

# East Java Provincial Government Strategy in Improving Community Nutrition to Reduce Stunting Prevalence

Ike Arni Noventi\*

Department of Public Administration

Universitas Brawijaya

Malang, Indonesia

\*ike\_noventi@ub.ac.id

**Abstract**—The problem of stunting or stunted toddlers is still faced by various countries including Indonesia. Indonesia has an average stunting prevalence of 36.4 in 2017. 7.8 million of the 23 million children under five are stunted. East Java Province ranks 4th highest stunting prevalence rate in Java. Lack of nutritional intake is the main cause of stunting in infants, although there are other causes such as infectious diseases and no exclusive breastfeeding. The Provincial Government of East Java has implemented various strategies to improve community nutrition in order to reduce the prevalence of stunting. This study aims to determine the strategy of the Government of East Java Province through the East Java Provincial Health Office in improving community nutrition, especially pregnant women and toddlers in order to reduce the prevalence of stunting in East Java and its compliance with the strategies that have been designed by UNICEF in terms of improving Nutrition in East Asia (including the Southeast Asian region) and the Pacific in particular with regard to maternal and child undernutrition. Data collection techniques are carried out through literature studies relating to government strategies in improving community nutrition. The results showed that the community nutrition improvement strategy in order to reduce the prevalence of stunting adopted by the East Java Provincial Health Office was in line with the strategy published by UNICEF. However, there are several strategies that cannot be identified in harmony with the UNICEF strategy because they are implemented by other agencies or become the authority of district / city governments as autonomous regions. Therefore, it is necessary to conduct comprehensive further research by covering all strategies carried out by all departments in East Java Province who have the task of implementing the nutritional improvement community program in order to reduce the prevalence of stunting in accordance with UNICEF guidelines.

**Keywords**—*undernutrition, toddler, pregnant women, stunting prevalence*

## I. INTRODUCTION

The development paradigm in the world has experienced several shifts since the end of World War II. It began with the

birth of the concept of development in the formerly independent countries of the colony during the 1940s and 1950s. During this time economic development theories were born which focused on growth, capital accumulation, structural transformation, and the role of government. However, these theories have drawn sharp criticism because they are considered to create significant inequalities and disparities between community groups. From these various criticisms then came a new concept of development that was more focused on income distribution, injustice, poverty, and freedom and democracy [1]. The concept of development which is considered the most recent and is still relevant today is the concept of sustainable development.

According to the Brundtland Commission in Kates, Parris and Leiserowitz, sustainable development is the ability to make sustainable development — to ensure that it meets the needs of the present without compromising the ability of future generations to meet their own needs. This concept emphasizes economic development and environmental protection also alternative notions of development (human and social) and alternative views of nature (anthropocentric versus ecocentric) [2]. The UN has 17 sustainable development goals that will be achieved until the year 2030, among them are end under, achieve food security and improved nutrition and promote sustainable agriculture. The goals have 5 targets 2 of which are: 1) By 2030, ending hunger and ensuring access to safe, nutritious and adequate food for all people, especially the poor and vulnerable including infants, throughout the year; 2) By 2030, ending all forms of malnutrition, including achieving the international target of 2025 for reducing stunting and wasting in infants and addressing the nutritional needs of adolescent girls, pregnant and breastfeeding women, and the elderly [3].

Nutrition is very influential on the growth of the human body, especially in children under five. Nutrition during pregnancy also affects the growth of the fetus after birth. Maternal health and nutrition conditions before and during pregnancy and after delivery affect fetal growth and the risk of stunting [4]. Poor nutritional intake during pregnancy causes

the child to be born with a low body weight resulting in growth retardation in children, also called stunting and often infected by infectious diseases. Stunting conditions that lasted from childhood will affect the disturbance of Intelligence Quotient (IQ), psychomotor development, motor ability, average IQ. There are several factors that cause stunting, including low energy intake (93.5%), infectious diseases (80.6%), male gender (64.5%), 48.4% because of low maternal education, 45.2% caused by low protein intake, while 32.3% caused by not exclusive breastfeeding, low father's education (32.3%), and working mothers (29%) [5]. Low energy intake is a major factor causing stunting in Indonesia [6]. Furthermore, low protein intake also significantly influences the occurrence of stunting in infants aged 3-5 years [7]. In addition, the risk of stunting is higher for infants who receive exclusive breastfeeding less than 6 months after birth [8].

