

Qualitative Study: The Implementation of Stunting Prevention Program Policy in Enrekang Regency

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ABSTRACT— Stunting (short stature in toddlers) is one of the most crucial nutritional problems, particularly in poor and developing countries. Stunting is also a form of growth and development failure that causes linear growth disorders in toddlers due to the accumulation of long-term nutritional inadequacies from pregnancy to 24 months of age. This research was conducted in January 2023 - February 2023. Methods research is a quasi-qualitative exploring the effectiveness of stunting policies through in-depth interviews, observation, and documentation. The results of this study showed that the communication of the policy implementation of the stunting prevention program in Enrekang Regency has been running well, in terms of the quantity of human resources available at the regency level. The implementation of the stunting prevention program policy has been running quite well and in accordance with Presidential Regulation Number 72 of 2021 on Accelerating Stunting Reduction. The organizational structure has been formed with a clear division of labor, but there was not a Standard Operating Procedure (SOP) that specifically regulates the implementation of stunting convergence actions. The transmission of information from policy makers to policy implementers has been conveyed clearly and consistently but still needs to be maximized, it is considered to be fulfilled, but in some regional apparatus organizations it is still limited, namely in the health sector (nutritionists), related OPDs to village governments in implementing the stunting prevention program in Enrekang Regency is considered quite good.

KEYWORDS: Policy Implementation, Stunting Program

1. INTRODUCTION

Stunting is a growth and development failure due to insufficient nutritional intake in toddlers. Until recently, stunting is considered a worldwide health problem, particularly in developing and low-income countries [1]. Childhood stunting (height impairment-for-age) is a sign of chronic undernutrition and results from insufficient energy and nutrient intake. Stunting has severe consequences for future physical and mental development. The WHO has set a target to reduce the prevalence of stunting by 40% by 2025 [2]. Factors that influence stunting include direct and indirect factors, as well as root causes [3].

The incidence of stunting among children under five years of age is a major nutritional problem in all countries. According to three years of nutritional status monitoring (PSG) data, shows that stunting has the

highest prevalence compared to other nutritional problems such as malnutrition, wasting, and obesity [4]. Stunting is a growth failure condition in children under five years of age caused by chronic malnutrition, primarily in the first 1,000 days of life (HPK). Children are classified as stunted if their length or height for age is below the applicable national standard or the Z-Score value for the TB/U index is < -2 SD [5].

Enrekang Regency is one of the regencies that has a fairly high prevalence and ranks 6th with a prevalence of child stunting of 39.6% [6]. Meanwhile, in 2019 based on data from the Ministry of Health, the rate of child stunting in Enrekang Regency has increased to 45.8%, thus placing Enrekang Regency in the first place with the highest number of stunting children in South Sulawesi. Meanwhile, according to the Enrekang Health Office, the number of toddlers with stunted nutritional status in Enrekang Regency reached 24.5% or around 3,771 people out of a total of 15,405 children in Enrekang Regency. There are four districts with the highest prevalence of stunting in Enrekang District, namely Buntu Batu (44.3%), Baraka (42.9%), Malua (35.5%) and Maiwa (30.6%). In Bone-Bone village, which is located in Baraka district, is one of the areas with the most stunted children, which reached 61.29%. Thus, we can say that Enrekang Regency has the highest number of stunting cases in the South Sulawesi [7].

In regard to the phenomenon above, the author is motivated to conduct research to obtain accurate information on how the policy implementation of the stunting prevention program in Enrekang Regency can benefit everyone, particularly the Enrekang community with the aim of achieving the stunting prevention program so that there are fewer stunting sufferers in Enrekang Regency. Therefore, this research was raised with the title "Implementation of the Stunting Prevention Program Policy in Enrekang Regency".

2. STUDY METHODS

This research was conducted in January-February 2023 in Enrekang Regency. This research used a quasi-qualitative type of research to analyze the "Implementation of the Stunting Prevention Program Policy in Enrekang Regency" with a case study approach that intends to explore through observation, in-depth interviews and documentation using analytical methods through communication components, resources, attitudes/dispositions, and bureaucratic structures by finding out information based on facts, systematically with a case study approach.

The data used in this research is qualitative data, while the data sources were primary data and secondary data. Primary data was obtained directly through in-depth interviews with informants, both ordinary informants and key informants, in addition to that, primary data was also obtained from observations. The secondary data was obtained from the local government of Enrekang Regency which consisted of Enrekang Regency Government Policy and documents related to stunting at the Enrekang Regency Health Office in 2022 as well as data related to stunting at the Community Health Center (Puskesmas) in 2022.

