



p-ISSN 1693-7228
e-ISSN 2540-8410

Vol. 17 No. 1SP (2022): Media Gizi Indonesia (National Nutrition Journal) Special Issue: International Conference on Stunting 2022

Current Issue



Jurnal Ilmiah **MEDIA GIZI** *Indonesia*



Accredited by SINTA Indonesia (SINTA 2)
SK DITJEN RISBANG KEMENRISTEKDIKTI RI NO 3/E/KTP/2019
(National Nutrition Journal)



p-ISSN 1693-7228
e-ISSN 2540-8410


Vol. 17	No. 1	Page 1 – 263	Special Edition 2022
---------	-------	--------------	----------------------

Vol. 17 No. 1SP (2022): Media Gizi Indonesia (National Nutrition Journal) Special Issue: International Conference on Stunting 2022

Published: 2022-12-15

Front Matter

Front Matter Jurnal MGI 2022 Special Issue

 DOI : 10.20473/mgi.v17i1SP.%p


 Abstract : 198

 PDF : 211

 PDF

Special Issue: International Conference on Stunting 2022

Perbandingan Metode Online dan Offline dalam Peningkatan Awareness Calon Pengantin Terhadap Gizi Prakonsepsi Sebagai Upaya Pencegahan Stunting pada Kursus Persiapan Pernikahan

 DOI : 10.20473/mgi.v17i1SP.1-5

 Dominikus Raditya Atmaka , Nila Reswari Haryana , Qonita Rachmah , Stefania Widya Setyaningtyas , Anisa Lailatul Fitria , Azizah Ajeng Pratiwi , Aliffah Nurria Nastiti , Asri Meidyah Agustin , Rian Diana , Mahmud Aditya Rifqi


 1-5

 Abstract : 712

 PDF : 458

 PDF

Diversification of local products based on Wet Protein Isolate of Catfish (*Clarias Sp*) as a protein source to prevent stunting

 DOI : 10.20473/mgi.v17i1SP.6-12

 Patmawati , Wini Trilaksani , Widati Fatmaningrum , Siti Rahayu Nadhiroh

 6-12


 Abstract : 347

 PDF : 156

 PDF

GAMBARAN PENYEBAB KELUARGA BERISIKO STUNTING DI KABUPATEN BOJONEGORO

Overview of the Causes of Families at Risk for Stunting in Bojonegoro District

 DOI : 10.20473/mgi.v17i1SP.13-21

 Endah Budi Permana Putri , Faradila Putri Namira , Achmad Syafiuddin


 13-21

 Abstract : 491

 PDF : 314

 PDF

PROGRAM DAN INTERVENSI PEMBERIAN MAKAN BAYI DAN ANAK (PMBA) DALAM PERCEPATAN PENANGGULANGAN STUNTING

 DOI : 10.20473/mgi.v17i1SP.22-30

 Nur Mufida Wulan Sari , Farah Rosyihana Fadhila , Ulfatul Karomah , Emyr Reisha Isaura , Annis Catur Adi


 22-30

 Abstract : 495


 PDF : 367


 PDF

POTRET PERSEPSI NILAI GENDER DALAM PROGRAM PERCEPATAN PENURUNAN STUNTING DI DESA SUKOJEMBER, KECAMATAN JELBUK, KABUPATEN JEMBER

 DOI : 10.20473/mgi.v17i1SP.31-38

 Atik Rahmawati , Ni mal Baroya , elok permatasari , Globila Nurika , Leersia Yusi Ratnawati


 31-38

 Abstract : 381

 PDF : 317

 PDF

Relevansi Intervensi Perbaikan Sanitasi untuk Mencegah Kejadian Stunting Masa Pandemi COVID-19 di Indonesia: Meta Analisis

 DOI : 10.20473/mgi.v17i1SP.39-46

 Nabila Mutia Rahma , Dominikus Raditya Atmaka , Anisa Lailatul Fitria , Azizah Ajeng Pratiwi , Qonita Rachmah , Alifah Nurria Nastiti , Asri Meidyah Agustin , Lilis Sulistyorini


 39-46


 Abstract : 521

 PDF : 213

 PDF

PENINGKATAN PENGETAHUAN GIZI TERKAIT MAKANAN PENDAMPING ASI (MP-ASI) MELALUI EDUKASI DAN HANDS-ON-ACTIVITY PADA KADER DAN NON-KADER

 DOI : 10.20473/mgi.v17i1SP.47-52

 Qonita Rachmah , Lailatul Muniroh , Atmaka Dominikus Raditya , Fitria Anisa Lailatul , Pratiwi Azizah Ajeng , Agustin Asri Meidyah , Nastiti Aliffah Nurria , Arum Damar Aditya Bayu Sukma , Helmyati Siti , Wigati Maria


 47-52


 Abstract : 428


 PDF : 188

 PDF

Kampanye Partisipatory Anti-Stunting dengan Menggunakan Sosial Media Tiktok di Jawa Timur

 DOI : 10.20473/mgi.v17i1SP.53-57



 Bunga Farida , Siti Rahayu Nadhiroh , Edi Dwi Riyanto , Mochammad Bagus Qomaruddin , Shrimarti Rukmini Devy , Er Trisna Juwita

 53-57


 Abstract : 272

 PDF : 125 PDF




GAMBARAN PENGETAHUAN STAKEHOLDER TENTANG STUNTING DALAM UPAYA PERCEPATAN DESA EMAS DI KABUPATEN MOJOKERTO

 DOI : 10.20473/mgi.v17i1SP.58-63 Ni Njoman Juliasih , Eko Budi Santoso , Ade Lia Ramadani , Sugiharto 58-63 Abstract : 225 PDF : 78 PDF



Penta-helix “Desa Emas” As A Commitment to Accelerate Stunting Reduction in Sumenep Regency, East Java Province

 DOI : 10.20473/mgi.v17i1SP.64-75 Nuraini Fauziah , Qurnia Andayani , Septi Ariadi , Toetik Koesbardiaty , Bayu Praharsena 64-75 Abstract : 286 PDF : 99 PDF


REGIONAL MAPPING IN BANGKALAN DISTRICT BASED ON POTENTIAL INDICATORS OF TOTAL STUNTING USING K-MODE CLUSTER ALGORITHM

 DOI : 10.20473/mgi.v17i1SP.76-82 Adma Novita Sari , Dzuria Hilma Qurotu'ain , Faradilla Harianto , Sa'idah Zahrotul Jannah 76-82 Abstract : 241 PDF : 93 PDF

The Correlation between Food Security with Stunting Toddler from Fisherman Family

 DOI : 10.20473/mgi.v17i1SP.83-89 Warda Eka Islamiah , Siti Rahayu Nadhiroh , Endah Budi Permana Putri , Farapti , Chyntia Apris Christiwan , Priskila Kris Prafena 83-89 Abstract : 279 PDF : 302 PDF

Determinant of Adherence to iron supplementation in Adolescent Girl In Spesific Intervention For Stunting Prevention: Systematic Review

 DOI : 10.20473/mgi.v17i1SP.90-96

 Alma Feriyanti , Nafiatus Sintya Deviatin , Ira Nurmala , Sri Widati , Dominikus Raditya Atmaka

