



Cadre Role and Performance in Preventing Stunting in Dolo, Central Sulawesi

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ABSTRACT

Introduction: Indonesia has the highest rate of stunting among toddlers in Southeast Asia, with a prevalence of 31.0%. A 2022 survey on nutritional status conducted across 33 Indonesian provinces ranked Central Sulawesi 6th highest for stunting, at 28.2%. Within 13 regencies/cities in Central Sulawesi province, Sigi regency had the highest stunting rate, reaching 36.8% among toddlers. Data from the Dolo Community Health Center showed a local prevalence of stunting at 14.7% in 2022. This figure remains high compared to the government's annual standard of 3.8%. The Community Health Worker program in 12 countries prevents stunting by providing nutrition education, monitoring child growth, promoting exclusive breastfeeding, and distributing additional foods and supplements. As the main pillars for improving public health, cadres are crucial in preventing stunting. Therefore, this study aimed to analyze the role and performance of cadres in preventing stunting in the Dolo, Central Sulawesi.

Methods: A qualitative case study design was adopted from March to July 2024 in Dolo, Central Sulawesi. Furthermore, 15 informants were selected by purposive sampling, including three key informants, seven primary informants, and five additional informants. Data collection involved participant observation, in-depth interviews, documentation, and focus group discussions. Analysis followed three steps: reduction, data display, and conclusion drawing/verification. Ethical approval was received from Majapahit Health Sciences College, Number: 04 /EC-SM/2024.

Results: The results showed that stunting cadres in the Dolo, Central Sulawesi, effectively fulfilled their role and responsibilities across various stages of intervention. However, several challenges were identified, including limitations in conducting home visits.

Conclusion: Cadre performance in Dolo requires a comprehensive approach, namely setting a minimum standard for each cadre's frequency of home visits. Stakeholders provide refresher training every six months and conduct periodic evaluations of cadre effectiveness.

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INTRODUCTION

Stunting is a significant global issue, specifically in developing countries like Indonesia (1). It severely impacts individual quality of life and can hinder national competitiveness (2). Stunting can lead to suboptimal intelligence in toddlers, increased vulnerability to diseases in the future, and reduced productivity (3).

According to the World Health Organization (WHO), the global prevalence of stunting was 22.3% in 2022. Southeast Asia's stunting rate was 30.0%, the second-highest rate after Africa (31.0%). Indonesia recorded the highest prevalence in Southeast Asia, with a stunting rate of 31.0% among toddlers (4).

The 2022 National Nutrition Status Survey (SSGI) showed a stunting prevalence of 21.6% in Indonesia, reflecting a decrease from 24.4% in 2021. Despite this decline, the prevalence remains high, with the 2024 target set at 14%. The survey, which included data from 33 provinces, showed that Central Sulawesi province was ranked sixth highest based on the number of cases among toddlers at 28.2%, following West Sulawesi (35.0%), Papua (34.6%), West Nusa Tenggara (32.7%), Aceh (31.2%), and West Papua (30.0%). Within the 13 districts/cities in Central Sulawesi, Sigi Regency had the highest prevalence, at a rate of 36.8% (5).

Data from the Dolo Community Health Center revealed a stunting rate in its service area, which was 14.7% in 2022 (6). This figure remains high compared to the government's annual standard of 3.8% (7). The Community Health Worker program in preventing stunting in 12 countries such as Afghanistan, Bangladesh, Brazil, Ethiopia, Niger, India, Iran, Nepal, Pakistan, Rwanda, Zambia, and Zimbabwe is providing nutrition education, monitoring child growth, promoting exclusive breastfeeding, and distributing additional foods and supplements (8).

As the main pillars for improving public health, cadres are crucial in preventing stunting. (9). Cadres work to avoid stunting through various tasks, such as monthly monitoring of toddlers' growth at Posyandu (Integrated Health Service Post). They also act as a bridge between mothers and health workers, ensuring access to essential health information and services.

In high-income countries, the role of Community Health Workers is to conduct home visits and increase knowledge about care and disease prevention. Meanwhile, the role of cadres in preventing stunting in Dolo is divided into three stages, namely the role of stunting cadres before the day of the posyandu, namely announcing the implementation of the posyandu. The role of stunting cadres during posyandu is stunting cadres to monitor the development of toddlers who are detected as stunting. Stunting cadres after posyandu assist toddlers who are detected stunting in overcoming the nutritional problems faced (10).

