

## Implementation of Supplementary Feeding for Stunted Children

Hesti Putri Setianingsih<sup>1</sup>, Endah Tri Wahyuni<sup>2</sup>, Farah Lutfiah<sup>3</sup>

<sup>1,3</sup>Universitas Tadulako

<sup>2</sup>STAI Terpadu Yogyakarta

DOI: 10.15294/ijeces.v13i1.72907

Submitted: 10/08/2023 Revised: 27/10/2023 Accepted: 10/05/2024

### ABSTRACT

The health problem that is currently a priority is stunting. Stunting is a nutritional problem that is still a health problem faced by the government. the method used in this study is a qualitative method with a descriptive approach. The purpose of this study was to describe the Implementation of Supplementary Feeding for Stunted Children in Lolu Village, Sigi Biromaru District, Sigi Regency. Data collection was carried out by observation, interviews, questionnaires, and documentation. The results of the study showed that: 25 children were found in the stunting category. The Implementation of Supplemental Feeding is carried out by providing additional food in the form of a complete menu that has been provided by cadres who work with several parties such as nutritionists, village midwives, and PKK mothers. After the provision of supplementary food, the stunting rate in Lolu Village, Sigi Biromaru District, Sigi Regency has decreased, this is because the distribution or distribution of PMT is carried out every day, with additional food that focuses on macronutrients and micronutrients aimed at improving the condition of children who are categorized as stunting.

**Keywords:** Stunting, Supplementary Feeding, Children, Sigi District

Copyright (c) 2024 Hesti Putri Setianingsih, et al

---

### *Corresponding Author:*

Hesti Putri Setianingsih  
Universitas Tadulako  
Email: hesput94@gmail.com

## 1. INTRODUCTION

The health problem that is currently a priority is stunting. Stunting is a nutritional problem that is still a health problem faced by the government. Where children experience failure to thrive due to chronic malnutrition and recurrent infections, especially in the First 1000 Days of Life (HPK). Meanwhile, according to the World Health Organization (WHO), stunting is a condition where the height of a toddler is less according to age if the measurement is below -2 standard deviations of the median standard of child growth. Apart from hindering physical development and children's susceptibility to disease, stunting can also hinder cognitive development which will affect the level of intelligence and productivity of children in the future.

There are many negative impacts that occur when children experience nutritional problems which result in stunting. The short-term impact is the disruption of brain development, intelligence, physical growth disorders and body metabolism. While the long-term effects are reducing cognitive abilities and learning achievement, decreasing immunity so that they are susceptible to disease, increasing infant and child mortality rates, having a body posture that is not optimal as an adult, high risk of various diseases and uncompetitive work quality which results in low economic productivity. The role of the environment is very much expected to be able to facilitate the child so that the flower grows well. (Awalunisah & Setianingsih, 2023).

Nutrition is of course related to children's health in optimizing the child's development period so that it is effective in improving the quality of life of children, in which nutrition will assist in the processes and stages of child development to maintain children's conditions, prevent disease and support children's thinking and health. That is the reason why nutrition is important for your little one as an immune defense so that the child stays healthy.

Good nutritional status of children plays an important role in growth and development, especially during the golden period in the first five years. Efforts to improve the nutritional status of children can contribute to achieving national development goals, especially in terms of reducing the prevalence of undernutrition in children which can ultimately improve the quality of human resources. Nutrition is a food substance that when consumed by someone can bring health. The health of early childhood both physically and psychologically starts with good nutrition given from an early age. Nutrition is one of the factors that must be needed in the process of physical growth and development, the nervous system and brain, as well as the level of human intellect and intelligence. Nutrition is also the substances needed to carry out various metabolisms in the body.

Adequate nutritional balance and the right proportions cause the body to obtain sufficient energy, to be able to produce hormones, enzymes, and various immune substances that the body needs. Balanced nutrition is also needed to replace cells damaged by disease, the aging process, and various other activities. Provision of nutrition at this age usually does not run perfectly, this is caused by several factors, one of which is the child's eating behavior. Wrong eating habits can lead to serious problems, such as obesity for those who have excess calories and malnutrition (stunted) for those who are malnourished. Nutritional problems most often occur in school-age children.

