil penelitian menunjukkan bahwa implementasi program OMASUKA telah berjalan cukup baik. Namun ditemukannya beberapa faktor penghambat, pertama pada aspek komunikasi, meskipun koordinasi antar pelaksana kebijakan berjalan dengan baik, namun ibu balita penerima manfaat masih memiliki pemahaman yang minim terhadap program OMASUKA dan isu stunting. Kemudian pelaksanaan program belum konsisten karena frekuensi kegiatan yang tidak menentu. Serta adanya keterbatasan fasilitas operasional yang kurang memadai.

Article History
Send 14thJune 2025
Review 2thAugust 2025
Accepted 21h October 2025

Introduction

The vision of Golden Indonesia in 2045 aims to achieve better and more equitable people's welfare thru improving the quality of human resources, sustainable economic growth, and Indonesia becoming one of the world's largest economic powers. This momentum coincides with Indonesia's 100th year of independence, marked by a demographic bonus. This bonus will be a great opportunity if utilized correctly, but if not managed well, it can lead to various social problems such as increased poverty, unemployment, crime, and low public health standards (Yudiana, 2022).

To achieve this goal, targeted development planning is needed thru programs aimed at improving community welfare. One strategy that has proven effective is strengthening the role of family-based institutions, which can serve as a platform for empowerment at the grassroots level. The government, as the manager of development, has a responsibility to create space for community participation so that they can actively engage in every program being implemented. This participation is important because society is not just a beneficiary, but also a key actor in the success of development. One empowerment platform with a strategic role is the Family Welfare and Empowerment Movement Team (TP-PKK). This institution focuses on empowering women within the family to improve the well-being of all family members. Previous studies have shown that PKK contributes to improving the quality of life of the community, particularly in the fields of health, education, and family economics. However, there are still challenges in optimizing the role of PKK, especially in addressing strategic issues such as stunting, which requires synergy between the government, the community, and local institutions (Rantung et al., 2021)

The Family Welfare Empowerment Movement Team (TP-PKK) is an organization that developed under the leadership of women to become a driving force in guiding and nurturing, and to help shape families to achieve welfare for all families. The Family Welfare Empowerment Movement Team (TP-PKK) plays a strategic role in family empowerment in Indonesia. The Family Welfare Empowerment Movement Team (TP-PKK) is a movement in community development that grows from, by, and for the community, toward the realization of families that are faithful and devoted to God Almighty, have noble morals and high character, are healthy, prosperous, advanced, and independent, achieve gender equality and justice, and have legal and environmental awareness (Suindartini & Sri Lestari, 2024).

The Family Welfare Empowerment Movement Team (TP-PKK) prioritizes women's empowerment in efforts to improve a woman's ability to develop her capacity and skills in making decisions. It is hoped that they will have independence and diligence in improving

their abilities as an effort to improve the quality of life and can participate in realizing national development (Wadu et al., 2018).

The empowerment carried out by the Family Welfare Empowerment Movement Team (TP-PKK) as a motivator to drive a program is an effort to provide education and training, whether it is learning to make handicrafts, or innovating as creatively as possible in making food and beverage products that can be sold to increase family income (Wadu, Ladamay and Dadi 2018). In addition, the Family Welfare Empowerment Driving Team (TP-PKK) also assists in establishing interreligious tolerance, increasing family resilience, solidifying laws and regulations to avoid undesirable incidents (Domestic Violence/KDRT, Trafficking/human trafficking, drugs), raising awareness of living together and mutual cooperation, and strengthening child-rearing patterns (Surati, 2019).

The PKK is one of the spearheads of change in society. One example of this is the empowerment of the PKK to disseminate health information. The outcome of this activity is a shared understanding among PKK members regarding efforts to improve health outcomes thru the dissemination of health information and the strengthening of their participation. With structured and comprehensive PKK empowerment activities, it can support the realization of improved public health (Mochammad Ryan Amarullah, 2024).

One form of the role of the Family Welfare Empowerment Movement Team (TP-PKK) can be seen in the Family Welfare Empowerment Movement Team (TP-PKK) in Gajah Sakti Village, Duri District, Bengkalis Regency, Riau Province. This research focuses on the Family Welfare Empowerment Movement Team (TP-PKK) in Gajah Sakti Village, Duri. The TP-PKK of Gajah Sakti Village, Duri, empowers the community, one of which is thru the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program.

This OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program was initiated by the Mandau District Family Welfare Empowerment Team (TP-PKK) with the aim of tackling the problem of stunting. OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) is a purely local program found only in Mandau sub-district, Bengkalis district. The existence of this program is one of the novelties and innovations, making it the only local and specific program for addressing stunting. Researchers have also confirmed that there are no similar programs in other sub-districts within the same county. OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) emerged as a follow-up to higher-level regulations. Nationally, Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction serves as the main policy basis. The President's mandate was then followed up by the Bengkalis District Government thru Bengkalis District

Regulation Number 57 of 2021 concerning the Implementation of Convergent and Integrated Stunting Handling Acceleration in Bengkalis District. Based on that reference, Mandau sub-district formulated local policies implemented in each village in Mandau sub-district in the form of the OMASUKA program (Mandau Special Healthy Food Ojek for Toddlers), which is derived from central and district policies used as a legal basis and policy direction.

