



IMPLEMENTATION-SPECIFIC NUTRITIONAL INTERVENTIONS IN STUNTING PREVENTION: LITERATURE REVIEW

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ABSTRACT

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Stunting is one of the nutritional problems in the world. Stunting is predicted to increase by 15% worldwide due to the pandemic. Specific nutritional interventions are one of the stunting prevention interventions carried out by the health sector that have been shown to reduce one-third of the prevalence of stunting in the world. This paper aims to get an overview of the implementation of specific nutritional intervention programs in stunting prevention in Indonesia. The article used in this literature review was published in 2012-2021. The databases used are PubMed and Google Scholar. Eleven selected articles for analysis. One article explained that the prevalence of stunting differs by region and the incidence is higher in eastern Indonesia. Two articles describe the specific nutritional intervention programs in Indonesia. Six articles discuss the implementation of each program in specific nutritional interventions. Programs running well are additional feeding, pregnant women, Initiation of Early Breastfeeding, breastfeeding, vitamin A and zinc administration. Poor implementation is exclusive breastfeeding and immunization. Two articles discussing the evaluation of the implementation of specific nutritional interventions in Indonesia are already good, the obstacles found are the lack of even spread of health workers. Researchers suggest that an evaluation is needed for the implementation of specific nutritional intervention programs.

Keywords:

Prevention, Stunting, Specific nutritional interventions

BACKGROUND

The problem of short children (stunting) is one of the nutritional problems faced in the world today. Stunting is a problem because it is associated with an increased risk of pain and death, brain development is not optimal so motor development is late and men-

tal growth is hampered. Stunting is a condition of failure to grow in children under five years old (children under five years old) as a result of chronic malnutrition so that the child is too short for his age (Buletin Jendela Data dan Informasi Kesehatan, 2018 in Kemenkes RI, 2019).

Short (stunted) and very short (severely stunted)

toddlers are toddlers with body length (Length/ Age) or height (Height/ Age) according to their age compared to the z-score value less than -2 elementary school/ standard deviation (stunted) and less than -3 elementary school (severely stunted) (Kemenkes RI, 2018). Stunting is predicted to increase by 15% (or 7 million) worldwide in the first year of the Covid-19 pandemic (United Nations International Children's Emergency Fund (UNICEF, 2019). Globally, about one out of four or about 26% of children under 5 years old experience stunting (Kemenkes RI, 2018).

In 2017, 22.2% or about 150.8 million toddlers in the world experienced stunting. In 2017, more than half of the world's stunting toddlers came from Asia (55%) (Kemenkes RI, 2018). The World Health Organization (WHO, 2018) states that Indonesia is the third-highest ranked country in the South East Asia Regional (SEAR) region.

The prevalence of stunting in Indonesia in 2017 was 29.6% (Kemenkes RI, 2018). The prevalence of very short and short toddlers aged 0-59 months in Indonesia in 2017 was 9.8% and 19.8%. The province with the highest prevalence of toddlers is very short and short at the age of 0-59 months in 2017 is East Nusa Tenggara, while the province with the lowest prevalence is Bali. In 2019 the national stunting prevalence rate fell to 27.67%, although there was a decrease in prevalence, stunting is still a serious problem in Indonesia because the prevalence rate is still above 20% (Kemenkes RI, 2018).

Stunting can be prevented through the intervention of the first 1,000 days of life, which is 270 days in the womb until the age of two years. The goal of the First 1,000 Days of Life movement is to accelerate nutrition improvement for a better future for Indonesian children. The Ministry of Health of the Republic of Indonesia declared the First 1,000 Days of Life very important to realize young parents to prevent stunting. Nutritional status at 1,000 Days of Life will affect the quality of health, intellectual and productivity in the future, and also the development of brain mass 70-80% occurs in the first 1,000 days of life (Rahmawati, Widya., et al, 2016).