Nutrition is related to food, daily food that is well chosen will provide all the nutrients needed to function properly for the body. Conversely, if food is not chosen properly, the body will experience a deficiency of certain essential nutrients. Essential nutrients are nutrients that must be obtained from snacks consumed by children daily so that they have an impact on growth and development in the next phase of a child's life and have an impact on children's nutrition. Consuming nutritious food

greatly affects the nutritional status of a child. Good and optimal nutritional status occurs when the body obtains enough nutrients needed efficiently, thus enabling physical growth, brain development, work ability and general health at optimal levels. A balanced menu is a menu consisting of a variety of foods in the right amount and proportion, so as to meet a person's nutritional needs for the maintenance and repair of body cells.

According to WHO data for 2018, around 149 million children under five are stunted or as large as (21.9%) worldwide (Juliana et al., 2022). Globally, based on stunting prevalence data accumulated by the World Health Organization (WHO), the highest dominance of stunting in 2005-2017 was in the Southeast Asia region which ranked third and obtained an average of 36.4% was Indonesia (Kemenkes, 2016).

One of the efforts made in handling stunting is through efforts to improve the nutritional status of children through the Supplemental Feeding Program (Kemenkes, 2016). Provision of Supplementary Food is an activity of providing food to children in the form of safe and nutritious snacks, taking into account aspects of quality and food safety. The importance of this PMT activity is increasing the adequacy of children's nutritional intake through additional food, increasing resilience to improving children's health, especially in combating worms, increasing children's knowledge and behavior to like local nutritional food.

The Supplemental Feeding Program (PMT) is an intervention program for malnourished children everywhere to improve the nutritional status of children and to meet the nutritional needs of children, in order to achieve nutritional status and nutrition in accordance with the growth and development. Supplementary Foods have two types, namely Counseling and Recovery Supplements. Counseling supplementary food is additional food given to prevent nutritional problems from occurring. Meanwhile, additional recovery food is additional food given to overcome the occurrence of nutritional problems (Kemenkes, 2016)

Based on the Indonesian Ministry of Health Republic of Indonesia's 2023 Nutrition Status Survey (SSGI), Sigi Regency is the area with the highest stunting prevalence rate in Central Sulawesi with a rate of 36.8%. One of the villages designated by the Sigi Regency Government as a focus area for handling stunting is Lolu Village, Sigi Biromaru District, with a total of 25 stunted children. Stunting can be caused by various factors, ranging from parenting parents who do not understand the fulfillment of balanced nutrition for children, sanitation, to economic factors for parents who are unable to provide enough nutritious food for their children. child. Stunting causes the child's weight and height to not match their age, often gets sick, so that the child experiences physical growth disorders due to inadequate nutrition. Parents need to pay proper attention to children's nutrition starting from the prenatal period, because with balanced nutrition, children will avoid various kinds of diseases and can grow healthier.

Based on the background above, prospective researchers are interested in conducting research related to supplementary feeding to children with the research title "Implementation of Supplementary Feeding for Children Stunting in Lolu Village, Sigi Biromaru District, Sigi Regency".

## 2. METHOD

Based on the problems studied, the method used in this study is a qualitative method with a descriptive approach. The intent and purpose of this type of descriptive qualitative research is to describe, describe, explain, explain and answer in detail the problems to be studied by studying as

much as possible an individual, or an event (Sugiyono, 2013). Researchers observed and conducted studies regarding the implementation of supplementary feeding for stunted children. This research will be carried out in Lolu Village, Sigi Biromaru District, Sigi Regency. This research was conducted for 1 (one) month. To make it easier to carry out the research, the researchers determined that there were two types of variables in this study, namely the independent or independent variable (x), namely supplementary feeding, and the dependent or dependent variable (y), namely stunted children. The subjects in this study were 25 children in Lolu Village, Sigi Biromaru District, Sigi Regency.

Sources of data collected in this study are: 1. Primary data, this data was obtained through direct observation of the subject to be studied, namely stunting children in Lolu Village, Sigi Biromaru District, Sigi Regency.

2. Secondary Data, this data is collected from a second party or from other available sources. Other sources in question are in the form of articles or scientific journals in newspapers or magazines, books, interview guides, and observation sheets.