 90-96


 Abstract : 270


 PDF : 244

 PDF

Peta Potensi Pengentasan Stunting di Kota Surabaya

 DOI : 10.20473/mgi.v17i1SP.97-103

 Endang Retno Surjaningrum , Eldatia Utari Putri , Nur Ainy Fardana N. , Lucia Tri Suwanti , Lutfi Agus Salim , Esti Yunitasari , Bani Bacan Hacantya Yudanagara , Lantip Muhammad Dewabrata

 97-103

 Abstract : 202

 PDF : 183

 PDF

EDUKASI PEMBERIAN MAKANAN TAMBAHAN BERBASIS BAHAN LOKAL UNTUK BALITA STUNTING DENGAN MEDIA ANIMASI

 DOI : 10.20473/mgi.v17i1SP.104-111

 Pipit Festi Wiliyanarti Wiliyanarti , Dede Nasrullah , Royyan Salam , Idam Cholic

 104-111


 Abstract : 508

 PDF : 374

 PDF

POTENSI BALITA RISIKO STUNTING DAN HUBUNGANNYA DENGAN KELUARGA PRA-SEJAHTERA DI JAWA TIMUR: ANALISIS DATA PK-21

 DOI : 10.20473/mgi.v17i1SP.112-119

 Siti Rahayu Nadhiroh , Edi Dwi Riyanto , Sa'idah Zahrotul Jannah , Ika Savitri Salsabil

 112-119


 Abstract : 385

 PDF : 602


 PDF

The The Role of Family Companions in Reducing Stunting

PERAN PENDAMPING KELUARGA DALAM MENURUNKAN STUNTING

 DOI : 10.20473/mgi.v17i1SP.120-126

 Uliyatul Laili , Endah Budi Permana Putri , Lailatul Khusnul Rizki

 120-126

 Abstract : 266


 PDF : 556

 PDF

Pembuatan Protipe Sarana Air Bersih Sebagai Solusi Alternatif Percepatan Penurunan Stunting di Kabupaten Pacitan

 DOI : 10.20473/mgi.v17i1SP.127-138

 Deti Rahmawati , Eddy Setiadi Soedjono , Soedarso Soedarso , Nastasia Festy Margini , Mukodi Mukodi

 127-138


 Abstract : 191


 PDF : 210

 PDF

ANALISIS SITUASI UPAYA PERCEPATAN PENURUNAN STUNTING DENGAN PENDEKATAN KELUARGA BERISIKO STUNTING (Studi Kasus di Kabupaten Jombang Jawa Timur)

 DOI : 10.20473/mgi.v17i1SP.139-144

 Widati Fatmaningrum , Siti Rahayu Nadhiroh , Agus Raikhani , Budi Utomo , Luluk Masluchah , Patmawati

 139-144


 Abstract : 794


 PDF : 330

 PDF

Status Ekonomi Keluarga dan Kecukupan Gizi dengan Kejadian Stunting pada Anak Usia 6-24 Bulan di Kota Surabaya

 DOI : 10.20473/mgi.v17i1SP.145-152

 Hasanah Ayuningtyas , Siti Rahayu Nadhiroh , Zida Sinata Milati , Alfin Lailatul Fadilah

 145-152

 Abstract : 423

 PDF : 733

 PDF

The association of sanitation, birth history, and nutritional status on the incidence of diarrhea among children under five in Zambia, South Africa

 DOI : 10.20473/mgi.v17i1SP.153-160

 Wizara Salisa , Trias Mahmudiono , Mahmudah

 153-160

 Abstract : 200


 PDF : 81

 PDF

Analisis Faktor Risiko Maternal terhadap Keluarga Berisiko Stunting

Studi di Kabupaten Jember, Jawa Timur, Indonesia

 DOI : 10.20473/mgi.v17i1SP.161-167

 Dr. Elok Permatasari, M.Kes. , Leersia Yusi Ratnawati , Ni'mal Baroya , Globila Nurika , Farida Wahyu Ningtyias , Andrei Ramani

 161-167

 Abstract : 258

 PDF : 180



Determinants that Contributes to Stunting Prevention Behavior in Pregnant Woman in Indonesia

DOI : 10.20473/mgi.v17i1SP.168-174

Nafiatu Sintang Deviatin , Alma Feriyanti , Shrimarti Rukmini Devy , Muji Sulistyowati , Leersia Yusi Ratnawati , Qurnia Andayani

168-174

Abstract : 246

PDF : 149



PROFIL PENGGUNAAN ALAT KONTRASEPSI PADA WANITA USIA SUBUR DI KECAMATAN PUJER, KABUPATEN BONDOWOSO, JAWA TIMUR

DOI : 10.20473/mgi.v17i1SP.175-179

Dwi Martha Nur Aditya , Sawitri Boengas , Rivan Virlando Suryadinata , Dita Sukmaya Prawitasari , Winnie Nirmala Santosa

175-179

Abstract : 197

PDF : 99



Evaluating Change Behaviour Training Model for Improving Nutrition Knowledge and Counseling Skill among Peer Counselors in Malang District

DOI : 10.20473/mgi.v17i1SP.180-185

Nurul Muslihah , Intan Yusuf Habibie , Annisa Rizky Maulidana , Netty Dyah Kurniasari , Bunga Farida , Ririn Harini

180-185

Abstract : 154

PDF : 152



MODIFIKASI EDUKASI DAN PENDAMPINGAN GIZI IBU BALITA CEGAH STUNTING MELALUI KEGIATAN "HEALTHY FOOD COOKING CLASS"

DOI : 10.20473/mgi.v17i1SP.186-192

Dwi Faqihatus Syarifah Has , Eka Srirahayu Ariestiningsih , Nur Cahyadi , Amalia Rahma , Endah Mulyani , Diah Fauziya Zuhro

186-192

Abstract : 226



PDF : 121



Buang Air Sembarangan dan Stunting

DOI : 10.20473/mgi.v17i1SP.193-199

Inne Soesanti Soesanti , Dian Shofiya , Winarko Winarko , Mujayanto Mujayanto , Rahmania Rahmania



 193-199 Abstract : 218 PDF : 126 PDF

Women in Health Communication The Role of Family Assistance Teams (TPK) in Accelerating Stunting Reduction in East Java

Women in Health Communication The Role of Family Assistance Teams (TPK) in Accelerating Stunting Reduction in East Java


 DOI : 10.20473/mgi.v17i1SP.200-210 Netty Dyah Kurniasari , Emy susanti , Yuyun WI Surya 200-210 Abstract : 216 PDF : 158 PDF

Komitmen Pimpinan Pada Penurunan Stunting Di Kabupaten Tuban Jawa Timur


 DOI : 10.20473/mgi.v17i1SP.211-214 Dian Shofiya , Inne Soesanti , Rachmaniah , Winarko , Mujayanto , Sa'idah Zahrotul Jannah 211-214 Abstract : 344 PDF : 155 PDF

PENINGKATAN KETAHANAN PANGAN DAN PENGENTASAN STATUS KEMISKINAN DALAM KONVERGENSI PENURUNAN ANGKA STUNTING

Food Security Integration and Poverty Status Reduction in the Convergence of Stunting Reduction

 DOI : 10.20473/mgi.v17i1SP.215-220 Faraiesa Nurahadiyatika , Dominikus R. Atmaka , Aghnia Ilmi Imani 215-220 Abstract : 485 PDF : 151 PDF

