Implementation of Stunting Management Policy by Guntur 1 Public Health Center, Demak Regency

Luthfiyatul Mustafidah[*], Jennyla Puspitaning Ayu[*], Ida Herwati[*], Lailatul Kodriyah[*], Mat Zudi[**]

[*] Administrasi Rumah Sakit, Sekolah Tinggi Ilmu Kesehatan Kepanjen, Malang, Indonesia
[**] Puskesmas Guntur 1, Demak, Indonesia

DOI: 10.29322/IJSRP.14.07.2024.p15132

Paper Received Date: 27th June 2024
Paper Acceptance Date: 28th July 2024
Paper Publication Date: 03rd August 2024

Abstract- This study examines the implementation of stunting prevention policies in the work area of the Demak District Health Center. Qualitative research using a cross-sectional approach. The measurement of the independent variable is standard basic size, communication, characteristics of the implementing agency, economic, social and political conditions, the tendency of the implementer while the dependent variable is the implementation of the stunting control policy at the Guntur 1 Health Center in Demak Regency. The research subjects consisted of main informants and triangulation informants. The results of the study show that the implementation of the stunting prevention policy has fulfilled the 5 policy indicator variables from Donald Van Metter and Carl Varn Horn which also have an impact on reducing the stunting rate in Demak Regency. The 5 policy indicator variables of Donald Van Metter and Carl Varn Horn have had an influence on the implementation of the stunting prevention policy in Demak Regency.

Index Terms- Implementation, Policy, Stunting, policy models, nutrition issues

I. INTRODUCTION

The problem of stunting nutrition (short toddlers) is a crucial nutritional problem, especially in poor and developing countries. (WORLD HEALTH ORGANIZATION, 2016) Stunting is a form of growth and development failure that causes linear growth disturbances in toddlers as a result of a long-lasting accumulation of inadequate nutrition, from the time of pregnancy to the age of 24 months. Malnutrition during the growth and development of children at an early age will hamper physical development, increase morbidity, hinder children's mental development, and even cause death. Toddlers who experience stunting nutritional problems have a risk of decreasing intellectual skills, productivity, and the possible risk of experiencing degenerative diseases in the future.(Peraturan Pemerintah Republik Indonesia Nomor 43 Tahun 2016 Tentang Standar Pelayanan Minimal Bidang Kesehatan, 2016)

Globally, policies to address the problem of reducing stunting must be focused on the First 1,000 Days of Life (HPK), or what is known as Scaling Up Nutrition (SUN) up to the age of 24 months. The World Health Organization (WHO) recommends a 3.9% reduction in stunting per year to meet the stunting reduction target in 2025, which is 40%. Throughout the life cycle. Interventions carried out must involve various layers of both the health and non-health sectors, such as civil society, government, private sector, and the United Nations (UN) through collective action in improving nutrition improvement, both specific interventions (short-term) and sensitive interventions (long-term) (Rifa et al., 2016)

The government, in the context of tackling and accelerating the decline in stunting rates in Indonesia, then determined 1,000 priority villages for stunting interventions located in 100 districts/cities and 34 provinces. Determination of 100 priority districts/cities are determined by looking at indicators of the number of stunted children under five (Riskesdas 2013), the prevalence of stunting (Riskesdas 2013), and the poverty rate (Tsaralatifah, 2020)so that at least 1 district/city is selected from all provinces, one of which is Demak Regency. In addition, the Indonesian government has also launched a policy of the First 1000 Days of Life (HPK) movement, which is one of the efforts to reduce stunting rates. The purpose of the 1000 days is calculated from 270 days during pregnancy and 730 days of the first life of a baby being born. This period is sensitive because the consequences during this period will be permanent for the baby and cannot be tolerated or repaired. There are two interventions in the distribution of 1000 HPK activities, namely specific interventions and sensitive interventions. The formation of quality human resources (HR) which is focused on pregnant women, and infants in the age group 0-6 months and 7-23 months or from the time they are still in the womb to the age of 2 years is the target of specific interventions. The age of 12-24 months is a vulnerable period where toddlers often experience illnesses caused by infections or impaired nutritional status because at that age the toddler is going through the process of transition from baby to child. (Tsaralatifah, 2020)