### **3. RESULTS AND DISCUSSION**

#### **1) Nutrition and Stunting**

Nutritional status is a person's nutritional state that can be seen to find out whether a person is normal or experiencing nutritional problems (malnutrition). Malnutrition is a health disorder caused by a deficiency or excess of the balance of nutrients needed for growth, intelligence and activity and productivity (Yuliawati, 2017). Nutritional status is also the end result of the balance between the food that enters the body (nutrient input) and the body's needs (nutrient output) for these nutrients. This research will be carried out in Lolu Village, Sigi Biromaru District, Sigi Regency.

Balanced nutrition is not only related to the intake of nutritious food and drinks, but all activities related to a healthy lifestyle (PHBS). The Ministry of Health of the Republic of Indonesia defines balanced nutrition as a daily food arrangement that contains nutrients in the type and amount according to the body's needs, taking into account the principles of food diversity, physical activity, clean living behavior and maintaining normal body weight to prevent nutritional problems (Fitria & Puspa, 2021).

Optimally fulfilled nutrition is very important for the growth and physical development and intelligence of infants, children and all age groups (Hanur et al., 2020). Good nutrition will lead to normal body weight and a healthier body, less susceptible to infectious diseases due to a healthy body, increase work productivity and be protected from chronic diseases and even death caused by disease. Good nutritional status or optimal fulfillment occurs when the body gets enough nutrients that are used efficiently (Juliana et al., 2022). Good nutrition allows for physical growth, brain development, work ability and general health at the highest possible level.

In Indonesia, the principle of balanced nutrition is known as the Balanced Nutrition Guidelines (PGS), or commonly known as the slogan 4 Healthy 5 Perfect (Ardiaria et al., 2020). Guidelines for Balanced Nutrition are: Daily consumption of foods that contain nutrients in the type and amount (portion) according to the needs of each person or age group. Everyone's nutritional needs are different. So it is necessary to pay attention to adequate food intake in quantity and quality.



Figure 1. Balanced Nutrition General Logo

The principle of balanced nutrition consists of 4 (four) pillars which are basically a series of efforts to balance incoming and outgoing nutrients by paying attention to body weight regularly. The four pillars are: 1) Consuming a Variety of Foods, 2) Getting used to Clean Living Behavior, 3) Doing Physical Activity and 4) Maintaining and Monitoring Normal Body Weight (BB).

Providing Supplementary Food (PMT) is an activity of providing food to toddlers in the form of safe and quality snacks along with other supporting activities by taking into account quality and food safety aspects (Darubekti, 2021). The food that is consumed enters the body will be processed into energy that is useful for children's daily activities. In choosing food intake for children not only seen from the fun factor, but also need to choose healthy foods. Here are some things that need to be considered by parents in choosing healthy food for children.

- a) Choose balanced food for children's needs, such as balanced nutrition and nutritional value.
- b) In the form of serving food, adjusted to the age maturity of the child.
- c) Adjusting food according to the food pyramid that is good and healthy for children.

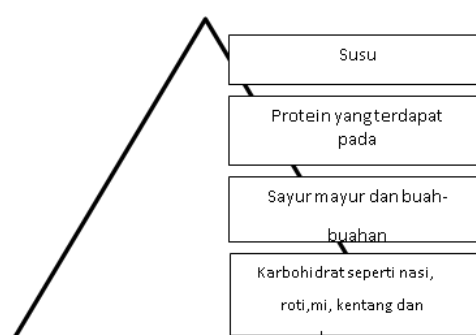


Figure 2. Balanced Nutrition Pyramid

- d) Cooking food and choosing food outside that does not contain artificial flavours, colorings and preservatives and is harmful to the body.

Stunting is a condition in which toddlers fail to thrive due to chronic malnutrition, making toddlers shorter for their age (Kemenkes, 2016). According to Kepmenkes Number: 1995/MENKES/SK/XII/2010 concerning Anthropometric Standards for Assessment of Children's Nutritional Status, the meaning of short and very short is nutritional status based on the Body Length Index for Age (PB/U) or Height for Age (TB/ U) which is the term stunted (short). According to WHO, stunting or too short based on age is a height that is minus two standard deviations ( $<-2SD$ ).

Stunting describes growth failure that occurs over a long period of time, associated with decreased physical and psychological capacities, decreased physical growth, and low educational attainment.