Data processing was performed using SPSS and AMOS applications to see direct and indirect effects through the intervening variables using path analysis. The results of the study will be presented in the form of tables and narratives. This study has received approval from the health research ethics commission (KEPK) Faculty of Public Health, Hasanuddin University with protocol number: 301222012396 and letter number: 150/UN4.14.1/TP.01.02/2023.

3. RESULTS

This research was conducted in Enrekang Regency from January - February 2023. The data sources were people who were asked to provide information, and were willing to provide information called informants (Table 1)..

Table 1. Informants Characteristics

No	Nama	Gender	Age	Position
1	K	F	45	Head of Nutritionist of Health Office
2	DS	F	58	Head of Population Control and Family Planning Office
3	S	F	43	Head of Business and Institutional Development of the Livestock and Fisheries Service Office
4	M	F	43	Head of the General and Personnel Division of the Education and Culture Office of Enrekang Regency.
5	MS	M	48	Secretary of Community and Village Empowerment Office
6	S	F	42	Head of Social Empowerment Department of Social Affairs
7	MA	M	41	General Staff of the Communication, Information and Statistics Office
8	IMW	F	41	KABID EKOSOSBUDPEM BAPPELITBANGDA BAPPEDA
9	HGS	M	51	Head of Baraka Health Center
10	H	F	47	Nutritionist in charge of Puskesmas Buntu Batu
11	PB	M	54	Community
12	IL	M	51	Community
13	NA	F	32	Community
14	SA	F	34	Community

3.1 Communication

Based on in-depth interviews conducted with informants, it was found that communication about the stunting prevention program in Enrekang Regency has been running well. A policy that was made for the stunting program was the Enrekang Regent Decree Number 440/KEP/IX/2018 on the Stunting Care Community Movement (GEMPITA) Enrekang and Enrekang Regent Decree Number 141/KEP/III/2022 on the Establishment of the Enrekang Regency Stunting Reduction Acceleration Team. The following is an excerpt from the interview:

"We have made several regent regulations, some of which are in the form of regional regulations and other regulations, the point is, that we have taken some extraordinary policies due to the fact that in South Sulawesi, Enrekang is the locus of stunting prevention, including Bone. Enrekang Regent Decree Number 440/KEP/IX/2018 on the Stunting Awareness Community Movement (GEMPITA) and the establishment of the TPPS (Stunting Reduction Acceleration Team)" (K. 45 years old, Head of Nutritionist of the Health Office).

"This stunting program policy is included in the duties of the Family Assistance Team (TPK). This TPK is a group of workers consisting of midwives, Family Welfare Workers (PKK) and family planning (KB) cadres. The formation of the TPK is of course in accordance with Presidential Regulation 72 of 2021 on the acceleration of stunting reduction" (DS, 58 years old, Head of P2KB Office).

Based on the interview results, the informant stated that the stunting program activities were carried out in accordance with the operational standards of the stunting program, implemented after the formation of the stunting coordination team, socialized during the first coordination meeting with the person in charge of the KB Office, and the technical guidance was carried out during the implementation of the 8 convergence actions. The following is an excerpt from an interview with the Head of the P2KB Office:

"After the stunting policy was established, the Enrekang District stunting team was formed. And chaired by the Deputy Regent, and related OPDs, after the policy and the formation of the technical team, coordination with related OPDs began and the team in charge was us, the KB Office. For socialization, it was initially carried out during the first coordination meeting at Bappeda by distributing the team decree. The technical guidance was provided during the implementation of the 8 convergence actions" (DS, 58 years old, Head of P2KB Office).

"For implementation, as usual, we do it at the Health Office, there are meetings, there is monitoring

and evaluation, there are standards, namely the types of activities 1000 HPK, ePPGBM Surveillance (Elektronik Pencatatan Pelaporan Gizi Berbasis Masyarakat), Human Development Cadres (KPM), Rembuk stunting, Supplementary Feeding (PMT) purchase but only a handful as well as handling nutrition problems" (K, 48 years old, Head of Nutrition at the Health Office).

3.2 Resources

Based on the results of in-depth interviews, the informants stated that the human resources are in accordance with Regent Decree, namely the Head of the Office, the Public Health Division, the SDK Division, the P2P Division and the Yankes Division, and only 9 out of 13 Puskesmas have a nutrition background personnel and there is a work contract agreement with other personnel.

