

STUNTING PERCEPTION AMONG STAKEHOLDERS: A QUALITATIVE STUDY

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ABSTRACT

Majene Regency had the highest prevalence of stunting in West Sulawesi province in 2018. Addressing this issue requires an integrated approach involving various stakeholders. Understanding their perceptions of stunting is crucial. This study aimed to analyze stakeholders' perceptions of stunting using a Quasi-Qualitative method with a descriptive approach. Data were collected through in-depth interviews, focus group discussions, and observations. Stakeholders responsible for specific and sensitive nutrition interventions in Majene District were selected via purposive sampling. These included the Health Office, Education Office, Women's Empowerment and Child Protection Office, Ministry of Religion, Regional Development Planning Agency, and nutrition officers at the Sendana I Public Health Center. The results revealed differing perceptions among stakeholders about the causes, impacts, prevention, and control of stunting. They viewed stunting as a failure to thrive due to chronic malnutrition, with impacts such as growth disorders, low cognitive abilities, and reduced competitiveness. Each stakeholder had a unique perspective on stunting prevention and management based on their job duties. The study concluded that differing perceptions among stakeholders regarding stunting's causes, impacts, and management stemmed from their varied knowledge and responsibilities. Achieving a common understanding among stakeholders is essential to effectively control stunting through a convergent approach.

Keywords: perception, stakeholders, stunting

INTRODUCTION

Nutritional status in Indonesia, especially for toddlers, is still a problem, including malnutrition and stunting. Good nutrition during 1000 days of early life nutrition is crucial in terms of brain development and physical growth. Stunting or stunted body growth is a form of malnutrition characterized by height for age below the standard deviation (<-2 SD) (WHO, 2005).

Stunting indicates chronic malnutrition and the mother's height that is passed on to the baby which has an impact on the birth length of the baby (Permatasari & Sumarmi, 2018). Stunting in toddlers is the mayor indicator for assessing child welfare and an accurate reflection of social inequality. Indonesia is among the 34 countries in the world that contribute 90 percent of the world's nutritional problems (stunting). Stunting describes the incidence of malnutrition in children under five that lasts for a long time. The impact is not only physical but also on cognitive function, learning

achievement, and economic productivity as adults. Failure to thrive that occurs due to malnutrition during the golden period will harm the next life is difficult to repair (Bhutta et al., 2013; Prendergast & Humphrey, 2014).

Many factors cause stunting in children under five years old, and these factors are related to one another. According to the UNICEF framework, there are three main factors that cause stunting, namely unbalanced food intake, Low Birth Weight (LBW), and a history of the disease (Ergin et al., 2007).

Unbalanced food intake is included in inappropriate exclusive breastfeeding which is caused by limited healthy food that can be consumed (Wiyogowati, 2012). The nutritional status of pregnant women affects the health and development of the fetus. Impaired growth in the womb can cause low birth weight. Research in Nepal shows that babies with low birth weight have a higher risk of becoming stunted (Paudel

et al., 2012). Birth length is also associated with the incidence of stunting. Research in Kendal shows that babies with short birth lengths have a high risk of stunting in toddlers (Meilyasari & Isnawati, 2014). Another factor associated with stunting is the intake of exclusive breastfeeding for children under five. Research in Southern Ethiopia proved that toddlers who did not receive exclusive breastfeeding for six months had a high risk of stunting (Turyashemererwa et al., 2009).

The prevalence rate of stunting in Indonesia is still above 20%, meaning that it has not reached the WHO target is below 20%. West Sulawesi Province is the second highest prevalence of stunting under five in Indonesia (41.8%), most commonly found in Majene district (44.89%) (Kementerian Kesehatan RI, 2018). The high prevalence of stunting in Indonesia is a concern in efforts to achieve the global target to reduce by 40% the number of stunted under-five children by 2025 (World Health Assembly, 2012). So that the convergence of interventions that combine specific and nutrition-sensitive interventions becomes a necessity to be implemented, to control various complex causes of stunting.

Implementation of these two intervention strategies requires good nutrition governance through sustained political commitment, the ability to coordinate cross-sectoral actions and cooperate effectively in the same arena, and allocate resources (Chaparro & Sethuraman, 2014).

