



IMPLEMENTATION OF STUNTING REDUCTION POLICY IN KLUET SELATAN

Ferdi Riansyah¹, Said Usman², Reka Julia Utama³, Mhd.

Hidayattullah⁴

¹ Bina Bangsa Getsempena University

² Syiah Kuala University

⁴ Abulyatama University

* Corresponding Author: ferdi@bbg.ac.id

ARTICLE INFO

Article history:

Received

Revised

Accepted

Available online

Keywords : Stunting, policy, prevention

ABSTRACT

The incidence of stunting (short toddlers) is a major nutritional problem in Indonesia. Stunting is a form of growth and development failure that causes linear growth disorders in toddlers due to the accumulation of nutritional deficiencies that last for a long time, starting from pregnancy until the age of 24 months. The aim of the research is to determine the implementation of policies to reduce stunting in South Kluet District, South Aceh Regency. This research was conducted in South Kluet District, South Aceh Regency, Aceh Province. The number of informants in this research was 3 people. Study This use type study qualitative with data collection methods,

namely in-depth interviews, observation and documentation. The results of the research show several themes, including improving the nutritional quality of individuals, families and communities, carrying out joint actions or breakthroughs to reduce stunting, efforts to reduce stunting using health and nutrition education strategies through family independence, accelerating the reduction of stunting carried out through the Healthy Living Community Movement (GERMAS).), the 1000 HPK movement to accelerate stunting reduction, implementation in stunting reduction and obstacles in implementing stunting reduction.

This is an open access article under the [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/) license.
Copyright © 2021 by Author. Published by Syiah Kuala University



INTRODUCTION

The nutritional problem of stunting (short toddlers) is a crucial nutritional problem, especially in poor and developing countries. Stunting is a form of growth and development failure that causes linear growth disorders in toddlers due to the accumulation of nutritional deficiencies that last for a long time, starting from pregnancy until the age of 24 months. Malnutrition during a child's growth and development at an early age will hinder physical development, increase morbidity, hinder the child's mental development, and even cause death. Toddlers who experience stunting nutritional

problems have a risk of decreasing intellectual abilities, productivity, and the possible risk of experiencing degenerative diseases in the future.

Globally, the stunting rate in 2000 was 32.6 % . When compared with the stunting figures in 2019, there were around 150.8 million or 22.2% of toddlers who were stunted. Of the total figure, half of the toddlers who experience stunting, namely 55%, with a total of 83.6 million toddlers who experience stunting, come from Asia. Meanwhile, more than a third come from Africa with a percentage of 39%.

Globally, policies in overcoming the problem of reducing the incidence of stunting must be focused on the First 1000 Days of Life (HPK) or what is called Scaling Up Nutrition (SUN) up to 24 months of age. The World Health Organization (WHO) recommends a 3.9% reduction in stunting per year to meet the stunting reduction target by 2025, namely 40%. Throughout the life cycle, interventions carried out must involve various levels of both the health and non-health sectors, such as government, private sector, civil society, the United Nations (UN) through collective action in increasing nutritional improvements, both specific (short-term) interventions and sensitive (long-term) intervention.

The incidence of stunting (short toddlers) is a major nutritional problem faced by Indonesia. Based on the Nutritional Status Monitoring (PSG) over the last three years, short toddlers have the highest prevalence compared to other nutritional problems such as malnutrition, thinness, and even obesity. The prevalence of stunting under five children experienced ups and downs starting from 2015, namely 29.0%, decreasing in 2016, namely 27.5%, and increasing in 2017 to 29.6% (Ministry of Health of the Republic of Indonesia, 2018). And based on Basic Health Research (Riskesdas) data, it shows that the proportion of stunting among children with short and very short nutritional status in Indonesia has decreased from 37.2% in 2013 to 30.8% in 2018 (Riskesdas, 2018).

Prevention and control of stunting requires holistic and integrated efforts. Presidential Regulation Number 42 of 2013 is one of the strategies in *Scaling Up Nutrition* (SUN) involving various sectors which must be addressed with strong coordination from both the central and regional levels. Dissemination of information and advocacy to stakeholders and other stakeholders in various cross-sectors at the same level and training and education efforts need to be carried out for structural levels to be able to explain and carry out empowerment in improving the nutritional status of the community. Furthermore, an important intervention is strengthening the 1000 HPK which is part of the culture in the social life of society, conducting short courses in knowledge and

education for mothers before pregnancy or before becoming a bride (to-be bride) as a provision for mothers in pregnancy to maintain the cognitive growth and development of the fetus starting from first trimester of formation.