If the baby's growth and development are not optimal in the first 1,000 days of life, various problems can occur in adolescence to adulthood. Short-term effects can lead to brain development, stunted body mass growth, and body composition, as well as impaired metabolism of glucose, lipids, proteins, and hormones. Long-term effects can lead to decreased cognitive ability and learning achievement, immunity, working capacity, and the occurrence of diseases, such as heart and blood vessel disease, diabetes, can-

cer, and elderly disability (Hastuty, 2020).

Interventions for stunting there are 2 namely specific interventions and sensitive interventions. Specific interventions are activities that directly address the causes of stunting and are generally provided by the health sector such as food intake, infection prevention, maternal nutritional status, infectious diseases and environmental health. Sensitive intervention is an activity related to indirect causes of stunting that is generally beyond the authority of the Ministry of Health and involves other sectors.

The First 1,000 Days of Life program is carried out through two interventions, namely sensitive nutritional interventions, and specific nutritional interventions. Sensitive nutritional interventions are carried out by the non-health sector. These specific nutritional interventions are provided by workers working in the health sector to address direct causes. Specific nutritional interventions are activities aimed directly at specific target groups, namely pregnant women and toddlers. The Lancet Mother and Child series of 2013 states that specific nutritional interventions have been shown to reduce stunting by one-third of the world's prevalence: interventions through supplementation and fortification, support exclusive breastfeeding, counseling on a child's diet, treatment for acute malnutrition, and treatment of infections.

Anzar (2019) explained that specific nutritional interventions aimed at children in the first 1,000 days of life contribute to a 30% decrease in stunting. Muthia (2020) in its conclusion explained that stunting prevention through specific nutritional intervention programs has not reduced stunting below 20%. Some countries that have successfully implemented and disseminated nutritional interventions showed success supported by a health system that functions effectively and the involvement of health workers, especially nutrition workers (Rosha, Sari, Yunita SP, Amaliah dan Utami, 2016). Researchers are interested in conducting research "Overview of the Implementation of Specific Nutritional Intervention Programs in Stunting Prevention".

METHODS

The research design used is the literature review. The formulation of keywords in this literature review uses pico (Population, Intervention, Comparison, Outcome) techniques. The keywords used searched through Google Scholar are "Pregnant women", "nursing mothers", "children under two years old", "specific nutritional interventions", "stunting prevention", while those searched through Pubmed using searches

with MeSH (medical subject heading) guidelines, namely, "growth disorders" OR "stunting" AND "Nutrition Intervention" AND "Stunting Prevention".

Literature review criteria based on inclusion criteria are: 1) full-text accessible articles that use Indonesian and English; 2) the use of research methods in articles with quantitative and qualitative methods; 3) articles published with a range of 2012-2021; 4) the outcome shows the incidence of stunting in Indonesia, the implementation of specific nutritional intervention programs in Indonesia, and the evaluation of the implementation of stunting prevention programs are reviewed from specific nutritional interventions in Indonesia.

RESULTS

The results showed on the schema 1 (flowchart systematic review. PRISMA, 2009) and the table 1 (literature review of overview of the implementation of specific nutritional intervention programs in stunting prevention in Indonesia).

DISCUSSION

Stunting Events in Indonesia

The growth that is not optimal experienced by about 8.9 million Indonesian children, or 1 in 3 children experience stunting. More than 1/3 of children under the age of five in Indonesia are below average (Sandjojo, 2018). Research by Titaley, Ariawan, Hapsari, Muasyaroh, and Dibley in 2019 showed that of the 24,657 children under the age of two included in the study, 33.7% experienced stunting.

Stunting rates are significantly different in each region. In general, the figure is higher in the eastern part than in the western part of Indonesia. Evidenced in the Titaley, Ariawan, Hapsari, Muasyaroh, and Dibley Research in 2018 which explained that the West Nusa Tenggara and East Nusa Tenggara (NTB / NTT) Regions had the highest stunting rates (41.1%), then Maluku and Papua (38.9%), Sumatra (35.7%), Kalimantan and Sulawesi (35.6%), while the lowest in the Java-Bali Region (31.7%). This is similar to research conducted by Nadiyah and Briawan in 2014 which showed the prevalence of stunting in Bali, West Java, and NTT provinces of 35.9%, 31.4%, and 45.0% respectively.

