Anthroposia: Journal of Social and Human Development
Vol 1 No 3 September 2026, Hal 24-32
ISSN: 3125-0866(Print) ISSN: 3125-0769(Electronic)
Open Access: https://sovereignresearch.org/anthroposia

Implementation of The Toddler Family Development Program to Reduce Stunting Rates by The Lingga Regency Health Department: Case Study East Lingga Subdistrict, 2025

Ahlam Najib[1*], Nazaki[2], Kustiawan[3]
[1-3] Universitas Maritim Raja Ali Haji, Indonesia
email: alamnajib56@gmail.com[1]

Article Info :
Received:
20-07-2026
Revised:
06-08-2026
Accepted:
13-08-2026

Abstract

Stunting remains a public health issue that requires effective policy implementation to address its prevalence. One of the efforts undertaken by the Government of Lingga Regency to reduce stunting rates is through the Toddler Family Development Program (Bina Keluarga Balita-BKB). However, the implementation of the program continues to face various challenges, particularly in East Lingga District, which records the highest stunting rate in Lingga Regency. This study aims to analyze the implementation of the Toddler Family Development Program (BKB) by the Health Office, Population Control, and Family Planning Agency of Lingga Regency using George C. Edward III's policy implementation theory, which consists of communication, resources, disposition, and bureaucratic structure. The study employed a qualitative approach with a descriptive method. Informants were selected through purposive sampling and included officials from the Health Office, Population Control and Family Planning Agency, family planning counselors, BKB cadres, and mothers of stunted toddlers. Data were collected through interviews, observations, and documentation and were analyzed using the Miles, Huberman, and Saldaña interactive analysis model. The findings indicate that the implementation of the BKB Program has generally been carried out effectively. The dimensions of communication, disposition, and bureaucratic structure have supported program implementation through coordination, implementers' commitment, and a clear division of responsibilities. Nevertheless, the resource dimension remains a significant challenge, particularly the limited number of cadres, inadequate counseling assistance that has not yet reached all villages, and insufficient Posyandu facilities and infrastructure. Strengthening human resources and improving supporting facilities are therefore essential to optimize the implementation of the BKB Program in accelerating stunting reduction efforts.

Keywords : *Family Development Program (BKB), George C. Edward III, Lingga Regency, Policy Implementation, Stunting.*

INTRODUCTION

Stunting has emerged as one of the most persistent public health and human development challenges globally because its impacts extend beyond physical growth impairment to include cognitive limitations, reduced educational attainment, lower labor productivity, and long-term socioeconomic disadvantages. Contemporary development agendas increasingly recognize that reducing stunting requires integrated interventions that address not only nutritional deficiencies but also family behavior, parenting practices, health services, and community participation. This perspective has shifted policy attention toward family-centered programs that strengthen parental capacity in early childhood care and development. The Toddler Family Development Program (Bina Keluarga Balita-BKB) represents one such intervention, positioning families as primary actors in child growth and development through education, counseling, and behavioral support mechanisms regulated within Indonesia's family development framework (Peraturan Kepala Badan Kependudukan dan Keluarga Berencana Nasional Nomor 12 Tahun 2018; Rahayu, Yulidasari, Putri, & Anggraini, 2018). The growing emphasis on family-based approaches reflects an understanding that sustainable reductions in stunting prevalence depend on strengthening household-level capabilities rather than relying exclusively on clinical or nutritional interventions.

Previous studies have demonstrated that the effectiveness of stunting reduction programs is closely associated with institutional coordination, policy integration, and the active involvement of families and communities. Research on stunting governance in Lingga Regency highlights the importance of collaborative policy networks involving government agencies, community organizations, and local stakeholders in addressing nutritional challenges among children (Firmansyah, 2024). Similar findings from other regional contexts indicate that successful stunting reduction depends on the capacity of implementing agencies to translate policy objectives into coordinated actions reaching target populations effectively (Putra, 2023). Studies examining the role of the National Population and Family Planning Agency further emphasize that family development programs can contribute significantly to stunting prevention when supported by adequate outreach, continuous assistance, and institutional commitment (Lailiyah, 2023). A critical reading of this literature suggests that family-based interventions possess substantial potential to influence child health outcomes, yet their effectiveness remains highly contingent upon implementation quality and local administrative capacity.