Stunting is a chronic malnutrition problem caused by a lack of consumption of nutritious food for a long time, resulting in impaired growth and development in children, namely the child's body length is lower or shorter than the standard age and the child's weight does not match the body length and age which has an impact bad for children's health (Nirmala Sari & Ratnawati, 2018).

Stunting has an impact on the lives of toddlers, WHO classifies it into short-term impacts and long-term impacts:

- a. Concurrent problems & short-term consequences or short-term impacts: 1) From the health side: morbidity and mortality rates increase. 2) Developmental side: decreased cognitive function, motor, and language development. 3) Economic side: increase in health expenditure, and increase in financing for treating sick children.
- b. Long-term consequences or long-term impacts: 1) From the health side: short adult stature, increased obesity and related co-morbidities and decreased reproductive health. 2) Developmental side: decreased learning achievement, decreased learning capacity unachieved potential. 3) The economic side: decreased work capacity and work productivity.

The ongoing metabolism in the body utilizes fat stores and some vital organs get energy from fatty acid catabolism. To maintain protein metabolism so that it takes amino acids from the liver when protein intake is insufficient, which occurs together with a lack of energy intake. The metabolic impacts that occur can result in death if fat and protein stores are continuously unloaded.

Stunting is closely related to high morbidity and mortality in children in the short term. Children who are stunted are more at risk of infection, especially pneumonia and diarrhea, due to low immunity.

Based on the description above, stunting in children can affect their health and growth and development from childhood to adulthood. The impact that can be caused by the problem of stunting malnutrition, has bad consequences both in the short and long term. In the short term, stunting can cause failure to thrive, inhibit cognitive & motor development which can affect brain development and educational success, as well as suboptimal physical body size and metabolic disorders. If there is a growth disorder in the body, then one of the organs that is quickly at risk is the brain. This will reduce the quality of human resources, productivity and competitiveness of the nation. The toddler period is an important period in the process of human development, so that it becomes a determinant in the success of the child's development in the next period.

The research was conducted by researchers starting from April 10 2023 to May 23 2023 at Lolu Village, Sigi Biromaru District with the object of this research namely stunted children in the village. The process of this research included researchers conducting interviews with village heads, village midwives, posyandu cadres and parents, the results of observations and recapitulation of all data will be described as follows.

Table 1. Data on Stunted Children by Age

No	Years	Frequency	Percentage
1	Children 5 years	1	4
2	Children 4 years	2	8
3	Children 3 years	9	36
4	Children 2 years	7	28
5	Children 1 years	6	24
	Amount	25	100