Building nutritional governance is highly dependent on the perceptions of all parties involved to ensure program harmonization and alignment in efforts to control stunting, as happened in the Philippines where the knowledge and beliefs of health workers are consistent with providing services at health centers (Sen et.al, 2020). Unfortunately, there are still measly studies that qualitatively explores perceptions of stunting among stakeholders, especially at the regional level. Therefore, a study on the perceptions of stakeholders who are responsible for implementing specific and nutritionally sensitive interventions is needed to overcome the prevalence of stunting in children under five, especially in Majene District, West Sulawesi Province This study was aimed to investigate the perception of stakeholders

about causes, impact, preventing, and control of stunting.

METHODS

This study used a Quasi-Qualitative method with a descriptive approach. This study was conducted in August and September 2020 in Majene Regency as one of the highest stunting prevalence in West Sulawesi after obtaining ethics approval from the health research ethics committee, Faculty of Medicine, Hasanuddin University (No:195/UN 4.6.4.5.31 /PP46/2020). Researcher as one as an instrument, supported by interview guideline, an observation sheet, a camera, recording device,, and a writing instrument. The concept of data saturation was used in this research to guide the conclusion of data collection.

Informants are stakeholders who have the main tasks and functions of stunting control which were selected purposively. There are three kinds of informants namely key informant (head of the health office), supporting informant (nutrition officer primary health care/Puskesmas Sendana I which is a stunting locus in Majene district), and ordinary informants (head of the education office, head of the section of the diniyah education and Islamic boarding school, head of the women's empowerment and child protection office, the staff of development planning agency at sub-national level as a Task Forces to control stunting). The number of participants consisted of three persons from the health sector (head of the health office, and head of nutrition section, nutrition officer primary health care/Puskesmas Sendana I), one person from the education sector (head of the education office), two persons from the ministry of religion Majene District (head of the ministry of religion office, and head of the section of the diniyah education and Islamic boarding school), one person from women's empowerment and child protection sector (head of the women's empowerment and child protection office), one person from regional planning and development agency as a Task Forces to control stunting (n = 8).

Three data collection methods was employed in this study, including in-depth interviews, focus group discussions and observation. After the

ceremony of the research socialization by the principal investigator, the co-investigator met all stakeholders to request participation in this study. Individuals were contacted via telephone to agree to the interview schedule. In-depth interviews were conducted with each participant at a different time and location, and each in-depth interview was conducted between 40 and 60 min. Each in-depth interview was conducted once in person as face-to-face in comfortable conditions and location such as their office. The focus group discussion was held for 3 hours in the hall of the Majene district health office, centrally located venue and conveniently to sharing and discussion. Only one focus group discussion was held because the data were already saturated. In the process of the interview, the researcher supported note-takers, a telephone as a recording device, a camera for documentation collecting data, and an interview guide based on the purpose of this study consisted of key themes, which were the causes and impact of stunting, prevent dan overcoming stunting. Observation conducted to observe the children and measure height and compare with his/her age (Figure 1) as a triangulation form.

Qualitative data analysis by used taxonomy analysis and content analysis were then interpreted and presented in narrative form.

RESULTS AND DISCUSSIONS

a. Informants' characteristic

The in-depth interviews and focus group discussion provided insights into the perceptions of various stakeholders on the stunting. Of the 8 participants interviewed, half were men. The participants' ages ranged from 26 to 62 years. Postgraduate qualifications were held by all participants. Participants had work experience within their relevant field or sector for about 1-4 years.

b. Causes of Stunting

There were variations in stakeholder perceptions about the causes of stunting. From the perspective of the health sector, the causes of stunting are multi-factors, and the main factor is the economy, which implies the nutritional status

of the community. Besides that, many pregnant women suffer chronic energy deficiency triggers the baby born with low birth weight. The other factors are the mothers not appropriate to giving early initiation of breastfeeding to the babies, triggering the failure of exclusive breastfeeding to babies. Other factors are the lack of knowledge on nutrition before marriage, bad diet and poor parenting, lack of exclusive breastfeeding, not appropriate supplementary feeding, mothers do not well-understood food processing for babies over six months and toddlers, so this implies an improper diet.

"... I think the first cause is the economic factor capacity compared to other places, right? Even though she knows about nutrition, but the purchasing power of the people, especially those who are stunted, is indeed far from expectations. The second is their knowledge, even though the team has given education but it does take time and habituation to change..."