Despite these contributions, the existing body of knowledge presents several limitations that constrain a comprehensive understanding of how family development programs operate within specific local contexts. Much of the available literature focuses on policy design, interagency collaboration, or broad evaluations of stunting reduction strategies, while relatively limited attention has been devoted to examining the implementation dynamics of the BKB Program as a specific intervention mechanism. Empirical studies often emphasize policy outcomes without sufficiently exploring how communication processes, resource availability, implementer commitment, and organizational structures shape implementation effectiveness at the operational level. This gap is particularly evident in regions where stunting prevalence remains relatively high despite the existence of formal policy frameworks and institutional programs. Such limitations indicate the need for more context-sensitive investigations capable of capturing the practical realities of program implementation in diverse local settings.

The significance of addressing this gap becomes increasingly apparent when considering the persistence of stunting challenges in Lingga Regency. Government reports indicate that stunting remains a priority public health issue requiring sustained intervention through coordinated family and community-based programs (Dinas Kesehatan Pengendalian Penduduk dan Keluarga Berencana Kabupaten Lingga, 2024). Data on stunting prevalence further reveal that East Lingga Subdistrict continues to experience substantial challenges in achieving desired reductions in child growth failure, making it a strategic location for examining implementation effectiveness (Dinas Kesehatan Pengendalian Penduduk dan Keluarga Berencana Kabupaten Lingga, 2026). Local regulations concerning the acceleration of stunting reduction have established institutional commitments and policy targets, yet the extent to which these commitments are translated into effective implementation practices remains insufficiently understood (Peraturan Bupati Lingga Nomor 123 Tahun 2022). Questions regarding the operational performance of the BKB Program therefore possess both scientific relevance and practical implications for improving policy outcomes.

This study is positioned within the broader literature on public policy implementation and public health governance by focusing on the intersection between family development interventions and stunting reduction efforts. Unlike studies that primarily assess policy outcomes or interorganizational coordination, this research concentrates on understanding how the BKB Program is implemented by the Lingga Regency Health Office, Population Control, and Family Planning Agency within a local context characterized by persistent stunting challenges. Such a focus enables a more nuanced examination of implementation processes, institutional interactions, and operational constraints influencing program performance. The study also contributes to ongoing discussions regarding the role of family-centered approaches in public health interventions by exploring how policy intentions are translated into concrete actions at the community level.

This research aims to analyze the implementation of the Toddler Family Development Program in reducing stunting rates by the Lingga Regency Health Department, with a particular focus on East Lingga Subdistrict in 2025. The study seeks to identify the factors influencing implementation effectiveness, examine the interaction between institutional structures and program execution, and evaluate the extent to which implementation processes support the achievement of stunting reduction objectives. Theoretically, the research contributes to the development of policy implementation studies in the field of public health by providing a contextual understanding of family-based intervention

programs. Methodologically, it offers an in-depth qualitative analysis capable of capturing the complexity of implementation dynamics that are often overlooked in outcome-oriented evaluations.

RESEARCH METHODS

This study employed a qualitative research approach with a descriptive case study design to analyze the implementation of the Toddler Family Development Program (Bina Keluarga Balita-BKB) in reducing stunting rates in East Lingga Subdistrict, Lingga Regency, in 2025. A qualitative approach was selected because the study sought to obtain an in-depth understanding of policy implementation processes, institutional interactions, and the experiences of stakeholders involved in program execution. Informants were selected using purposive sampling techniques and consisted of officials from the Lingga Regency Health Office, Population Control and Family Planning Agency, family planning counselors, BKB cadres, and mothers of stunted toddlers who participated in the program. Data were collected through semi-structured interviews, direct observations, and documentation studies involving government reports, policy documents, program implementation records, and other relevant materials related to stunting reduction and family development programs.

The collected data were analyzed using the interactive model developed by Miles, Huberman, and Saldaña, which includes data condensation, data display, and conclusion drawing and verification. The analysis focused on identifying patterns of communication, resource availability, implementer commitment, bureaucratic structures, supporting factors, and challenges affecting the implementation of the BKB Program. To ensure the trustworthiness of the findings, source triangulation, method triangulation, and member checking were conducted by comparing information obtained from different informants and data sources. Ethical considerations were addressed through informed consent procedures, voluntary participation, confidentiality protection, and the use of research data exclusively for academic purposes.

RESULTS AND DISCUSSION

Communication and Policy Socialization in the Implementation of the Toddler Family Development Program

The findings indicate that communication played a central role in the implementation of the Toddler Family Development Program (BKB) in East Lingga Subdistrict. Interviews with officials from the Lingga Regency Health Department revealed that program information was disseminated through coordination meetings, counseling sessions, and community outreach activities. Implementers considered communication essential for ensuring that parents understood the objectives and benefits of the program. Similar observations have been reported in studies emphasizing the importance of policy communication in stunting reduction initiatives (Siregar, 2024).