The Center for Data and Information of the Ministry of Health of the Republic of Indonesia (2018) defined stunting as a condition of a toddler who has a length or height that is less when compared to age. A toddler justifies suffering from stunting if his/her length or height is more than minus two standard deviations from the median standard of child growth from WHO. The problem of stunting is faced by various countries in the world, including Indonesia. According to WHO data in 2018, Indonesia has an average stunting prevalence of 36.4 in 2017. Quoted from *Republika.co.id* in 2019, 7.8 million out of 23 million children under 5 years suffer from stunting, even 18,5% included in the very short category. Whereas WHO has determined that the stunting prevalence limit must be under 20% [9].

East Java Province, is one of the provinces located on the island of Java, has the fourth highest stunting prevalence in Java. In this province there are still 12 districts which still have to struggle with stunting. The highest Stunting prevalence in Java is occupied by Banten Province at 29.60%, followed by West Java Province at 29.2%, and Central Java Province at 28.5%. Under the East Java Province there is the Special Capital Region of Jakarta at 22.7% and the Special Region of Yogyakarta at 19.8%.

The Provincial Government of East Java has implemented various strategies to reduce the prevalence of stunting in the region. One of the strategies adopted is a strategy related to improving community nutrition. This paper tries to explain and analyse the East Java Provincial Government's strategy in improving community nutrition in order to reduce the prevalence of stunting. The nutrition improvement strategy is focused on pregnant and lactating women and toddlers. The East Java Provincial Government's strategy in improving community nutrition will be beneficial for other local governments in solving the same problem.

## II. RELATED WORK

Related to the strategy of the provincial government in improving the condition of the community in order to reduce the prevalence of stunting, there are several previous studies

that are used as a reference. The first is a study entitled "The Causes of Stunting Children Age 25-60 Months in Sukorejo District, Blitar City" conducted by Sri Mugianti, et al. And published in the *Journal of Nursing and Midwifery* in 2018. This research departs from the stunting phenomenon that is in the spotlight of WHO and can be resolved if the causative factors are controlled. The purpose of this study was to describe the factors causing stunting in children aged 25-60 months. The next previous study was entitled "The Relationship between Stunting Events and Development in Toddler Ages 3-5 Years at the Kricak Yogyakarta Posyandu" written by Sri Dewi Sinta Maharani, et al in 2018. This study aims to determine the relationship between the incidence of stunting with the development of toddlers [10].

The third previous study was entitled "Factors Related to Stunting in Toddlers Age 25-60 Months in Kalibaru Village, Depok in 2012" by Paramitha Anisa. This study aims to determine the description and factors related to the incidence of stunting in toddlers aged 25-60 months in Kalibaru Kelurahan Depok in 2012. The results showed that there was a relationship between protein intake, birth weight, parental education, father's occupation, and economic status of the family with the incidence of stunting in infants [11]. The next previous research was written by NN Hien and S. Kam under the title "Nutritional Status and the Characteristics Related to Malnutrition in Children under Five Years of Age in Nghean, Vietnam" published in 2008. This study was conducted to assess the nutritional status and characteristics related to malnutrition in children less than five years of age in Nghean, Vietnam [8].

## III. METHODOLOGY

This paper uses a literature study method by comparing and analysing strategies to improve community nutrition, especially children and pregnant women in East Asian countries (which in this case also covers the Southeast Asia region) and the Pacific, published by UNICEF in 1994 with those conducted by the East Java Provincial Government in particular by the East Java Provincial Health Office. The strategies of the provincial government are outlined in their official documents, namely the East Java Provincial Government Work Plan Document for the 2014-2019 Period, Report on Accountability of the End of Term of Office of the Governor of East Java in 2014-2018, Dynamic Data of the East Java Province in Quarter IV-2018, Planning Document The Work of the Regional Government of East Java Province Second Amendment in 2018, and the Amendment Document of the Middle-term Development Plan of East Java Province 2014-2019, as well as other related documents. This was done because East Java Province is part of the territory of the Republic of Indonesia. Indonesia is also included in the category of developing countries in the Southeast Asia region so that the UNICEF report is worthy of being used as a reference in making comparisons.