"There are several work contracts between the health promoters (Promkes), sanitarians, and nutritionists that are valid for one fiscal year, and can be extended again for the following year if deemed relevant." (DS, 58 years old, Head of P2KB Office).

Based on the aforementioned, it was also confirmed by another informant's statement, that the availability of human resources is not sufficient or inadequate, and there are still nutritionists who are run by nurses/midwives. The following is the informant's statement:

"The availability of human resources is not sufficient, and perhaps the current human resources need to upgrade their competencies" (S, 43 years old, Head of Business and Institutional Development of the Livestock and Fisheries Service Office).

"Human resources are still limited, most of them are nurses/midwives" (MS, 48 years old, Secretary of the Community and Village Empowerment Service Office).

Based on the results of in-depth interviews with informants, it is found that funding has been budgeted but it is still insufficient.

"There are already funds and for the stunting program from the national government, it is called BOK (Operational Costs), these funds are allocated for family assistance program, lokmin evaluations, and audit funds" (DS, 58 years old, Head of the P2KB Office).

Based on the results of in-depth interviews, all informants stated that the supporting facilities for implementing stunting prevention are constrained by anthropometric equipment, where it is still insufficient. The following are the interview:

"One of the obstacles is anthropometric equipment, but this year we have budgeted to buy anthropometry, but the quantity is still limited and cannot be distributed to all villages" (K, 45 years old, Head of Nutritionist of the Health Office).

"In terms of facilities, we already have them, but we still need more, such as anthropometry to be brought to the site" (M, 43 years old, Head of General and Personnel Division of the Education and Culture Office, Enrekang Regency).

"It has been provided but it is still inadequate" (S, 42 years old, Head of Social Empowerment of the Social Service)

3.3 Attitude/Disposition

This section discusses the commitment, motivation, willingness, desire and attitude of policy implementers

in implementing the stunting prevention program policy in Enrekang Regency. Based on the results of in-depth interviews, informants stated that the Regent is deeply committed to reducing stunting. There was a commitment that was formalized at the Rembuk Stunting 2022 event

"After the head of the region found out that Enrekang Regency became the locus and even Enrekang Regency had the highest presentation. The Regent is strongly committed to stunting reduction." (DS, 58 years old, Head of P2KB Office)

"There is a commitment that was formalized at the Rembuk Stunting 2022 event" (K, 45 years old, Head of Nutritionist at the Health Office).

This information is reinforced by informants' statements that the government's commitment is very active and supports the stunting prevention program. The following is the result of the interview:

"The local government, in this case the regent, vice regent and head of department are fully supportive and committed to supporting the acceleration of stunting reduction activities" (MS, 48 years old, Secretary of the Community and Village Empowerment Office).

"Very active role" (IMW, 41 years old, KABID EKOSOSBUDPEM BAPPELITBANGDA BAPPEDA)

"After the stunting policy was established, the Enrekang District stunting team was formed. And chaired by the Deputy Regent, and related OPDs, after the policy and the formation of the technical team, coordination with related OPDs began and the team in charge was us, the KB Office. For socialization, it was initially carried out during the first coordination meeting at Bappeda by distributing the team decree. The technical guidance was provided during the implementation of the 8 convergence actions" (DS, 58 years old, Head of P2KB Office).

"For implementation, as usual, we do it at the Health Office, there are meetings, there is monitoring and evaluation, there are standards, namely the types of activities 1000 HPK, ePPGBM Surveillance (Elektronik Pencatatan Pelaporan Gizi Berbasis Masyarakat), Human Development Cadres (KPM), Rembuk stunting, Supplementary Feeding (PMT) purchase but only a handful as well as handling nutrition problems" (K, 48 years old, Head of Nutrition at the Health Office).

3.4 Bureaucracy Structure

Based on the results of in-depth interviews with informants, in the implementation of stunting policy, Enrekang Regency refers to Presidential Regulation Number 72 of 2021 on the Acceleration of Stunting Reduction. The following are the findings of the interview:

"There is no SOP that specifically regulates stunting prevention, the existing SOP only refers to stunting case tracking, the reference is directly to Presidential Regulation 72 of 2021" (K, 45 years old, Head Nutritionist, Health Office).