Field data show that family planning counselors and BKB cadres served as the primary communicators between government institutions and beneficiary families. Informants explained that regular educational activities focused on parenting practices, child growth monitoring, and nutritional awareness. These activities were intended to strengthen parental knowledge regarding child development and stunting prevention. The educational orientation of the program aligns with findings reported by Burah, Reski, Wahyuningrum, and Cahyono (2024), who found that health education significantly improves parental knowledge related to child nutrition.

Several mothers participating in the program stated that information provided through BKB sessions increased their understanding of nutritional needs during early childhood. Participants described improvements in awareness regarding feeding practices, growth monitoring, and preventive health measures. Such changes suggest that communication activities contributed to behavioral adaptation among beneficiaries. Yuda (2023) argues that effective dissemination of information is an important component of national stunting reduction strategies.

Interview results further indicate that communication effectiveness depended heavily on the capacity of counselors and cadres to deliver information in an accessible manner. Respondents noted that face-to-face interaction encouraged active participation and facilitated clarification of health-related concerns. This approach enabled beneficiaries to discuss practical challenges encountered in childcare and nutrition practices. Similar conclusions were presented by Anwika, Komar, Suryadi, and

Sudiapermana (2024), who emphasized the importance of family assistance models in supporting stunting prevention education.

The communication mechanisms identified during the study are summarized in the following table.

Table 1. Communication Channels and Activities in Stunting Prevention Programs

Communication Channel	Main Activity	Intended Outcome
Counseling Sessions	Parenting and nutrition education	Increased parental knowledge
Home Visits	Family assistance and monitoring	Improved behavioral practices
Coordination Meetings	Stakeholder communication	Program consistency
Posyandu Activities	Child growth monitoring	Early detection of risks
Community Outreach	Public awareness campaigns	Broader participation

Table Table 1 demonstrates that communication activities were conducted through multiple channels designed to reach diverse target groups. The variety of communication mechanisms strengthened the dissemination of information and improved beneficiary engagement. Informants reported that direct interaction was particularly effective in addressing misconceptions regarding child nutrition and growth. These findings support the view that communication strategies influence the effectiveness of public health interventions (Sa'adah, Hakim, & Febriantin, 2025).

The analysis also reveals that communication extended beyond information transfer and functioned as a mechanism for building trust between implementers and beneficiaries. Mothers participating in the program frequently expressed greater confidence in health recommendations when information was delivered by familiar local cadres. Trust encouraged continued participation in program activities and increased receptiveness to behavioral guidance. This observation reflects broader findings regarding the importance of community-based communication in health promotion programs (Lestari et al., 2024).

Another important finding concerns the consistency of communication across different implementing actors. Interviews suggest that coordination among the Health Department, counselors, and cadres contributed to relatively uniform messaging regarding stunting prevention. Consistent communication reduced the likelihood of conflicting information being provided to families. Such consistency is recognized as a critical element of effective policy implementation within public administration literature (Siregar, 2024).

Field observations further indicate that communication activities created opportunities for feedback from beneficiaries. Parents were able to communicate concerns regarding child nutrition, health services, and household challenges directly to implementers. This two-way interaction improved responsiveness and enabled program adjustments based on local needs. Sugiyono (2023) emphasizes that qualitative evidence often reveals the importance of interactive communication processes in shaping implementation outcomes.

The findings suggest that communication within the BKB Program functioned as a strategic mechanism for promoting awareness, encouraging participation, and strengthening parental capacity in stunting prevention efforts. Effective communication was supported by direct engagement, educational activities, and collaboration among implementing actors. Beneficiary responses indicate that information dissemination contributed to positive changes in knowledge and attitudes related to child health. These results provide an important foundation for understanding how other implementation dimensions influence program performance and stunting reduction outcomes.

Resource Capacity and Institutional Support in the Implementation of the Toddler Family Development Program

The findings indicate that resource availability significantly influenced the implementation of the Toddler Family Development Program in East Lingga Subdistrict. Interviews with program implementers revealed that human resources, financial support, facilities, and operational assistance determined the extent to which activities could be carried out effectively. Informants acknowledged that the commitment of existing personnel was relatively strong despite several operational limitations.

Resource adequacy has been consistently identified as a fundamental factor affecting policy implementation performance (Sa'adah, Hakim, & Febriantin, 2025).