Even though there have been many evolutions and countermeasures carried out by the government and stakeholders in an effort to reduce the stunting rate, especially in Indonesia, in fact currently stunting is still occurring and the figure is still far from expectations, in Indonesia itself in 2023 the stunting rate will be recorded at 21.5%/live birth, in Aceh province the stunting rate decreased from 25.1% in 2022, but in 2023 there was a slight decrease, namely 21.71%. Even though it has decreased, the districts in Aceh province are still one of the contributors to stunting rates, one of which is South Aceh district which is the fifth contributor to stunting out of 23 districts in Aceh province in 2022. South Aceh district has a stunting rate of 34 in 2022. 8% in 2023 will decrease to 5.03%, although there has been a significant decrease, but still the problem of stunting has not been 100% completely reduced. One of the sub-districts in South Aceh district is also still detecting an increase in stunting rates, namely South Kluet Sub-district with the number of cases detected in 16 children under five in 2023 who were detected as experiencing stunting.

Based on the results of the initial survey interview, an indirect factor of stunting is the public's knowledge that stunting is not a crucial problem that must be addressed but rather that stunting occurs due to hereditary or genetic factors. This assumption is supported by direct factors in the behavior of people who do not implement exclusive breastfeeding, namely by providing food at the beginning of birth, such as giving bananas, honey, sugar, etc., as well as unequal distribution of additional food. Apart from that, other factors are the health status of infectious diseases such as acute respiratory infections (ARI) and diarrhea and not being given fe tablets, and nutritional preparation for pregnancy with catin, this causes the number of stunting cases in Kluet Selatan sub-district to still not reach the target set by WHO. .

Based on a statement from one of the employees at the village office in South Kluet sub-district, he stated that stunting reduction had not been maximally socialized to village officials, so efforts to reduce stunting were not running optimally.

Based on the explanation above, researchers are therefore interested in conducting research with the title "Analysis of the Implementation of Stunting Prevention Policies in South Kluet District, South Aceh Regency in 2024"

RESEARCH METHODS

This research uses this type of research qualitative . The data collection methods used in this research are in-depth interviews, observation, and documentation. The number of informants in this research was 3 people . This research was conducted in South Kluet District, South Aceh Regency, Aceh Province in May – July 2024.

RESULTS AND DISCUSSION

Data collection was carried out using interview guidelines for informants who were used as research sources. The number of informants in this research was 3 people. The informants are 1 Head of the South Aceh District Health Service, 1 Head of South Kluet District and 1 Head of the South Aceh Community Health Center. The characteristics of the informants based on the research results can be seen in table 1 below:

Table 1 Characteristics of Research Informants

No	Informant	Gender	Last education	Position
	Informant 1	LK	Master of Public Health	Head of the District Health Service
	Informant 2	LK	Bachelor of Law	Head of South Kluet District
	Informant 3	LK	D3- Nursing	Head of South Kluet Community Health Center

a. Improving the Nutritional Quality of Individuals, Families and Communities

1. Improving the Nutritional Quality of Individuals, Families and Communities according to the Head of the South Aceh District Health Service

Based on the results of in-depth interviews conducted by researchers with the Head of the South Aceh District Health Service, efforts to reduce stunting were carried out by improving the quality of nutrition by assisting nutritionally aware families (KADARZI), conducting outreach and meetings, and conveying information about nutrition related to stunting. This can be seen in table 2 below:

Informant	Statement
Head of the Health Service	"Activities to assist families to become aware of nutrition and carry out outreach, hold meetings, convey information about nutrition. "One of them is information about stunting, what is stunting, the causes of signs of stunting in children, and how to

overcome stunting."

2. Improving the Nutritional Quality of Individuals, Families and Communities according to the Head of South Aceh District

Based on the results of in-depth interviews conducted by researchers with the sub-district head of South Kluet, it is known that improving nutritional quality is done by increasing existing resources and paying attention to clean water sources by utilizing developed technology. This can be seen in table 3 below.

Informant	Statement
Head of South Kluet District	"If we focus more on sensitive nutrition, yes, if we improve the quality of nutrition, it will be by increasing existing resources so that in the future the community will be able to use and process existing resources, and pay attention to clean water and use existing technology to make progress towards stunting eradication. ".

