



Association between nutrition intervention program indicators and stunting prevalence among toddlers in Indonesia

Hubungan antara indikator program intervensi gizi dan prevalensi stunting pada balita di Indonesia

Syuja' Rafiqi Arifin¹, Ikeu Tanziha^{2*}, Fatimah Zuhra³, Nada Nabilla Hadi⁴ Aripin Ahmad⁵

¹ Nutrition Study Program, Faculty of Ecology Human, IPB University, Bogor, Indonesia. E-mail: syujarafiqi@gmail.com

² Nutrition Study Program, Faculty of Ecology Human, IPB University, Bogor, Indonesia.

E-mail: Ikeu.jamilah@apps.ipb.ac.id

³ Nutrition Study Program, Faculty of Ecology Human, IPB University, Bogor, Indonesia.

E-mail: fatimahzuhra0503@gmail.com

⁴ Nutrition Study Program, Faculty of Ecology Human, IPB University, Bogor, Indonesia.

E-mail:

nadanabillahadi21nada@apps.ipb.ac.id

⁵ Department of Nutrition, Health Polytechnic, Ministry of Health Aceh, Indonesia.

E-mail: aripinturime@gmail.com

*Correspondence Author:

Nutrition Study Program, Faculty of Ecology Human, IPB University, Bogor, Indonesia.

E-mail: Ikeu.jamilah@apps.ipb.ac.id

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Abstract

The prevalence of stunting in Indonesia remains high, reaching 21,6% by 2022. The government has established a stunting reduction strategy using 11 specific nutrition intervention indicators and one sensitive nutrition intervention indicator. However, the implementation of these programmes is suboptimal. This study aimed to identify the nutritional factors that influence the reduction in stunting and evaluate the effectiveness of nutrition intervention programs on the prevalence of stunting. The study utilized a cross-sectional design with Spearman correlation analysis to examine the relationship between intervention indicators and stunting prevalence, and linear regression analysis to assess their impact. The results showed significant indicators ($p < 0,05$) included antenatal care performed six times ($r = -0,666$), iron tablet supplementation for pregnant women ($r = -0,362$), exclusive breastfeeding ($r = -0,501$), growth monitoring of toddlers ($r = -0,386$), treatment of malnourished children ($r = -0,503$), complete basic immunizations ($r = -0,404$), adolescent health screenings ($r = -0,394$), adolescent iron tablet supplementation ($r = -0,441$), and open defecation-free villages ($r = -0,448$). In conclusion, increased program coverage correlated with a decrease in stunting prevalence, with antenatal care (ANC) interventions showing the strongest correlation.

Keywords: Stunting prevalence, Nutrition intervention, Specific and sensitive indicators

Abstrak

Prevalensi stunting di Indonesia masih tinggi, mencapai 21,6% pada tahun 2022. Pemerintah telah menetapkan strategi penurunan stunting melalui 11 indikator intervensi gizi spesifik dan satu indikator gizi sensitif. Namun, implementasi program dianggap belum optimal. Penelitian ini bertujuan mengidentifikasi faktor gizi yang memengaruhi penurunan stunting dan mengevaluasi efektivitas program intervensi gizi terhadap prevalensi stunting. Desain penelitian menggunakan studi cross-sectional dengan uji korelasi Spearman untuk menganalisis hubungan antara indikator intervensi dan prevalensi stunting, serta uji regresi linear untuk mengukur pengaruhnya. Hasil menunjukkan indikator signifikan ($p < 0,05$) mencakup antenatal care sebanyak 6 kali ($r = -0,666$), pemberian tablet tambah darah untuk ibu hamil ($r = -0,362$), pemberian ASI eksklusif ($r = -0,501$), pemantauan tumbuh kembang balita ($r = -0,386$), pengobatan balita gizi buruk ($r = -0,503$), imunisasi dasar lengkap ($r = -0,404$), skrining remaja putri ($r = -0,394$), konsumsi tablet tambah darah remaja ($r = -0,441$), dan desa bebas buang air besar sembarangan ($r = -0,448$). Kesimpulan, peningkatan capaian program intervensi gizi berkorelasi dengan penurunan stunting, intervensi *antenatal care* (ANC) memiliki korelasi terkuat.