Riskesdas results (2013) also mentioned that the prevalence of stunting in Indonesia is higher in rural areas (42.1%) compared to urban areas (32.5%). This condition can reflect the socio-economic conditions of the lower community as well as human re-

sources, namely health workers, especially nutrition workers, and limited facilities in the outer regions of Java Bali, especially in the eastern region of Indonesia.

The conclusion of the condition is that the stunting in Indonesia state is heading towards improvement. The effort that must be done by the Indonesian government is to improve socio-economic so that there is equality throughout Indonesia. The government is also expected to spread nutrition workers and health workers who have good knowledge, in an effort to reduce the incidence of stunting.

Specific Nutrition Intervention Programs in Indonesia

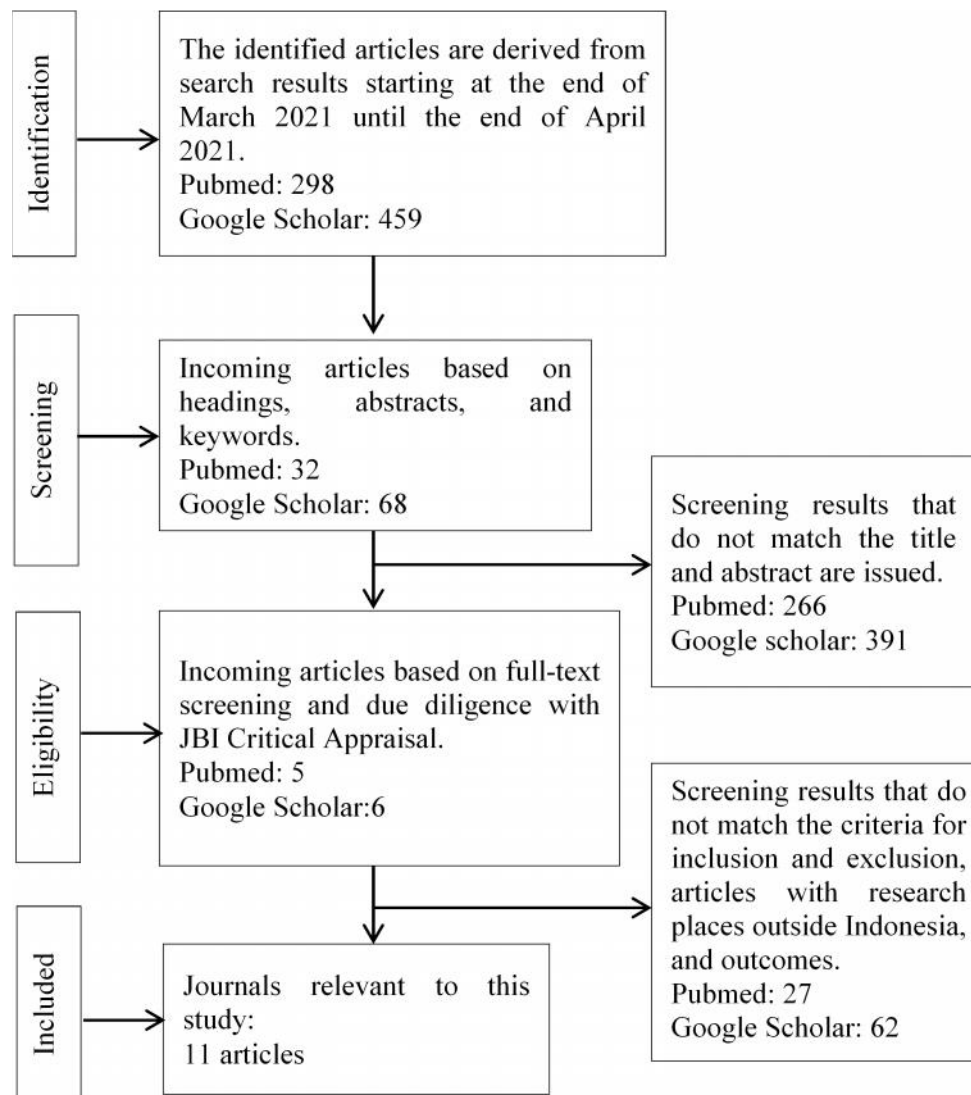
Specific nutritional interventions are attempts to prevent and reduce nutritional problems directly. Specific nutritional interventions focus on pregnant women, nursing mothers, and children under the age of two. Here is some research on the implementation of specific nutritional intervention programs in Indonesia:

a. Specific Nutritional Interventions with the target of pregnant women

1) Additional feeding in pregnant women chronic energy deficiency

Pregnant women lacking chronic energy are pregnant women with the results of measurements of upper arm circumference smaller than 23.5 cm. Chronic Lack of Energy is a situation where mothers with food shortages that last a long time that results in the onset of health problems in the mother (Kemenkes RI, 2018). Additional feeding programs in pregnant women with chronic energy deficiencies aim to improve the nutritional status of less, especially from poor families.

Rohmah's research in 2020 showed that the evaluation of the implementation of additional feeding in pregnant women chronic energy deficiency has been carried out quite well but some things that must be improved, namely monitoring the use of additional feeding, community health centers do not have cadres of special officers to monitor the consumption/ utilization of additional feeding, while the technical instructions for Supplemental Feeding from the Ministry of Health state that there must be special officers or cadres to monitor the consumption or utilization of Additional Feeding. For the target, the provision of additional food to pregnant women with chronic energy deficiency is on target. In the process, the provision of additional food is by following per under the procedure but there is an obstacle that is the drop of Additional Feeding from the center erratically de-



Schema 1. Flowchart systematic review (PRISMA, 2009)

scending. The output of the Supplemental Feeding program was seen based on the mother's weight gain.

b. Specific Nutritional Interventions with the target of nursing mothers with a child's age of 0-6 months

- 1) Initiation of early breastfeeding
- 2) Exclusive breastfeeding

The coverage figure for exclusive breastfeeding is 42.1% (Nugraheni, Nuryanto, Wijayanti, Panunggal, Syangqy, 2020) and only 56.6% of housewives initiate early breastfeeding (Gayatri and Lal Dasvarma, 2020). This happens likely because the mother comes to work so as to ignore exclusive breastfeeding.

c. Specific Nutritional Interventions with a target of children under two years with a child of 7-23 months of age.

- 1) Feeding breast milk companion

The age of 6-23 months is a window period of

opportunity and is an important stage to optimize the growth and development of children to prevent malnutrition, including wasting, underweight, and stunting, as well as its negative consequences in adulthood. Research by Ahmad, Madanijah, Dwiriani, and Kolopaking (2018) shows that 50% of children receive the introduction of complementary feeding on time and meet the minimum dietary diversity (MDD). Seventy-four percent of children meet the recommended minimum meal frequency (MMF). Research Soesanti, Saptandari, Adiningsih, Qomaruddin (2020) explained that the practice of feeding stunting children under the age of two years in Pasongsongan Village is strongly influenced by culture.

- 2) Immunization

Holipah, Maharani, and Kuroda's 2018 study showed that of the 26,219 children aged 12-13 months who sampled 12,470 (61.83%) received complete immunization status, 14,559 (72.19%) children had re-

Table 1. Literature review of overview of the implementation of specific nutritional intervention programs in stunting prevention in Indonesia