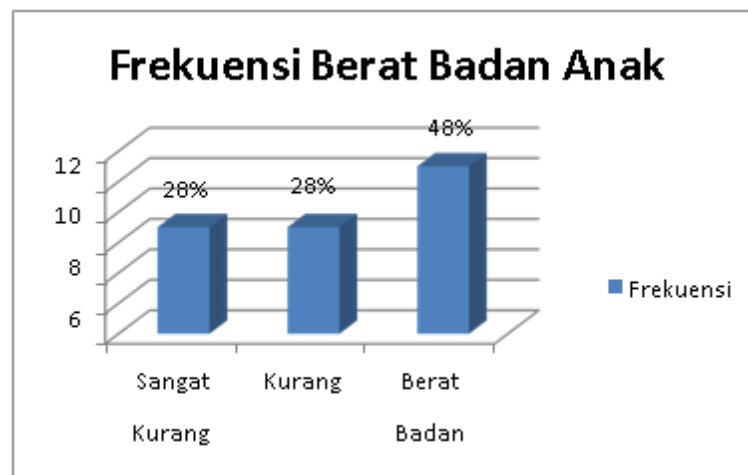


Figure 3. Frequency of Stunted Children based on Body Weight

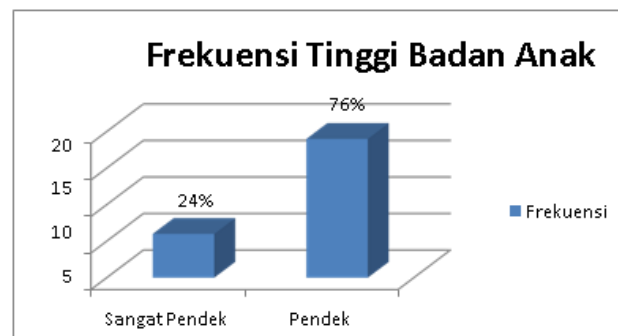


Figure 4. Frequency of Stunted Children based on Height

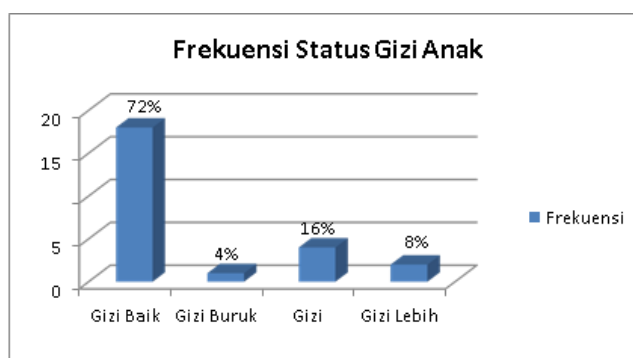


Figure 5 Frequency of Stunting Children based on Children's Nutritional Status

## 2) Supplementary Feeding Program (PMT)

The Supplemental Feeding Program (PMT) is one of the policies in the priorities for accelerating the implementation of development in the education sector which aims to improve the nutritional status of children, especially children who are in underdeveloped and remote areas. Therefore, the Provision of Supplemental Food (PMT) is a program that aims to improve the health of infants and toddlers, ensure the growth and development of children according to their age, and prevent stunting. There are two types of Supplementary Feeding (PMT), namely Supplemental Feeding (PMT of Recovery and Supplementary Feeding (PMT) counseling). The data from this research were obtained from interviews conducted by researchers. All informants who conducted interviews were Village Heads, Posyandu cadres and village midwife.

In implementing PMT in Lolu Village, the source of funds used came from the APBD (Village Revenue and Expenditure Budget). The mechanism for implementing PMT for stunted children in Lolu Village begins with data collection on stunted children by health workers at the Biromaru Health Center. Then, the puskesmas, in this case a nutritionist, prepares a menu of additional food that will be given to children. After that, the posyandu cadres worked together with the village midwife to prepare the budget needed to implement PMT, then the budget was handed over to the village government, which then allocated the APBD for implementing PMT for stunted children in Lolu Village.

Providing Supplemental Food in Lolu Village was quite effective in reducing the stunting rate in Lolu Village because during the PMT implementation from 2020, the stunting rate in Lolu Village decreased significantly from 40% in 2020 to 14% in 2023.

## 3) Description of Parents' Understanding of PMT and Stunting

To find out data about the level of parents' understanding of supplementary feeding (PMT) and stunting in Lolu Village, Sigi Biromaru District, Sigi Regency, the researchers distributed a questionnaire containing statements to predetermined respondents, namely the parents of 25 children. Based on the results of the research that has been processed, the general questionnaire distribution data is obtained as follows.



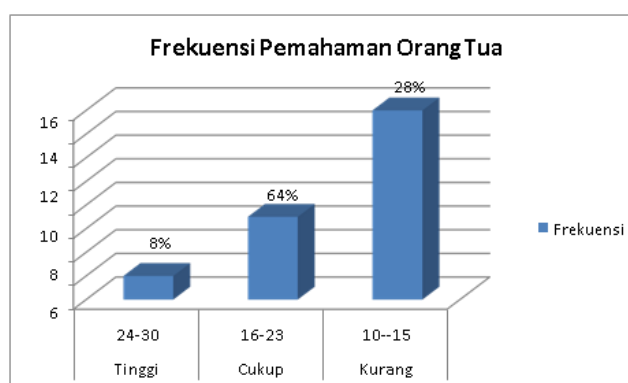


Figure 6 Frequency of Parents' Understanding of Stunting

Based on the results of the research and observations made, the number of stunted children who were the subject of the study was 25 people from various ages. The age range of 1 to 2 years is 13 children, in the age range 3 to 4 years there are 11 children and from the age range 5 to 6 years there is 1 child. Children can be at risk of stunting since they are still in the womb. This is due to the mother's food intake during pregnancy which is less nutritious. In line with opinion (Trisyani et al., 2020) children can suffer from stunting since before birth because the mother does not have access to healthy and nutritious food such as high protein food, low intake of vitamins and minerals consumed by the mother also affects the condition of fetal malnutrition. SSGI noted that the majority of stunting cases in Indonesia were found in children aged 24-35 months with a percentage of 26.2% (Nirmala Sari & Ratnawati, 2018).