Kata Kunci: Prevalensi stunting, Intervensi gizi, Indikator spesifik dan sensitif

Introduction

Stunting is a global health problem that requires significant attention. In 2020, 45% of deaths in children below five years of age were caused by malnutrition, and stunting has become the most prevalent type of malnutrition (Fufa, 2022). The global prevalence of stunting by 2022 is expected to be 22,3% (WHO, 2023). It not only occurs in low-income countries, but also in developing and developed countries. The prevalence of stunting in low-income countries (16%), low-income countries in the lower middle class (47%), countries with intermediate and higher incomes (27%), and countries with high incomes (10%) (Beal, 2018). Malnutrition in Indonesia post-COVID-19 remains a serious challenge, particularly at the household level, where it affects parental income systems and the fulfillment of family needs, especially children's nutritional requirements (Sesa et al., 2022). The pandemic has worsened nutritional status, leading to reduced access to healthcare and adequate nutrition services as well as exacerbating household economic conditions, which in turn has resulted in increased malnutrition and stunting (Cardarelli et al., 2024; Osendarp et al., 2021). Additionally, climate change, which causes uncertainty in food supply, and global economic instability play significant roles in increasing food insecurity and exacerbating malnutrition issues (Agostoni et al., 2023; Godde et al., 2021). Therefore, understanding the impact of these current factors is crucial for designing effective policies to address stunting and malnutrition in Indonesia, which is becoming increasingly urgent in the face of these ongoing challenges.

According to Indonesian Nutrition Status Study data for 2022, the prevalence of stunting in Indonesia is 21,6% (Kemenkes RI, 2022). This figure is higher than that of countries in other Southeast Asian regions such as Brunei Darussalam (10,9%), Vietnam (19,3%), and Thailand (11,8%) (WHO, 2023). Based on the national medium-term development plan target for 2024, the prevalence of stunting is expected to be 14%. A strong commitment, multi-stakeholder convergence at all levels, and support for each other, as they have shown so far, is necessary (BKKBN, 2021). Stunting in toddlers shows poor linear growth over the period of importance, while there are long-term consequences period long term on the incidence of stunting, including a decrease in health status,

poor child development, low cognitive capacity, and ability demonstrated by the results of low academics, risk of infection, and non-communicable diseases until the number of deaths (Beal, 2018). If it is not handled well, it will give rise to bigger problems, such as loss of generation (Pradnyawati & Ratna, 2022).

To overcome nutritional problems, in 2010 the United Nations (UN) launched the Scaling Up Nutrition (SUN) program by the government and society to create vision-free food insecurity and malnutrition (zero hunger and malnutrition) by strengthening awareness and commitment to guarantee people's access to nutritious food. The Indonesian scaling-up nutrition movement is known as the National Movement for the Acceleration of Nutrition Improvement on Day One Life (1000 days of birth movement), with the foundation of Regulation President Number 42 of 2013 concerning the National Movement for Acceleration of Nutrition Improvement (Bappenas, 2012). The government has established an acceleration strategy reducing stunting through 11 specific intervention indicators and nine sensitive intervention indicators (Presidential Decree 71 of 2021), several indicators have not been achieved the target. Studies conducted in Aceh have shown that the coverage of specific and sensitive indicators did not meet the target set (Muliadi et al., 2023). Basic health research in 2018 also showed several specific and sensitive intervention program coverage, such as services postpartum, participation insurance health, and defecation practices, with maximum carelessness, but several other program indicators, such as immunization complete basics, use of tools contraception, and access to clean water and systems proper sanitation still not maximum (Kemenkes RI, 2018b).