Penurunan Prevalensi Stunting Di Desa Sudimoroharjo Kabupaten Nganjuk Sebagai Luaran Program Pendampingan Intensif Lintas Sektor Kepada Ibu Dengan Baduta Stunting

 DOI : 10.20473/mgi.v17i1SP.221-229 Cleonara Yanuar Dini , Farida Farah Zakiya , Dwi Apriliani , Aisyaturida Amelia , Larastiti Windatari , Cindy Gita Chayani , M. Thoriq Aqilhasib , Decca Pinky Nugroho , Shannon Ellya Marolop , David Aditya , Maulana Suryananda R , Dwi Anindya A , Azalia Putri Salsabila , Reza Dwi Ramadhan , Alfiyah Nahdah Kamilah , Arma Andi Kusuma , Choirul Anna Nur Afifah , Amalia Ruhana , Satwika Arya Pratama , Galuh Impala Bidari , Ali Imron 221-229 Abstract : 313 PDF : 248



STUDY OF READINESS FOR IMPLEMENTATION OF INTEGRATED STUNTING REDUCTION INTERVENTIONS IN KLOJEN DISTRICT, MALANG CITY

DOI : 10.20473/mgi.v17i1SP.230-238

Fitria Dhenok Palupi , Indri Hapsari , Ibnu Fajar , Nurul Hakimah , Tapriadi Tapriadi , Juin Hadisuyitno , Siti Rahayu Nadhiroh

230-238

Abstract : 183

PDF : 132



SINERGI LINTAS SEKTOR DALAM PERCEPATAN PENURUNAN STUNTING DI KABUPATEN NGANJUK, JAWA TIMUR

DOI : 10.20473/mgi.v17i1SP.239-243

Ali Imron , Cleonara Yanuar Dini , Satwika Arya Pratama , Udin Kurniawan Aziz , Siti Mudiayah , Diyah Herowati , Fonny Indri Hartanti

239-243

Abstract : 426

PDF : 142



The Dual Role of Early Childhood Teachers as Health Cadres in Reducing Stunting

DOI : 10.20473/mgi.v17i1SP.244-249

Nurul Hakimah , Siti Rahayu Nadhiroh , Dhorta , Tapriadi , Fitria Dhenok Palupi , Indri Hapsari , Ibnu Fajar , Juin Hadisuyitno

244-249

Abstract : 214

PDF : 160



IMPLEMENTASI DANA DESA SEBAGAI UPAYA INTERVENSI PENURUNAN STUNTING DESA PANDAN WANGI KECAMATAN DIWEK KABUPATEN JOMBANG

DOI : 10.20473/mgi.v17i1SP.250-256

Agus Raikhani , Luluk Masluchah , Widati Fatmaningrum , Patmawati , Budi Utomo , Sa'idah Zahrotul Jannah

250-256

Abstract : 284


PDF : 222



KEARIFAN LOKAL DALAM PAWON URIP UNTUK PENCEGAHAN STUNTING DI KABUPATEN LUMAJANG JAWA TIM

DOI : 10.20473/mgi.v17i1SP.257-263

 Muhammad Luthfi Abdul Ghaffar , Edi Dwi Riyanto , Siti Rahayu Nadhiroh , Mohammad Zainal Fatah , Ira Nurmala

 257-263

 Abstract : 469

 PDF : 172

 PDF

Login

Username *

Password *

[Forgot your password?](#)

Keep me logged in

[Login](#) [Register](#)

Accreditation & Certificate



[Download Certificate](#)

[Focus and Scope](#)

[Publication Ethics](#)

[Article Processing Charge](#)

[Peer Reviewers](#)

[Peer Review Process](#)

[Open Access Statement](#)

[Plagiarism](#)

[Copyright](#)

[Old Website](#)



Editorial Team



Prof. Dr. Annis Catur Adi, Ir., M.Si

Chief Editor

Department of Nutrition, Faculty of Public Health, Universitas Airlangga, Indonesia



Annis Catur Adi

57200582013



Associate Professor. C.A. Kalpana, M.Sc., Bed., M.Phil., PhD

Editorial Board

Avinashilingam Institute for Home Science and Higher Education for Women, India



Prof. C. A .Kalpana

57217200138



Assoc. Prof. Wantanee Kriengsinyos, Ph.D

Editorial Board

Human Nutrition Division, Institute of Nutrition, Mahidol University, Thailand



6506938692



Assoc. Prof. Hazreen Bin Abdul Majid, Bsc. Dietetic.,

M.Nut.Dietetic., Ph.D

Editorial Board

Department Social and Preventive Medicine, Faculty of Medicine, University of Malaya, Malaysia



54893067500



Prof. Dr. Ir. Dodik Briawan, MCN

Editorial Board

Department of Community Nutrition, Human Ecology Faculty, Bogor Agricultural University, Indonesia



-

56157628600



-



Prof. R. Bambang W, dr, MS, MCN, Ph.D, SpGK

Editorial Board

Department of Nutrition, Faculty of Public Health, Universitas Airlangga, Indonesia



-

56403330300



-



Prof. Dr. Luthfiyah Nurlaela, M.Pd

Editorial Board

State University of Surabaya, Indonesia



-

57193699945



-



Dr. Beben Benyamin, PhD

Editorial Board

School of Health Sciences, University of South Australia



-

16314927500



-



Loh Su Peng, PhD

Editorial Board

Department of Nutrition & Dietetics, Faculty of Medicine & Health Sciences, Universiti Putra Malaysia



-

23972729900



-



Sueppong Gowachirapant, Ph.D

Editorial Board

Institute of Nutrition, Mahidol University, Thailand



-

12764961000



-



Dr. Ir. Tri Dewanti Widyaningsih, M.Kes

Editorial Board

Department of Food Science and Technology, Faculty of Agriculture Technology, University of Brawijaya, Indonesia, Indonesia



-

-

55900709900



-



Dr. Toto Sudargo, M.Kes,

Editorial Board

Undergraduate School of Nutrition and Health, Faculty of Medicine, Gadjah Mada University, Indonesia



-

-

56158010900



-



Prof. Dian Handayani, SKM.,MKes.,Ph.D

Editor Board

Nutrition Department, Faculty of Medicine, University of Brawijaya, Indonesia



-

-

56035896000



-



Qonita Rachmah, S.Gz, M.Sc (Nutr & Diet)

Managing Editors

Department of Nutrition, Faculty of Public Health, Universitas Airlangga, Indonesia



-

-

60069383



-



Stefania Widya Setyaningtyas, S.Gz, MPH

Managing Editors

Department of Nutrition, Faculty of Public Health, Universitas Airlangga, Indonesia



-

-

57208284644



-



Dominikus Raditya Atmaka, S.Gz., MPH

Managing Editors

Department of Nutrition, Faculty of Public Health, Universitas Airlangga, Indonesia



-

57222577092



-

Nandia Firsty Dhorta, S.Gz

Administrative Assistant

Department of Nutrition, Faculty of Public Health, Universitas Airlangga, Indonesia.



-



-

Login

Username *

Password *

[Forgot your password?](#)

Keep me logged in

Login

[Register](#)

Accreditation & Certificate



[Download Certificate](#)

[Focus and Scope](#)

[Publication Ethics](#)



PLAGIARISM SCREENING

The manuscript submitted to our system will be checked using **Turnitin** software (<20%).