In connection with the prevention of stunting policies in the working area of the Guntur 1 Public Health Center, Demak Regency. Referring to the guidelines for implementing integrated stunting reduction interventions in districts issued by the ministry, efforts to reduce stunting rates are carried out through specific nutrition interventions and sensitive nutrition interventions. Specific nutritional interventions to address the direct causes of stunting related to low nutritional intake and health status. While nutrition interventions are sensitive to

address indirect causes related to food security, particularly access to nutritious food, the social environment related to infant feeding and childcare practices, access to health services, and environmental health. Sensitive nutrition interventions have a greater contribution to stunting interventions than specific nutrition interventions, which is equal to 70%. Sensitive nutrition interventions are carried out through several development activities or programs that target the community in general. The program is carried out by cross ministries or agencies because it covers several sectors and not only the health sector. (Dinas Kesehatan Demak, 2017)

The Government of Demak Regency, in the context of tackling stunting in the region, in addition to referring to guidelines for implementing integrated stunting reduction interventions in the district, also refers to other policies, including:

1. Regulation of the President of the Republic of Indonesia Number 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement, which aims to accelerate the improvement of people's nutrition in the first thousand days of life (1,000 HPK)
2. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2016 concerning Minimum Service Standards in the Health Sector, one of the minimum service standards set is a focus on maternal health services
3. Demak Regency Regional Regulation Number 11 of 2021 concerning the Demak Regency Regional Medium-Term Development Plan for 2021-2026, which clearly shows regional development problems in the Health sector, one of which is MMR and IMR which have not yet reached the work indicator targets
4. Demak Regent Regulation Number 11 of 2019 concerning Reducing the Prevalence of Short Toddlers (Stunting) in Demak Regency

So far, the working area of the Guntur 1 Public Health Center in implementing the stunting control policy is assisted by stakeholders / other regional apparatuses, because stunting prevention is multi-sectoral. But what is often involved, of course, is the regional health center itself, which is bureaucratically under the auspices of the Demak District Health Office.

Furthermore, the Guntur 1 Health Center in carrying out stunting prevention policies in the regions has been maximized, this can be seen from the significant reduction in the number of stunting sufferers in Demak Regency from 2018 to 2020. (Pemerintah Kabupaten Demak, 2016) This shows that the efforts and performance deployed by the team implementing the policy stunting countermeasures have been maximized through data that has relatively continued to decline every year. So that the implementation of the stunting prevention policy in Demak Regency can be said to be effective. In this case, the researcher discusses the extent to which the implementation of the stunting control policy in the working area of the Guntur 1 Public Health Center uses the policy approach/model from Donald Van Metter and Carl Varn Horn which has 5 (five) variables that form a linkage between policy and performance. The questions asked were: 1) Basic measures of policy standards and objectives, 2) Inter-organizational communication and implementation activities, 3) Characteristics of implementing agencies, 4) Economic, social, and political conditions, and 5) Implementing tendencies. (Fadrianti et al., 2018) The policy model is considered suitable and can represent the problems that are currently occurring related to the stunting prevention policy.

II. IDENTIFY, RESEARCH AND COLLECT IDEA

This type of research is qualitative research. Measurement of variables is carried out according to the conceptual framework, then the results of the interview data are analyzed to be able to find out the description of the variables studied. The research approach used is cross-sectional, namely, data collection and measurement of variables are carried out at the same time.