(Head of Health Office,)

"Regarding the nutritional problem in Sendana, if it's from the food, one of them is the food, the local ingredients are already fulfilled, especially in the Sendana section. The work here is fishermen's stuff the ingredients are already fulfilled like vegetables. Farmers are also there but return to his son again e his people. There are already ingredients but they don't know how to manage it, there is still a lack of knowledge about food management, which for babies and toddlers is still lacking, so it's a lot of stunting... Pregnant women, right 1000 HPK, starting from pregnancy to 2 years of age, nowhere is still a high target for pregnant women in chronic energy deficiency, so it gives birth to a child who is less nutritious, resulting in stunting, yes LBW, then the early breastfeeding also becomes the success of breastfeeding is low. "

(Nutrition Officer Primary Health Care/ Puskesmas Sendana I,)

“... indeed we did find in the field when we came down there were toddler biscuits that were distributed at every Posyandu in the working area of the Puskesmas, now we found that the patient’s mother also ate biscuits, let alone the mother and father also ate so how good the child is when it comes to food. which should be consumed by their children but their parents also help with good reasons, this is what we all need to pay attention to... ”

(Head of nutrition section of Health Office)

The perception of stakeholders who play a role in nutrition-sensitive interventions states that the cause of stunting is early marriage and lack of knowledge before marriage, which causes neglected children, lack of public awareness of the importance of good nutrition from an early age, which implies a lack of nutritional intake from the first 1000 days of life, and mothers do not give early initiation of breastfeeding to their children because yellow milk or colostrum is considered stale.

“... The main cause is the lack of nutritional intake, since the first 1000 days of life. began. This also happened due to their lack of provision in this knowledge before marriage ... ”

(Head of Education Office of Majene Regency)

“... From the health side, in this case, nutrition, from the economic point of view, improper parenting style, it all affects parenting is like child neglect, mothers leave their children with their grandmothers because they are still young souls, this is influenced by marriage at the age of children

(Head of the Women’s Empowerment and Child Protection Office)

“... The causes that we see in the field are certainly not free from mistakes or mistakes in parenting, because this is the way people don’t only have low

educational backgrounds, but some work so it cannot be denied that they are sometimes abandoned by their children, that’s the term. roughly, for example, maybe entrusting the child to someone else or a family which then, of course, leads to malnutrition, because stunting is the main cause of lack of nutrition, I think so... ”

(Task force stunting regional planning and development agency)

I think the cause is inseparable from the lack of awareness of our society about the importance of good nutrition from an early age since the mother’s pregnancy because e will determine the nutritional status of her child after birth ... ”

(Head of the Ministry of Religious Affairs)

““... The problem of EIB (early initiation breastfeeding) is sometimes people don’t give EIB because they say it is yellow and it is said to be stale even though it exceeds the nutritional content of breast milk, especially career women pay attention to breastfeeding, and we suggest that every office/institution should prepare a room for employees to provide Breastfeeding for children and it is also a child care center but at the office, it is usually not possible to provide such a room... ”

(Head of the diniyah education and Islamic boarding school section of the ministry of religion The Ministry of Religious Affairs Majene Regency)

Many factors cause stunting in toddlers and these factors are interrelated with one another. The previous research on stunting perceptions has been carried out by Liem S regarding social perceptions of stunting in Tangerang Regency shows that even though the term stunting is increasingly known, it has not been accompanied by adequate social perceptions especially malnutrition factor (Liem et al., 2019). Studies in the Philippines show stakeholder perceptions of health workers regarding the causes of stunting, namely nutritional

Table 1. World Cloud of Causes Stunting Perceived by Stakeholders

Statements Code
Economic and knowledge factors
Less nutritional intake since 1000 HPK
Lack of knowledge before marriage
Poor knowledge about food management for babies
Chronic energy deficiency in pregnant women
Poor parenting
Neglect of children
Lack early initiation of breastfeeding implementation
Lack of knowledge about food and parenting
Lack of exclusive breastfeeding
The biscuit supplement program is less consumed by children
Lack of nutrition awareness from the society

and genetic deficiencies, followed by disease, hard work, and lack of sleep. And lack of sufficient nutrition during pregnancy. Studies in the Philippines show stakeholder perceptions of health workers regarding the causes of stunting, namely nutritional and genetic deficiencies, followed by disease, hard work, and lack of sleep. and lack of sufficient nutrition during pregnancy (Hossain et al., 2017). Nutritional status of pregnant women influences the health and development of the fetus. Impaired growth in the womb can cause low birth weight (Woldeamanuel et al., 2019).

c. The Impact of Stunting

The perception of stakeholders from the health sector about the consequence of stunting is a disorder in children's growth, psychomotor, and brain development, also vulnerability to disease. All of the impacts of stunting are considered a short-term consequence, based on the WHO conceptual framework about stunting. Meanwhile, the long-term effect of stunted children is to cause cognitive development disorder, low competitiveness, less creativity. It is difficult to find a good job that requires a qualified height such as police and soldiers so that the future is bleak.