Of the 25 stunted children who were the subject of the study, there were 7 children in the very underweight category, 7 children in the underweight category and 11 children in the normal weight category. Then based on height there are 6 children in the very short category and 19 children in the short category. Furthermore, based on the nutritional category, there were 18 children with Good Nutrition status, 1 child with Poor Nutrition status, 4 children with Undernutrition status and 2 children with Overnutrition status.

Children with good nutrition can be categorized as stunted if they have a shorter height or fail to thrive than other children of their age. So, even though the child's weight is normal according to the child's age, but the height is less, the child can be categorized as stunted. This is in line with opinion (Utami et al., 2023), Stunting is a condition of failure to thrive due to malnutrition in the first thousand days of life. This condition has long-term effects from adulthood to old age. In addition to experiencing growth failure, stunted children also experience failure to thrive. This happens because nutritional intake does not affect aspects of child development. Children with stunting tend to have problems with focusing attention and memory which affect children's cognitive abilities. In addition, children's motor and language do not develop optimally (Akib et al., 2022). The impact of stunting on children's health makes children more vulnerable to diseases such as obesity, heart disease and hypertension (Fauza et al., 2022).

There are many factors that affect children's nutritional intake, including people, economy, heredity, and different levels of understanding of parents regarding supplementary feeding and stunting in children. Researchers categorize parents' understanding into 3 (three) categories, namely the High, Enough and Less categories. In the research data obtained through questionnaires, it was found that from 25 parents of children in the stunting category, the level of understanding of parents

regarding the provision of supplementary food (PMT) for stunted children was 8% in the high category, 28% in the sufficient category, and 64% in the poor category. Of course, the level of understanding of parents is motivated by various factors, including educational factors and economic factors.

The main causes of stunting include nutritional and nutritional intake that is insufficient for children's needs, wrong parenting patterns due to a lack of knowledge and education for pregnant women and nursing mothers, poor sanitation in the living environment such as a lack of clean water facilities and the unavailability of adequate toilet facilities and limited access to health facilities needed for pregnant women, nursing mothers and toddlers (Hardani & Zuraida, 2019).

Based on the research results, Lolu village has made efforts to reduce the stunting rate through the Supplementary Feeding Program (PMT). Provision of additional food that focuses on macro-nutrients and micro-nutrients for toddlers and pregnant women is very much needed in the context of preventing low birth weight babies (LBW) and stunting toddlers (Mitra, 2015). For example, excessive consumption of energy and protein will cause obesity so that it is at risk of disease. Therefore, to achieve optimal health, the recommended Nutrition Adequacy Rate (RDA) is compiled based on the Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2013 concerning the recommended Nutrition Adequacy Rate for the Indonesian people. The implementation of the Supplemental Feeding Program for Stunted Children, of course, requires a cooperative attitude from various parties, especially the village government, health centers, posyandu, village midwives, posyandu cadres and children's parents.

Supplementary Feeding (PMT) is an important component. This PMT aims to improve the condition of children who are categorized as stunting, by paying attention to children's nutritional intake. The food ingredients used in PMT can use ingredients that are available or can be produced locally, so that it can help the possibility of the program being sustainable because the ingredients are easy to obtain while still paying attention to their nutritional content. The PMT food menu should be easy for children to digest (Rahmad et al., 2021).

Provision of Supplementary Food (PMT) for stunted children in Lolu Village has been carried out for 2 years. In 2023 the distribution of PMT to stunted children will be carried out every day from January to June. Evaluation of the development of stunting in children after being given PMT will be evaluated every month. Doren mengemukakan bahwa "pemantauan program PMT-P dilakukan sebulan satu kali dalam kegiatan mini lokakarya. Pencatatan dan pelaporan hanya dilakukan oleh petugas pada saat posyandu" (Doren et al., 2019). The PMT menu is made by nutritionists by considering the nutritional intake needed by children. (Jayadi et al., 2021) stated that the provision of supplementary food is the activity of providing food for infants and toddlers in order to complement nutritional needs so that they achieve weight and height according to their age.