The variables of this study are the content that is used as a characteristic of the nature or size that is owned by the researcher from the theory. In this case, it is mentioned as a characteristic or measure attached to the object of research, either physical (real) or psychological (not real). The variables of this study consist of: (Sugiyono, 2012)

1. Independent variables consist of communication, characteristics of the implementing agency, economic, social, and political conditions,
2. The dependent variable consists of Implementation of stunting prevention policies at the Guntur 1 Community Health Center, Demak Regency

The unit of analysis for this research is informants who can provide information by the research objectives. The subject of this research consists of:

1. Main informants, namely: Members of the team in charge of the policy, Nutrition Programmers, Village Midwives
2. Triangulation informants, namely: Head of the Guntur 1 Health Center in Demak Regency

The analysis of the data processed in this study is adjusted to the characteristics of content analysis, the stages are data collection, data reduction, verification and presentation of data, and concluding.

III. RESULTS

General description of Guntur 1 Community Health Center, Demak Regency

During 2021, in the working area of the Guntur I Health Center, there were 878 births, with a total of 876 live births. The highest number of births was in Temuroso Village, namely 182 (99.7%), while the lowest number of births was in Tlogorejo Village, amounting to 28 (3.18%). Meanwhile, the crude death rate (CDR), which is the number of deaths per 1,000 population, recorded a CDR in the working area of the Guntur I Health Center 2.3, which means that in 2021 there will be 2 stillbirths at the Guntur I Health Center. (Dinas Kesehatan Demak, 2019)

Based on the Demak Regency Regional Regulation Number 5 of 2016, regarding the Organization and Work Procedure of the Demak Regency Regional Office, the Puskesmas is the Service Technical Implementation Unit (OPD) as the executor of operational tasks/technical activities supporting the Health Service which is assisted in carrying out its duties and functions by Functional Groups.

Administratively, the Guntur I Health Center is an apparatus of the Demak Regency Government and is directly responsible both technically and administratively to the Demak District Health Office. Meanwhile, according to the hierarchy of health services according to the National Health System (SKN), Guntur I Health Center is located at the First Health Service Facility Level (Primary Health Care).(Dinas Kesehatan Demak, 2017)

General description of the implementation of the stunting program at the Guntur 1 Health Center in Demak Regency

Stunting is very important to address because it involves the quality of human resources. Stunting in children reflects a condition of failure to thrive in children under five. Stunting is a condition of failure in children under five years of age due to chronic malnutrition and recurrent infections, especially during the First 1000 Days of Life (HPK) period. Besides that, stunting has a risk of hampering physical growth and children's susceptibility to disease, other things can cause delays in cognitive development which will affect the level of intelligence and productivity of children in the future.

In order to reduce the stunting rate in the Demak district, the Demak district government has implemented a program of providing additional blood tablets and nutritional intake for young women and pregnant women, deliveries by health personnel, and fulfilling nutrition for babies aged 2 years. Other than that, mothers who have just given birth are also encouraged to initiate exclusive breastfeeding, early breastfeeding, provision of complementary feeding to children under two, administration of immunizations/immune systems complete with Vitamin A, monitoring of growth rate processes. at Posyandu, and carry out community movements for healthy living. to find out how the program is implemented, the authors focus on the use of theory by using the policy implementation model of Donald Van Metter and Carl Varn Horn which has 5 (five) variables that form a linkage between policy and performance are asked: 1) Basic size policy standards and objectives, 2) Inter-organizational communication and implementation activities, 3) Characteristics of implementing agencies, 4) Economic, social, and political conditions, and (5 Implementing tendencies. The policy implementation model is deemed appropriate to the problems What is currently happening is the prevention of stunting at the Guntur 1 Health Center, namely policy implementers at the Guntur 1 Health Center, Demak Regency, according to the opinion of Van Mater and Van Horn (1974) an understanding of the general purpose of a basic measure and policy goals is important.

Basic measures of standard and policy objectives

In the process of responding to stunting cases in the working area of the Guntur 1 Health Center in Demak Regency, implementers must know the various existing policies, both from central government policies and applicable regional policies. The results of the study show that the implementers, especially the employees of the Guntur 1 Public Health Center, have understood the flow of the stunting prevention policy in Demak Regency, where this can have an impact on the performance of employees in the health sector in the process of tackling stunting in Demak Regency.