Various previous studies have also highlighted efforts to address stunting using a variety of approaches. Such as the research by (Sungkono et al., 2023), which emphasizes increasing the capacity of PKK cadres thru public speaking training as extension workers in handling stunting. The findings indicate that strengthening the quality of cadres is a key strategy for delivering health messages to the community. Then, research by (Hardani M & Zuraida R, 2019) highlighted stunting prevention thru a medical approach, which is more focused on clinical interventions. However, they also emphasized the need for a social or community empowerment approach, for example, by distributing healthy food as a preventive and curative effort against stunting. Next, research by (Sazali et al., 2022) used a development communication approach based on local wisdom. This strategy is used by leveraging the values, norms, culture, and customs of the local community to deliver health and nutrition messages, making them easily accepted by the public. Unlike those studies, this research offers novelty by examining the implementation of the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program by TP-PKK in addressing stunting in Gajah Sakti Village, Mandau District, Bengkalis Regency. This program is a local innovation that not only emphasizes health counselling and education but also introduces a mechanism for direct distribution of healthy food thru a healthy food motorcycle taxi system operated by PKK cadres. Thus, this research provides a new contribution to the literature on community-based stunting prevention, particularly thru policy innovations born from local initiatives. This is what makes this research important, as its findings can provide input for stunting mitigation efforts in other areas thru a community-based empowerment model.

The handling of stunting itself is one of the flagship programs of the Bengkalis district government, and the Mandau sub-district responded to the program thru OMASUKA (Mandau Special Healthy Food Ojek for Toddlers). OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) itself is also an interesting program because it has a uniqueness in its operational mechanism, where there is a healthy food delivery system for toddlers carried out thru an ojek-based service model, which is in accordance with its name, OMASUKA (Mandau Special Healthy Food Ojek for Toddlers).

This program is implemented thru several activities such as PMT (Supplementary Feeding), physical health checks, and providing nutritious food education to parents. PMT (Supplementary Feeding) is carried out twice a week, nutritious food education is provided during PMT (Supplementary Feeding), and physical health checks are done once at the end of the month.

In the implementation of the program, one of the issues that emerged in the implementation of the OMASUKA program was the low level of understanding among the community, especially mothers of young children, regarding the program itself. Based on field findings, many mothers of young children are unaware that the supplementary feeding activities they receive are part of a program called OMASUKA. This lack of knowledge indicates that the process of socialization or communication regarding the program's intentions, goals, and identity has not been optimal. In fact, public understanding of a program is very important as a form of active participation by beneficiaries. When people are unaware that they are participating in a particular program, their potential for involvement is also minimal. This can lead to a lack of awareness and support from mothers of young children for the long-term goals of the program in addressing stunting. Because the success or failure of a program depends not only on the availability of resources and technical implementation, but also on how the program is understood and accepted by the community as the main target.

Additionally, the program's implementation schedule is inconsistent or not carried out regularly. Initially, the program was implemented three times a week, but currently, it is sometimes only once or twice a week. This irregularity causes confusion among the public, even tho in efforts to improve the nutrition of toddlers, the regularity and continuity of interventions are crucial for optimal monitoring of results. When the program implementation doesn't have a fixed schedule, the process of monitoring the development of toddlers also becomes less than optimal.

Then, the scheduling conflicts with other activities also affected the implementation of this program. In practice, if there are other activities involving PKK cadres, such as meetings, training, or other social activities, the implementation of the OMASUKA program is often postponed or adjusted. This has an impact on the sustainability of the program in the field. Ideally, the OMASUKA activity, as a program directly aimed at tackling stunting in toddlers, should have a fixed schedule and high priority, considering the urgency and sensitivity of the stunting issue itself. However, in reality, based on interviews with PKK

members, this program still has to take a backseat to other PKK activities considered more important and urgent.

Health communication can strive to use communication principles, methods, and strategies in a structured manner to create behavioral changes that guide the community in improving their health status thru other aspects. By considering the social, environmental, and behavioral context of the community, and then tailoring health messages based on the cultural characteristics of the local community (Mochammad Ryan Amarullah, 2024).

This OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program was created because, according to information obtained from the Ministry of National Development Planning (PPN)/National Development Planning Agency (Bappenas), stunting occurs in children under five years old during the first 1,000 days of life (HPK), resulting in growth failure caused by chronic conditions. Then, the Ministry of Health highlighted the slow decline in stunting rates in Indonesia. According to Ministry of Health data, the stunting rate in Indonesia in 2023 was recorded at 21.5%, a decrease of only 0.1% from the previous year's rate of 21.6%. Nevertheless, the government aims to reduce stunting to 14% by 2024, requiring more intensive efforts to achieve this target. Official data on the prevalence of stunting in 2024 will be announced after the latest survey is conducted and published. (Bappenas, 2022). This failure confirms the existence of a legal obligation violated by the government, even tho the government later tried to evade responsibility by offering various excuses such as unfavorable natural conditions, economic factors, and others (Sudarmanto et al., 2023).

Table 1 Data on the Number of Stunted Children Under Five in Sub-districts of Mandau District in 2024

2024	
Village	**Amount**
Air Jamban	10
Babussalam	8
Balik Alam	7
Batang Serosa	5
Bathin Betuah	5
Duri Barat	14
Duri Timur	10
Gajah Sakti	15
Harapan Baru	5
Pematang Pudu	5
Talang Mandi	7
Amount	**91 toddlers**

Source: *TP-PKK Gajah Sakti Village, 2024.*

Based on Table 1.1, Mandau Duri District has 11 sub-villages/villages with a total of 91 stunted/malnourished children under five in Mandau District. In Air Jamban village, there are 10 children under five who are classified as stunted/malnourished; in Babussalam village, there are 8 children; in Balik Alam village, there are 7 children; in Batang Serosa village, there are 5 children; in Bathin Betuah village, there are 5 children; in Duri Barat village, there are 14 children; in Duri Timur village, there are 10 children; in Gajah Sakti village, there are 15 children; in Harapan Baru village, there are 5 children; in Pematang Pudu village, there are 5 children; and in Talang Mandi village, there are 7 children. Based on this data, the stunting/malnutrition rates in each village in Mandau sub-district vary, and this research is focused on Gajah Sakti Village because Gajah Sakti Village has the highest number of stunting/malnutrition cases compared to other villages.