3. Improving the Nutritional Quality of Individuals, Families and Communities according to the Head of South Kluet Community Health Center

Based on the results of in-depth interviews conducted by researchers with the Head of the South Kluet Community Health Center, improving the quality of nutrition is done by providing understanding to the community regarding the types of food that should be consumed and socializing nutritious food through cadres so that the community knows how to achieve balanced nutrition. This can be seen in table 4 below.

Informant	Statement
Head of Community Health Center	" In my opinion, yes, we have to give the public an understanding of what foods are good for them to consume, don't just do the same thing, it has to be varied and we also socialize it to cadres so that cadres convey to the public how to achieve balanced nutrition, don't just just eat."

b. Taking Joint Actions or Breakthroughs to Reduce Stunting**1. Carrying out joint actions or breakthroughs to reduce stunting according to the Head of the South Kluet Service**

Based on the results of in-depth interviews conducted by researchers with the Head of the South Aceh District Health Service, the health service has carried out a campaign with other agencies regarding stunting. This can be seen in table 5 below.

Informant	Statement
Head of the Health Service	"There was a joint campaign activity in 2018 with BPKB and PPA, I delivered material about stunting, even now."

2. Carrying out joint actions or breakthroughs to reduce stunting according to the Head of South Kluet District

Based on the results of in-depth interview research conducted by researchers with the sub-district head of South Kluet, direct campaigns have been carried out in villages such as distributing stunting prevention stickers to communities that have stunting clowns and conducting outreach at the village level to provide understanding regarding stunting prevention and management as well as carrying out activities "deliberation" to find problems that cause stunting cases to continue to occur and find solutions so that stunting cases can be resolved. This can be seen in table 6 below.

Informant	Statement
Head of South Kluet District	"Yes there is, starting from last year until the end of this year we will carry out a campaign in villages, like last January we distributed stunting prevention stickers to communities who have stunting clowns and we are also collaborating with villages to disseminate information regarding prevention and control. stunting so that people in the village understand", and now we also have a "rembuk" activity, where this activity is intended to discuss the problem of stunting and the tips that we will implement so that this problem of stunting is resolved"

3. Carrying out joint actions or breakthroughs to reduce stunting according to the Head of South Kluet Community Health Center

Based on the results of in-depth interviews conducted by researchers with the head of the South Kluet Community Health Center, the Community Health Center has carried out outreach to the community in collaboration with the village as a joint action to reduce stunting rates in their village and provide understanding to cadres to pay more attention to the surrounding community and provide understanding to the community. that stunting is not hereditary but is due to compromised health problems. Distributing leaflets and collaborating with cross-sectors is also one of the breakthroughs carried out by the community health center. This can be seen in table 7 below.

Informant	Statement
Head of South Kluet Community Health Center	"We have carried out this joint action with the village, we are collaborating to reduce the stunting rate in our village, especially in the work area of this health center. We also provide understanding to cadres to pay more attention to the surrounding community and provide understanding to the community that stunting is not a result of heredity but is indeed because there are health problems that the community must pay attention to, health problems. We also distribute leaflets and collaborate with cross-sectors, because reducing stunting must cross sectors, not just nutrition."

c. Efforts to reduce stunting are carried out by the Health and Nutrition Education Strategy through Family Independence

1. Efforts to reduce stunting are carried out by the Health and Nutrition Education Strategy through Family Independence according to the South Aceh District Health Service

Based on the results of in-depth interview research conducted by researchers with the Head of the South Aceh District Health Service, the context of education to reduce stunting is in a posyandu with a cadre who provides understanding to families to improve the family's ability to be able to meet nutrition and find out about nutritional problems that exist in the family. the. This can be seen in table 8

Informant	Statement
Head of the South Aceh Service	"The context of education to reduce

	stunting is in the posyandu, where in the posyandu the role is a cadre who we must provide training and understanding to the family to increase the family's ability to be able to fulfill nutrition and understand the nutritional problems that exist in the family."
--	---

2. Efforts to reduce stunting are carried out by the Health and Nutrition Education Strategy through Family Independence according to the Head of South Kluet District

Based on the results of in-depth interview research conducted by researchers with the sub-district head of South Kluet, through outreach to the community, education is provided to families. This can be seen in table 9 below

Informant	Statement
Head of South Kluet District	"It seems that just through socialization to the community is already the education or training that we provide to families, yes, our activities are more about socialization," he said.