"In the implementation of convergence activities, there is no separate SOP yet. We still refer to the Presidential Regulation No. 72 of 2021 regarding the acceleration of stunting reduction as well as instructions from the province" (DS, 58 years old, head of P2KB service).

Based on the results of the in-depth interviews, informants explained that in implementing the stunting prevention policy in Enrekang Regency, the local government has implemented a division of labor and responsibilities among all implementers. Therefore, an acceleration team has been formed at the regency level with a division of labor and responsibilities based on the Regional Head Decree on the Stunting Reduction Acceleration Team.

"The division of labor and responsibilities is clear based on the Regent's Decree on the Stunting Reduction Acceleration Team at the Regency Level. I hope that all stakeholders can work together to perform their respective roles well and show good commitment to achieve the goal of reducing stunting prevalence by 14% in 2024" (DS, 58 years old, Head of P2KB Office).

4. DISCUSSION

4.1 Communication

Communication is one of the most important variable and factors in making a good policy [9]. Communication is a form of transmitting a message from one person to another to influence the behavior and action either directly or indirectly [10]. In overcoming stunting, it requires coordination and communication between related Regional Government Organization (OPD), interpersonal communication combined with mass media communication campaign, policy advocacy, mobilitation of Integrated Health Service Center (Posyandu) and the use of strategic data are proven to be an effective method to significantly reduce stunting [11].

From the results of interviews conducted with the Head of the P2KB Office, the Head of Social Empowerment of the Social Service, the Head of the General and Personnel Subdivision of the Enrekang Regency Education and Culture Office, the Head of Nutrition of the Health Service, the KABID EKOSOSBUDPEM BAPPELITBANGDA BAPPEDA, the people of Enrekang Regency who are under the target of the Stunting Prevention Program, it is known that the communication carried out in the implementation of the program was excellent, but it still needed to be further strengthened to reach the community. The informants also revealed that the stunting prevention program activities were carried out in accordance with the operational standards of the stunting prevention program, implemented after the formation of the stunting prevention coordination team, and socialized during the first coordination meeting with the person in charge of the Family Planning Office, with technical guidance carried out during the implementation of the 8 convergence actions.

The local government through the Health Office and the P2KB Office continues to communicate with the Puskesmas in the implementation of the stunting prevention program oftenly through WhatsApp. Every stunting prevention program activity that will be carried out both in the village, district and regency level is communicated in advance strategically, starting from the preparation of regulations, terms of reference and procedures for these activities. Sometimes communication is also carried out during routine monthly meetings. The Health Office provides feedback on Puskesmas performance achievements in the form of monthly, semester and annual reports in a manual manner as well as reports sent by Puskesmas through the electronic application of community-based recording and reporting e-PPGBM (Elektronik Pencatatan Pelaporan Gizi Berbasis Masyarakat or Electronic Community-Based Nutrition Reporting) and routine activities carried out by Puskesmas. The Puskesmas also conveys information to the community through the village head and posyandu cadres as well as informing activities through cross-sectoral workshops and counseling.

4.2 Resources

a. Human Resources

Human resources are important resources which are not only the subject of implementing a policy, but also the object [12]. Human resources are referred to the quality of employees who will be involved in the creation and implementation of the Stunting Prevention Program. No matter how clear the rules and regulations are and how accurate the socialization communication regarding a regulation and rule, if the

implementers who have the responsibility to carry out and implement the policy are not competent and qualified to do their job, certainly the policy implementation will not be effective.

The informants from the in-depth interviews that confirmed that the human resources are in accordance with the attachment to the Regent Decree, namely the Head of the Office, the Public Health Division, the SDK Division, the P2P Division and the Health Services (Yankes) Division, and from the Puskesmas. However, only 9 out of 13 Puskesmas have nutritionist personnel and there is already a work contract agreement with other personnel. The availability of human resources in their respective work units has been fulfilled in order to support the implementation of convergence actions in this stunting prevention program. Some informants stated that there were obstacles related to the availability of personnel who support technical implementation on site. In the health sector, the number of nutritionist who should be available in every Puskesmas, is still very limited, making the nurses and midwives are the ones who run this program instead.

b. Funds

Funds refers to the adequacy of capital or investment in a program or policy to ensure policy implementation, because without adequate budget support, policies will not run effectively in achieving goals and objectives [8]. Based on the results of in-depth interviews with informants, it was found that funds had been budgeted but were insufficient. Information was also developed by other informants who said that there was no specific stunting prevention budget as all funds were allocated to the KB Office.