Table 2 Data on the Number of Stunted Children in Gajah Sakti Village, 2022-2024

Year	Number of toddlers	Prevalence of stunting
2022	582	10
2023	596	10
2024	616	15

Source: *TP-PKK Gajah Sakti Village, 2024.*

Based on Table 1.2, it can be seen that the number of children under five in Gajah Sakti Village, Duri, increased from 2022 (582 children under five) to 2023 (596 children under five), and continued to increase to reach 616 children under five in 2024. Meanwhile, the number of stunting cases remained stable until 2023, but increased to 15 cases in 2024.

Table 3 Data on the Number of Stunted Children Under Five in Neighborhood Units (RW) in Gajah Sakti Village in 2024

2024	
Neighborhood association (RW)	**Prevalence of stunting**
RW 1	3 toddlers
RW 2	3 toddlers
RW 3	2 toddlers
RW 4	3 toddlers
RW 5	1 toddlers
RW 6	2 toddlers
RW 7	1 toddlers
RW 8	-
RW 9	-
RW 10	-
RW 11	-
Amount	**15 toddlers**

Source: *TP-PKK Gajah Sakti Village, 2024.*

Based on Table 1.3, it can be seen that the number of children under five experiencing stunting in Gajah Sakti Duri Village in 2024 shows variation or different numbers across RW (Neighborhood Association) areas. In RW 1, RW 2, and RW 4, there are 3 toddlers experiencing stunting in each. In RW 3 and RW 6, there are 2 toddlers experiencing stunting in each. And in RW 5 and RW 7, there is 1 toddler experiencing stunting in each. Meanwhile, no cases of toddlers experiencing stunting were found in RW 8 to RW 11.

Stunting is one of the nutritional problems faced globally, particularly in poor and developing countries. Stunting is a problem because it is associated with an increased risk of illness and death, suboptimal brain development leading to delayed motor development, and stunted mental growth. Stunting is a form of growth failure caused by the long-term accumulation of nutritional deficiencies, starting from pregnancy until 24 months of age. This situation is exacerbated by the lack of balanced and adequate growth (Mitra, 2015). Children experience stunting as a result of malnutrition, especially during the first 1000 days of life. Currently, the number of children under five in Indonesia is approximately 22.4 million. Every year, there are at least 5.2 million women in Indonesia who become pregnant. Of these, an average of 4.9 million babies are born each year. Three out of ten toddlers in Indonesia experience stunting, meaning they are shorter than the standard for their age. Not only do toddlers with stunting grow short, but the domino effect on them is also more complex. Beside physical and cognitive development issues, stunted toddlers are also potentially facing other problems beyond that (Yusran Haskas, 2020).

Stunting, or short stature, is a condition of growth in children under five years old that is stunted. This growth failure is caused by suboptimal nutritional intake received by the child in the early stages of life. This nutritional deficiency is experienced by infants from the early stages of pregnancy thru the initial period after a mother gives birth. And a baby is categorized as stunted or not stunted around the age of two, because short stature or stunting will begin to be noticeable when the baby is two years old. (Chandra & Humaedi, 2022) Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction also states that stunting is a growth and development disorder in children caused by malnutrition and recurrent infections. (Perpres, 2020)

One of the factors contributing to stunting is the mother's lack of knowledge about nutrition and about stunting itself. A lack of knowledge about stunting usually occurs in couples of childbearing age (PUS). Couples of childbearing age (PUS) are married couples where the wife is between 15 and 49 years old, or married couples where the wife is under 15 years old and has already started menstruating, or where the wife is over 50 years old but

is still menstruating (having her period). This is closely related to the occurrence of stunting, as the process of pregnancy at a young age and the lack of nutritional knowledge will increase the risk of giving birth to a stunted child. Because of an unbalanced intake of nutrients, which can lead to chronic malnutrition in toddlers, low birth weight, premature birth, being shorter than the standard for their age, and other issues (Ibrahim et al., 2024). The lack of awareness among mothers about participating in the Family Planning (FP) program also results in very short birth intervals, leading to a higher risk of stunting. If a child does not receive breast milk and eats too little, they will experience malnutrition, which can lead to stunted growth or stunting (Naingalis & Olla, 2025).

Based on information obtained from the Gajah Sakti village health post, there are 1,847 couples of childbearing age (WUS). This number indicates a significant population of childbearing age. Given the high number of couples of childbearing age (WUS), attention to nutrition education, maternal health, and meeting the needs of infants is a crucial initial step in preventing stunting.