Number	Articles Titles, sources and Journal Index	Author/ Year/ Country	Purpose	Research Methods	Sample	Results/ Findings
1	Determinants of the Stunting of Children under Two Years Old in Indonesia: A Multilevel Analysis of the 2013 Indonesia Basic Health Survey, Nutrients MDPI (Q1)	Christiana R. Titaley, Iwan Ariawan, Dwi Hapsari, Anifatun Muasyaroh dan Michael J. Dibley/2019/ Switzerland.	Knowing the determinants of stunting in children aged 0-2 years in Indonesia.	This study uses the Cross-Sectional method.	24,657 women with children under the age of two.	Of the 24,657 children under the age of two included in the study, 33,7% (95% CI: 32,8-34,7%) (<i>p value</i> = 0,01) experienced stunting. Java and Bali region 4,417 (31.7%) children experienced stunting. Sumatra 1,942 (35.7%) (<i>p value</i> = 0.001). West Nusa Tenggara (NTB) and East Nusa Tenggara (NTT) 424 (41.1%) (<i>p value</i> = 0.001) children experienced stunting. Kalimantan and Sulawesi 1,255 (35.6%) (<i>p value</i> = 0.007) children experienced stunting. Maluku and Papua 278 (38.9%) (<i>p value</i> = <0.001) children experienced stunting.
2	The Role of Specific and Sensitive Nutritional Interventions in Improving Toddler Nutrition Problems in Bogor City, Health Research Bulletin (S2).	Bunga Ch Rosha, Kencana Sari, Indri Yunita SP, Nurilah Amaliah, NH Utami/2016/ Indonesia.	To identify what specific and sensitive interventions have been made in tackling the problem of toddler nutrition in Bogor City	This research uses qualitative methods.	12 informant.	Specific nutritional interventions are interventions given to toddlers and pregnant women. Interventions in toddlers are immunization, vitamin A, and Supplemental Feeding. Intervention in mothers is Additional Feeding in pregnant women.

ceived DPT immunization, 14,867 (73.71%) children had been immunized for polio, 13,308 (65.98%) children had been immunized with Hepatitis B, 18,815 (93.29%) children had been immunized with BCG, and 17,780 (88.16%) children had received measles immunizations. Based on the results of the study, the percentage of complete immunization in Indonesia is 61.83% but still less than if following WHO and UNICEF because in the "Global Immunization Vision and Strategy" it is explained that the coverage target is 80%, so Holipah et al (2018) explained the need for an introduction to immunization, especially to target mothers who are low formally educated to achieve WHO standards on immunization coverage. Immunization is aimed at preventing the risk of infection where the infection is one of the risk factors in the increased incidence of stunting.

3) Administration of zinc and vitamin A supplements

Research by Ahmad, Madanijah, Dwiriani, and Kolopaking (2018) showed that 25% of children received iron supplementation or multivitamins and fortified foods. Khaeroh and Indriyanti's research (2017) shows that the program of giving vitamin A to input elements in the management of the nutritional status of stunting toddlers has been integrated. Evidenced by the percentage of vitamin A distribution output of 100%. The provision of vitamin A is given during posyandu, thus it is by following per under accordance with the target of community health centers policy and greatly affects the prevalence of stunting.

Evaluation of Stunting Prevention in terms of Specific Nutritional Interventions

A very critical period for the growth and develop-

Number	Articles Titles, sources and Journal Index	Author/ Year/ Country	Purpose	Research Methods	Sample	Results/ Findings
3	Analysis of The Implementation of Integrated Stunting Program Policy in North Lombok Regency, Journal of Health (S3)	Hermawati dan Satrawan/ 2020/ Indonesia.	Describe how the implementation of integrated stunting program policies in North Lombok Regency.	This study uses qualitative methods.	5 informants	Implementation of stunting management policies in intervening in specific nutrition, namely additional feeding, recovery of pregnant women with Chronic Energy Deficiency, breastfeeding of mothers to infants up to 24 months, feeding breast milk companion to children, providing complete basic immunization to child, giving vitamin A & zinc supplements.
4	Supplemental Feeding Program in Pregnant Women Chronic Energy Deficiency, Hygeia: Journal of Public Health Research and Development (S3).	Laelatul Rohmah/2020/ Indonesia.	Knowing the evaluation of the Additional Feeding program in the Kranganyar Health Center Work area.	This research uses qualitative methods.	6 informants with criteria for informant: Program implementers in the Program for Supplemental Feeding of pregnant women who experience CED, have worked for at least 1 year at the Karanganyar Health Center.	The results that in terms of inputs, targets and Human Resources have not been by following per the technical instructions of supplemental feeding. In terms of the process is appropriate but there are obstacles due to dropping from the erratic center, for monitoring is not yet by following per under technical instructions. In terms of output, babies of Chronic Energy Deficient mothers who consume Additional Feeding, born normally, do not experience Low Birth Weight.