3. Efforts to reduce stunting are carried out by the Health and Nutrition Education Strategy through Family Independence according to the Head of South Kluet Community Health Center

Based on the results of in-depth interviews conducted by researchers with the Head of the South Kluet Community Health Center, the Community Health Center has made efforts to reduce stunting by providing education about nutrition at the Posyandu. This can be seen in table 10 below

Informant	Statement
South Kluet Kapus	We have carried out outreach, so when they go to the posyandu we provide education about nutrition , that's where we provide health education for them."

d. Accelerating Stunting Reduction carried out through the Healthy Living Community Movement (GERMAS)

1. Accelerating the reduction of stunting carried out through the Healthy Living Community Movement according to the South Aceh District Health Service

Based on the results of in-depth interviews conducted by researchers with the health service , GERMAS is part of the health promotion section and has been mass-socialized to campaign for indicators of community movement in the context of stunting. This can be seen in table 11 below

Informant	Statement
Head of South Aceh service	"Incidentally, the activities are in the health promotion section, we have already socialized the healthy living community movement, already on a mass scale, the community movement activities are campaigning for community movement indicators, in the context of stunting.

2. Accelerating the reduction of stunting carried out through the Healthy Living Community Movement according to the Head of South Kluet District

Based on the results of in-depth interviews conducted by researchers with the sub-district head of South Kluet, no information was obtained. This can be seen in table 12 below

Informant	Statement
Head of South Kluet District	"If I don't understand this, try asking the Health Service later, because this is their part."

3. Accelerating the reduction of stunting carried out through the Healthy Living Community Movement according to the Head of the South Kluet District

Based on the results of in-depth interview research conducted by researchers with the Head of the South Kluet District, accelerating the reduction of stunting must be cross-sectoral, not just health. This can be seen in table 13 below

Informant	Statement
South Kluet Kapus	" How about accelerating cooperation with cross sectors? It's not just the community health centers that have to join hands."

e. 1000 HPK Movement to Accelerate Stunting Reduction

1. 1000 HPK Movement to Accelerate Stunting Reduction according to the Head of the South Aceh District Health Service

Based on the results of in-depth interview research conducted by researchers with the Head of the South Aceh District Service, the 1000 HPK movement has become a routine activity for the Health Service starting from the start. Pregnant women are given

blood supplement tablets (Fe), during pregnancy they are given additional food (PMT) and after giving birth, they are still monitored through the maternal and child health book (KIA). This can be seen in table 14 below.

Informant	Statement
Head of the South Aceh Service	"The 1000 HPK concept is actually a routine activity that is always carried out by the health service. 1000 HPK from our pregnant mother We have given FE tablets to pregnant women, we have given PMT to pregnant women, we have also provided assistance in monitoring the nutritional status of pregnant women. After she gave birth, we also continued to monitor the KIA book."

2. 1000 HPK Movement to Accelerate Stunting Reduction according to the Head of South Kluet District

Based on the results of in-depth interview research conducted by researchers with the head of the South Kluet sub-district, the 1000 HPK movement has been strengthened with integrated counseling on Toddler Family Development (BKB) for teenagers. This can be seen in table 15 below

Informant	Statement
Head of South Kluet District	"Continue to provide counseling in integrated BKB groups for teenagers"

3. 1000 HPK Movement to Accelerate Stunting Reduction according to the Head of South Kluet Community Health Center

Based on the results of in-depth interviews conducted by researchers with the Head of the South Kluet Community Health Center, the 1000 HPK movement has been carried out by village midwives to monitor pregnancies from the first trimester to babies aged 24 months so that the nutritional needs of pregnant women and their babies can be met by providing PMT. This can be seen in table 16 below

Informant	Statement
South Kluet Kapus	"The 1000 HPK movement has been carried out by village midwives to monitor pregnancies from the first trimester up to 24 month old babies so that the nutritional needs of pregnant women and their babies can be met by providing PMT"