Mauldiana's research (2016) stated that one of the factors that becomes an obstacle in implementing policies is the lack of resources (funds) and the provision of adequate funds is needed [14]. Thus, the availability of funds in implementing the stunting prevention program policy in Enrekang Regency is considered sufficient but still unfulfilled at the regional apparatus organization level as the on-site implementer.

c. Facilities

Facilities and infrastructure are one of the factors that influence policy implementation. The provision of proper facilities, such as buildings, land and office equipment will support the successful implementation of a program or policy [8]. All informants interviewed stated that the facilities supporting the implementation of stunting prevention said that the anthropometric tools were not sufficient. The availability of facilities in the health sector, in this case tools for taking measurements, is still limited in number when compared to the work area and numerous targets.

4.3 Attitude/Disposition

Honesty and Commitments are one of the key characteristics that must be possessed by the policy implementers. Honesty leads implementors to stay within the expectations of the program that has been outlined, while the high commitment of policy implementers makes them more enthusiastic in carrying out their duties, authorities, functions, and responsibilities in accordance with established regulations [8].

Based on the results of in-depth interviews, informants stated that the Regent is highly committed to reducing stunting. There is a commitment that was formalized at the Rembuk Stunting 2022 event. This information is reinforced by informants' statements that the government's commitment is very active and supports the stunting prevention program. The commitment of cross-sectors also supports the implementation of stunting reduction but has not been optimized. Thus, the commitment and support of the Regional Government, related OPDs to village governments in implementing the stunting prevention program in Enrekang Regency is considered fairly good, but still not optimal in carrying out their duties and

responsibilities to accelerate stunting reduction.

The direct supervision was the variable that had the most influence on the performance of the employees in the two Regional General Hospital in South Sulawesi Province. Therefore, in 2023, it is imperative that the structural officials at the two hospitals to pay more attention to their managerial functions, especially in terms of supervision. Based on their subordinates' assessments, it was revealed that the leaders' supervisory actions had a significant effect on the employees' performance.

4.4 Bureaucracy Structure

a. Standard Operating Procedure (SOP)

SOPs are related to the work methods and personnel involved in implementing policies. An SOP, on the one hand, will help in implementing the policy if the SOP follows the changes that occur, but on the other hand it will be the opposite if it is not adaptive to change. The SOP is a guideline for each implementer in their actions so that the implementation of the policy does not deviate from the goals and objectives of the policy.

Based on the results of in-depth interviews with informants, in implementing the stunting prevention program, Enrekang Regency refers to Presidential Regulation Number 72 of 2021 on accelerating the reduction of stunting. [13] argued that to measure the performance of policy implementation, of course, emphasizing certain standards and targets that must be achieved by policy implementers, policy performance is essentially an assessment of the level of achievement of these standards and targets. Thus, the mechanism for implementing the stunting prevention program in Enrekang Regency has been carried out in accordance with Presidential Regulation Number 72 of 2021 on Accelerating Stunting Reduction but has not yet formulated an SOP that specifically regulates the implementation of stunting in the regions.

b. Fragmentations

An excessively long and fragmented bureaucratic structure will tend to weaken supervision and cause complicated and complex bureaucratic procedures, which in turn causes organizational activities to be inflexible [8]. From the results of in-depth interviews, it was found that the local government has carried out a division of labor and responsibilities for all stunting prevention policy implementers in Enrekang Regency. For this reason, a district acceleration team has been formed with a division of work and responsibilities based on the Regional Head Decree on the Stunting Reduction Acceleration Team.

According to the theory of [13], the implementing organization includes formal and informal organizations that are involved in policy implementation. This is important as the performance of policy implementation will be greatly influenced by the right characteristics and suitability of the implementing agents. The prospect of effective policy implementation is largely determined by communication to policy implementers accurately and consistently. Thus, the fragmentation aspect in implementing the stunting prevention program policy in Enrekang Regency has been running well where an organizational structure for implementing the stunting prevention program at the regency level has been formed.

5. CONCLUSIONS

1. Communication, the implementation of the stunting prevention program policy in Enrekang Regency has run well, the delivery of information from policy makers to policy implementers has been conveyed clearly and consistently but still needs to be maximized to the community.
2. Resources, the implementation of stunting prevention program policies in Enrekang Regency, in terms of the quantity of human resources for the regency level is deemed to have been fulfilled, but in some regional apparatus organizations it is still limited, such as the number of 'nutritionist' available, and is

considered still lacking in the several sectors, including health, limited funds and facilities in the health sector that support the implementation of on-site measurements resulting in the implementation of stunting prevention program policies in Enrekang Regency has not run optimally.