PUBLICATION ETHICS

National Nutrition Journal is the member of the Committee on Publication Ethics (COPE). As such, this journal follows the COPE [Code of Conduct and Best Practice Guidelines for Journal Editors and the Code of Conduct for Journal Publishers](#).

In addition, as a journal that follows the ICMJE's [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#), it is expected of authors, reviewers and editors that they follow the best-practice guidelines on ethical behavior contained therein.

A selection of key points is included below, but you should always refer to the three documents listed above for full details.

Duties of Editors

Fair play and editorial independence

Editors evaluate submitted manuscripts exclusively on the basis of their academic merit (importance, originality, study's validity, clarity) and its relevance to the journal's scope, without regard to the authors' race, gender, sexual orientation, ethnic origin, citizenship, religious belief, political philosophy or institutional affiliation. Decisions to edit and publish are not determined by the policies of governments or any other agencies outside of the journal itself. The Editor-in-Chief has full authority over the entire editorial content of the journal and the timing of publication of that content.

Confidentiality

Editors and editorial staff will not disclose any information about a submitted manuscript to anyone other than the corresponding author, reviewers, potential reviewers, other editorial advisers, and the publisher, as appropriate.

Disclosure and conflicts of interest

Editors and editorial board members will not use unpublished information disclosed in a submitted manuscript for their own research purposes without the authors' explicit written consent. Privileged information or ideas obtained by

editors as a result of handling the manuscript will be kept confidential and not used for their personal advantage. Editors will recuse themselves from considering manuscripts in which they have conflicts of interest resulting from competitive, collaborative, or other relationships/connections with any of the authors, companies or institutions connected to the papers; instead, they will ask another member of the editorial board to handle the manuscript.

Publication decisions

The editors ensure that all submitted manuscripts being considered for publication undergo peer-review by at least two reviewers who are expert in the field. The Editor-in-Chief is responsible for deciding which of the manuscripts submitted to the journal will be published, based on the validation of the work in question, its importance to researchers and readers, the reviewers' comments, and such legal requirements as are currently in force regarding libel, copyright infringement and plagiarism. The Editor-in-Chief may confer with other editors or reviewers in making this decision.

Involvement and cooperation in investigations

Editors (in conjunction with the publisher and/or society) will take responsive measures when ethical concerns are raised with regard to a submitted manuscript or published paper. Every reported act of unethical publishing behavior will be looked into, even if it is discovered years after publication. National Nutrition Journal editors follow the COPE Flowcharts when dealing with cases of suspected misconduct. If, on investigation, the ethical concern is well-founded, a correction, retraction, expression of concern or other note as may be relevant, will be published in the journal.

Duties of Reviewers

Contribution to editorial decisions

Peer review assists editors in making editorial decisions and, through editorial communications with authors, may assist authors in improving their manuscripts. Peer review is an essential component of formal scholarly communication and lies at the heart of scientific endeavor. National Nutrition Journal shares the view of many that all scholars who wish to contribute to the scientific process have an obligation to do a fair share of reviewing.

Promptness

Any invited referee who feels unqualified to review the research reported in a manuscript or knows that its prompt review will be impossible should immediately notify the editors and decline the invitation to review so that alternative reviewers can be contacted.

Confidentiality

Any manuscripts received for review are confidential documents and must be treated as such; they must not be shown to or discussed with others except if authorized by the Editor-in-Chief (who would only do so under exceptional and specific circumstances). This applies also to invited reviewers who decline the review invitation.

Standards of objectivity

Reviews should be conducted objectively and observations formulated clearly with supporting arguments so that authors can use them for improving the manuscript. Personal criticism of the authors is inappropriate.

Acknowledgment of sources

Reviewers should identify relevant published work that has not been cited by the authors. Any statement that is an observation, derivation or argument that has been reported in previous publications should be accompanied by the relevant citation. A reviewer should also notify the editors of any substantial similarity or overlap between the manuscript under consideration and any other manuscript (published or unpublished) of which they have personal knowledge.

Disclosure and conflicts of interest

Any invited referee who has conflicts of interest resulting from competitive, collaborative, or other relationships or connections with any of the authors, companies or institutions connected to the manuscript and the work described therein should immediately notify the editors to declare their conflicts of interest and decline the invitation to review so that alternative reviewers can be contacted.

Unpublished material disclosed in a submitted manuscript must not be used in a reviewer's own research without the express written consent of the authors. Privileged information or ideas obtained through peer review must be kept confidential and not used for the reviewer's personal advantage. This applies also to invited reviewers who decline the review invitation.

Duties of Authors

Reporting standards

Authors of original research should present an accurate account of the work performed and the results, followed by an objective discussion of the significance of the work. The manuscript should contain sufficient detail and references to permit others to replicate the work. Review articles should be accurate, objective and comprehensive, while editorial 'opinion' or perspective pieces should be clearly identified as such. Fraudulent or knowingly inaccurate statements constitute unethical behavior and are unacceptable.

Data access and retention

Authors may be asked to provide the raw data of their study together with the manuscript for editorial review and should be prepared to make the data publicly available if practicable. In any event, authors should ensure accessibility of such data to other competent professionals for at least 10 years after publication (preferably via an institutional or subject-based data repository or other data center), provided that the confidentiality of the participants can be protected and legal rights concerning proprietary data do not preclude their release.

Originality and plagiarism

Authors should ensure that they have written and submit only entirely original works, and if they have used the work and/or words of others, that this has been appropriately cited. Publications that have been influential in determining

the nature of the work reported in the manuscript should also be cited. Plagiarism takes many forms, from "passing off" another's paper as the author's own, to copying or paraphrasing substantial parts of another's paper (without attribution), to claiming results from research conducted by others. Plagiarism in all its forms constitutes unethical publishing behavior and is unacceptable.

Multiple, duplicate, redundant or concurrent submission/publication

Papers describing essentially the same research should not be published in more than one journal or primary publication. Hence, authors should not submit for consideration a manuscript that has already been published in another journal. Submission of a manuscript concurrently to more than one journal is unethical publishing behavior and unacceptable.

The publication of some kinds of articles (such as clinical guidelines, translations) in more than one journal is sometimes justifiable, provided that certain conditions are met. The authors and editors of the journals concerned must agree to the secondary publication, which must reflect the same data and interpretation of the primary document. The primary reference must be cited in the secondary publication.

Authorship of the manuscript

Only persons who meet these authorship criteria should be listed as authors in the manuscript as they must be able to take public responsibility for the content: (i) made significant contributions to the conception, design, execution, data acquisition, or analysis/interpretation of the study; and (ii) drafted the manuscript or revised it critically for important intellectual content; and (iii) have seen and approved the final version of the paper and agreed to its submission for publication. All persons who made substantial contributions to the work reported in the manuscript (such as technical help, writing and editing assistance, general support) but who do not meet the criteria for authorship must not be listed as an author, but should be acknowledged in the "Acknowledgments" section after their written permission to be named as been obtained. The corresponding author should ensure that all appropriate coauthors (according to the above definition) and no inappropriate coauthors are included in the author list and verify that all coauthors have seen and approved the final version of the manuscript and agreed to its submission for publication.