The importance of identifying and analyzing the impact of national nutrition intervention programs on stunting in this study lies in several key factors that are fundamental to the effectiveness and sustainability of efforts to address malnutrition issues in Indonesia. Although various programs have been launched by the government and related agencies, significant gaps still exist in achieving the stunting target reduction. Therefore, an in-depth analysis of the impact of nutrition programs on stunting prevalence will provide clearer insights into the effectiveness and challenges faced in

implementing these policies across different regions (BKKBN, 2021).

Therefore, it is important to analyze the effectiveness of health sector programs in the prevention of direct (specific) and indirect (sensitive) nutritional problems. This study aimed to determine the relationship between coverage of specific and sensitive nutrition program indicators on the prevalence of stunting in children and toddlers in Indonesia to determine the effectiveness of existing programs carried out as an effort to accelerate reduction in stunting over time.

Methods

This is a type of quantitative research that uses a cross-sectional study design to analyze the percentage coverage of specific intervention program indicators and sensitive interventions, as well as the relationship with the prevalence of stunting using Spearman's correlation. This test was followed by a linear regression test to determine the influence of nutritional program indicators on the prevalence of stunting. The collection technique was based on reports of nutritional performance indicators and national medium-term development plans reported by the health services of each province in Indonesia. The data were collected between August 2023 and January 2024. The location for data processing and analysis in this study will be IPB University during the period of April-June 2024.

The data in this study used secondary data, such as nutritional indicator reports and national medium-term development plans as of January 31, 2024, of the Ministry of Health of the Republic of Indonesia in 38 Indonesian provinces, where stunting prevalence figures were the focus of this research. The entire sample of this inclusion criteria for this study were (1) availability of data on stunting prevalence and (2) availability of data on coverage of specific and sensitive interventions.

In this research, the dependent variable was the prevalence of stunting taken from nutritional performance indicator report data and The National Medium-Term Development Planning as of January 31, 2024. Variable independence in this study is the percentage of coverage of specific intervention program indicators taken from data on nutrition performance indicators and the National

Medium-term Development Planning Reports as of January 31, 2024, which include adolescent daughters grades 7 and 10 who are screened for anemia, young woman taking blood supplementary tablets, mother pregnant who receive inspection 6th pregnancy or antenatal care (ANC), mother pregnant women taking blood supplementary tablets of at least 90 tablets during pregnancy, providing supplementary feeding to the chronic energy deficiency (CED) pregnant woman, exclusive breastfeeding, monitoring grow toddler development, supplementary feeding for malnourished toddlers, malnourished toddlers receiving treatment, complete immunization, and village numbers stop defecation carelessly (defecation). Next, we compared the coverage of intervention program indicators for each province with national targets.

Data processing began with a data-cleaning step to ensure the validity and reliability of the data used. At this stage, missing values are identified and addressed, whereas outliers are analyzed using methods such as the interquartile range (IQR) or visualizations, such as box plots. Based on the data collected by the researchers, the dataset was complete.

The next step was correlation analysis using the Spearman test to evaluate the relationship between the coverage of intervention indicators and stunting prevalence. This test provides an overview of whether the increased coverage of indicators correlates with a reduction in the prevalence of stunting. Additionally, a linear regression analysis was performed to assess the extent to which each indicator significantly affected the prevalence of stunting. Indicators with a significant influence were determined based on p-values ($p < 0.05$) and regression coefficients. Data visualization is an essential part of this process to facilitate the interpretation of results. The p-values and correlation coefficients were used to determine the relationship between intervention indicators and stunting prevalence.

Result and Discussion

The provinces with the highest prevalence of stunting were West Sulawesi (26,2 %), Mount Papua (21,2 %), South Papua (19,3 %), and the lowest prevalence of stunting was South Sumatra Province (1,5 %), with an average prevalence of 6,9% in Indonesia. The prevalence

of stunting in Indonesia decreased by 9,2%, followed by a decrease in the prevalence of stunting in every province.