METHOD

This study used a qualitative case study design. (11) It was conducted from March to July 2024 at eight Posyandu within the Dolo in Sigi Regency, Central Sulawesi Province. The research location was selected because the number of stunting cases in Dolo is still high, at 14.7%. A purposive sampling method was used to select 15 informants. Fifteen informants were chosen because the data provided by the informants was saturated. These consisted of three key informants (health promotion program managers, coordinating midwives, and nutrition officers in the Dolo Community Health Center), seven primary informants (stunting cadres), and five additional informants (mothers of children under five identified as stunted).

The study analysts were the main instrument for data collection, with additional instruments including detailed field notes (books and pens), audio recording devices (mobile phones), and documentation tools (mobile phone cameras). Supporting materials such as interview guidelines and observation sheets were also used to enhance data collection. The methods used for data gathering included participant observation, in-depth interviews, documentation, and focus group discussions. Furthermore, data analysis followed a structured process involving data reduction, display, and conclusion drawing/verification (12).

The results were presented through data grouping using narrative text (13). Several strategies were adopted to ensure data validity. Credibility was achieved by extending observations, increasing perseverance, and applying data and source triangulation. Dependability was conducted by auditing the entire study process (14).

Ethical Approval

Ethical approval was received from the Majapahit Health Sciences College, Number 04 / EC-SM / 2024.

RESULTS

The role of cadres in preventing stunting in the Dolo, Central Sulawesi, is categorized into three stages, namely before, during, and after Posyandu Day. The following were the specific responsibilities of cadres before Posyandu Day:

"We prepare for the next day's Posyandu activities by making announcements, usually at the mosque" (A, 41 years old).

"Similarly, the announcements are made at the mosque and through social media such as Facebook" (IW, 40 years old).

"I do the same, announcing it at the mosque" (NY, 40 years old).

"Announcements are made at the mosque, and when there is food assistance, it is prepared in the morning before going to the Posyandu" (KS, 49).

"The method is the same: announce it at the mosque, on Facebook, and provide food assistance" (SW, 25 years old).

"As a newcomer, I am still unfamiliar with the internal processes. However, I have observed that the mothers receive regular updates from cadres through announcements at the mosque and food assistance" (IW, 32 years old).

"Children who want to attend or have already attended the Posyandu are registered, as everyone is directed to attend when someone gives birth to Posyandu" (MF, 45 years old).

These statements highlight the cadres' role before the Posyandu in disseminating information about Posyandu activities through local and social media such as Facebook and organizing food assistance.

The following were the tasks performed during Posyandu Day:

"We record toddler data, measuring height, weight, and head circumference" (IW, 32 years old).

"The weight, height, and head circumference are measured and recorded while the food is distributed" (SW, 25 years old).

"We also measure arm circumference, complete the KMS (Health Card), and record the information. A toddler's weight decreases, and mothers are informed. In cases where the mother does not accept this information, follow-up is conducted the next month" (KS, 49 years old).

"Yes, the answer is the same; the weight, height, and head and arm circumference are measured and recorded" (NY, 40 years old).

"The procedure is similar. We handle registration, conduct various measurements, including height, weight, and upper arm circumference, and provide instructions to the mothers. In cases of malnutrition, we advise mothers on feeding practices post-6 months and emphasize exclusive breastfeeding before then" (IW, 40 years old).

"We fill the KMS records and weigh the toddlers" (A, 41 years old).

"We check whether the toddlers have arrived, verify all necessary equipment, and ensure the presence of all cadres" (MF, 45 years old).

The cadres' roles during Posyandu Day involve comprehensive health assessments for toddlers, health education for mothers, and ensuring the proper functioning of Posyandu services. These include checking the needed equipment, verifying the attendance of other cadres, measuring the weight, height, head circumference, and upper arm circumference of toddlers, completing the KMS, providing food assistance, offering personal counseling to mothers about malnutrition, and providing exclusive breastfeeding.

The following were the roles of stunting cadres after the Posyandu:

"Usually, I go straight home after collecting all the Posyandu equipment. Yes, sometimes, I meet with the midwife first" (A, 41 years old).