Disclosure and conflicts of interest

Authors should—at the earliest stage possible (generally by submitting a disclosure form at the time of submission and including a statement in the manuscript)—disclose any conflicts of interest that might be construed to influence the results or their interpretation in the manuscript. Examples of potential conflicts of interest that should be disclosed include financial ones such as honoraria, educational grants or other funding, participation in speakers' bureaus, membership, employment, consultancies, stock ownership, or other equity interest, and paid expert testimony or patent-licensing arrangements, as well as non-financial ones such as personal or professional relationships, affiliations, knowledge or beliefs in the subject matter or materials discussed in the manuscript. All sources of financial support for the work should be disclosed (including the grant number or other reference number if any).

Acknowledgment of sources

Authors should ensure that they have properly acknowledged the work of others, and should also cite publications that have been influential in determining the nature of the reported work. Information obtained privately (from conversation, correspondence or discussion with third parties) must not be used or reported without explicit, written permission from the source. Authors should not use information obtained in the course of providing confidential services, such as refereeing manuscripts or grant applications, unless they have obtained the explicit written permission of the author(s) of the work involved in these services.

Hazards and human or animal subjects

If the work involves chemicals, procedures or equipment that have any unusual hazards inherent in their use, the authors must clearly identify these in the manuscript. If the work involves the use of animals or human participants, the authors should ensure that all procedures were performed in compliance with relevant laws and institutional guidelines and that the appropriate institutional committee(s) has approved them; the manuscript should contain a statement to this effect. Authors should also include a statement in the manuscript that informed consent was obtained for experimentation with human participants. The privacy rights of human participants must always be observed. The vulnerable require special justification to participate in human subject research in order to eliminate potential human rights abuses.

Peer review

Authors are obliged to participate in the peer review process and cooperate fully by responding promptly to editors' requests for raw data, clarifications, and proof of ethics approval, patient consents and copyright permissions. In the case of a first decision of "revisions necessary", authors should respond to the reviewers' comments systematically, point by point, and in a timely manner, revising and re-submitting their manuscript to the journal by the deadline given.

Fundamental errors in published works

When authors discover significant errors or inaccuracies in their own published work, it is their obligation to promptly notify the journal's editors or publisher and cooperate with them to either correct the paper in the form of an erratum or to retract the paper. If the editors or publisher learns from a third party that a published work contains a significant error or inaccuracy, then it is the authors' obligation to promptly correct or retract the paper or provide evidence to the journal editors of the correctness of the paper.

Duties of the Publisher

Handling of unethical publishing behavior

In cases of alleged or proven scientific misconduct, fraudulent publication or plagiarism, the publisher, in close collaboration with the editors, will take all appropriate measures to clarify the situation and to amend the article in question. This includes the prompt publication of an erratum, clarification or, in the most severe case, the retraction of the affected work. The publisher, together with the editors, shall take reasonable steps to identify and prevent the publication of papers where research misconduct has occurred, and under no circumstances encourage such misconduct or knowingly allow such misconduct to take place.

Access to journal content

The publisher is committed to the permanent availability and preservation of scholarly research and ensures accessibility by partnering with organizations and maintaining our own digital archive.

DOCUMENT TEMPLATE

[1. Guideline for Author MGI](#)

[1. Pedoman Penulisan Jurnal MGI](#)

[2. Template MGI 2018 \(en\)](#)

[2. Template MGI 2018 \(id\)](#)

[3. Cover Letter MGI \(en\)](#)

[3. Cover Letter MGI \(id\)](#)

[4. Title Page MGI \(en\)](#)

[4. Title Page MGI \(id\)](#)

[5. Anonymous Template MGI](#)

[5. Tanpa Identitas Template MGI](#)

[6. Media Gizi Indonesia Copyright Transfer Agreement](#)

[7. Lembar Persetujuan Dosen Pembimbing \(khusus mahasiswa UNAIR\)](#)

Login

Username *

Password *

[Forgot your password?](#)

Keep me logged in

Login

[Register](#)

ANALISIS SITUASI UPAYA PERCEPATAN PENURUNAN STUNTING DENGAN PENDEKATAN KELUARGA BERISIKO STUNTING (STUDI KASUS DI KABUPATEN JOMBANG JAWA TIMUR)

Situation Analysis of Acceleration on Reducing Stunting through Stunting Risk Family Approach (Case Study in Jombang, East Java)

Widati Fatmaningrum^{1*}, Siti Rahayu Nadhiroh², Agus Raikhani³, Budi Utomo⁴, Luluk Masluchah⁵ dan Patmawati⁶

¹Departemen Ilmu Kesehatan Masyarakat-Kedokteran Pencegahan, Fakultas Kedokteran, Universitas Airlangga, Surabaya, 60131. Indonesia

²Departemen Ilmu Gizi, Fakultas Kesehatan Masyarakat, Universitas Airlangga, Surabaya, 60115, Indonesia

³Fakultas Teknik prodi Teknik Elektro Universitas Darul Ulum Jombang, 61415, Indonesia

⁴Departemen Ilmu Kesehatan Masyarakat-Kedokteran Pencegahan, Fakultas Kedokteran, Universitas Airlangga, Surabaya, 60131. Indonesia

⁵Fakultas Psikologi Universitas Darul 'Ulum Jombang, 61415, Indonesia

⁶Departemen Kelautan, Fakultas perikanan dan Kelautan, Universitas Airlangga. Surabaya, 60115, Indonesia

*E-mail: widatifatmaningrum@yahoo.com

ABSTRAK

Stunting adalah salah satu masalah kesehatan masyarakat sehingga pemerintah menargetkan prevalensi stunting turun menjadi 14 % pada tahun 2024. Jumlah keluarga berisiko stunting juga masih tinggi yaitu mencapai 21,9 juta berdasarkan pendataan keluarga (PK 21). *Stunting* adalah anak balita dengan nilai z-score kurang dari -2.00 SD/standar deviasi (*stunted*) dan kurang dari -3.00 SD (*severely stunted*). Keluarga berisiko stunting adalah keluarga yang memiliki satu atau lebih faktor risiko stunting yang terdiri dari keluarga yang memiliki anak remaja puteri/calon pengantin/Ibu Hamil/anak usia 0 – 23 bulan/anak usia 24 – 59 bulan berasal dari keluarga miskin, pendidikan orang tua rendah, sanitasi lingkungan buruk, dan air minum tidak layak. Untuk menurunkan *stunting* diperlukan intervensi spesifik sebesar 30 % dan intervensi sensitive sebesar 70 %. Penelitian ini bertujuan menganalisis faktor pendukung dalam upaya percepatan penurunan stunting dengan pendekatan keluarga berisiko stunting di Kabupaten Jombang Jawa Timur. Desain penelitian yang digunakan adalah deskriptif dengan rancangan studi kasus dan jenis data adalah primer dan sekunder. Sasaran program adalah ibu hamil, ibu menyusui, anak usia 0-23 bulan, remaja putri dan wanita usia subur serta anak usia 24-59 bulan. Hasil dari penelitian menunjukkan bahwa terjadi penurunan kasus stunting dari tahun 2020 ke tahun 2021 di Kabupaten Jombang dengan strategi yang diterapkan adalah edukasi kesehatan melalui kemandirian keluarga, gerakan masyarakat hidup sehat, gerakan seribu hari pertama kehidupan dan revitalisasi Posyandu. Keberhasilan program ini berkat dukungan dari kebijakan Pemerintah Kabupaten Jombang dan melibatkan berbagai Organisasi Perangkat Daerah (OPD).