The mother's nutritional status during pregnancy can also affect fetal growth and development. Generally, pregnant women in good health with no nutritional deficiencies before or during pregnancy will give birth to larger and healthier babies than pregnant women with nutritional deficiencies. Because pregnant women who experience chronic nutritional energy deficiency will give birth to children with stunted body shapes. Chronic energy deficiency means that pregnant women do not have a strong reserve of nutrients for fetal growth, so the fetus's nutrients are also reduced, resulting in stunted fetal growth and development, and the baby is born with low weight, short height, or what is called stunting. (Alfarisi et al., 2019)

Additionally, low rates of exclusive breastfeeding can also lead to stunting. Breast milk is the best food for infants; if breastfeeding mothers do not exclusively breastfeed, it can cause health problems and increase the risk of stunting, where children's height growth will be shorter than that of their peers due to insufficient nutrient intake. (Permatasari et al., 2024)

The causes of stunting are multi-dimensional factors not solely caused by poor nutrition experienced by pregnant women or young children. Some factors that can lead to stunting include poor parenting practices, limited healthcare services for pregnant women, a lack of quality early childhood education, insufficient access to nutritious food for households or families, and limited access to clean water and sanitation. Children who experience stunting will have sub-optimal intelligence levels, making them more susceptible

to illness and affecting their future productivity. Ultimately, stunting can broadly hinder economic growth, increase poverty, and widen inequality in Indonesia. (Hardani M & Zuraida R, 2019)

Stunting is a serious problem faced by many countries around the world. According to the World Health Organization, stunting leads to suboptimal cognitive, motor, and verbal development and can increase the risk of obesity and other degenerative diseases (Sungkono et al., 2023). Looking at the current times, many toddlers who are transitioning into childhood are at high risk of not growing and developing healthily. This is due to parents' economic inability to meet their child's nutritional needs, parents' lack of knowledge or understanding regarding the nutritional requirements of a child's body, not receiving the best education due to being in a poor family, parents with problems, or being abandoned by their parents. Stunting is a serious health problem that has long-term impacts on the quality of human resources. Additionally, stunting has become a significant global health issue, affecting millions of children worldwide, including in Indonesia. Stunting in children is caused by a variety of complex factors, including inadequate nutrition relative to needs, poor maternal health conditions, limited access to accurate information, and limited economic factors. This not only affects a child's physical growth but can also hinder their cognitive and socio-emotional development. (Istianti et al., 2025) The problem of stunting has not been fully addressed because it is influenced by the low level of public awareness about meeting nutritional needs to prevent stunting. Of course, this starts with the habits of each family. Therefore, there is a need for education among the local community regarding the dangers and steps to prevent stunting (Wahyuningsih et al., 2024).

Low parenting awareness can also lead to stunting. Children who receive poor parenting are twice as likely to experience stunting compared to those who receive good parenting. Parenting patterns include child feeding, basic child care, personal hygiene, and environmental sanitation. These poor parenting patterns are due to the fact that newborns are not given colostrum, and are instead given formula, water, and honey because breast milk has not yet come in. Additionally, the introduction of complementary feeding (MP-ASI) to children is not appropriate for their age, as it is given too early. Personal hygiene factors are also poor, as mothers do not adequately practice clean and healthy living behaviors such as washing their hands with soap before preparing food. Additionally, mothers do not adequately teach their children to wash their hands with soap before meals and do not instill the habit of urinating and defecating in designated places (Megasari et al., 2024) Although the parents have a decent income, child-rearing is more often left to relatives, grandparents,

or aunts. This is because most parents of young children work. And the knowledge that was given to the parents could not be applied because there was no transformation of information and awareness of parenting patterns to the caregivers. Caregivers tend to provide basic or ready-made meals that may not have sufficient nutritional content. Many of them are unwilling to give homemade, nutritious food because they consider it impractical. Consequently, the nutritional needs of toddlers are not being adequately met (Wempi et al., 2023).

A mother's employment status can determine her behavior in providing nutrition to toddlers. Working mothers have less time to spend with their children, which can lead to poor control over the child's food intake. Additionally, it can impact the mother's attention to the child's growth and development. When a child's nutritional intake is insufficient or not met, the risk of stunting increases (Valentine et al., 2023). Therefore, in solidifying child-rearing patterns, society also needs support both from within the family itself and from outside. Because parenting is something that encompasses several aspects for a child's growth and development in their life, children must be given very high priority. Unfortunately, not all children have the same opportunities to realize their hopes and aspirations.

Early marriage among adolescents can also increase the risk of stunting in their children, as they are not yet physically or mentally prepared to handle pregnancy and childbirth. This allows their bodies to not be fully developed, making them insufficient to provide optimal nutrition to the fetus. As a result, children from teenage marriages are at a higher risk of stunting, which can have long-term impacts on their health and future potential (Duana et al., 2022). Early marriage also makes a mother less able to meet her child's nutritional needs because she did not receive a good education in her youth, making it difficult for her to obtain information about the nutrition needed by toddlers (Duana et al., 2022). Couples who marry at a young age generally have low levels of education and skills, making it difficult for them to find decent jobs. As a result, many of them are trapped in a cycle of poverty, making it difficult to meet the nutritional needs of their children (Wahdi et al., 2024). Early marriage also has psychological, social, economic, health, and educational impacts. Low educational attainment, low income, and the contribution of men and women to family decision-making are associated with early marriage. Women are less likely to give birth with medical supervision, which means their children are more likely to die, develop more slowly, and perform worse on cognitive tests (Alza Nurfaizah et al., 2023).

Based on the results of the preliminary research, not many cases were found in Gajah Sakti village, and only 4 people had early marriages. The early marriage was not entirely triggered by economic inability, but by laziness to continue education and/or to avoid potential social or moral problems. Or as a preventive measure to prevent a relationship from developing into something that violates social and religious norms. Early marriage is clearly very risky for stunting. This is because couples who marry at a young age are generally not yet physically, mentally, or emotionally prepared to live a married life, especially when it comes to caring for and raising children. Emotionally, couples who marry young also tend not to have the maturity to make decisions, including in terms of parenting and meeting children's basic needs. Regardless of the underlying causes of early marriage, it will still result in a lack of preparedness to fulfilll the role of a parent.