In 1994 UNICEF issued a Strategic Approach and Implementation Guidance: Approach to Nutrition Programming in the East Asia and Pacific Region 2014-2025

which can be used as a reference for countries in the East Asia and Pacific region in order to address the problem of undernutrition. In its guidance document, UNICEF has designed an approach to increase the nutrition condition of regional society. The approach's design is broadly divided into 2 (two) implementation packages consisting of P.

*A. Package for implementation by all countries, consist of*

- Maternal and child undernutrition package which should be implemented by all countries. It is a specific intervention of essential nutrition that focuses on maternal undernutrition prevention, reducing the number of toddlers who suffer stunting and micronutrient deficiencies, also a number of nutrition sensitive interventions with the most evidence.
- Nutrition in emergencies package. It aims to ensure that all countries are ready to respond an emergency effectively and prepare for the future shocks by built resilience.
- Water and sanitation package. Its focuses are fiscal ingestion prevention, reducing intestinal infections and undernutrition causes particularly open defecation elimination and hand washing.

*B. Package to be implemented by considering national/sub-national situation [13], consist of*

- Package for child wasting: The package focuses on community-based treatment establishment to help toddlers with severe acute malnutrition and also provide an integrated treatment for moderate acute malnutrition in order to prevent more children becoming severely malnourished.
- Maternal and/or child overweight and obesity package: This package focuses on direct and indirect intervention to make the environment less conducive to obesity such as diet improvement, increasing exercise at school and workplace, and legislation.
- Package for teenage pregnancy: This package focuses on increasing access to education, create a more protective environment for teenage girls, and also access to various services of pregnancy prevention.
- Package for food insecurity: Focused on improving food availability, access and diversity.

This paper specifically compares the strategy undertaken by the Provincial Government of East Java, especially by the East Java Provincial Health Office with the UNICEF strategy, especially Core Package for maternal and child undernutrition that for implementation by all countries with the consideration that this strategy directly focuses on improving nutrition for pregnant women and malnourished toddlers. Some nutrition improvement strategies for pregnant women and children under five are cross-agency strategies, so in this paper the scope of coverage is only limited to the nutrition improvement strategies

for pregnant women and toddlers carried out by the East Java Provincial Health Office.

#### IV. RESULTS AND DISCUSSION

The East Java Provincial Government's strategy in improving community nutrition cannot be separated from national development priorities. In order to improve public health conditions and improve community nutrition, the central government has national development priorities namely "Human Development through Poverty Reduction and Improvement of Basic Services". This national development priority has a policy direction, one of which is "Improving Community Health and Nutrition Services". In line with the development priorities of the national policy fund, the Provincial Government of East Java determines the provincial development priorities, namely "Improving the Quality of Human Resources through Improving the Quality of Education, Health, Employment and Poverty Reduction". Of the provincial development priorities, the direction of the provincial policy is determined, one of which is "Improving Health Quality in Reducing Maternal Mortality, Stunting, Eradication of Communicable Diseases and Provision of Facilities for Sanitation and Clean Water".

In accordance with the provincial development priorities and the provincial policy direction, the strategy undertaken by the Government of East Java Province in order to improve community nutrition in order to reduce the prevalence of stunting is to implement various programs and activities in order to improve community conditions. These programs are formulated and implemented by the Government of East Java Province through the Regional Work Unit that is directly responsible for public health, namely the East Java Provincial Health Office. The various programs and activities that have been carried out can be seen in the explanation below.

*A. Priority Activities to Reduce Stunting Prevalence through Optimization of Nutrition in the First 1000 Days of Life*

Decreasing Stunting Prevalence through Optimization of Nutrition in the First 1000 Days of Life is a priority activity of the Provincial Government of East Java. This priority activity is a derivative of the program "Improving Health Quality in reducing Maternal Mortality, Stunting, Eradication of Communicable and Non-Communicable Diseases and Provision of Sanitation and Clean Water Facilities" which is the development of the health sector owned by the Government of East Java Province. This program is derived from one of the National Priority Programs in the health sector, namely "Improving Community Health and Nutrition Services".