In summary, several policies that apply about the prevention of stunting in Demak Regency are as follows:

1. Regulation of the President of the Republic of Indonesia Number 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement, which aims to accelerate the improvement of people's nutrition in the first thousand days of life (1,000 HPK)
2. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2016 concerning Minimum Service Standards in the Health Sector, one of the minimum service standards set is a focus on maternal and toddler health services
3. Demak Regency Regional Regulation Number 11 of 2021 concerning the Demak Regency Regional Medium-Term Development Plan for 2021-2026, which clearly shows regional development problems in the Health sector, one of which is MMR and IMR which have not yet reached the work indicator targets
4. Demak Regent Regulation Number 11 of 2019 concerning Reducing the Prevalence of Short Toddlers (Stunting) in Demak Regency

The basic measure of the policy above is important for all implementers to understand, namely, the Guntur 1 Health Center in Demak Regency, where later this will affect the achievement of the objectives of the above policy, namely a significant reduction in the number of stunting sufferers in Demak Regency from 2018 to 2020 is shown in the table following (Pemerintah Kabupaten Demak, 2016)

Table 1. Achievement of District Development Performance Indicators. Demak 2016-2020

No	Indikator Kinerja Daerah	Satuan	Realisasi					Tingkat Capaian	Interpretasi belum tercapai (<) sesuai (=) melampaui (>)
			2016	2017	2018	2019	2020		
61	Persentase pendidik SMP bersertifikat pendidik	%	50	53,01	53,01	57,7	56,69	106,94	melampaui
1.2	**Urusan Kesehatan**								
1	Angka Usia Harapan Hidup	Tahun	75,27	75,27	75,29	75,31	75,4	100,19	melampaui
2	AKI (Angka Kematian Ibu)	per 100.000 klh	72,68	67,14	112,26	62,57	57,59	1,43	belum tercapai
3	AKB (Angka Kematian Bayi)	per 100.000 klh	5,85	6,33	5,7	5,3	4,9	1,3	belum tercapai
4	Prevalensi Gizi Buruk	%	0,95	0,94	0,22	0,03	0,025	1,98	belum tercapai
5	Rasio Rumah Sakit per satuan penduduk	per 100.000 Penduduk	0,27	0,263	0,26	0,344	0,343	95,81	belum tercapai
6	Persentase puskesmas akreditasi	%	20	70,37	100	100	100	100	sesuai
7	Persentase ketersediaan obat sesuai dengan kebutuhan	%	100	100	100	100	100	100	sesuai
8	Cakupan pelayanan kesehatan rujukan pasien masyarakat miskin	%	100	100	100	100	100	100	sesuai
9	Cakupan pelayanan kesehatan dasar masyarakat miskin	%	100	100	100	100	100	100	sesuai
10	Jumlah kasus keracunan makanan (Positif Laboratoris)	kasus	0	0	0	0	0	100	sesuai
11	Persentase rumah tangga berperilaku hidup bersih dan sehat (PHBS).	%	69	100	80,61	82	100	138,89	melampaui
12	Cakupan Penjaringan kesehatan siswa SD dan setingkat	%	100	100	100	100	100	100	sesuai
13	Cakupan Desa/Kelurahan Siaga Aktif	%	99,6	100	100	100	100	100	sesuai
14	Persentase penduduk yang memiliki Jaminan pemeliharaan Kesehatan	%	50	76,82	95	90	100	100	sesuai
15	Prevalensi balita gizi kurang	%	6,25	6,17	5,76	5,48	6,06	124,25	melampaui
16	Prevalensi balita dengan berat badan rendah (kekurangan gizi	%	9.4	6,17	8,5	5,48	6,06	132,67	melampaui