"I typically clean up first, tidying the Posyandu, and visit toddlers who did not attend" (IW, 40 years old).

"My tasks are similar, including tidying up the equipment and putting it back in the room" (NY, 40 years old).

"After the Posyandu session, we clean up tables, report attendance, record the weight change, contact the midwife, and continue cleaning. We also ensure that the data in two books, one for cadres and one for midwives,

are accurate and complete. The book notes containing the toddlers' names and the scales are returned" (KS, 49 years old).

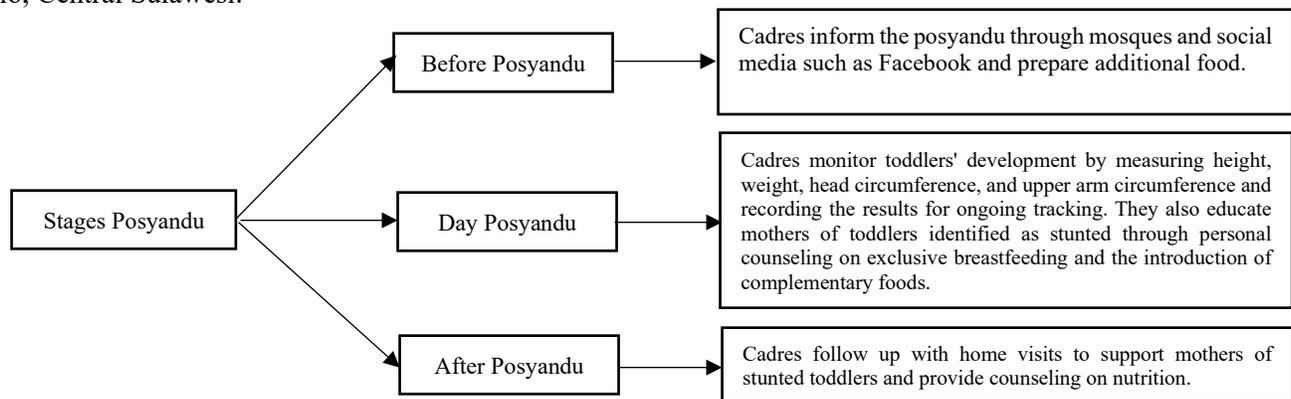
"The duties remain consistent: cleaning the equipment and verifying existing data. We check attendance, and if children are absent, we conduct home visits. Cadres often collaborate with the KPM (Human Development Cadre)" (SW, 25 years old).

"In my experience, food assistance is a significant factor. If extra food is provided this month, and again next month, it increases attendance because people come for the extra food" (IW, 32 years old).

"Clean, it is important to see the condition of the children who are still lacking attention. It means that there are those who are still below the red line. We need to check for that" (MF, 45 years old).

After Posyandu sessions, cadres organize and store equipment such as tables, chairs, and measuring instruments. They collaborate closely with midwives, confirming details like attendance and toddlers' health condition, particularly those marked for further attention due to malnutrition or growth concerns. In some cases, home visits are conducted before returning home.

The following is a diagram of the flow diagram of the stages of the role of cadres in preventing stunting in Dolo, Central Sulawesi:



Cadres' performance in preventing stunting in the Dolo, Central Sulawesi, includes cooperation, attendance rate, time use, and the quality and quantity of stunting cadres. The following statement presents the effectiveness of stunting cadres towards enhancing cooperation:

They are capable, but some are more willing than others. This may be due to the perception that the salary does not correspond to the amount of work required. However, capable people, such as the KPM cadres, are usually willing. Many Posyandu cadres are willing because, from my observations, they perform well" (EVY, 36 years old).

"Yes, they work well together because funds were provided from the village budget" (MB, 51 years old).

Stunting cadres can work with the community to disseminate information about Posyandu activities. While a few cadres are less active due to compensation issues, many are committed and voluntarily participate.

Stunting cadres are reviewed from the level of attendance as follows:

"No, those present remain until the Posyandu concludes. There is no reason for anyone to leave early, as participation is expected from beginning to end" (EVY, 36 years old).

"Yes, until the end of Posyandu activities" (MB, 51 years old).

Based on the results, stunting cadres are Posyandu consistently present and fully participate in all Posyandu activities, contributing to the program's continuity.