Priority Activities to Decrease Stunting Prevalence through Optimization of Nutrition in the First 1000 Days of Life have a target to conduct a survey of nutritionally conscious families for at least 1 meeting and a meeting to achieve nutritionally conscious families 4 times for 1 year. This activity has priority locations in Bangkalan, Pamekasan, Jember, Bondowoso, Kediri, Situbondo, Sumenep, Pasuruan, Probolinggo City, and

Batu City. The Provincial Government of East Java through Governor Regulation No. 63 of 2011 concerning Integrative Holistic Early Childhood Development has developed a container called Taman Posyandu since 2012. The Taman Posyandu functions to provide comprehensive services for toddlers, including health services, educational stimulation and childcare. Taman Posyandu is an integrated holistic growth and development service consisting of 3 (three) components, namely posyandu, early childhood education, and Toddler Family Development.

Furthermore, Taman Posyandu serves to provide knowledge and nutritional needs in the first 1000 days of life since the fetus is in the womb. Until the end of 2018 there were 12,227 Taman Posyandu throughout East Java. The Taman Posyandu is organized by Posyandu cadres in collaboration with the nearest medical staff. For early childhood children are given education through Early Childhood Education, while their mothers are also given skills in educating children (parenting skills) which includes the fulfilment of nutrition and parenting.

Meanwhile, the Family Welfare Empowerment Group as a social organization that empowers women to participate in the development of Indonesia in cooperation with Posyandu plays an active role in conducting socialization related to the importance of the first 1000 days of life. This socialization includes assisting pregnant women, exclusive breastfeeding for children for a minimum of 6 months and parenting. Socialization is also given to young women so that they can meet their nutritional needs, especially iron, which can have a positive impact when they are pregnant one day. The Family Welfare Empowerment Group in cooperation with Posyandu also provides blood enhancing tablets for young women.

#### *B. Community Nutrition Improvement Program*

The East Java Provincial Government has focused on improving the nutrition of the East Java people for a long time. In 2011, the Government of East Java Province has issued Regional Regulation East Java Province Number 11 of 2011 concerning Nutrition Improvement. Through this Regional Regulation the Provincial Government of East Java intends to improve nutritional status, knowledge and public awareness about the importance of nutrition and its influence on improving nutritional status through improving food consumption patterns, improving nutritional awareness behaviour, improving access and quality of nutrition services in accordance with scientific and technological progress, and improving food and nutrition alert systems. Furthermore, the Regional Regulation is equipped with implementation instructions as stipulated in East Java Governor Regulation No. 33 of 2014 concerning Implementation Guidelines for East Java Provincial Regulation Number 11 of 2011 concerning Nutrition Improvement. In 2018, the Government of East Java Province formed a working group tasked with tackling nutrition and food problems in East Java Province through East Java Governor Decree Number 188 / 31.KPTS / 01/2018

concerning the Work Group for the Action Plan for the Food and Nutrition Region of East Java Province 2018.

In its implementation, the Community Nutrition Improvement Program aims to increase nutritionally aware families and improve community nutrition. The Community Nutrition Improvement Program has program performance indicators, namely the Percentage of Malnutrition Toddler. Through the application of this program, it is expected that the percentage of malnourished children under five can experience a decrease in the number. This program has several activities which 3 (three) of them focus on improving community nutrition, especially toddlers and pregnant and breastfeeding mothers. These activities are:

*1) Mitigation of Protein Energy Deficiency (PED), iron malnutrition anemia, disorders due to Iodine Deficiency (IDD), lack of vitamin a and other micro nutrient deficiencies:* The target groups for overcoming Protein Energy Deficiency and Iron Nutrition Anemia are pregnant women and women of childbearing age. The Provincial Government of East Java through the East Java Provincial Health Office implements several operational strategies which include:

- Communication, Information and Education Methods by group counselling, counselling, campaign promotion, peer group discussions, premarital guidance, promotion of blood-added tablets and promotion of increasing sources of iron from food consumption, both face-to-face, print and electronic media.
- Blood Tablet Supplementation.
- Develop a strategy for the prevention of nutritional anaemia in pregnant women and women of childbearing age according to regional needs.
- Advocacy and outreach to regency / city and sub-district level governments.
- Develop a regional campaign towards independence.
- Providing assistance for district / city, sub-district and institution level staff.
- Increase Cooperation or partnerships with non-governmental organizations and other sectors.
- Facilitating cooperation with distributors, pharmacies and drug stores.
- Develop regional instruments for supervisory monitoring.
- Periodic technical guidance, monitoring, supervision and evaluation.
- Analyse data and find out the overall problem.

Overcoming Vitamin A deficiency is done through a comprehensive strategy that includes:

- Promotion of vitamin A which is a process of community empowerment so that they are willing and able to consume sources of vitamin A especially for infants, toddlers and postpartum mothers.
- Vitamin A supplementation by administering high doses of vitamin A capsules to infants, toddlers and postpartum mothers according to the health conditions and needs of each body.
- Addition of vitamin A to foods carried out nationally.

As for handling iodine deficiency, the Government of East Java Province runs a strategy which includes:

- Monitoring the community's iodine status.
- Increasing iodized salt consumption.
- Increasing the supply of iodized salt.
- Strengthening cross-sectoral coordination and strengthening institutions to deal with Iodine Deficiency Disorders

Related to exclusive breastfeeding, the Government of East Java Province implements a strategy to increase the scope of exclusive breastfeeding which includes:

- Formulation of a regulatory framework that supports the provision of lactation space in offices and public places.
- Lactation management.
- Increasing the capacity of officers.
- Exclusive Breastfeeding Promotion
- Prohibition of promotion activities for infant formula and advanced formula milk in the place of health service facilities.
- Establishment of a Breast Milk Support Group.
- Making technical instructions regarding Lactation Management.

Breastfeeding complementary feeding is also important and a nutritional and infant nutrition improvement program is carried out through improving the skills of mothers of toddlers in making complementary foods with the right amount and quality.

2) *Community empowerment for the achievement of nutrition conscious families:* A nutritionally aware family is a family that is able to recognize, prevent and overcome the nutritional problems of each family member. This awareness is reflected in the attitudes and behavior of families who can independently realize a state of good nutrition through diverse food consumption patterns and balanced nutritional quality. In order to foster public awareness of the importance of nutrition, a community empowerment program is implemented to reach nutritionally aware families. In its implementation, nutrition

counseling activities are carried out as dialogues or consultations between the Dasawisma cadres and Posyandu cadres with the family to increase the ability and willingness of the family to implement good and right nutrition behavior by utilizing the potential of the family and the surrounding environment. The initial implementation was carried out by Nutrition Implementation Workers from the Health Center along with the Dasawisma cadres and Posyandu, then it was carried out by Posyandu cadres. Before the implementation of nutrition-conscious counseling activities, a mapping of nutrition-aware families was carried out first to determine the situation of nutrition-conscious families in an area under the working area of a puskesmas. This mapping was initially carried out by Nutrition Implementers from the puskesmas and subsequently carried out by the head of the posyandu group and posyandu cadres. The results of the mapping of nutrition-aware families are used as a reference in the implementation of nutrition counseling and intervention.

The national nutrition conscious family program was carried out simultaneously in February 2000 and involved the entire community, especially those living in rural areas. The role of posyandu or nutritional cadres as well as dasawisma guided by local health workers is very important in the implementation of nutrition-aware family empowerment programs. According to the East Java Provincial Health Office, there are 5 indicators that indicate a person is aware of nutrition, namely:

a) *Weight regularly:* Weighing regularly is carried out by posyandu cadres to toddlers to monitor toddler's growth. This activity is carried out at least once a month accompanied by measurements of toddler height. Weighing regularly is also done for pregnant women.