The prevalence of stunting in Indonesia has decreased over the last decade, and the reduction in the prevalence of stunting has met the achievement target. So far, the Indonesian government has made significant efforts to overcome one of the stunting problems by approaching and strengthening the cross-sector, both vertically and horizontally. Apart from a vertical approach, the Indonesian government also implements its approach horizontally, involving coordination between fields at every government level. Government districts/city areas play a key role in formulating policies, programs, and financing for stunting prevention interventions (Ulfah & Nugroho, 2020; Al Rahmad et al., 2024). In an attempt to accelerate stunting reduction in Indonesia was then regulated in Presidential Decree No.71 of 2021, concerning acceleration-reducing stunting. Even though stunting has decreased in Indonesia, it is a complex challenge because of the unequal distribution of source power, access to health services, political instability, and problems with ongoing food security in Indonesia (Bappenas, 2023). Hence, important sustainability measures are taken to overcome stunting in the context of the development of health and development

men in a way that is both overall and sustainable (de Onis & Branca, 2016).

The relationship between specific and sensitive indicator coverage and stunting prevalence

The indicators related to the incidence of stunting were pregnant mothers who received six inspections (ANC) ($p= 0,000$), providing supplementary feeding to pregnant women with CED ($p= 0,025$), exclusive breastfeeding ($p= 0,001$), monitoring growth and development of toddlers ($p= 0,017$), malnourished toddlers who received care ($p= 0,001$), complete basic immunization ($p= 0,012$), adolescent daughters 7th and 10th grade screened ($p= 0,015$), adolescent daughters who consumed supplement iron ($p= 0,006$), and the village of stop defecation ($p= 0,005$). The indicators had the most significant relationship with the incidence of stunting in mothers who received six inspections (ANC) ($r= -0,666$), exclusive breastfeeding ($r= -0,501$), and malnourished toddlers who received treatment ($r= 0,503$) (Table 1). This can be interpreted as the higher the program achievement, the lower is the prevalence of stunting. In addition, the indicator that has the most influence on the prevalence of stunting is the mother who receives an inspection six times (ANC) ($p=0,004$)

Table 1. Correlation test results between the coverage of specific and sensitive nutrition program indicators and prevalence of stunting in Indonesia.

Specific and sensitive nutrition program indicators	p value	Correlation coefficient (r)
Pregnant women get it 6 times inspection (ANC)	0,000*	-0,666
Giving blood supplementary tablets to the mother pregnant	0,025*	-0,362
Supplementary feeding to CED pregnant mothers	0,091	-0,278
Exclusive breastfeeding	0,001*	-0,501
Monitoring growth and development toddlers	0,017*	-0,386
Supplementary feeding in malnourished toddlers	0,295	-0,174
Malnourished toddlers receive treatment	0,001*	-0,503
Immunization complete basics	0,012*	-0,404
Adolescent daughter grades 7 and 10 were screened	0,015*	-0,394
Young woman taking blood supplementary tablets	0,006*	-0,441
Village stop defecation	0,005*	-0,448

(*) Program indicators are significant at $p<0,05$.

Table 2. Regression test results between the coverage of specific and sensitive nutrition program indicators and the prevalence of stunting in Indonesia

Spesific and sensitive nutrition program indicators	Unstrandardized		Standardize	t	p-value
	Coefficient	Std.eror	Coefficient		
	B	Std.eror	Beta		
Constanta	31,998	8,556		3,740	0,001

Pregnant woman get 6 times inspection (ANC)	-0,239	0,076	-0,893	-3,162	0,004*
Blood supplementary tablets to pregnancy woman	-0,083	0,078	-0,158	-1,064	0,296
Exclusive breastfeeding	0,005	0,084	0,016	0,057	0,955
Monitoring growth and development toddlers	-0,104	0,064	-0,301	-1,638	0,113
Malnourished toddlers receive treatment	0,025	0,064	0,086	0,391	0,698
Complete basic immunization	0,021	0,070	0,078	0,306	0,762
Adolescent daughter grades 7 and 10 were screened	0,020	0,047	0,105	0,424	0,675
Young woman taking blood supplementary tablets	0,061	0,075	0,263	0,813	0,423
Village stop defecation program	-0,025	0,046	-0,110	-0,546	0,589

(*) Program indicators are significant at $p < 0,05$.