The data above shows that there has been a significant reduction in maternal and infant mortality from 2018 to 2020, although the reduction rate has not yet reached the target per 100,000 live births, this can indicate that the Guntur 1 Public Health Center work team in particular has taken things seriously towards implementing the policy. from stunting prevention, so that changes in numbers every year that appear in the data are part of the form of work that has been carried out by the field work team, especially the implementers of the Guntur 1 Health Center, Demak Regency. (Pemerintah Kabupaten Demak, 2016)

The above can show that the implementation of the stunting prevention policy at the Guntur 1 Health Center in Demak

Regency has utilized the available policy resources. The Guntur 1 Health Center work team in this case is human resources who are competent in supporting the successful implementation of the stunting prevention policy in Demak Regency. The time available for implementation of the stunting prevention policy has been determined in the planning and the time for implementing the activities has been properly utilized.

The health facilities used in implementing the stunting prevention policy in the work environment of the Guntur 1 Health Center in Demak Regency include puskesmas, posyandu, and other facilities involved in health services. In addition, the human resources in the health sector who take part in policy implementation apart from the implementing team include doctors, dentists, midwives, traditional birth attendants, and posyandu cadres. Overall these health workers are human resources who work to provide health services to the community in supporting the implementation of stunting prevention policies in the work area of the Guntur 1 Public Health Center, Demak Regency.

Interorganizational communication

Communication is the first step in implementing policy implementation. This process is carried out to convey information about the policies to be implemented, both to program implementers and target user communities.

The implementer's understanding of the policy this time was not accompanied by a review of information related to stunting prevention, activity implementers had not fully received information related to stunting prevention policies, service users also did not receive clear information about the program and technical implementation as a whole, the contents of the information conveyed were not yet available. clearly understood by the public. So that in this case the implementor needs to mobilize all his energy in socializing the community with regard to the stunting prevention policy that has been established.

Often what happens in the distribution of communication is a misunderstanding (miscommunication). Communications received by policy implementers (street-level bureaucrats) must be clear and not confusing (not ambiguous), besides that the instructions given in the implementation of a communication must be consistent and clear (to be implemented or executed). Because if the orders given often change, it can cause confusion for the executor.

Characteristics of the implementing agency

The implementation of the stunting prevention policy in the work environment of the Guntur 1 Health Center in Demak Regency is multisectoral or cross-sectoral which involves other regional officials not only the work team from the Guntur 1 Health Center. This is by Demak Regent Regulation Number 11 of 2019 concerning Reducing the Prevalence of Short Toddlers (Stunting) in Demak Regency that the authority and responsibility for reducing stunting lie with the head of the Health Service and are assisted by a stunting reduction team consisting of local government, academics, practitioners and business actors. (Kurniawansyah S. I., Sopyan I., 2018)

In efforts to reduce stunting in the work area of the Guntur 1 Public Health Center, Demak Regency, the strategic target for stunting reduction areas is based on considerations of the high incidence of stunting, efficiency of human resources, effectiveness of accelerating stunting reduction, and more controlled achievement targets.

Economic, Social, and Political Conditions

In tackling stunting in the work area of the Guntur 1 Public Health Center, Kupaten Demak, the Health Office has been running well. And can overcome the problem of stunting slowly. Comprehensively, the duties and functions of the regional apparatus are to contribute to the prevention of stunting, which also includes promoting the standard of living and health of the community. The details of the tasks and functions are implied in the work program as follows: 1) Program for Procurement, Improvement of Hospital Facilities and Infrastructure. 2) Medicines and Health Supplies Program. 3) Community Health Efforts Program. 4) Special Health Development Program. 5) Health Service Program for the Poor. 6) Community Nutrition Improvement Program. 7) Environmental Health Program. 8) Community Health Promotion and Empowerment Program. 9) Disease Prevention and Control Program. 10) Health Service Quality Improvement Program. 11) Health Facility Improvement and Development Program. (Peraturan Bupati Demak Nomor 11 Tahun 2019 Tentang Penurunan Prevalensi Balita Pendek (STUNTING) Di Kabupaten Demak, 2019)

Implementing tendencies

Implementors in terms of implementing stunting prevention policies in the work area of the Guntur 1 Public Health Center, Demak Regency must be able to understand the direction and objectives of the policy, so that in implementing the implementor can avoid unwanted things from happening in the implementation process.