The high rate of stunting in toddlers is closely linked to long-term conditions such as poverty, poor hygiene and unhealthy lifestyles, poor environmental health, inadequate parenting, and low levels of education (Octavia, Turisna et al., 2023). Education is linked to increasing mothers' knowledge about preventing stunting. Mothers' attitudes and behaviors are still lacking in implementing nutritional parenting patterns for toddlers due to their low knowledge, resulting in inadequate and non-diverse food provision and consumption practices for toddlers. (Oktafiani et al., 2024) Low maternal education is an important risk factor for child growth. The role of the mother as the primary caregiver of her child is crucial, from purchasing to serving food. If the mother's education and knowledge are low, she will be unable to choose and serve food that meets the requirements of a balanced diet. Mothers with low knowledge are at a higher risk of having stunted children, as maternal knowledge plays a crucial role in the occurrence of stunting in toddlers. (Yusnia et al., 2022) Many housewives still lack a complete understanding of the importance of a balanced diet, proper feeding frequency, and the role of food in toddler growth. Practically speaking, mothers who don't understand their children's nutritional needs will tend to disregard the principle of balanced nutrition. They might think that as long as the child is full, the intake is sufficient, without considering the content of macronutrients and micronutrients. Additionally, a misunderstanding of diseases and food hygiene also worsens the condition, as infectious diseases like diarrhea are closely linked to nutritional problems. (Diva et al., 2020)

Stunting in toddlers is more prevalent among mothers with low levels of education. This is because the idea that education is not important is still prevalent in society, and family support for pursuing higher education is still not maximized. Indirectly, the mother's education level will affect her ability and knowledge regarding healthcare, especially in

understanding nutritional information. This also leads to the mother's limited ability to choose foods with balanced and high nutritional value. (Nurmalasari et al., 2020) Educational level will influence a person's ability to receive information. Parents with a higher level of education will find it easier to receive information compared to those with less education. (Fauziyah et al., n.d.) This information will be used by mothers as a resource for raising their toddlers in daily life. Low nutritional knowledge can affect child-rearing and care practices, influencing the selection and presentation of food consumed by children. The level of knowledge mothers have about the need for nutrients affects the quantity and type of food consumed. Mothers with sufficient nutritional knowledge will pay attention to their child's nutritional needs to ensure optimal growth and development. (Anjani et al., 2024)

Based on the results of preliminary research in Gajah Sakti village, it was found that out of 15 parents of stunted toddlers, the majority had a high school education as their highest level, with 11 people, followed by junior high school graduates with 3 people, and only 1 who was a university graduate. The majority of parents in this data are high school graduates. However, even high school graduates can still be at risk of having stunted children because formal education is not always directly proportional to nutritional understanding, nutritional readiness for parenthood, and economic capacity. Therefore, a high school education is not sufficient to instill a strong awareness of the importance of optimal parenting, nutrition, and toddler care. Especially for those who only have a junior high school education, their understanding of stunting or nutrition may be much more limited. There is one parent with a bachelor's degree, and their child is categorized as stunted. And this shows that a high level of formal education is not always a guaranty, especially if it is not accompanied by good and consistent parenting at home. It can also be concluded that a low level of parental education can impact low parenting knowledge, and low parenting knowledge can lead to insufficient nutritional intake in children, and this nutritional deficiency in children will clearly have a significant impact on the occurrence of stunting.

Children with stunting are often linked to the family's socioeconomic factors. Socioeconomic factors such as education and family income indirectly contribute to the occurrence of stunting in children. Family income affects the ability to meet family nutritional needs and access healthcare services. Children from low-income families are at higher risk of stunting because their limited ability to meet nutritional needs further increases the risk of malnutrition. (Jansen et al., 2025) Low economic status also has a dominant influence on the occurrence of stunting. This is because children in families with low economic status tend to consume food that is lacking in quantity, quality, and variety

(Nugroho, 2021). Low family income makes it more difficult to meet living expenses; low income will affect the quality and quantity of food consumed by the family. Low income levels and weak purchasing power make it possible to overcome eating habits in certain ways that hinder effective nutritional improvement, especially for children. The food obtained is usually less varied and small in quantity, especially for ingredients that are essential for children's growth, thus increasing the risk of malnutrition. And these limitations will increase the risk of family members experiencing stunting (Nurmalasari et al., 2020). Children from low-income families are 1.29 times more likely to experience stunting compared to children from high-income families. This is related to the number of family members; families need more resources to provide large quantities of food when there are many members. Because high-income families can meet the nutritional needs of their members due to the availability of diverse foods. Conversely, low-income families also have a low ability to purchase household food. (Hamzah, 2021) Although developing countries have experienced economic growth, malnutrition remains a significant health problem. Socioeconomic status and nutritional status of parents are the strongest predictors of anthropometric failure in children. Stunting in children under three years of age is likely caused by problems in meeting economic needs and low quality of care within the family. (Paninsari et al., 2024) Based on the results of preliminary research on family income in Gajah Sakti village, parents who are less capable or have low incomes are those earning below 2 million. Meanwhile, families who are capable and well-off have incomes above 2 million.