Kata kunci: stunting, keluarga berisiko stunting, Organisasi Perangkat Daerah, kesehatan masyarakat

ABSTRACT

Stunting is a public health problem so that the government is targeting to reduce of the prevalence of stunting until 14% in 2024. The number of families at risk of stunting is also still high, reaching 21.9 million based on family data collection (PK 21). Stunting is a child under five with a z-score less than -2.00 SD/standard deviation (stunted) and less than -3.00 SD (severely stunted). Families at risk of stunting are families that have one or more risk factors for stunting consisting of families with teenage daughters/bride-to-be/pregnant women/children aged 0-23 months/children aged 24-59 months coming from poor families, parents' education low, poor environmental sanitation, and inadequate drinking water. To reduce stunting are needed of specific interventions (30%) and sensitive interventions (70%). The aim of study was to analyze the supporting factors to accelerate reduction of stunting through a family risk stunting approach in Jombang, East Java. The research design was used a descriptive analysis by using a case study and used types of data both of primary and secondary. The target person in this research were pregnant women, nursing mothers, children aged 0-23 months, young women and women of childbearing age and children aged 24-59 months. The result of the study shows that the stunting cases is decreased from 2020 to 2021 in Jombang, East Java. The Program was

implemented to reduce stunting such as a health education through family independence, a community movement for healthy living, a movement for the first thousand days of life and Posyandu revitalization. In addition, other factor key success of this program is also supporting from government Jombang including policy and involvement of various regional organizations.

Keywords: *public health, families at risk of stunting, regional apparatus organizations, stunting*

PENDAHULUAN

Triple burden of malnutrition atau tiga beban malnutrisi adalah kondisi yang mengacu pada kekurangan, kelebihan, dan ketidakseimbangan asupan gizi. Malnutrisi yaitu kurang gizi yang mencakup stunting/kerdil (tinggi badan rendah menurut usia), wasting/kurus (berat badan rendah menurut tinggi badan), underweight/kekurangan berat badan (berat badan rendah menurut usia) dan defisiensi mikronutrien (kekurangan vitamin dan mineral penting) serta kelebihan berat badan, obesitas, dan penyakit tidak menular yang berhubungan dengan pola makan (seperti penyakit jantung, stroke, dan kanker) (WHO, 2019)

Di Indonesia 30,8% balita mengalami stunting (pendek dan sangat pendek), 10,2% balita mengalami wasting (kurus dan sangat kurus), 35,4% orang dewasa memiliki status gizi lebih (overweight dan obesitas), dan sebanyak 48,5% ibu hamil mengalami anemia (Riskesdas, 2018).

Kondisi balita stunting dapat berdampak terhadap penurunan produktifitas saat usia muda, dan meningkatkan risiko terkena penyakit tidak menular saat dewasa (The World Bank, 2015).

Target pemerintah menurunkan prevalensi stunting menjadi 14 % pada tahun 2024. Upaya untuk pencegahan stunting antara lain adalah melakukan pendekatan keluarga berisiko stunting. Jumlah keluarga berisiko stunting berdasarkan pendataan keluarga (PK 21) masih tinggi yaitu mencapai 21,9 juta keluarga

Keluarga berisiko stunting adalah keluarga yang memiliki satu atau lebih faktor risiko stunting yang terdiri dari keluarga yang memiliki anak remaja puteri/calon pengantin/Ibu Hamil/anak usia 0 – 23 bulan/anak usia 24 – 59 bulan berasal dari keluarga miskin, pendidikan orang tua rendah, sanitasi lingkungan buruk, dan air minum tidak layak.

Alasan dilakukan penelitian ini karena Kabupaten Jombang termasuk salah satu kabupaten di Jawa Timur yang menunjukkan keberhasilannya dalam menurunkan kasus stunting.

Tujuan dari penelitian ini adalah menganalisis faktor pendukung dalam upaya percepatan penurunan stunting dengan pendekatan keluarga berisiko stunting di Kabupaten Jombang. Adapun data yang akan dianalisis adalah ketersediaan kebijakan pendukung percepatan penurunan stunting dengan pendekatan keluarga berisiko stunting, mempelajari strategi percepatan penurunan stunting, mengukur prevalensi kasus stunting dan ibu hamil KEK di desa lokus stunting tahun 2020 dan 2021 dan identifikasi peran OPD

METODE

Desain penelitian ini deskriptif dengan pendekatan studi kasus. Jenis data yang dikumpulkan adalah data primer dan data sekunder. Data primer diperoleh dari diskusi berkelompok dengan stakeholder dan pejabat OPD dan data sekunder diperoleh dari Pemerintah Kabupaten Jombang tahun 2020 dan 2021.

Penelitian dilakukan pada bulan Juli sampai Desember 2022 di Kabupaten Jombang. Penelitian ini telah mendapatkan persetujuan dari Komisi Etik Fakultas Kesehatan Masyarakat.

HASIL DAN PEMBAHASAN

Kabupaten Jombang memiliki letak yang sangat strategis, karena berada pada bagian tengah Jawa Timur dan dilintasi Jalan Arteri Surabaya-Mandiun dan Jalan Kolektor Primer Malang-Babat. Luas wilayah Kabupaten Jombang 1.159,50 km² atau sekitar 2,4 % luas wilayah Provinsi Jawa Timur. Ditinjau dari luas wilayah, terdapat 3 kecamatan yang memiliki wilayah terluas yaitu Kecamatan Wonosalam dengan luas 121,63 km²,

Kecamatan Plandaan dengan luas 120,40 km² dan Kecamatan Kabuh dengan luas 97,35 km².

Secara administrasi, Kabupaten Jombang terbagi menjadi 21 kecamatan yaitu Bandar Kedungmulyo, Perak, Gudo, Diwek, Ngoro, Mojowarno, Bareng, Wonosalam, Mojoagung, Sumobito, Jogoroto, Peterongan, Jombang, Megaluh, Tembelang, Kesamben, Kudu, Ngusikan, Ploso, Kabuh dan pandaan. Jumlah desa dan kelurahan terdiri dari 302 desa dan 4 kelurahan serta meliputi 1.258 dusun. Kabupaten Jombang memiliki jumlah penduduk sebesar 1.263.814 jiwa yang terdiri dari laki-laki 628.799 jiwa dan perempuan 635.015 jiwa. Jumlah penduduk dengan kelompok umur tertinggi yaitu terletak pada umur 15–19 tahun dengan jumlah 102.606 jiwa.