".. What is worried about is of course the long term because it will affect the growth and development of the child, the height does not match his peers who are the same age, the disturbance of brain development, the catching power

is slow so that the competitiveness is low, they could be guests in their own house anyway, meaning that there will be a lot of unemployment or something, low effectiveness ..." (Head of Nutrition Section Health Office)

"... Usually, stunting is a health impact, very susceptible to the most visible disease, but cognitive development, whatever, the psychomotor will be different from those who are not stunted who have good nutrition ..then the impact is also their competitiveness, how directly is the physical factor too. " (Head Health Office)

"... The impact is, for example, when one of them is looking for work because most of them are seen from the height, so poor children who want to register the police or what. Then, brain development is also low from stunting, not only in terms of physicality but also like children's development too, creativity at school.." (Nutrition officer, PHC Sendana I)

From the other sectors has responsibility for the nutrition sensitive intervention, their perception almost same with the health sector opinion. However, additional information was obtained that the linear growth disorder in children were seen after 2 years of old. Besides, the impact stunting can also cause delay of intelligence quotient will affect his performance in the future ..."

"The impact will be seen later, the first 1000 days of life is 2 years 3 years, on the height and development is linear, then the brain ..." (Head of Education Office)

"...delay in physical development and IQ due to people's lack of knowledge about health and nutrition. So, in my opinion, stunting is the obstruction of physical development and the inhibition of one's intellectual development which, according to what I know ..." (Head of the Ministry of Religion Affairs)

"... Talking about the impact of the body height is only physical, but actually what we are worried about is that in the long

term this is stunting, of course, this child will be slow in development, so maybe it is more cognitive because it will affect his performance in the future ...” (Task Force Stunting, Regional Planning and Development Agency)

Most of the informants in this study have the perception that the long-term impact on stunted children is identical to a short stature and has low competitiveness which is influenced by improper nutrition.

Accordance to the results of observations, it’s found that the impact of stunting can be seen on after first 1000 days of life, which the height not age-appropriate or non-linear. Children who are stunted have slow growth from their age, namely weight 12 kg, height 80 cm, and age 25 months (Figure 1). This observation supporting the informant perception from the education sector.

The long-term impact of stunting is not only affecting growth but also slow brain development of children which in turn results in low competitiveness, and finally affects children’s their lives in the future. Stunting before two years of old predicts poorer cognitive and educational outcomes in childhood and adolescence. This statement was proved in Ethiopia by (Woldehanna et al., 2017) that early childhood stunting is significantly negatively associated with the cognitive performance of children. Cognitive development includes aspects of thinking skills including learning skills, problem solving, rationality, and memory (Ekholuenetale et al., 2020). According to (Yadika et al., 2019) regarding the effect of stunting on cognitive development and learning achievement, it shows that nutritional deficiencies

for a long time will cause permanent brain function disorders.

The results of a qualitative study in the Philippines that examined stakeholder perspectives regarding stunted children found that health workers mention that the impact of stunting causes lower cognitive abilities and problems during pregnancy for women. Policy makers who are less involved in handling stunting mention that children who suffer from stunting will receive intimidation and exclusion from high-requirement jobs, while policy makers with greater involvement in control stunting mention the consequences of stunting children such as slower cognitive development, worse performance in school, and lower work productivity (Sen et al., 2020).

The impact of stunting can be categorized into short-term and long-term impacts. The short-term impact of stunting can cause growth failure, inhibition of cognitive and motor development, and not optimal physical body size and metabolic disorders. Long-term impact causes decreased intellectual capacity. If there are obstacles to cognitive and motor development, it can have an impact on the decrease in the ability to absorb lessons at school age which will affect their productivity as an adult (Primasari & Keliat, 2020).

d. Prevention and Control of Stunting

Regarding the problem of preventing and overcoming stunting, stakeholders from the health sector have the perception that they have carried out a number of activities in the form of a nutrition improvement program in the first 1000 days of life by creating a program to care for pregnant women, training cadres as counselors for feeding children in every village, discussing with mothers who have stunting children regarding their diet and parenting patterns so that stunting can be controlled. In addition, programs outside the target of the first 1000 days of life were carried out, namely youth groups by forming posyandu and CERIA cadres (preventing adolescents from anemia). However, there were several obstacles so that the program did not run continuously, such as because of a change of cadres due to changing village heads, however, they were still notified to the puskesmas so that the newly elected cadres would still be