b) *Give only breast milk to newborns until the age of 6 months:* Give only breast milk to newborns until the age of 6 months; It is hoped that exclusive breastfeeding can improve the nutritional status of toddlers, which in the long run can improve the quality of life of these toddlers in the future. The Government of the Republic of Indonesia has issued Law Number 36 Year 2009 regarding Health, wherein in articles 128 and 129 it is stated that every baby is entitled to exclusive breastfeeding from birth for 6 (six) months unless there is a certain medical condition in the baby or mother which results in giving Exclusive breastfeeding is not possible. The government and the community must provide full support by providing special time and facilities. This law is also equipped with Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning the Provision of Exclusive Breast Milk. In East Java Province, the Government provides support for exclusive breastfeeding through East Java Province Regulation Number 11 of 2011 concerning Nutrition Improvement and is complemented by East Java Governor Regulation No. 33 of 2014 concerning Guidelines for

Implementing Regional Regulation of East Java Province Number 11 of 2011 concerning Nutrition Improvement.

*c) Eat a variety of foods:* In order to encourage people to be able to consume a variety of foods, the Government of East Java Province has implemented the Movement for the Acceleration of Diversification of Local Resource-Based Food Consumption. Guidelines for the implementation of this movement contained in East Java Governor Regulation No. 71 of 2009 concerning Guidelines for the Implementation of the Movement for the Acceleration of Diversity of Local Resource-Based Food Consumption. The aim of this movement is to encourage the acceleration of the diversity of food consumption and nutrition for the people so that they behave in a diverse, nutritionally balanced consumption of food based on local resource-based man funds. In its implementation, this movement applies several approaches including empowering women's groups, providing knowledge of diverse eating patterns, balanced nutrition and safe for children from an early age, the use of the yard as a provider of diverse food sources, and encouraging the involvement of universities, nongovernmental organizations and professional institutions in promoting this activity.

*d) Using iodized salt:* The province of East Java still faces the problem of interference due to lack of iodized salt which causes mumps and cretinism. Efforts to overcome these problems are conducted by optimizing iodine sat intake and natural food counseling. East Java Monthly Nutrition Report of 2017 stated that 93.9% households used iodine salt and has reached the determined target of 90%.

*e) Drink nutritional supplementation:* Nutrition supplementation is a movement for supplementation in order to improve community nutrition. in this case in particular the improvement of nutrition for pregnant women and toddlers. For pregnant women, nutritional supplements are given in the form of iron tablets and folic acid, while for toddlers are given vitamin A supplements.

*3) Surveillance investigations for food and nutrition awareness:* In general, nutritional surveillance is a regular and ongoing observation by a nutritionist on all aspects of nutritional diseases, both the situation and its spread in a particular community for the purpose of prevention and control. Nutrition surveillance aims to assist the management of food and nutrition programs at the district / city level through the provision of information, data that is fast, accurate, regular and sustainable that is used in policy formulation and to evaluate the performance achievement of community nutrition development. Nutrition surveillance activities include epidemiological investigations, data collection, processing and analysis of secondary data about nutrition, information dissemination and follow up. This activity is carried out periodically.

As stated in the previous chapter that this paper compares the strategy of improving community nutrition, especially

pregnant women and toddlers implemented by the Government of East Java Province with the strategies suggested by UNICEF through the Strategic Approach and Implementation Guidance in terms of the Approach to Nutrition Programming in the East Asia and Pacific Region 2014-2025 by taking coverage in the core package for maternal and child undernutrition. This package is detailed in the following matters:

*a) Maternal intervention, consist of:*

- Periconceptual folic acid supplementation fortification (additional maternal and child intervention)
- Multiple micronutrient supplementation (MMS) especially iron and folic acid for pregnant and lactating women
- Giving iron and folic acid supplementation intermittently (weekly) to reproductive age women
- Giving calcium supplement to pregnant women
- Deworming of pregnant women
- Spacing of pregnancy
- Providing nutrition counselling service concerning healthy dietary intake
- Conducting nutrition screening and giving food supplement for under-nourished toddlers and pregnant women Nutrition screening and food supplementation if under-nourished

*b) Infant and young intervention, consist of:*

- Cord clamping delay
- Breastfeeding support in maternity/new-born care include in context of HIV (additional maternal and child intervention)
- Breastfeeding counselling, support and communication in context of HIV
- Provide communication/counselling to improve complementary feeding
- Multiple micronutrient powders (MNPs) for home fortification (additional maternal and child intervention)
- Giving vitamin A supplement for children 6-59 months
- Deworming of children 12-59 months
- Diarrhea treatment by giving zinc supplement
- Treatment of severe acute malnutrition-facility based including outpatient treatment
- j. Prevention and treatment of common childhood diseases (diarrhea, pneumonia, measles, malaria, etc).