Secara formal di sektor kesehatan penanganan masalah gizi merupakan bagian dari program lembaga Pemerintah Daerah Kabupaten Jombang yaitu berada di dalam program Dinas Kesehatan Kabupaten Jombang serta pada tingkat Puskesmas dan Posyandu. Untuk tingkat Puskesmas program gizi ditangani oleh Tenaga Pelaksana Gizi (TPG) Puskesmas. Sesuai standart kualifikasi tenaga kesehatan, seorang TPG harus mempunyai pendidikan dengan latar belakang Pendidikan Gizi minimal Diploma III. Untuk Kabupaten Jombang sudah memiliki 77 tenaga gizi dengan 35 tenaga gizi di Puskesmas, 36 tenaga gizi di Rumah Sakit dan 6 tenaga gizi di sarana kesehatan lain dan dari 34 Puskesmas ada 6 Puskesmas yang belum memiliki tenaga gizi yaitu Puskesmas Perak, Puskesmas Japanan, Puskesmas Jogoloyo, Puskesmas Jarak Kulon, Puskesmas Jabon dan Puskesmas Tapen. Rasio tenaga gizi terhadap 100.000 penduduk adalah 6:1 (Profil Kesehatan Kabupaten Jombang Tahun 2019). Dari data Profil Kesehatan Kabupaten Jombang tahun 2019, Angka Kematian Ibu sebesar 71,64 per 100.000 kelahiran hidup atau jumlah kematian maternal 14 kasus dari 19.543 kelahiran hidup. Adapun rincian kematian maternal saat kehamilan berjumlah 3 orang, pada saat persalinan berjumlah 4 orang dan pada saat nifas berjumlah 7 orang. Jika kematian maternal dipilah berdasar kelompok umur maka ada 3 (tiga) kelompok kematian ibu, yaitu usia <20 tahun berjumlah 1 orang, usia 20-34 tahun berjumlah 9 orang, dan usia ≥ 35 tahun. berjumlah 4 orang.

Pelayanan kesehatan pada ibu hamil (cakupan kunjungan K-1 dan K-4) yaitu untuk K-1 adalah 99,7% dan untuk K-4 sebesar 94,6%. Cakupan pertolongan persalinan oleh tenaga kesehatan tahun 2019 adalah 97,0%, angka ini meningkat dari tahun 2018 yaitu 93,55%. Untuk ibu Nifas mendapatkan vitamin A 94,90%, pemberian vitamin A untuk ibu Nifas dimaksudkan untuk pemenuhan zat gizi vitamin A pada bayi yang masih meminum ASI. Pemberian tablet Fe untuk ibu hamil pada tahun 2019 sebesar 94,5% angka ini naik dari tahun sebelumnya yaitu 90,99%, pemberian tablet Fe pada ibu hamil bertujuan untuk menurunkan kasus anemia gizi pada ibu hamil. Pemantauan pertumbuhan dan penatalaksanaan gizi buruk. Berdasarkan data dari Profil Kesehatan Kabupaten Jombang tahun 2019, Angka Kematian Bayi di Kabupaten Jombang adalah 8,55 per 1.000 kelahiran hidup atau jumlah kematian bayi sebanyak 167 bayi dari 19.543 Kelahiran Hidup.

Pada tingkat desa, pelayanan gizi dilakukan melalui Posyandu. Posyandu merupakan salah satu ujung tombak dalam upaya pelayanan kesehatan dan gizi terutama dalam pemantauan pertumbuhan melalui kegiatan penimbangan setiap bulan, pelayanan imunisasi, pelayanan gizi (vitamin A, Pemberian Makanan Tambahan, Tablet besi), dan pelayanan kesehatan lainnya (KB, obat caceng, pemeriksaan kehamilan). Jumlah Posyandu di Kabupaten Jombang sampai tahun 2019 adalah sebanyak 1.584 Posyandu dengan 1.462 adalah Posyandu aktif. Berdasarkan strata Posyandu terdapat 122 Posyandu Madya, 1.316 Posyandu Purnama dan 146 Posyandu Mandiri. Untuk pelayanan kesehatan Balita, cakupannya pada tahun 2019 adalah 90,23%. Pelayanan kesehatan Balita diberikan pada 86.121 Balita dari jumlah sasaran 95.449 Balita yang ada. Cakupan ini meningkat jika dibandingkan tahun 2018 dimana berhasil mencapai 87,22%. Cakupan Balita Ditimbang (D/S) tahun 2019 sebesar 78,29%, yaitu pelayanan penimbangan balita sejumlah 74.723 balita dari jumlah sasaran balita 95.449 Balita. Status gizi Balita adalah cerminan ukuran terpenuhinya kebutuhan gizi anak Balita yang didapatkan dari asupan dan penggunaan zat gizi oleh tubuh. Jumlah Balita di Kabupaten Jombang pada tahun 2019 yang ditimbang (D) 74.723 Balita.

Tabel 1. Prevalensi stunting di desa lokus stunting Kabupaten Jombang tahun 2020 dan 2021

No	Kecamatan	Desa	Stunting Th. 2020		Stunting Th. 2021	
			Jumlah stunting	%	Jumlah stunting	%
1.	Sumobito	Curahmalang	115	28,05	68	15,6
2.	Mojoagung	Murukan	103	41,20	67	25,6
3.	Diwek	Diwek	113	38,70	50	18,6
4.	Mojowarno	Rejoslamet	114	31,44	65	15,7
5.	Peterongan	Dukuh Klopo	113	28,97	74	24,02
6.	Bareng	Paket	76	29,12	71	25,3
7.	Tembelang	Kalikejambon	91	27,25	55	19,2
8.	Kesamben	Jompatan	82	26,62	87	21,2
9.	Jogoroto	Sumbermulyo	232	26,45	168	17,4
10.	Perak	Gadingmangu	198	25,52	119	15,29
11.	Plandaan	Darurejo	79	24,92	38	12,29

Sumber: Dinas Kesehatan Kabupaten Jombang 2021

Dari hasil penimbangan dapat diketahui bahwa Balita gizi kurang sebesar 3.951 Balita, persentase Balita gizi kurang 5,29% dan presentase gizi buruk adalah 0,29% atau 215 dan semua sudah tertangani. Salah satu indikator status gizi yang digunakan adalah Tinggi Badan menurut Umur (TB/U). Hambatan pertumbuhan pada tinggi badan berlangsung pada kurun waktu yang cukup lama. Oleh karena itu indikator status gizi berdasar indeks TB/U memberikan indikasi masalah gizi yaitu balita pendek (stunting) (Evaluasi RAD-PG Jombang 2019). Berdasarkan Keputusan Menteri Perencanaan Pembangunan Nasional/Kepala Badan Perencanaan Pembangunan Nasional Nomor Kep 42/M.PPN/HK/04/2020 Tentang Penetapan Perluasan Kabupaten/Kota Lokasi Fokus Intervensi Penurunan Stunting Terintegrasi Tahun 2021, Kabupaten Jombang termasuk dalam Kabupaten lokus stunting. Lokus stunting di Kabupaten Jombang berdasarkan data Dinas Kesehatan Kabupaten Jombang berada di 11 desa di 11 Kecamatan. Berikut adalah kebijakan pendukung percepatan stunting :

1. Peraturan Daerah Kabupaten Jombang Nomor 1 Tahun 2020 tentang RPJMD Kabupaten Jombang Tahun 2018-2023.
2. Perbup Kebijakan Penanggulangan stunting di Kabupaten Jombang mengacu pada Peraturan Bupati Jombang Nomor 33 Tahun 2020 Tentang Percepatan Pencegahan stunting Terintegrasi Di Kabupaten Jombang.

3. Keputusan Bupati Nomor 188.4.45/170/415.10.1.3/2021 tentang Tim Percepatan Stunting Terintegrasi

Tim Percepatan Stunting lintas sektoral dan keanggotaannya lengkap dengan tugas yang tepat untuk percepatan penurunan stunting.