3. The attitude/disposition, commitment and support of the Regional Government, related OPDs to village governments in implementing the stunting prevention program in Enrekang Regency are considered quite good, but still not optimal in carrying out their duties and responsibilities in terms of accelerating stunting reduction.

4. Bureaucratic Structure, the implementation of the stunting prevention program policy has been running quite well where the mechanism for implementing the stunting program in Enrekang Regency has been running in accordance with Presidential Regulation Number 72 of 2021 on Accelerating Stunting Reduction, the organizational structure has been formed with a clear division of work, however, there has not been an SOP that specifically regulates the implementation of stunting convergence actions.

STATEMENT OF ETHICS

This study has received approval from the Health Research Ethics Commission (HREC) of the Faculty of Public Health, Hasanuddin University, with protocol number: 301222012396 and letter number: 150/UN4.14.1/TP.01.02/2023. Written informed consent to participate on this study was obtained from all participants.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

6. REFERENCES

- [1] AM, R. A. S., Suhartono, S., & Nurjazuli, N.. Risk Factors for Lead (Pb) And Cadmium (Cd) Exposure to Stunting in Toddlers: A Systematic Review. Jurnal Serambi Engineering. 2023, 8(1).
- [2] Quamme, S. H., & Iversen, P. O. Prevalence of child stunting in Sub-Saharan Africa and its risk factors. Clinical Nutrition Open Science. 2022
- [3] Novianti, S., & Nurjaman, A. The Relationship Of Environmental Factors And A History Of Diarrhea To The Incidence Of Stunting In Baduta Aged 6-23 Months. Int J Heal Sci Med Res [Internet]. 2022, 1(2), 62-72.
- [4] Nurdin, A., Ibrahim, M. I. T., & Fuadi, Z. The Relationship Between Stunting And Student Learning Achievement In Elementary School/Ministry In The Working Area Of Ligan Puskesmas, Aceh Jaya District. International Journal of Educational Review, Law And Social Sciences (IJERLAS). 2023, 3(1), 144-157.
- [5] Kementerian Kesehatan. Situasi Stunting di Indonesia. Kementerian Kesehatan RI. 2020
- [6] Dinas Kesehatan Provinsi Sulawesi Selatan. Profil Kesehatan 2015. Pedoman Kesehatan Jiwa Remaja. 2015
- [7] Dinas Kesehatan Enrekang. Rencana Kerja Tahun 2019 Dinas Kesehatan Kabupaten Enrekang. Enrekang: Dinkes Kab. Enrekang. 2019, doi: 10.1136/archdischild-2016-311050.
- [8] Edward III, G. C. Implementing Public Policy Washington DC: Congressional Quarterly Press.

1980

- [9] Handayani, R., & Rahayu, S. Analysis of Stunting Management Policy: Case of Pandeglang, Banten-Indonesia. *East Asian Journal of Multidisciplinary Research*. 2023, 2(1), 291-300.
- [10] Hani Handoko. *Manajemen Personalia dan Sumberdaya Manusia*. Yogyakarta: BPFE. 2002
- [11] Kemenkes RI. *Cegah Stunting, itu Penting*. Pusat Data dan Informasi, Kementerian Kesehatan RI. 2018
- [12] Winarno, B. *Kebijakan Publik: Teori dan Proses*. Yogyakarta: Media Pressindo. 2007
- [13] Van Meter, D. S., & Van Horn, C. E. The policy implementation process: A conceptual framework. *Administration & society*. 1975, 6(4), 445-488.
- [14] Muldiana, I. Analisis Faktor-Faktor Yang Mempengaruhi Duplikasi Penomoran Rekam Medis Di Rumah Sakit Atma Jaya 2016. *Jurnal INOHIM*. 2016
<https://inohim.esaunggul.ac.id/index.php/INO/article/viewFile/148/128>
- [15] Fitria, R., Ifansyah, M. N., & Firdaus, M. Y. Implementasi Kebijakan Program Keluarga Harapan (Pkh) Dilihat Dari Aspek Sumber Daya (Studi Kasus Di Desa Mangkusip Kecamatan Tanta Kabupaten Tabalong). *JAPB*. 2020, 3(2), 545-558



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