Based on the results of preliminary research in Gajah Sakti village, it was found that the majority of parents of stunted toddlers work as private employes, totaling 13 people. Meanwhile, there was 1 person each working as a daily wage laborer and volunteer. Parents of stunted toddlers who work in the private sector generally have long working hours, resulting in limited time for direct involvement in child rearing. Meanwhile, daily wage laborers tend to have unstable incomes, which can affect the family's economic ability to meet the child's nutritional needs. However, the occurrence of stunting should not only be examined from the factors of poverty and lack of public knowledge about nutrition, but can also be reviewed from the public's habits, perceptions, attitudes, and beliefs regarding children's nutritional status. It's possible that a small and short child's body is considered or seen as something normal, fate, or simply due to family genetics. (Octavia, Turisna et al., 2023)

Stunting also has short-term and long-term impacts. The short-term impacts of stunting are increased mortality and morbidity in cognitive, motor, and language

development, and increased healthcare costs. While the long-term effects include stunted growth, decreased reproductive health, increased risk of obesity and comorbidities, reduced cognitive function or learning capacity, and decreased work ability and capacity. (M. A. Lestari et al., 2025) Impaired child growth is also characterized by symptoms such as very poor physical development, with a tendency toward short stature, commonly called dwarfism, caused by chronic malnutrition due to poor long-term nutritional quality. The problem of stunting is considered a case that needs to be addressed specifically, not only considering its impact on children's health, but also its impact on the development of human resource productivity trends. (B. D. Lestari et al., 2025)

Method

This research was conducted in Gajah Sakti Village, Mandau District, Duri, Bengkalis Regency, Riau Province. This research uses a qualitative research method, which involves collecting information and providing a descriptive account of a phenomenon as it exists at the time of the study. The types of data used consist of primary and secondary data. Primary data was obtained directly from in-depth interviews with the Head of Gajah Sakti Village, the PKK chairperson, PKK members, posyandu cadres, and mothers of toddlers who experienced stunting or were involved in the program's implementation. Additionally, field observations were conducted on the program implementation process and related OMASUKA activity documentation. Meanwhile, secondary data were obtained from activity reports, PKK archives, and other relevant supporting documents.

Data collection techniques were carried out thru semi-structured interviews, participant observation, and document studies. The collected data and information were then analyzed thru several stages such as data reduction, data presentation, and drawing conclusions. To test the validity of the data, this study also used source triangulation techniques, by collecting and comparing information from various informants, and technique triangulation by comparing and integrating the results of interviews, observations, and documentation.

Results and Discussion

Stunting is a chronic malnutrition problem caused by insufficient nutrient intake over a long period due to feeding that does not meet nutritional needs. Stunting can occur from the time the fetus is still in the womb and only becomes apparent when the child is two years old. Stunting, if left unaddressed, will result in stunted growth. Stunting is a public health issue associated with increased risk of illness, death, and impaired motor and mental development. Therefore, with the implementation of the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program in an effort to tackle stunting, it is hoped that the effectiveness and efficiency of the program will be achieved. Therefore, the researcher uses indicators taken from the Policy Implementation Theory

according to George Edward III, which measures based on 4 factors: communication, resources, disposition, and bureaucratic structure.

Results of interviews with the Head of Gajah Sakti Village and the PKK chairperson:

"Initially, this OMASUKA program was initiated by the District PKK. So, we from the village office were gathered at the sub-district office first, where the program was explained, the steps to be taken, and the roles of each person. We were also given an understanding of what stunting itself is, its causes, its impact on child growth and development, and why it's important to address it immediately. After that, we from the village office held a follow-up meeting at the village level. We invited the PKK mothers from Gajah Sakti village, posyandu cadres, RT/RW, and everyone involved. At that forum, we relayed instructions from the sub-district, re-explained stunting and the OMASUKA program, so that all parties could understand their duties. So, the policy is communicated directly thru meetings, so it's clear and we can also discuss any obstacles or things that aren't understood". (Gajah Sakti Village Head Kelly Fitriyana, S.H., personal communication, April 24, 2025)

Interview results with posyandu cadres:

"Yes, the coordination is usually done thru meetings or communication via mobile phone. So, we, the cadres, coordinate with each other if there are activities from the OMASUKA program, for example, if we want to distribute supplementary food or monitor children whose weight hasn't increased. Sometimes if there are mothers who are difficult to find, we help look for their addresses. Basically, we help each other out." (Tuti, Posyandu cadre, personal communication, Duri, April 22, 2025)

Results of interviews with community members/mothers of young children who are beneficiaries:

"What is OMASUKA, dear?" Oh, the person giving the food is called OMASUKA. If I'm not mistaken, it was during the posyandu (community health post) that I was told. To help children who are underweight, right? What's its name? Stunting?". (Nisa, personal communication, Duri, April 22, 2025)

"What kind of person is Omasuka? Oh, this, yes, I know the posyandu PKK mothers give PMT, right? I might have known when I was at the health post, but I don't remember it very well. If I'm not mistaken, the mothers once said what stunting is like, but they were confused about how to explain it". (Dewi, personal communication, Duri, April 22, 2025)

"I've heard of stunting before, like children with stunted growth, right? I thot it might be due to genetics, since their parents are also small. That's about all I know. If it's OMASUKA, then yes, these are the mothers who come to the house. I'm just finding out about this now. Maybe they were told about OMASUKA at the posyandu, but it seems like the mother wasn't paying attention". (Ratna, personal communication, Duri, April 22, 2025)

"Yes, I first learned about it at the posyandu, the mothers explained it to me. I still don't fully understand what stunting is. I thot it might be because the parents are small, but it could also be due to malnutrition from childhood. My own child also has a disorder because they had frequent seizures as a baby, so their growth and development are a bit slow now. But thank God, there's also OMASUKA, so we know a little bit, even tho the children's conditions are different, we still try to follow the instructions from the PKK and posyandu mothers". (Fauziah, personal communication, Duri, April 22, 2025)

Regarding communication obtained from interviews with the village head, PKK chairperson, posyandu cadres, and mothers of stunted children, it was found that information about the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program is generally obtained thru socialization activities conducted at posyandu. However, it can also be known that the majority of them are unaware of the existence of the OMASUKA program. Although they received additional food benefits provided by the PKK, they were unaware that the activity was part of the OMASUKA program. Some mothers thot that the distribution of additional food was a regular activity of the PKK and posyandu. Additionally, mothers' understanding of stunting is still limited. Some mothers only know that stunting is related to a child's small or short body size, but they don't fully and deeply understand the causes, long-term impacts, or the importance of early nutritional intervention. This minimal understanding indicates a continued lack of education provided to the program's target audience. The lack of knowledge among mothers of young children regarding both the OMASUKA program and stunting itself is one of the factors hindering the program's implementation. Because socialization has not been maximized, it has resulted in low community involvement and awareness in supporting the program's implementation.