Prevalensi stunting di kabupaten jombang pada tahun 2021 secara keseluruhan mengalami penurunan dari tahun 2020. Penurunan tertinggi sebesar 25,6% terjadi pada pada kecamatan Mojoagung di desa Murukan. Sedangkan penurunan terendah terjadi di kecamatan Plandaan di desa Darurejo sebesar 12,29%. Rentang penurunan prevalensi stunting di kabupaten Jombang pada tahun 2020-2021 sebesar 12,29-25,6% (Tabel 1).

Peran OPD di Kabupaten Jombang dalam rangka percepatan penurunan stunting

Tabel 2. Jumlah ibu hamil KEK tahun 2018-2021 di kabupaten Jombang

No.	Tahun	Jumlah Ibu Hamil KEK	
		Jumlah	%
1.	2018	2.511	13,1
2.	2019	2,478	12,8
3.	2020	2,222	11,5
4.	2021	1958	10,3

Sumber: Dinas Kesehatan Kabupaten Jombang 2021

dengan pendekatan keluarga berisiko stunting melibatkan berbagai OPD. OPD yaitu organisasi atau Lembaga pada pemerintah daerah yang bertanggung jawab kepada kepala daerah dalam rangka penyelenggaraan pemerintah daerah. Pada daerah provinsi, perangkat daerah terdiri atas sekretariat daerah, dinas daerah, dan lembaga teknis daerah. Pada daerah kabupaten/kota, perangkat daerah terdiri atas sekretariat daerah, dinas daerah, lembaga teknis daerah, kecamatan, dan kelurahan.

Adapun sarana dan prioritas kegiatan masing OPD adalah sebagai berikut:

A. OPD Dinas Kesehatan

1. Sasaran Prioritas : Ibu hamil Adapun Intervensi prioritas adalah: Pemberian makanan tambahan pada ibu hamil kelompok miskin dan Suplementasi tablet tambah darah
2. Sasaran Prioritas : Ibu menyusui dan anak usia 0-23 bulan Adapun Intervensi prioritas adalah: Promosi dan konseling menyusui, pemberian makanan bayi dan anak, tata laksana gizi buruk akut, PMT pemulihan bagi anak gizi kurang akut, pemantauan dan promosi pertumbuhan
3. Sasaran Prioritas : Remaja putri dan Wanita usia subur. Adapun Intervensi prioritas adalah: suplementasi tablet tambah darah
4. Sasaran Prioritas: Anak usia 24-59 bulan. Adapun Intervensi prioritas adalah: Tatalaksana gizi buruk akut, PMT pemulihan bagi anak gizi kurang akut, Pemantauan dan promosi pertumbuhan

B. OPD Dinas Pendidikan

Sasaran Prioritas: Ibu, remaja dan anak. Adapun Intervensi prioritas adalah: Penyediaan akses PAUD, Stimulasi dan pemantauan tumbuh kembang dan Konseling gizi dan Kesehatan usia reproduksi

C. OPD Dinas Pekerjaan Umum dan Penataan Ruang

Sasaran Prioritas: Peningkatan penyediaan air minum dan sanitasi. Adapun Intervensi prioritas adalah: Akses air minum yang aman dan Akses sanitasi yang layak

D. Dinas Pemberdayaan Masyarakat dan desa

- 1) Sasaran Prioritas: Ibu hamil. Adapun Intervensi prioritas adalah: Pemberian makanan tambahan pada ibu hamil kelompok miskin
- 2) Sasaran Prioritas: Ibu menyusui dan anak usia 0-23 bulan. PMT pemulihan bagi anak gizi kurang akut dan Pemantauan dan promosi Kesehatan.
- 3) Sasaran Prioritas: Peningkatan penyediaan air minum dan sanitasi. Adapun Intervensi prioritas adalah: akses air minum yang aman dan akses sanitasi yang layak.
- 4) Peningkatan kesadaran, komitmen dan praktik pengasuhan dan gizi ibu dan anak. Adapun Intervensi prioritas adalah: Penyediaan akses PAUD, Stimulasi dan pemantauan tumbuh kembang

E. Dinas pertanian dan ketahanan pangan

- 1) Kegiatan penyuluhan pemberian makanan tambahan berbasis pangan lokal.
- 2) Pengembangan kawasan mandiri pangan dan/atau Kawasan Rumah Pangan Lestari (KRPL) secara berkelanjutan
- 3) Pembinaan terhadap kelompok tani, nelayan, peternak, dan kelompok lainnya.
- 4) Program/kegiatan lainnya yang relevan dengan penguatan ketahanan pangan dan gizi, seperti pembagian bibit kepada kelompok tani.

KESIMPULAN DAN SARAN

- 1) Sudah tersedia kebijakan pendukung untuk percepatan penurunan keluarga berisiko stunting dan kasus stunting
- 2) Strategi program percepatan adalah : edukasi kesehatan melalui kemandirian keluarga, Gerakan Masyarakat Hidup Sehat, Gerakan 1000 HPK dan revitalisasi Posyandu
- 3) Kasus stunting dan ibu hamil KEK di kabupaten Jombang terjadi penurunan
- 4) Peran OPD sangat mendukung Program Disarankan program tersebut dipertahankan dan ditingkatkan terutama adalah dalam hal penyimpanan data dan persamaan data

ACKNOWLEDGEMENT

Penulis berterima kasih atas dana riset dan publikasi yang diberikan oleh KEDAIREKA dengan No SK 1526/UN3/2022 dengan ketua Peneliti Dr. Siti Rahayu Nadhiroh. Penulis juga mengucapkan terima kasih kepada berbagai pihak yang telah mendukung terutama pemerintah kabupaten Jombang dan mahasiswa yang membantu menyelesaikan penelitian ini.

DAFTAR PUSTAKA

- Dinas Kesehatan Kabupaten Jombang. 2021. Mencegah stunting sejak dini, kenali penyebabnya. <https://dinkes.jombangkab.go.id/mencegah-stunting-sejak-dini-kenali-penyebabnya>. [14 November 2022].
- Keputusan Menteri Perencanaan Pembangunan Nasional/ Kepala Badan Perencanaan Pembangunan Nasional Nomor Kep 42/M. PPN/HK/04/2020 Tentang Penetapan Perluasan Kabupaten/Kota.
- Riskesdas. 2018. Profil kesehatan kabupaten Jombang 2018. <https://dinkes.jombangkab.go.id/assets/files/Profil%20Kesehatan/2018/Profil%20Kesehatan%20Kabupaten%20Jombang%202018>. [10 November 2022].
- Surat Keputusan Bupati Jombang, No:188.44.5/170/415.10.13/2021 Tentang Tim percepatan penurunan stunting terintegrasi.
- World Bank. 2018. The double burden of malnutrition in Indonesia. <https://www.worldbank.org/en/news/feature/2015/04/23/the-double-burden-of-malnutrition-in-indonesia>. [14 November 2022].
- World Health Organization [WHO]. 2019. Child Stunting. World Health Statistics Data Visualizations Dashboard. Diakses dari: <https://apps.who.int/gho/data/node.sdg.2-2viz1?lang=en#content>. [15 November 2022].