The results of the analysis showed that of the 11 indicators related to the incidence of stunting were ANC, blood supplementary tablets to the pregnant mother, exclusive breastfeeding, monitoring the growth and development of toddlers, malnourished toddlers receiving treatment, immunization basic complete, teenager daughter grades 7 and 10, young women who consumed blood supplementary tablets, and stopped defecation. The indicators that had the most significant relationship with the incidence of stunting were ANC, exclusive breastfeeding, malnourished toddlers who received treatment, and villages that stopped defecation. The coefficient correlation shows a negative mark; that is, the higher the program achievement, the lower the prevalence of stunting. In addition, ANC is an indicator of stunting prevalence.

ANC is a treatment or care program provided to pregnant mothers before they give birth to them. ANC aims to facilitate positive results for the mother pregnant and the infant upright connection and trust with the mother, detect potentially threatening complications, prepare for birth, and provide health education. ANC is an effort made to prevent maternal morbidity and mortality during pregnancy by assessing the age of the pregnancy, preventing premature birth, judging abnormal genetics, supplementation of sour folate to lower neural tube defects, managing maternal anemia during pregnancy, and managing infectious and non-communicable diseases (Agustini et al., 2023).

In this study, it was found that ANC has a significant connection with the incidence of stunting and has the strongest influence compared to other indicators. This is because

maternal pregnancy is a nutritionally vulnerable group that requires special attention. The long-term impact of malnutrition during pregnancy is a disruption in the fetal growth process and causes low birth weight and stunting (Fitri, 2018; Nasriyah & Ediyono, 2023). Children with low birth weight accompanied by consumption of inadequate food, inadequate health services, and often infection during growth lead to obstructed growth and yield stunted children (Arif et al., 2022; Tsasbita et al., 2023).

Improving the provision of Antenatal Care (ANC) services in rural areas or regions with limited resources can be achieved through policy approaches that support access to healthcare services. Governments can provide incentives for healthcare workers to serve in remote areas and integrate ANC services with community-based health programs to reach pregnant women effectively. Additionally, it is essential to develop basic infrastructure, such as transportation and telecommunications, to facilitate access to healthcare facilities. The use of technology such as mobile health applications can assist in remote pregnancy monitoring and health education delivery. Community health education programs involving local leaders should be promoted to raise awareness and encourage pregnant women to participate in ANC programs. Cross-sector collaboration, including with non-governmental organizations, can strengthen available resources and ensure that quality ANC services are accessible to all segments of the population (Rahman et al., 2023; Suriati et al., 2024). Early examination is beneficial in combing abnormalities that may occur during pregnancy (Grande et al., 2012). In addition, ANC can manage non-communicable

diseases that may already be present, such as diabetes or hypertension, and provide instructions for lifestyle modification at high-risk levels, such as smoking, alcohol consumption, drug abuse, obesity, malnutrition, and workplace exposure. ANC can be detected and treated early if it is performed immediately, regularly, or completely. In addition, there is a need for ANC services that are easy to reach and good quality services that meet standards (Miko & Rahmad, 2017; Sinaga, 2018).