f. Implementation in Reducing Stunting

1. Implementation of Stunting Reduction carried out by the South Aceh District

Health Service

Based on the results of in-depth interview research conducted by researchers with the Head of the South Aceh District Health Service, it has been implemented to reduce stunting through specific nutrition which contributed 30%, such as the first activity of providing blood supplement tablets (Fe) for young women and for children. School age starts from menstruation around the age of 12 years to the age of 18 years, meaning at the junior and senior high school levels. Then the administration of additional blood (Fe) tablets was continued to pregnant women, totaling 90 tablets, specifically to pregnant women, followed by providing additional food to pregnant women who experienced chronic energy deficiency (CED). Socialization or counseling activities in villages where stunting is located have been carried out but the focus is more on outreach by providing material about the causes, prevention, overcoming of stunting, and others. Individual prevention is usually more directed at the community health center, such as during pregnancy, blood supplementation tablets are given, mosquito nets are given to pregnant women, additional food is given to mothers who experience chronic energy and protein deficiency (CED), then when giving birth they are advised to go health workers should continue to monitor the health of the mother and baby by weighing them, providing complete basic immunization, recommending Early Breastfeeding Initiation (IMD), recommending giving exclusive and full breast milk until the age of 24 months, and providing complementary breast milk (MP-ASI).) was carried out at the community health center level and before South Aceh Regency became the intervention location, routine activities were also carried out. This can be seen in table 17 below

Informant	Statement
Head of South Aceh District	"We have carried out activities in accordance with existing regulations, where we from the health sector carry out specific nutritional interventions which contribute 30%. The first activity we carry out is giving blood supplement tablets (Fe) to young women and school age children starting from menstruation around the age of 11 or 12 years to the age of 18 years, meaning middle and high school. Then the administration of Fe tablets continues to pregnant women, totaling 90 tablets,

	specifically for pregnant women and we also provide additional food for pregnant women who experience chronic energy deficiency. Thirdly, we have socialization or counseling activities in stunting locus villages. In fact, we at the department focus more on outreach by providing material about stunting prevention, overcoming it, what causes stunting and others. For individual prevention, we usually direct it more to the community health center, such as during pregnancy by giving blood supplement tablets, giving mosquito nets to pregnant women, giving additional food to mothers who experience chronic energy and protein deficiency (KEK), then at the time of birth we recommend to go to a health worker to continue monitoring the health of the mother and baby by doing weighing, providing complete basic immunization, recommending Early Breastfeeding Initiation (IMD), recommending giving exclusive and full breast milk until the age of 24 months, and providing complementary breast milk (MP-ASI) has been carried out at the community health center level and before Langkat Regency became The intervention location also had routine activities which is conducted"
--	--

2. Implementation of Stunting Reduction carried out by South Kluet District

Based on the results of in-depth interviews conducted by researchers with the Head of South Kluet sub-district, the implementation of stunting reduction through sensitive nutrition has been carried out because the health sector which contributes 70% is greater than the health sector which contributes 30%, so they must coordinate well with each other for the common good of reduction in stunting rates. Such as forming a toddler family development group (BKB) which is carried out once a month, a Youth Development program which is also carried out in villages once a month, and conducting socialization with the South Aceh District Health Service by delivering material on how to increase intelligence in children, how to parenting patterns to hone children's intelligence according to their age and the South Aceh Health Service delivered material related to stunting, both its causes and the process of overcoming it. In this case, the agencies collaborate to reduce the stunting rate. This can be seen in table 18 below.

Informant	Statement
Head of South Kluet District	"Yes, we are monitoring the villages. because we have officers who go directly to the field to monitor activities that have been implemented, such as this new program which is carried out in every village, not just stunting villages, to prevent stunting from the beginning of a teenager's growth period until he becomes a parent, yes, in the name counseling information center group the program is youth development, and we carry out outreach with the South Aceh Regency Health Service by delivering material on how to increase intelligence in children, parenting styles to hone children's intelligence according to their age and the South Aceh District Health Service delivers material on how to prevent stunting, whatever causes of stunting, how to overcome it, so there is collaboration between agencies to reduce stunting rates"

3. Implementation of Stunting Reduction carried out by South Kluet Community Health Center

Based on the results of in-depth interviews conducted by researchers with the Head of the South Kluet Community Health Center, it is clear that stunting reduction has been implemented since pregnancy, such as providing additional food (PMT) to pregnant women who experience chronic energy and protein deficiencies (KEK), giving blood supplement tablets to pregnant women as many as 90 eggs, providing mosquito nets to protect pregnant women from malaria and providing additional food to pregnant women. After giving birth, health workers carry out IMD for the mother and child by placing the newborn baby on the mother's chest, recommend giving exclusive breast milk to the child for 6 months without giving any food and drink other than breast milk and giving full breast milk until the age of 24 months accompanied by feeding. accompanying breast milk (MP-ASI), carrying out complete basic immunization , providing deworming medicine and giving ORS for the prevention and treatment of diarrhea. This can be seen in table 19 below