Interview results with the Head of Gajah Sakti Village regarding facilities:

"The facilities used in the OMASUKA program are Alhamdulillah complete. There's a motorcycle used by the PKK to deliver food, and a box has already been installed on the back to hold the food. The PKK also has a special uniform, so when they come onto the field, people know. We also have scales and height measuring tools to check the children's development". (Gajah Sakti Village Head Kelly Fitriyana, S.H., personal communication, April 24, 2025)

Interview results with PKK members:

"We've also been using our personal motorcycles to help deliver food because there's only one operational motorcycle, so it's not enough for all the members. To get to the toddler's house quickly, we helped each other by each riding our own motorcycles. But the existing operational motorcycles are also old, modified old-type Supras, difficult to start and need to be kickstarted, and sometimes they suddenly break down. So, according to us, if possible, the engine of the motorcycle should be repaired or replaced so it's no longer hindered." (Desi member of the PKK, personal communication, Duri April 22, 2025)

Based on interviews with the Head of Gajah Sakti Village, it was found that various facilities are available to support the implementation of the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program, which are considered quite helpful for PKK (Family Welfare Empowerment). Some of these include motorcycles with food boxes on the back, costumes, and measuring tools like scales and height meters. Cooking equipment and cabinets are also available, supporting the activities. However, there are still obstacles felt by PKK (Family Welfare Empowerment), particularly regarding the condition of operational motorcycles that are quite old and difficult to start. Therefore, PKK (Family Welfare Empowerment) members voluntarily chose to use their personal

motorcycles to ensure food deliveries continued smoothly. Hopes were also expressed that the vehicle could be repaired or replaced to support the smooth running of the program.

If the policy implementers responsible for carrying out the program do not have adequate resources, then the policy implementation will not be effective. Because one of the important elements of resources is the availability of supporting facilities and infrastructure that support the smooth implementation of activities. In the context of the OMASUKA program, operational vehicles such as motorcycles are the primary facilities used to distribute supplementary food directly to toddlers' homes. However, it was found in the field that the operational vehicles used were old motorcycles that were difficult to start, thus slowing down the distribution process and risking disruption to the program's implementation schedule.

According to George Edward III, inadequate resources, both physically and technically, can be a hindrance to policy implementation. Infrastructure supporting program operations must be in optimal condition to ensure efficient and timely distribution and administrative activities. Good facilities not only make it easier for field workers, but also increase service speed, delivery accuracy, and minimize the potential for delays or the absence of assistance that should be received by toddlers regularly. Therefore, even tho the implementers show a high level of commitment in running the program, if limitations in facilities such as unsuitable vehicles remain a real challenge, it can reduce the quality of program implementation.

Interview results with the head and members of the Gajah Sakti Village PKK:

> *"When we were about to start the OMASUKA program, we from the PKK immediately divided tasks based on the existing working groups (pokja). Working Group 3 is tasked with the healthy kitchen section. Meireika is the one who cooks and prepares the food because the main task of Working Group 3 is to manage food and dasawisma affairs. Now, for delivering food to toddlers' homes, that's handled by Working Group 4. Kareina's main focus is in the field of health, so she also keeps an eye on the child's growth and development. We chose those who are active and willing to work so that the program can run smoothly. Thank God, the PKK mothers are also enthusiastic, and they're very motivated, especially for the children". (Gajah Sakti Village Head Kelly Fitriyana, S.H., personal communication, April 24, 2025)*

> *"The commitment we're making is definitely sincere and responsible, and we're committed to carrying it out because it's for the health of the children. I will also be present at every activity, God willing, whether it's cooking or delivering food. Yeah, let's support each other so the program runs smoothly". (Ade member of the PKK, personal communication, Duri April 22, 2025)*

In the disposition, each policy implementer in the field has demonstrated a commitment to promoting stunting prevention policies. This commitment is not only normative but is also reflected in the concrete actions of the implementers, such as active involvement in supplementary feeding activities and mentoring of stunted toddlers. The interview results also show that the process of appointing policy implementers has been carried out appropriately and according to their capacity, enabling them to perform their duties well. Regular incentives also serve as a form of motivational

encouragement to keep them consistent in carrying out the program. In Edward III's policy implementation theory, disposition includes the implementer's attitudes, commitment, and understanding of the policy content. Therefore, the progress of a program is inseparable from a strong, consistent disposition, supported by a supportive system, both structurally and in terms of work recognition. The responsive attitude of the implementers toward community needs and their sensitivity to the condition of toddlers are added value in the program's implementation. Where the implementer not only performs administrative duties but also demonstrates empathy and a sense of responsibility, indicating that disposition is not merely a technical matter but also concerns human values thru a policy.

Interview results with the Head of Gajah Sakti Village:

> *"Our SOP (Standard Operating Procedure) is in the form of an OMASUKA Decree. So, from that decree, it's clear who is appointed to run the program, what their tasks are, and how the implementation will be. Even with that decree, the implementation of the OMASUKA program to address stunting has been able to proceed in a focused manner, because we also coordinate regularly to ensure that each person's tasks remain aligned". (Gajah Sakti Village Head Kelly Fitriyana, S.H., personal communication, April 24, 2025)*

In implementing the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program, the village office uses the Decree (SK) as the main reference for the implementers. Thru that document, it was determined who was involved and their respective roles. Additionally, the coordination carried out also helped ensure that each activity stayed on track without overlapping tasks.