ment of children is influenced by the nutritional status of the mother during pre-pregnancy, pregnancy, and breastfeeding. The movement of the first 1,000 days of life or golden period is the period starting from conception until the child is 2 years old, consisting of 270 days during pregnancy and the first 730 days of life since the baby is born. One of the programs contained in the First 1,000 Days of Life Movement in to prevent stunting is a specific nutrition intervention targeting pregnant women, breastfeeding mothers, and children aged 0-23 months.

Khaeroh and Indriyanti's research (2017) evaluates the management of specific nutrition interventions by dividing them into 3 stages, namely: input, process, and output. At the input stage, the health workers involved still need additional, there are no nutrition workers. In the process element, some programs were well implemented, including healthy programs for pregnant women, monitoring growth and development, providing additional food, and giving

vitamin A. At the output, the prevalence of stunting was 16.74% from 33.58%.

Muthia, Edison, Eny Yantri (2019) research also evaluated specific nutritional interventions into 3 components, namely: input, process, and output components. Input component: there is no specific funding for specific nutritional interventions., still a lack of nutritional personnel.

Process component: planning has not been done bottom-up and not all specific nutritional interventions have been recorded reporting. Output component: toddlers who get vitamin A capsules and chronically lack energy who get additional food have met achievement targets and there are still specific nutritional intervention programs that cannot be evaluated.

Overview of Implementation of Specific Nutrition Interventions in Indonesia

According to researchers, the implementation of specific nutrition interventions is quite good, as evi-

Number	Articles Titles, sources and Journal Index	Author/ Year/ Country	Purpose	Research Methods	Sample	Results/ Findings
5	Predictors of early initiation of breastfeeding in Indonesia: A population based-cross-sectional survey, PLOS One (Q1)	Maria Gayatri dan Gouranga Lal Dasvarma/ 2020/ United States	Identify predictors of early initiation of breastfeeding in women in Indonesia	This study uses the Cross-Sectional method	6,616 Indonesian women were collected in the Indonesia Demographic and Health Survey.	Overall, 56.6% (95% CI: 54.9% - 58.2%) of children had EIBF. The statistically significant predictor (p value<0.05) of the EIBF was the status of women not working
6	Exclusive breast milk and energy intake are associated with stunting events in infants aged 6-24 months of Central Java, Journal of Nutrition College (S3).	Dini Nugraheni, Nuryanto, Hartanti Sandi Wijayanti, in Binar Panunggal, Ahmad Syangqy/2020/ Indonesia.	Knowing relationship between history of in-initiation of early breastfeeding, history of exclusive breast milk administration, energy intake, history of protein intake with incidence of stunting babies at age 6-24 months in Central Java province.	This study uses the Cross-Sectional method	3.776 children aged 6-24 months	A total of 1,589 (42.1%) underwent exclusive breastfeeding, while subjects who did not give exclusive breastfeeding were 2.187 (57.9%). The variable that is a factor in the occurrence of stunting aged 6-24 months in the province of Central Java is exclusive breastfeeding (p-value = 0.006).

denced by several programs such as Supplementary Feeding for pregnant women, implementation of Early Breastfeeding Initiation, provision of complementary breastfeeding, provision of vitamin A and zinc that have met the desired achievement targets. Several programs, such as exclusive breastfeeding and immunization, have not yet reached the target and need improvement. Community empowerment is needed to support activities in specific nutrition intervention to support activities in specific nutrition intervention programs. It is necessary to increase knowledge through socialization for equitable distribution of specific nutrition intervention program achievements, especially in eastern Indonesia. It is proven by the research of Hermawati and Sastrawan (2020) which shows the results of the analysis that the stunting prevention program has not been fully able to run optimally because of the many technical obstacles that occurred during the implementation of the activity program in each region in the field.