The following statements show the review of cadres in terms of time management:

"Not everyone is always on time..." (EVY, 36 years old).

"Usually, yes, but it postponed by a day..." (MB, 51 years old).

The results showed that cadres were inconsistent in completing tasks. Although most cadres completed their work on time, some occasionally experienced up to one-day delays. This signified variation in the punctuality of task completion among cadres. This variation is due to the obstacles cadres face when performing the assigned tasks, which cause delays in completing tasks.

The following showed the review of cadres based on quality:

"Yes, they are capable. Cadres also administer medication" (F, 39 years old).

"Yes" (S, 29 years old).

"Yes. For a typical fever, they will suggest giving the medicine first. In case of no improvement, they advise taking the child to Community Health Center" (S, 22 years old).

"Yes" (N, 18 years old).

"They are capable. For example, when the child's weight seems low, they will recommend specific food to the mothers to help improve nutrition" (F, 30 years old).

Stunting cadres can offer solutions to toddler mothers by providing appropriate treatment recommendations, clear guidance, and nutritional advice.

The following presents the review of cadres based on the quantity of service:

"Yes" (F, 39 years old).

"No, rarely." (S, 29 years old)

"They usually brought food assistance for the children" (S, 22 years old).

"No" (N, 18 years old).

"Often. They usually bring milk. Just recently, within the past two weeks, they brought milk here" (F, 30 years old).

The study showed varied home visits by stunting cadres in the Dolo, Central Sulawesi. Some cadres make regular home visits, bringing assistance, such as additional food or milk for toddlers. However, others rarely or never conduct home visits. This indicates an inconsistency in the implementation of home visits by stunting cadres in the area due to some cadres' lack of understanding and commitment to the importance of home visits as one of the efforts to handle stunting comprehensively.

DISCUSSION

The role of stunting cadres in the Dolo, Central Sulawesi, in preventing stunting is divided into three stages: before, during, and after the Posyandu activities. Before Posyandu Day, cadres announce the activity through community-centered channels such as mosques and social media platforms. Due to its frequent use by the community, the mosque serves as an effective place to inform about Posyandu activities. Social media platforms like Facebook also enhance the participation of mothers with toddlers by reaching a broader audience. This approach aligns with a previous study showing that cadres provided schedule information to the community through announcements at mosques, home visits, and the WhatsApp application media (15). Other studies emphasized the responsibilities of cadres to communicate the timing of Posyandu activities. In addition to informing the Posyandu, cadres also prepare additional food for toddlers at the Posyandu. Additionally, providing food assistance has proven effective in addressing malnutrition and enhancing nutrition (17). It is also in line with the results of the CHW program in India that Community Health Workers (CHWs) provide nutritional supplementation to young children and help promote healthy behaviors and community mobilization to improve water and sanitation, participation in immunization activities, and other unique health activities (8).

On Posyandu day, cadres play a critical role in monitoring the development of toddlers who are detected as at risk of stunting. This includes measuring height, weight, head circumference, and upper arm circumference and recording the results of these measurements for ongoing tracking. Cadres also provide education to mothers of toddlers identified as stunted through personal counseling on exclusive breastfeeding and the introduction of complementary foods. This is in line with the results of the CHW program in Bangladesh that Community Health Workers (CHWs) provide exclusive breastfeeding promotion services during the first five months of life and continue breastfeeding with appropriate weaning foods afterward, as well as monitor nutrition and provide supplementary food to babies with low birth weight when the baby reaches 6 months of age. (8). This aligns with previous studies, which

described cadres as the primary source of information regarding toddler health and nutrition during Posyandu. (18). After the Posyandu day, cadres follow up with home visits to support mothers of stunted toddlers. During these visits, cadres provide counseling and guidance on nutrition and offer food assistance where possible. This aligns with the CHW program in Iran, where Community Health Workers (CHWs) conduct home visits to monitor growth, provide nutrition education, and provide nutritional support for infants and children (8). This aligns with results from previous studies, which show that cadres serve as critical maternal and toddler health monitors. The monitoring activities include home visits and assessment of toddlers' nutrition (18).