Based on observations of the nutritional categories of stunting children in Lolu Village, they are divided into 3 (three), namely the categories of good nutrition, malnutrition and malnutrition. Children with good nutrition can be included in the stunting category because the child's weight is appropriate for their age but their height does not match their age. Meanwhile, stunted children in the malnutrition category are children whose nutritional conditions are not met properly. As for stunted children, the category of malnutrition or malnutrition is a "serious" condition where the nutritional intake a child receives is not in accordance with the nutrition he should receive.

Providing Supplemental Food (PMT) is quite effective in reducing stunting rates in Lolu Village. This is proven by the decline in the stunting rate in Lolu Village in 2022 from 45 children

to 25 children in 2023. However, in practice there are still several obstacles, such as PMT funds which have been slow to be disbursed and parents who do not understand the importance of PMT in recovering stunted children. Stunting can be monitored from the time of pregnancy by preventing Chronic Energy Conditions (KEK) in pregnant women.

In addition to nutritious food, the scope of PMT also includes sanitation or food and environmental hygiene. Children must be accustomed to washing their hands before and after eating, maintaining personal and surrounding hygiene, and brushing their teeth regularly. Poor sanitation can cause infectious diseases in children such as diarrhea and intestinal worms which interfere with the digestive process in absorbing nutrients. If this condition occurs for a long period of time it can lead to stunting problems

Based on the results of the research and discussion, it can be concluded that the implementation of Supplementary Feeding (PMT) for stunted children in Lolu Village, Sigi Biromaru District, Sigi Regency is quite good, but still needs to be improved both technically and operationally at the village government level and cadres as PMT implementers so that the Village Lolu can be free from the problem of stunting.

#### 4. CONCLUSION

Lolu Village, Sigi Biromaru District, Sigi Regency is one of the villages with a focus on handling stunting, 25 children were found in the stunting category. The Implementation of Supplemental Feeding is carried out by providing additional food in the form of a complete menu that has been provided by cadres who work with several parties such as nutritionists, village midwives, and PKK mothers. After the provision of supplementary food, the stunting rate in Lolu Village, Sigi Biromaru District, Sigi Regency has decreased, this is because the distribution or distribution of PMT is carried out every day, with additional food that focuses on macronutrients and micronutrients aimed at improving the condition of children who are categorized as stunting.

#### REFERENCES

- Akib, A., Rukinah, R., Wahyuni, R., & Pohan, E. (2022). Pemberdayaan Masyarakat Melalui Peningkatan Pengetahuan dan Keterampilan dalam Mendampingi Perkembangan Motorik Halus Balita Stunting. *Abdimas Polsaka*, 1(2 SE-), 50–54. <https://doi.org/10.35816/abdimaaspolsaka.v1i2.17>
- Ardiaria, M., Subagio, H. W., & Puruhita, N. (2020). SOSIALISASI PRINSIP DAN PESAN GIZI SEIMBANG SEBAGAI PENGANTI PROGRAM EMPAT SEHAT LIMA SEMPURNA. *JNH (Journal of Nutrition and Health)*; Vol 8, No 1 (2020): *JNH (JOURNAL OF NUTRITION AND HEALTH)*. <https://doi.org/10.14710/jnh.8.1.2020.51-56>
- Awalunisah, S., & Setianingsih, H. P. (2023). Pengembangan Model Pembelajaran Student Teams Achievement Division (STAD) untuk Menstimulasi Perkembangan Kognitif Anak Usia Dini. *JAMBURA Early Childhood Education Journal*, 5(1), 143-161.
- Darubekti, N. (2021). Pemberian Makanan Tambahan (PMT) Pemulihan Bagi Balita Gizi Buruk. *Prosiding Seminar Nasional Penelitian Dan Pengabdian 2021*, 3(49), 978–623.
- Doren, W. K., Regaletha, T. A. L., & Dodo, D. O. (2019). Evaluasi Program Pemberian Makanan Tambahan Pemulihan (PMT-P) terhadap Status Gizi Buruk Balita di Puskesmas Oepoi Kota Kupang. *Lontar: Journal of Community Health*, 1(3 SE-Articles).