Table 2. Word cloud of Stunting Consequence Perceived by Stakeholders

Statements Code
Body Height and brain development
Low competitiveness, Unemployment
Delay or inhibit IQ development
Vulnerable to disease, Disturbance psychomotor development Poor cognitive
Performance in the future ...”

trained in implementing child feeding counseling using BOK funds (health operational assistance), and encouraging the use of funds. villages for child feeding counseling activities in each village. Another perception from the health sector is that there is indeed a need for cross-sectoral cooperation that is strengthened by regulations in the use of natural resources, especially fish which are abundant in the Majene district, as well as making a number of innovations and education to the public.

“.. We have formed cheerful cadres, we have trained child feeding (PMBA) counseling in all villages since 2016, we have trained at least 1 village 2 people to become counselors. “... We are still training PMBA cadres until this year, but it seems that next year there will be no more, in the last 2020 funds from the central government if funds from the regions have been erased, especially yesterday since Covid was all gone. So our activity is an intervention for the locus village, so we try to encourage the locus village so that the funds in the village can be used for how to handle stunting. These innovations are maximized to keep the pathway for handling stunting. Then care for pregnant women it's 2018 so that's what we have done, there was once in 2019 there was a cheerful Posyandu. So we are not only going to 1000 HPK, we are trying to get closer to teenagers, the plan is that this year the road is just like the situation, but we still encourage the Puskesmas, there is a youth Posyandu so we try how to keep going ..(Head of Nutrition Section, Health Office)

“... The handling of stunting must indeed be cross-sectoral with our natural resources, especially in particular, there are a lot of fish resources. Japan, when compared to last years in World War II, can rise from the education sector, so we have to work. hard. Compared to other districts there is no other livelihood besides fish, so from the factor of education and public education it is

the influential factor, then it is assisted by regulations and rules on how to make innovations so how availability. For example, the family planning factor is not limiting but controlling the pregnancy ..(Head of Health Office)

“...Handling stunting, the problem of stunting is not only a health issue because the cause of stunting is due to food intake, there was an activity from the province yesterday, namely nutrition service activities in the village of stunting locus, so we are looking for how to care for and eat and the results are still some parents who think that there are certain foodstuffs that cannot be eaten, for example, if a child eats fish, they will experience worms with a certain age, the food cannot be swallowed so there are many perceptions in the community that they still need an educational approach. We also carry out training activities for PMBA (Infant and Child Feeding) cadres, the problem is that at the time of selecting a new village, sometimes some of the cadres are replaced so that the trained cadres stop doing counseling because they are not in the decree, but they still encourage nutrition officers to keep making SK cadres that change and continue to do counseling with BOK funds at the Puskesmas... (Head of Nutrition Section, Health Office)

The same thing was conveyed by the stunting prevention task force from the regional planning and development agency, that stunting prevention programs are not only focused on the first 1000 days of life by involving the health sector, but also by preventing early marriage as a trigger for stunting. as well as conducting pre-marital counseling/education and ensuring the proper nutritional status of the bride and groom. The program was set out in a memorandum of understanding between the regional planning and development agency, the health office and the ministry of religious affairs. This is confirmed by a statement from the Ministry of Religion as a commitment to prevent child marriage.

“... Actually what we are targeting is 1000 HPK and this involves the health office, if from other precautions that have been carried out, the MOU with the Ministry of Religion for child marriage, that’s why this is the only activity with the word conference ...”

“... Efforts in handling stunting, that is, we involve the ministry of religious affairs (KUA) regarding pre-marriage about how the bride and groom are nutritionally and how to provide future bride and groom (catin) education ...”

(Task Force Stunting, Regional Planning and Development Agency)

“...The services that exist in the ministry of religion so far have a lot to do with the existence of this Stunting, one of which is, for example, early marriage, so we and the local government, especially with the health and civil registration services, already have an MOU regarding how to hold back the pace. This stunting is according to the portion we have, now I happen to be in the Ministry of Religion handling marriages and it is realized that in the upper Majene early marriages are one of the sources of this high stunting ...” (Head of the Ministry of Religion Affairs)

Efforts to prevent and control stunting according to stakeholders from the women’s empowerment and protection agency by implementing a number of programs such as training for breastfeeding counselors, socializing the use of Moringa leaves as a nutrient-rich food to prevent stunting children, and holistic early childhood education (PAUD) programs with providing three nutrition workers as breastfeeding counselors, as well as a child-friendly school program. In addition, the family welfare empowerment team from the women empowerment and child protection office has conducted counseling on “Majene mapacking: as a movement to live clean and healthy, and keep the environment in a clean condition, so it is not easy for diseases to occur, especially infectious diseases

which are one of the triggers for the occurrence. stunting child.