Stunting cadres in the Dolo, Central Sulawesi, showed practical cooperation, high attendance, optimal time management, strong work quality, and varied levels of service quantity. Their ability to cooperate with various stakeholders, including the community, to disseminate health information and handle health issues is critical to efforts to reduce stunting. This aligns with the previous study, which showed that cadres independently provide health information to the community (19). The commitment of these health workers is evident in their active participation in Posyandu activities, which play a crucial role in monitoring the growth and development of toddlers, educating mothers, and implementing appropriate interventions. Their participation reflects a solid dedication to supporting the community, specifically in efforts to prevent stunting. This aligns with a previous study examining health workers actively participating in toddler Posyandu programs (20).

In addition to their active presence, cadres showed further commitment to their Posyandu tasks. The health workers engage in activities such as assisting with the measurement, recording, and data collecting information on toddlers, reflecting the understanding of the importance of data accuracy in supporting an effective stunting management program. This is in line with the results of the previous study showing that the duties of cadres related to nutrition include data collection, weighing toddlers, and maintaining the KMS records (21). Moreover, the role of cadres in listening to and addressing health concerns faced by mothers is crucial. They serve not only as sources of information but also as emotional support for these mothers. This is in line with previous studies showing that Posyandu cadres strive to provide solutions to the nutritional problems experienced by toddlers (18). However, the frequency of home visits in Dolo Central Sulawesi varied, leading to inequality in managing stunting due to some cadres' lack of understanding and commitment to home visits as one of the efforts to handle stunting comprehensively. Therefore, to address this issue, related parties must evaluate and adjust their strategies to ensure that all areas receive adequate home visits. The importance of home visits in preventing stunting must be addressed, as they enable early detection and timely interventions. Previous studies have shown that home visits can effectively empower communities in their efforts to prevent stunting (22).

The factors that underlie the challenges of cadre performance in Dolo are as follows: First, not all cadres have the same level of commitment; some cadres can be influenced by personal factors such as other workloads and individual motivation. Second, the lack of socialization regarding the urgency of early detection through home visits leads to a low frequency of home visits and the absence of a strict monitoring and evaluation system from stakeholders to ensure that all regions receive equitable intervention. Third, there is a lack of advanced training for cadres in conducting effective and data-based home visits.

Follow-up recommendations to improve cadre performance, first, increasing the capacity and competence of cadres by conducting regular training so that cadres continue to get the latest information related to nutrition and health of toddlers and assigning health workers from the Health Center as mentors for cadres to improve their skills in conducting nutritional interventions and monitoring of toddlers. Second, strengthening the home visit system by ensuring that each cadre understands the importance of home visits and how to carry them out effectively, using mobile-based applications or digital notebooks to record and report the results of home visits in real-time and providing incentives (can be in the form of awards, logistical assistance, or transportation allowances) for cadres who consistently conduct home visits and report data well. Third, a more contextual socio-cultural approach integrates positive local practices into science-based health programs to better align with local cultural values, such as Dolo, which is rich in nutritious food ingredients such as moringa and can be optimized in a healthy food menu. Cadres work with mothers to make recipes for breast milk complementary foods (MP-ASI) from the moringa ingredients by processing them according to nutritional standards. The impact can increase public acceptance of healthy food while maintaining the culinary characteristics in Dolo.

CONCLUSION

The performance of cadres in Dolo, Central Sulawesi, requires a comprehensive approach to policy implications, namely that local governments can implement a financial or non-financial incentive system for cadres who are active and have a significant impact on stunting prevention, setting a minimum standard for the frequency of home visits for each cadre, for example twice per month for families with infants/toddlers at risk of stunting. The training implies that cadres receive hands-on, practice-based training that includes communication techniques and culture-based approaches in nutrition education. It also provides refresher training every six months to ensure cadres get the latest information about stunting interventions. The implication on resource allocation is that stakeholders can periodically evaluate the effectiveness of cadres by measuring the impact of the program based on the number of home visits made, changes in the nutritional status of infants/toddlers who receive intervention, and the level of parental understanding after receiving education from cadres.

AUTHOR'S CONTRIBUTION STATEMENT

Revi Ekasetya Pratiwi conducted the study, collected data, analyzed data, and provided final approval for publication. Eka Diah Kartiningrum and Rifaatul Laila Mahmudah contributed to the critical revision of the article and finally approved the final version for publication.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

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