Informant	Statement
South Kluet Kapus	"We have carried out programs related to reducing stunting, one of which is providing additional food to pregnant women who experience CED and there are

	also things like giving 90 blood supplement tablets to pregnant women, we also provide mosquito nets to protect pregnant women to avoid malaria. and providing additional food to pregnant women. After giving birth, the village midwives also carry out IMD for the mother and child by placing the newborn baby on the mother's chest. We always recommend giving exclusive breast milk to the child for 6 months without giving any food and drink other than breast milk, even just water, except for medicine. yes, if the baby is sick, then drink breast milk and we always recommend giving full breast milk until the age of 24 months accompanied by complementary feeding (MP-ASI), we recommend complete basic immunization, we also provide worming medication and give ORS for the prevention and treatment of diarrhea for babies or mothers”.
--	--

g. Barriers to Implementing Stunting Reduction

1. Barriers to Implementing Stunting Reduction according to the South Aceh District Health Service

Based on the results of in-depth interviews conducted by researchers with the Head of the South Aceh District Health Service, there are several obstacles in implementing stunting reduction, such as the difficulty of controlling and ascertaining whether the fe tablets distributed are consumed regularly by the community or not as well as determining the type or method of distribution of PMT. given, therefore everything is under the control of the respective puskesmas as seen in table 20 below

Informant	Statement
Head of South Aceh District	"The biggest obstacle in reducing the stunting rate is monitoring the administration of Fe tablets. We distribute the Fe tablets but we cannot confirm whether the medicine is being taken or not ... and the types of PMT given are still varied because we have given authority to health centers in collaboration with cadres regarding the type of PMT given, because during the discussion regarding the type of PMT no agreement was found."

2. Obstacles in the Implementation of Stunting Reduction according to the sub-district head of South Kluet

Based on the results of in-depth interviews conducted by researchers with the sub-district head of South Kluet, there are obstacles in implementing stunting reduction, such as a limited budget, although this can still be overcome by collaboration between agencies with the same target, namely stunting villages. This can be seen in table 21 below

Informant	Statement
Head of South Kluet District	"The obstacle is actually a classic one, namely a limited budget. "But we can still overcome it by collaborating or integrating all existing agencies with the same target, namely stunting villages."

3. Obstacles in Implementing Stunting Reduction according to the Head of South Kluet Community Health Center

Based on the results of in-depth interviews conducted by researchers with the head of the South Kluet Community Health Center, there are obstacles in implementing stunting reduction, such as young women who do not want to take blood supplement tablets because of the effects of nausea, defecation that changes color, etc., as well as the type of PMT that does not meet the standards. because it is difficult to make one voice in determining the type of PMT, because it also collaborates with related village cadres and officials. This can be seen in table 22 below

Informant	Statement
South Kluet Kapus	"Adolescent girls don't want to take blood-enhancing tablets because they feel nauseous and their stools change color, and during the distribution of Fe tablets many said they should only be taken at home, of course this means we can't be sure whether the Fe tablets were taken or not and "The types of PMT are still diverse in each village, because there is no agreement on the type of PMT given."

CONCLUSIONS AND SUGGESTIONS

Conclusion

Based on the results of research analysis of the implementation of stunting reduction policies in South Kluet District, the following conclusions were obtained:

1. The implementation of the stunting reduction policy has been carried out well in accordance with the regional regulations of the Regent of South Aceh regarding

Stunting Reduction, but it is still not optimal in socializing it to the community so there are still some people who do not understand how to reduce stunting and the dangers of the importance of early prevention of stunting.

2. There are several programs carried out to reduce stunting in the South Kluet sub-district through specific nutritional interventions which contribute 30% aimed at 1000 HPK children carried out by the health sector, namely the South Kluet District Health Service and the South Kluet Community Health Center, such as giving blood supplement tablets to pregnant women. as many as 90 items and giving fe tamblets to teenagers, providing additional food to pregnant women with KEK, providing mosquito nets to pregnant women, carrying out IMD after the mother gives birth, providing counseling and advice to the community about exclusive breastfeeding and providing full breast milk until the age of 24 months accompanied by the provision of complementary foods for breast milk (MP-ASI), carrying out complete basic immunization, providing deworming medication and administering ORS for the prevention and treatment of diarrhea, and forming a new activity in the sub-district in collaboration with village officials called "Rumbuk". This activity is specifically used as a forum for deliberation to discuss stunting problems and solutions so that stunting reduction can be maximized.
3. There are several programs carried out to reduce stunting in South Kluet District through sensitive nutritional interventions which contribute as much as 70% aimed at various development activities outside the health sector, namely the formation of Toddler Family Development (BKB) groups which are integrated with early childhood education and posyandu, counseling about 1000 HPK to people who have two year old babies (BADUTA), and outreach related to prevention and management stunting in the community, especially mothers who are pregnant or have babies.