Exclusive breastfeeding interventions were significantly associated with the incidence of stunting. Research conducted by Asprika (2023) explained that exclusive breastfeeding is closely associated with the incidence of stunting (Asprika, 2023). Breast milk is the best food source for infants immediately after birth (Martin et al. 2016). According to the WHO, exclusive breastfeeding provides only breast milk to infants until 6 months of age, without fluid supplements or food. Breast milk can be administered until the baby is 2 years old (WHO, 2020). Successful breastfeeding requires correct information and strong support to create an enabling environment in which mothers can breastfeed optimally. Although breastfeeding is a decision for mothers, it is strongly supported by fathers, family members, friends, the workplace, and the society. As breastfeeding involves the mother and those closest to him, the protection of social gender-equitable parenting is very important. Protection of social gender-equitable parenting includes several things, such as leaving pregnancy/birth for mothers and fathers, even paid leave, and workplace support, which can help create an environment that allows breastfeeding in both the formal and informal sectors (Kemenkes RI, 2018a).

This study showed a significant relationship between monitoring the growth and development of toddlers and the incidence of stunting. According to research (Nisa et al., 2022), one form of health behavior is attendance participation in the community-based preventive and promotive care program by bringing children to have their weight weighed at the integrated health service post regularly every month from one month to five years. The level of community participation in integrated health service posts was measured by comparing the number of toddlers who came and were weighed with the number of toddlers in the integrated health service posts. Weighing coverage results are one of the tools for

monitoring toddler nutrition, which can be monitored by the resulting body weight recorded on a health card called a card for health. Monitoring the growth of toddlers is part of routine monitoring activities for the growth and development of nutrition and health services at community health centers. However, to empower and provide convenience to society in obtaining health services, monitoring activities of growth toddlers are carried out at integrated health service posts as a form of community resource health efforts.

Malnutrition in toddlers influences their growth and development, cognitive disturbances, and the risk of degenerative diseases later in life. Care for toddlers experiencing malnutrition can be done in two ways: care road if a child aged 6-59 months has good appetite without any complications, and care stay if babies aged 0 months to < 6 months who are malnourished and toddlers 6-59 months with complications and/or >3 kg or with a body weight <4 kg. The implementation of treatment for malnutrition in toddlers is to provide energy and useful nutrients to prevent and overcome hypoglycemia; prevent and treat dehydration; overcome the lack of micronutrients, vitamins, minerals, and electrolytes; and restore health and nutritional status in toddlers (Kemenkes RI, 2019). Previous research in Sindang Village, Indramayu Regency, shows that connection maintenance health includes monitoring body weight and length against stunting (Putri, 2020). Availability of adequate health services is a determinant factor in the incidence of stunting, which is related to easy access to health obtained by the community (Beal et al., 2018).

This research explains that there is a significant relationship between immunization complete basis for the incidence of stunting. Research (Theresia, 2022) states that immunization complete basics help push catch-up growth lagging behind children who experience stunting if stunted children receive immunization base complete dose, and the child will have the same IgG levels as non-stunted children who receive immunization complete basics. Other research also explains that toddlers who do not have a history of complete baseline immunization are at greater risk of experiencing stunting due to their own immunity and weak bodies (Mutasa, 2022; Permatasari, 2023). According to the regulations of the Minister of

Health of the Republic of Indonesia Number 12 of 2017, immunization is an attempt to stimulate systemic immunology to form specific antibodies or (immunity), so it can protect the body from disease attacks; currently, the government encourages an increase in acceptance coverage for complete immunization (Kemenkes, 2022).

School-aged teenage girls are at risk of anemia or loss of iron from their bodies. This is because teenage daughters entering puberty experience rapid growth, poor eating patterns, and poor food intake, as well as loss every month, which is menstruation. Anemia screening in adolescent daughters is an intervention carried out to prevent anemia or iron deficiency in adolescent daughters. Nutrition and health interventions must be conducted at every stage of life to achieve optimal health and should be carried out continuously starting in the preconception, pregnancy, neonatal, infant, toddler, child period, school age, and teenagers. The prevention of nutritional problems in young women is important because it can influence the quality of the next generation. Screening for anemia in adolescent daughters is important to prevent anemia and monitor anemia prevention activities in adolescent daughters. Iron is important for the growth and development of the cell body, especially during adolescence (Kemenkes RI, 2018c).