- <https://doi.org/10.35508/ljch.v1i3.2176>
- Fauza, N., Abdurrohman, A., Harahap, A. A., Monica, L., Yani, L., Jannah, M., Purwanti, C. M., Harahap, S. E., Rahmadhani, U. S., & Febria, Z. (2022). Identifikasi stunting pada anak balita di Desa Rantau Mapesai. *Unri Conference Series: Community Engagement*, 3(0 SE-Articles). <https://doi.org/10.31258/unricsce.3.673-679>
- Fitria, N., & Puspa, A. R. (2021). Edukasi Gizi Seimbang Bagi Orang Tua Anak Usia Dini. *Jurnal Universitas Muhammadiyah Metro*, 3, 271–278.
- Hanur, B. S., Umam, M. K., & Zuhriyah, N. (2020). Memantik Perkembangan Fisik Motorik Anak Usia Dini Melalui Pemberian Gizi Seimbang Dalam Perspektif Al Quran Dan Hadist. *SAMAWAT: JOURNAL OF HADITH AND QURANIC STUDIES*, 3(2).
- Hardani, M., & Zuraida, R. (2019). Penatalaksanaan Gizi Buruk dan Stunting pada Balita Usia 14 Bulan dengan Pendekatan Kedokteran Keluarga. *Medula*, 9(3), 565–575. <https://juke.kedokteran.unila.ac.id/index.php/medula/article/view/2562>
- Jayadi, Y. I., Syarfaini, S., Ansyar, D. I., Alam, S., & Sayyidinna, D. A. (2021). Evaluasi Program Pemberian Makanan Tambahan Anak Balita Pada Masa Pandemi Covid 19 di Puskesmas Kabupaten Gowa. *Al GIZZAI: PUBLIC HEALTH NUTRITION JOURNAL*, 1(2), 89–102. <https://doi.org/10.24252/algizzai.v1i2.21998>
- Juliana, E., Nataliningsih, N., & Aisyah, I. (2022). Pemenuhan Kebutuhan Gizi Dan Perkembangan Anak. *Sadeli: Jurnal Pengabdian Kepada Masyarakat Universitas Winaya Mukti*, 2(1), 11–19.
- Kemenkes, R. 2016. (2016). Standar Produk Suplementasi Gizi. *Standar Produk Suplementasi Gizi*, 147(March), 11–40.
- Nirmala Sari, M. R., & Ratnawati, L. Y. (2018). Hubungan Pengetahuan Ibu tentang Pola Pemberian Makan dengan Status Gizi Balita di Wilayah Kerja Puskesmas Gapura Kabupaten Sumenep. *Amerta Nutrition*, 2(2 SE-Original Articles), 182–188. <https://doi.org/10.20473/amnt.v2i2.2018.182-188>
- Rahmad, M., Karjoso, T. K., Leonita, E., Rany, N., & Muryanto, I. (2021). Analisis Pola Asuh Gizi Pada Balita Gizi Kurang. *Jurnal Bahana Kesehatan Masyarakat (Bahana of Journal Public Health)*, 5(1), 6–17. <https://doi.org/10.35910/jbkm.v5i1.336>
- Sugiyono. (2013). *Metodelogi Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif dan R&D*. Alfabeta.
- Trisyani, K., Dwi Fara, Y., & Tyas Mayasari, A. (2020). HUBUNGAN FAKTOR IBU DENGAN KEJADIAN STUNTING. *JuRNAL Maternitas Aisyah (Jaman Aisyah)*, 1(3), 189–197.
- Utami, S., Hudi, P. T., Syahida, A., & Mutho'am, M. (2023). Analisis Faktor yang Mempengaruhi Stunting di Desa Garunglor, Sukoharjo, Wonosobo. *JIPM: Jurnal Inovasi Pengabdian Masyarakat*, 1(1 SE-Articles), 12–17. <https://doi.org/10.55903/jipm.v1i1.25>
- Yuliawati, D. (2017). Status Gizi Balita. *Profil Kesehatan Provinsi Sulawesi Utara 2016*.