CONCLUSION

Stunting Incident in Indonesia

Titaley, Ariawan, Hapsari, Muasyaroh, and Dibley research in 2019 with a cross-sectional design which explains that stunting rates are significantly different in each region. In general, the incidence of stunting is higher in the eastern part than in the western part of Indonesia. The regions of West Nusa Tenggara and East Nusa Tenggara (NTB/NTT) have the highest stunting rates (41.1%). The lowest was in the Java-Bali region (31.7%), Kalimantan and Sulawesi (35.6%), then Sumatra (35.7%), then Maluku and Papua (38.9%).

Specific Nutrition Intervention Programs

By following per under the specific purpose of the researcher point 2, namely identifying specific nutritional intervention programs in Indonesia, there are 8 articles answer the specific purpose of the second

Number	Articles Titles, sources and Journal Index	Author/ Year/ Country	Purpose	Research Methods	Sample	Results/ Findings
7	The practice of complementary feeding among stunted children under the age of two. Infectious Disease Reports (Q2)	Inne Soesanti, Pinky Saptandari, Sri Adiningsih, M. Bagus Qomaruddin/ 2020/Italy	Knowing the practice of feeding breast milk companion to stunting toddlers in Pasongsongan Village.	This study uses qualitative methods	Twelve mothers who have children under 2 years of age.	Practice of feeding stunting children under age of 2 in Pasongsongan Village is strongly influenced by culture. Stunting children only consume porridge until the age of 1 year. Children are given eggs, fish, beef, chicken when child can walk because of belief that Pasongsongan fish mothers contain worms.
8	Complementary feeding practices and nutritional status of children 6-23 months old: a formative study in Aceh, Indonesia. Nutrition Research and Practice (Q2).	Aripin Ahmad, Siti Madanijah, Cesilia Meti Dwiriani dan Risatianti Kolopaking/2018/ Korea Selatan.	Analyze complementary feeding practices and the nutritional status of children aged 6-23 months.	This study used the Cross-Sectional method.	392 children aged 6-23 months.	That 61% received breast milk until age of 2 years. 50% of children receive timely complementary feeding recognition, meet minimum dietary diversity. 74% of children meet recommended meal frequency. 25% of children who received iron supplementation or multi-vitamins, fortified foods in form of meat consumed 3 times/ week, nuts, dairy products 3 times/ week. More than a quarter of eggs are consumed 4 times/ week, vegetables 4 times/week, and fruits 3 times/ week, more than half of children eat fish 4.

point researcher. Four articles use qualitative methods and four more articles use cross-sectional design. Stunting prevention interventions in Indonesia are carried out by the health sector which is engaged in improving nutrition/ nutrition in pregnant women, nursing mothers, and children under two years old are called specific nutritional interventions.

Specific nutritional interventions have several programs, namely: Specific nutritional interventions in pregnant women, namely additional feeding to pregnant women. Specific nutritional interventions in nursing mothers with a child age of 0-6 months are Initiation of Early Breastfeeding, Exclusive breastfeeding. Specific nutritional interventions with the target of children under two years old with a child aged 7-23 months are Breastfeeding companion, immunization, vitamin A administration, and zinc supplements.

Evaluation of The Implementation of Specific Nutritional Intervention

It can be concluded that specific nutrition interventions in Indonesia have been well implemented and have contributed enough to prevent stunting and reduce stunting rates in Indonesia. The synergy between various sectors is needed to reduce stunting rates. There is a need for equitable development, especially in Eastern Indonesia, where the prevalence of stunting is still high and it is also necessary to spread health workers, especially nutrition workers, to all corners of Indonesia.