Discussion

Basic measures and policy objectives, which need attention in the implementation of public policies are the available policy resources. Policy sources deserve attention because they support the successful implementation of public policies. The policy sources referred to include funds or other incentives that encourage and facilitate the implementation of effective policies, such as human resources (HR) and time resources. According to Van Mater and Van Horn (in Widodo 1974) who emphasized that: "Policy resources are no less important than communication. These policy resources must also be available to expedite the administration of the implementation of a policy. These resources consist of funds or other incentives that can facilitate the implementation of a policy. Lack of or limited funds or other incentives in policy implementation is a major contribution to the failure of policy implementation. (Doolen et al., 2006)

The clarity of these basic measures and objectives can be achieved by coordinating and communicating policy implementers within and between other organizations. Coordination is a powerful mechanism in public policy implementation. The better the coordination and communication between the parties involved in an implementation process, the less mistakes will occur. vice versa.

Ease of access is an important factor in policy implementation. Likewise, several implementation theories presented by experts reveal that communication is an important part of policy

implementation. Program information can be identified by target users through communication. Executors can carry out programs well if supported by an effective communication process.

This is to the theory presented by George C. Edward III, that policies can be implemented properly if there is effective communication between the program implementing groups and the target group. The first requirement for effective policy implementation is that implementers carry out policy decisions that are passed on to implementing personnel.(Fadrianti et al., 2018)

Pelakana personnel, in this case, are human resources who have contributed to the successful implementation of the stunting control policy. Human resources are still a problem in policy implementation, in this case, it is similar to research on the Analysis of Information System Innovation PSC (Public Safety Center) 119 with the Pieces Method at the Boyolali District Health Office conducted by Dwi Nurulita. The results of his research stated that the PSC 119 innovation information system facilitates getting information, but performance is not optimal, information is not necessarily relevant, economical, supervision is good and the system is safe, efficient but human resources are still lacking, services provide good benefits but lack of socialization to the community.(Darnoto & Nurlita, 2017)

According to Mazmanian and Sabatier, in their theory, the success of implementation depends on the size of the allocation of financial resources to the policy. Financial resources are a crucial factor for each. social programs. Each program also requires staff support to carry out administrative and technical tasks, as well as monitor the program, all of which require costs (Subarsono, 2013)

According to Van Meter and Van Horn in Leo Agustino (2008: 142), the focus of attention on implementing agencies includes formal organizations and informal organizations that will be involved in implementing public policies. This is very important because the performance of the public implementation is very much influenced by the characteristics that are appropriate and suitable for the implementing agency. In addition, the scope or area of policy implementation needs to be taken into account when determining the implementing agency.(III, 1980)

Policy implementation performance is the extent to which the external environment contributes to the success of public policy. The non-conducive social, economic, and political environment can be a source of problems from the failure of policy implementation performance. Therefore, policy implementation efforts require a conducive external environment

Successful policy implementation may fail (frustrated) when the implementers (officials) are not fully aware of the standards and objectives of the policy. The direction of disposition of implementers (implementors) towards standards and policy objectives is also a "crucial" thing. Implementors may fail in implementing the policy because they reject what is the goal of a policy (Van Mater and Van Horn, 1974)..