According to this study, the program provides supplementary blood tablets to teenage daughters, and pregnant women have a significant correlation with the prevalence of stunting. Adolescent daughters are vulnerable to malnutrition. While experiencing menstruation, the blood will keep coming out, so it needs nourishment, especially the nutrient substance iron, to help with hemoglobin production. Iron deficiency influences teenagers' growth and development by inhibiting linear growth (Lestari et al., 2023). Adolescent daughters are generation-decider successors to future generations. Anemia in teenagers tends to persist until pregnancy (Chitekwe et al. 2022).

Providing a minimum of 90 (nine tens) blood supplementary tablets during pregnancy is necessary to meet the iron intake requirements during pregnancy to prevent anemia and prepare healthy births. Efforts to prevent anemia in mothers' pregnancies are carried out by administering one supplementary blood tablet every day during pregnancy, at least

90 tablets, starting as early as possible and continuing until the postpartum period. Providing blood supplementary tablets every day during pregnancy can reduce the risk of maternal anemia by 70 % and iron deficiency by 57% (Kemenkes RI, 2018a). Therefore, supplementary blood tablets given to candidates' brides, mothers, and teenage daughters are an important effort between the government and society to prevent stunting incidents.

The defecation indicator, haphazard, is a sensitive or indirect intervention program. This study found a strong relationship between the achievement of defecation indicators and stunting incidents. According to the UNICEF and WHO, more than 370 Indonesian toddlers died due to haphazard defecation. Research in Lumajang District explains one of the hygiene indicators at the household level, namely, the practice of defecation, connected significantly with the incidence of stunting (Astutik, 2018). The results of research in North Ethiopia show that as many as eight out of 41 household toddlers still practice stunting while defecating in the river. The household scope is the one who chooses to defecate in the river, which is quite close to the house, is a means of entry, and *Escherichia coli* causes infectious diseases and diarrhea in toddlers (Mulu, 2022). Causes of defecation practices, the availability of latrines, and quality-owned toilets, research conducted in East Nusa Tenggara stated that there exists a connection between quality latrines against stunting incidents and increasingly bad quality toilets, so the higher the prevalence of stunting, attention to quality latrines needs to be implemented in an effort to change behavior in preventing stunting (Prabawa & Maulida, 2023).

Unproven indicators in a way statistics related to the prevalence of stunting are the feeding program addition to toddlers and pregnant mothers with CED. This was caused by the low achievement of program targets for providing supplementary feeding to toddlers and pregnant mothers with CED. The low achievement of the supplementary feeding indicator target could be caused by the lack of good facilities and infrastructure in the distribution (Astani et al., 2023; Sugianti, 2018). Inaccuracy targets because recipients share it with family or other people, there are no good recording and reporting activities regarding power receiving on time-consuming packages,

and the lack of public knowledge is also a cause of targets not being achieved (Doren et al., 2019; Jayadi et al., 2021). In addition, the implementation of the program was not carried out according to the instructions of The Ministry of Health, which states that it is given 90 days successively (Fitriana et al., 2020).

Conclusion

There is a relationship between specific and sensitive nutritional intervention program indicators and the prevalence of stunting among children under five years of age in Indonesia. Nutritional intervention program indicators that have the most significant relationship with the prevalence of stunting are ANC, exclusive breastfeeding, and malnourished toddlers who receive maintenance. An intervention program indicator that is not related to the incidence of stunting is the provision of supplementary feeding to pregnant mothers with CED and giving supplementary feeding to malnourished toddlers. Additionally, ANC had the greatest influence on the prevalence of stunting.

It is important to increase the coverage of specific and sensitive interventions through reinforcement roles across related sectors by increasing the coverage of program services related to specific and sensitive interventions as well as strengthening team acceleration by reducing stunting in each province.

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