“... We conduct breastfeeding counselor training by providing an understanding of breastfeeding to the target and how to do breastfeeding properly. Then the socialization of the use of Moringa leaves has been held and the benefits can be applied later in the villages in handling stunting, counseling on “Majene Mapacking”: in each sub-district has been carried out by the PKK and also held holistic PAUD followed by education about the condition of children in Holistic PAUD and there 3 nutrition workers if anyone needs counseling on breastfeeding, then the child-friendly school program ..” (Head of the Women’s Empowerment and Child Protection Office)

The education sector as another stakeholder states that efforts to prevent stunting through making reproductive health a curriculum in local content subjects to provide understanding to school-age children, especially junior high school children in preparing for the transition period for marriage preparation with the aim of minimizing the incidence of stunting. The education sector is involved in sensitive intervention, by implementing programs from the ministry of education related to the education of trainer candidates for early childhood education teachers, involving 20 teachers and each trained teacher to train 2 villages. In addition, a memorandum of understanding has been signed between the education office and the office of women’s empowerment and child protection for the implementation of holistic and integrated early childhood education, and, and there was also the signing of a memorandum of understanding between the education office and the health office regarding the provision of iron tablets to junior high school children

“... We provide an understanding of local content to further hinder this with a curriculum that includes reproductive health and minimizes stunting in terms of understanding the age of junior high school students because they want to

enter the transition to the next level which is marriage preparation, and there was also the signing of a memorandum of understanding between the education office and the health office regarding the provision of iron tablets to junior high school children ...”

(Head of the Education Office)

“... The handling of stunting is a sensitive intervention in the education office. It has attempted to produce a program from the center of the ministry of education called PCP (training for trainees) that has been carried out at the ministry and the participants are PAUD teachers because early childhood education is a sensitive age that needs to be addressed, already there are 20 PAUD (early childhood) teachers who are PCP and these have been integrated. PCP has been running in 2019 and has trained the target, namely PAUD teachers so 1 PCP trains 2 villages..” (Head of the Education Office)

There was some variations in the perceptions of informants about stunting (causes, impact, prevention and controlling) was based on different levels of education, knowledge and occupation or job duties. All stakeholders' perceptions regarding the prevention and control of stunting are based on the main tasks of the work in their respective institutions related to specific and sensitive-nutrition interventions. Types of specific interventions carried out were delivered by stakeholders from the health sector, while sensitive nutrition interventions were delivered by stakeholders outside the health sector. Efforts to prevent and control stunting in an integrated manner are only at the level of commitment manifestation marked by a memorandum of understanding between the health and non-health sectors driven by the regional development planning agency, but this cooperation has not been realized in the field during this research.

Thus, the effort will be an important entry point to accelerate the reduction in the prevalence of stunting in the Majene Regency. There is

Table 3. Word cloud of Prevention and Control of Stunting Perceived by Stakeholders

Statements Code
Care for pregnant women,
Cadre training on infant and child feeding
Infant and child feeding counseling by cadre
Youth Posyandu and Cheerful cadres
Cross-sector collaboration,
Innovations and education.
Encourage use of village funds
Breastfeeding counselors,
Socialization of the use of Moringa leaves
Counseling on “Majene Mapaccing”
Prevention in the first 1000 days of life
Suppress child/early marriage
Pre-marital counseling
Ensuring the nutritional status of the bride and groom
Reproductive health curriculum
Training of trainer for early childhood teacher

evidence from several countries that have succeeded in reducing the prevalence of stunting fantastic every year, such as in Asia (Bangladesh and Vietnam) and Latin America (Brazil) with an average annual decline in both countries in Asia of 4.5% and Brazil 8.4 %. It s due to a strong political commitment and multi-sectoral collaboration between government, non-government, national, and international organizations and programs delivered through community service delivery platforms with active community engagement (Hossain et al., 2017).

CONCLUSION

Stakeholder perceptions of the causes, impacts, prevention, and control of stunting differ based on knowledge and experience as well as their respective perspectives, and all their given perception is positive, This study suggests examining the implementation, monitoring, and evaluation of the convergence program agreed upon in the memorandum of understanding, by involving the active participation of the community.

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