The research found that the implementation of the OMASUKA program is running quite well in Gajah Sakti Village. TP-PKK, posyandu cadres, and the village government can coordinate effectively. Communication between program implementers is running smoothly thru face-to-face meetings and online media. This program educates the public that stunting is not solely due to genetics, but is caused by chronic malnutrition that can be prevented by providing healthy food from an early age. Two-way communication between implementers and beneficiaries strengthens community trust. The implementers also received feedback from mothers regarding difficulties such as children not liking vegetables, and used this as a basis for evaluation. The OMASUKA program provides supplementary feeding (PMT) with less consistency, initially three times a week, now only twice or even once a week. Then, anthropometric measurements (height, weight, and head circumference) were taken monthly to monitor the development of toddlers. Most children who were initially classified as stunted showed an increase in weight and height after participating in the program. This demonstrates the program's effectiveness in improving the nutritional status of toddlers.

The obstacles or problems encountered in implementing the program, based on field findings, are that many mothers of young children are unaware that the supplementary feeding

activities they receive come from a program called OMASUKA. This lack of knowledge indicates that the process of socialization or communication regarding the program's intentions, goals, and identity has not been optimal. Then, the scheduling conflicts with other activities also affected the program's implementation. The limited time of parents, children who are difficult to feed, and the difficulty in reaching some residents' homes during bad weather or when vehicles are broken down are also challenges. And the program implementation is less consistent or not carried out regularly. Initially, the program was implemented three times a week, but currently, it is sometimes only once or twice a week. The attitude of TP-PKK cadres and officers can be an added value to the implementation of a program. They perform their duties with a high level of commitment and a friendly, patient, and communicative approach. Parental education, especially the mother's, has been proven to have a significant influence on nutritional understanding and parenting styles. Low levels of education lead to a lack of awareness about the importance of nutritious food and environmental hygiene.

Conclusion

Based on the discussion regarding the Implementation of the OMASUKA (Mandau Special Healthy Food Motorcycle Taxi for Toddlers) Program by TP-PKK in Overcoming Stunting in Gajah Sakti Village, Mandau District, Bengkalis Regency, using George Edward III's theory consisting of four indicators: communication, resources, disposition, and bureaucratic structure, which the researcher used in this study, it was found that in implementing the OMASUKA program policy, the village, TP-PKK, and posyandu cadres can communicate and coordinate well with each other, where each party understands their roles and responsibilities based on the agreed-upon structure and division of tasks. However, there are still several obstacles that reduce the program's effectiveness, including less-than-optimal communication with mothers of young children/beneficiaries, leading to a lack of awareness and understanding among mothers of young children about the program or the meaning of stunting or the program itself. Then there's the inconsistency in program implementation, which doesn't prioritize the urgency of the program's objectives. Resources such as the people involved in program implementation appear capable, where policy implementers, in addition to providing nutritious and healthy food, also offer information and education on what truly constitutes nutritious food. The implementation of the OMASUKA program (Mandau Special Healthy Food Ojek for Toddlers) was also facilitated with several tools to support the program's implementation, such as operational motorcycles, food boxes, height measurement tools, and cooking utensils. However, the facilities provided were not fully adequate, especially for operational vehicles, as the vehicles were quite old. In addition, the TP-PKK (Family Welfare Empowerment Movement Team) and Posyandu, as policy implementers, are also placed and assigned according to their respective fields, from data collection and cooking to delivering food to toddlers. The hard work of the TP-PKK is also appreciated with the provision of incentives that are also useful for supporting the quality of

their work. And even tho they are still figuring out the programs and understanding what stunting itself is, the community/mothers of young children experiencing stunting are still taking the issue seriously. During the implementation of the OMASUKA (Mandau Special Healthy Food Ojek for Toddlers) program, it is also carried out based on the Standard Operating Procedure (SOP) from the Decree (SK) which serves as a guideline for carrying out activities, well-coordinated to ensure that every action in the effort to tackle stunting thru this program runs smoothly and reaches the target.

The conclusion of this research indicates that OMASUKA is a quite influential program model because it integrates educational, social, and direct service aspects into a structured and community-based system. However, this study also has limitations, namely that the scope of this study is only focused on one village, so the results cannot yet fully describe the conditions elsewhere. Additionally, the data obtained only came from interviews with program implementers and beneficiaries, so it did not yet include the perspectives of healthcare workers or other policymakers. Therefore, future research is recommended to expand the study's scope to other regions, involve a larger number of informants including healthcare workers, and potentially use a quantitative approach to provide a more comprehensive picture of the effectiveness of the stunting reduction program.

The advice that can be given regarding the implementation of the OMASUKA program by the TP-PKK in tackling stunting in Gajah Sakti village, Mandau sub-district, Bengkalis Regency, is for the TP-PKK and posyandu cadres of Gajah Sakti village, who are closer to the community, to continuously provide information or education regarding the dangers of stunting, how to prevent and overcome it, and what forms of nutritious food the child's body needs. For beneficiary mothers and young children, it is hoped that they will be more open to receiving information and education provided by program implementers, such as counselling on nutrition, health, or parenting patterns. If there's something you don't understand, don't hesitate or be shy to ask, because correct understanding is very important to support a child's growth and development.

Acknowledgent

The author would like to thank all those who have provided support, assistance, and input in the research process and writing of this article.

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