*c) Community-wide Intervention*

- Control of marketing of breast milk substitutes (additional maternal and child interventions)

- Salt iodization universally
- Condiments or staple foods with iron fortification
- Condiments or staple foods with vitamin A fortification

*d) Nutrition sensitive intervention*

- increased education accessed for girls to primary and secondary school
- Development/education of early childhood
- Protection in the workplace of maternity
- Intervention to reduce tobacco consumption and indoor air pollution .

From various nutrition improvement strategies for pregnant women and toddlers carried out by the East Java Provincial Health Office, there are many strategies that are in accordance with the strategies recommended by UNICEF, these strategies include:

- Priority Activities to Reduce Stunting Prevalence through Optimization of Nutrition the First 1000 Days of Life are in line with the strategy of providing iron and folic acid intermittently (weekly) for productive women.
- Community nutrition improvement programs (Protein Energy Deficiency Mitigation, Iron Nutrition Anemia, Iodine Disorders, Vitamin A Deficiency and other Micro Nutrient Deficiencies) are in line with UNICEF's strategy of Nutrition screening and food supplementation if under-nourished, Breastfeeding support in maternity / new-born care include in the context of HIV, Nutrition screening and food supplementation if under-nourished, Counselling, support and communication on breastfeeding include in the context of HIV, Communication / counselling for improved complementary feeding, Multiple micronutrient powders (MNPs) for home fortification, Vitamin A supplementation of children 6-59 months;
- Community nutrition improvement program (Community Empowerment activities for Achieving Family Nutrition) in line with the UNICEF strategy, namely Nutrition counselling for healthy dietary intake, Periconceptual folic acid supplementation fortification, Iron and folic acid or multiple micronutrient supplementation (MMS) of pregnant and lactating women.
- Community nutrition improvement program (The Surveillance Investigation Program for Food and Nutrition Awareness) is in line with the UNICEF strategy namely Nutrition screening and food supplementation if under nourished

There are several UNICEF strategies related to the core package for maternal and child undernutrition which cannot be identified in harmony with the strategy of the East Java

Provincial Health Office because the strategy is a cross-agency strategy or under the authority of other agencies and also because it is a strategy of the district / city government as an autonomous region that is has the authority to regulate and manage the household of his own area. The UNICEF strategies are providing calcium supplement for pregnant women, deworming of pregnant women, Pregnancy spacing, deworming of children 12-59 months, deworming of children 12-59 months, Zinc supplementation as part of diarrhea treatment, Treatment of severe acute malnutrition-facility based including outpatient treatment, Prevention and treatment of common childhood diseases.

## V. CONCLUSION AND FUTURE SCOPE

The results showed that the community nutrition improvement strategy to reduce the prevalence of stunting adopted by the East Java Provincial Health Office was in line with the strategy published by UNICEF. However, there are several strategies that cannot be identified in harmony with the UNICEF strategy because they are implemented by other agencies such as the Office of Education, the Department of Public Works and Water Resources, the Office of the Environment and the Office of Women's Empowerment, Child Protection and Population. It can also be caused because the strategy is under the authority of the district/city government as an autonomous region.

Therefore it is necessary to conduct comprehensive further research covering all strategies carried out by all agencies in East Java Province which have the task of carrying out community nutrition improvement programs in order to reduce the prevalence of stunting according to the entire scope of UNICEF guidelines covering core package for maternal and child undernutrition, packages for nutrition in emergencies, packages for water and sanitation, packages for child wasting, packages for maternal and / or child overweight and obesity, packages for teenage pregnancy, and packages for food insecurity.

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