Suggestion

For Local Government are: 1) the importance of the active role of local governments in monitoring and evaluating programs that have been implemented such as those carried out by the Semarang city government and the Padang (Andalas) local government); 2) programs that are carried out related to stunting must be more aggressive in disseminating informa-

Number	Articles Titles, sources and Journal Index	Author/ Year/ Country	Purpose	Research Methods	Sample	Results/ Findings
9	Evaluasi Penatalaksanaan Gizi Stunting di Wilayah Kerja Puskesmas Sirampog. Unnes Journal of Public Health (S3)	Himatul Khoeroh dan Dyah Indriyanti/ 2017/Indonesia	Evaluating the management of the nutritional status of stunting toddlers with input, process, and output elements.	This study uses qualitative methods.	6 Informants	The decrease in prevalence of stunting is supported by programs that include: Healthy programs for pregnant women, exclusive breastfeeding, monitoring growth & development, supplemental feeding, vitamin A supplementation, administration. Management of nutritional status of stunting toddlers in Sirampog Health Center work area related to health programs for pregnant women has been integrated quite well but has not been resolved 100%, because Human Resources still requires additional, especially implementing personnel who are by following per under their competence for cross-sectoral socialization about integrated ANC services. Exclusive breastfeeding program is less conducive because health workers who socialize with nursing mothers to provide exclusive breast milk to their babies are not yet following their basic tasks and functions. Coverage of output of infants & toddlers during posyandu who received Additional Feeding at Sirampog HC in 2015 was 76.8%. That it is by following with the policy standards of the Sirampog Health Center. The vitamin A program is integrated, the percentage of vitamin A distribution output in infants in February is 100%.

tion so that there is no inequality between regions in Indonesia and the community feels the impact and benefits; 3) cooperation between government sectors, namely the health sector, education sector, and technology sector needs to be improved so that the

stunting reduction program can run well, integrated and integrated; 4) equitable distribution of health workers, especially nutritionists throughout Indonesia.

For the next Researcher are: 1) identify sensitive

Number	Articles Titles, sources and Journal Index	Author/ Year/ Country	Purpose	Research Methods	Sample	Results/ Findings
10	The evaluation of the implementation of the stunting prevention prog-ram is reviewed from the Specific Nutritional Inter-vention of First 1,000 Days of Life movement at Pasaman Regency New Pegang Health Center. Andalas Health Journal (S3).	Gina Muthia, Edison, dan Eny Yantri/2019/ Indonesia.	Analyze the evaluation of the implementation of stunting prevention programs reviewed	This study uses a qualitative method.	8 informants	Input components: there is no special fund for specific nutrition intervention, there is still a lack of nutrition staff and there is no SOP on handling growth faltering. Process component: planning has not been carried out bottom-up and not all specific nutrition interventions have reporting records. Out-put components: toddlers who received vitamin A capsules and chronically deficient pregnant women who received Supplementary Feeding had met achievement targets & there were still specific nutrition intervention programs that could be implemented but could not be approached.
11	Determinants of Immunization status among 12 to 23 months old children in Indonesia (2008-2013): a multilevel analysis. BMC Public Health (Q1)	Holipah, Asri Maharani dan Yoshiki Kuroda/2018/ The United Kingdom	Know the determinants of complete immunization status in children aged 12-23 months in Indonesia.	This study used the Cross-Sectional method	Indonesian children aged 12-23 months as many as 26,219.	The proportion of immunized children increased from 47% to 61% in 2013.

nutrition interventions in Indonesia; 2) identify the factors that hinder the implementation of specific nutrition interventions in the community.

For Nursing Staff are: it is hoped that nursing staff can increase the dissemination of information to parents regarding the provision of good Complementary Foods-Mother's Milk to children. The researchers found that the provision of Complementary Foods-Mother's Milk for children in parts of Indonesia who have low levels of regional education, parents still adhere to culture so that not a few children lack protein during their growth period and result in poor nutritional status which then has an impact on children's growth and development. children become stunted

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