Suggestion

Based on the results of research analysis of the implementation of stunting reduction policies in South Kluet District, there are several suggestions that need to be conveyed as follows:

1. fe tablet supervisors formed from posyandu cadres to ensure that pregnant women take all the fe tablets given.

2. Providing outreach regarding the importance of fe to teenagers so that teenagers want to take fe tablets and forming a drug monitoring team for fe tablets from a team of teachers to ensure that all students take fe tablets optimally
3. Make posters containing the dangers, characteristics and prevention of stunting from an early age so that people can understand stunting better
4. Carrying out cross-sector activities related to determining menus or foods that comply with PMT standards for the community, whose benchmarks are focused on the nutritional value and needs of the community's body.
5. Including prospective brides (catin) as targets in early prevention of stunting, providing counseling to catin regarding nutrition in preparation for pregnancy so as not to give birth to a stunted generation.

BIBLIOGRAPHY.

1. Aryastami, N.K. (2017). Policy Study and Overcoming Stunting Nutrition Problems in Indonesia. Health Research Bulletin, 45(4), 233–240. <https://doi.org/10.22435/bpk.v45i4.7465.233-240>
2. Ayuningtyas, D. (2018). Health Policy: Principles and Practice (1st ed.). Jakarta: Rajawali Press.
3. Ayuningtyas, D. (2018). Health Policy Analysis: Principles and Applications (1st ed.). Depok: Rajawali Press.
4. Baihaki, ES (2017). Malnutrition in an Islamic Perspective : Theological Response to the Problem of Malnutrition. 2.
5. Di, T., & Karangrejek, D. (2019). INCIDENTS OF STUNTING IN CHILDREN AGED INCIDENTS OF CHILDREN AGED 2-3 YEARS IN KARANGREJEK VILLAGE.
6. Fikawati, S. (2018). Child and Adolescent Nutrition (1st ed.). Depok: Rajawali Press.
7. Gurning, F.P. (2018). Basics of Public Health Administration & Policy (MY Pratama, ed.). Yogyakarta: K-Media.
8. Indonesian Ministry of Health. (2018a). Stunting Bulletin. Indonesian Ministry of Health, 1, 2.
9. Indonesian Ministry of Health. (2018b). Ministry of Health of the Republic of Indonesia. Ministry
10. RI Health. Secretariat r General. Ministry of Health Strategic Plan Year Ministry of Health Strategic Plan Year, p. 248. <https://doi.org/351.077> Eng r
11. Ministry of Villages, Development of Disadvantaged Regions and Transmigration. (2020). Village pocket book on handling stunting. Village Pocket Book in Handling Stunting, 2
12. Indonesian Ministry of Health. (2017). Short toddler situation. Datin Info, 2442–7659.
13. LPPM STIKes Hang Tuah Pekanbaru. (2018). The Problem of Stunting Children and Interventions to Prevent Stunting (A Literature Review) Stunting Problems and Interventions to Prevent Stunting (A Literature Review). Journal of

- Community Health, 2(6), 254–261. Retrieved from <http://ejournal.hip.ac.id/stikes/pdf.php?id=JRL0000099>
14. Marpaung, W. (2018). Introduction to Health Hadiths. Medan: Wal Ashri Publishing.
 15. Qulub, ST (2019). THE FIRST 1000 DAYS OF LIFE ISLAMIC LEGAL PERSPECTIVE. 2.
 16. Riskesdas. (2018). MAIN RESULTS OF 2018 RISKESDAS Health, Ministry.
 17. Satrianegara, MF (2019). Organization and Management of Health Services. Jakarta: Salemba Medika.
 18. Tarigan, AA (2019). Islamic Theology and Public Health Science (M. Iqbal, ed.). Medan: Lake of Science.