IV. Conclusion

The implementation of the stunting prevention policy in the working area of the Guntur 1 Public Health Center, Demak Regency refers to the policy implementation approach/model from Donald Van Metter and Carl Varn Horn which has 5 (five) variables that form a linkage between policy and performance: 1) Basic measures of policy standards and objectives, 2) Inter-organizational communication and implementation activities, 3) Characteristics of implementing agencies, 4) Economic, social, and political conditions, and 5) Inclinations of implementers. The results of the study show that the implementation of the stunting prevention policy has fulfilled these 5 indicator variables which also have an impact on reducing the stunting rate in Demak Regency.

This is influenced by the fact that implementers or employees of the Health Office have been able to understand the directions and objectives of the applicable policies, utilize policy resources ranging from human resources, funding sources, and time sources related to stunting prevention, good coordination and communication between regional apparatuses, and adequate existing health facilities.

References

1. Darnoto, & Nurlita, D. (2017). Sistem Informasi Inovasi Psc (Public Safety Center) 119 Dengan Metode Pieces Di Dinas Kesehatan Ka-Bupaten Boyolali. Prosiding - Semnas & Call for Papers, 6–11.
2. Peraturan Bupati Demak Nomor 11 Tahun 2019 tentang Penurunan Prevalensi Balita Pendek (STUNTING) di Kabupaten Demak, 2 SETDA Kabupaten Demak 1 (2019).
3. Dinas Kesehatan Demak. (2017). Laporan Standar Pelayanan Minimal Bidang Kesehatan Kabupaten Demak Tahun 2017.
4. Dinas Kesehatan Demak. (2019). Profil Kesehatan Kabupaten Demak Tahun 2018.
5. Doolen, T. L., Hacker, M. E., & Aken, E. Van. (2006). managing organizational context for engineering team effectiveness. An International Journal Article Information, 12(5/6), 138–154.
6. Fadrianti, F. M., Darmawan, E. S., Masyarakat, B. K., Administrasi, D., Kebijakan, D., & Masyarakat, K. (2018). Sumber daya manusia dan manajemen organisasi dalam pelaksanaan upaya kesehatan masyarakat di dua kecamatan di Jakarta Timur Human resource and organizati onal capacity of public health pro-grams in two sub-districts of East Jakarta. Berita Kedokteran Masyarakat, 34(5), 221–229.
7. III, G. C. E. (1980). Implementing Public Policy. Quartely press.
8. Peraturan Pemerintah Republik Indonesia Nomor 43 tahun 2016 Tentang Standar Pelayanan Minimal Bidang Kesehatan, (2016).
9. Kurniawansyah S. I., Sopyan I., M. R. S. (2018). Upaya peningkatan pelayanan kesehatan masyarakat melalui pelatihan kader kesehatan tentang detksi dini tuberkulosis paru di Desa Jayamukti dan Desa Cigadong Kecamatan Leuwisari Kabupaten Tasikmalaya. Jurnal Aplikasi Ipteks Untuk Masyarakat, 7(4), 265–268. https://doi.org/10.2134/jeq2004.0288
10. Pemerintah Kabupaten Demak. (2016). RPJMD Kabupaten Demak Tahun 2021-2016.
11. Rifa, M., Madjid, U., & Ismunarta. (2016). Implementasi Kebijakan Tentang Standar Pelayanan Minimal Bidang Kesehatan Di Puskesmas Garawangi Kabupaten Kuningan Provinsi Jawa Barat. Jurnal Politik Pemerintahan, 9(1), 25–43. www.kuningankab.go.id/prestasi
12. Subarsono, A. (2013). Analisis Kebijakan Publik. Pustaka Belajar.
13. Sugiyono. (2012). Metode Penelitian Kuantitatif Kualitatif dan R&D. Alfabeta.
14. Tsaralatifah, R. (2020). Faktor yang Berhubungan dengan Kejadian Stunting pada Baduta di Kelurahan Ampel Kota Surabaya. Amerta Nutrition, 4(2), 171. https://doi.org/10.20473/amnt.v4i2.2020.171-177
15. WORLD HEALTH ORGANIZATION, W. (2016). Laporan Tahunan Indonesia 2016. In UNICEF Indonesia.