Human resources emerged as one of the most important dimensions affecting program implementation. Family planning counselors and BKB cadres were responsible for conducting educational activities, monitoring child development, and facilitating communication with beneficiary families. Several respondents indicated that the number of available cadres remained limited relative to the geographical coverage area and the number of households requiring assistance. Similar challenges have been documented in studies examining the implementation of stunting reduction programs in local government contexts (Putra, 2023).

Interview data show that workload distribution often depended on the availability of active cadres within each village. In areas where cadre participation was high, program activities tended to be implemented more consistently. Villages experiencing shortages of active volunteers encountered difficulties in maintaining regular assistance and monitoring activities. This finding reflects observations reported by Handayani, Pardi, and Mutmainnah, who identified human resource capacity as a critical factor in accelerating stunting reduction efforts.

Resource challenges were also evident in the availability of facilities and supporting infrastructure. Respondents reported that Posyandu facilities served as important venues for educational sessions, growth monitoring, and community engagement activities. Nevertheless, several informants noted limitations in equipment and supporting materials used during program implementation. Adequate infrastructure is considered necessary for ensuring the effectiveness of community-based health interventions (Yanti, Susilawati, Alza, & Santhariana, 2023).

The resource conditions identified during the study are summarized in the following table.

Table 2. Resource Dimensions Affecting the Implementation of Stunting Prevention Programs

Resource Dimension	Current Condition	Implementation Impact
Human Resources	Limited number of cadres	Reduced outreach capacity
Counseling Personnel	Available but unevenly distributed	Variation in assistance intensity
Facilities	Functional but limited	Constraints on service delivery
Educational Materials	Generally available	Supports awareness activities
Institutional Support	Relatively strong	Enhances coordination

Table 2 demonstrates that resource conditions varied across different implementation dimensions. Human resources and infrastructure emerged as the most significant constraints affecting program coverage and operational effectiveness. Despite these limitations, institutional support mechanisms contributed to maintaining program continuity. Similar conclusions were reported by Lailiyah (2023), who emphasized that institutional commitment can partially compensate for resource shortages in family development programs.

Financial and administrative support also influenced implementation outcomes. Interviews with officials indicated that funding allocations enabled the continuation of educational and monitoring activities. Program managers emphasized the importance of efficient budget utilization to maximize service delivery despite limited resources. The relationship between resource management and policy effectiveness has been widely discussed in public administration studies (Siregar, 2024).

The analysis further reveals that resource limitations affected the frequency of direct assistance provided to beneficiary families. Counselors explained that travel distances and scheduling constraints occasionally restricted the intensity of field visits. Families located in areas with more limited access received less frequent interaction compared with those living closer to service centers. Such disparities illustrate how resource constraints can influence the distribution of public services (Sa'adah, Hakim, & Febriantin, 2025).

Field observations indicate that implementers attempted to address resource limitations through collaborative approaches. Coordination among counselors, cadres, health workers, and local government institutions enabled resource sharing and improved operational efficiency. Informants described cooperation as an important strategy for sustaining program implementation under

constrained conditions. These findings support arguments emphasizing the value of interorganizational collaboration in public health programs (Firmansyah, 2024).

The findings also suggest that resource adequacy affects the quality of educational interventions delivered to families. Better-supported activities provided greater opportunities for practical demonstrations, counseling sessions, and individualized guidance. Enhanced educational quality contributed to stronger parental understanding regarding nutrition and child development. Ramlan (2025) highlights that integrated nutritional interventions require adequate institutional resources to achieve sustainable improvements in human development outcomes.

The evidence indicates that resource capacity remains one of the most influential determinants of BKB Program implementation in East Lingga Subdistrict. Human resources, facilities, funding, and institutional support interacted to shape program reach and effectiveness. Resource limitations did not prevent implementation but reduced the intensity and coverage of certain activities. These findings underscore the importance of strengthening resource capacity as part of broader efforts to accelerate stunting reduction and improve child welfare outcomes.

Disposition, Bureaucratic Structure, and Program Effectiveness in Stunting Reduction

The The findings indicate that the disposition of implementers significantly influenced the implementation of the Toddler Family Development Program in East Lingga Subdistrict. Interviews with family planning counselors, health personnel, and BKB cadres revealed a strong commitment to supporting families with toddlers at risk of stunting. Informants frequently described their involvement as a social responsibility extending beyond administrative obligations. Positive implementer attitudes have been identified as an important determinant of policy implementation success (Putra, 2023).

Field data suggest that implementers demonstrated a high level of responsiveness toward community needs. Counseling activities were often adjusted according to the educational background, socioeconomic conditions, and parenting challenges faced by beneficiary families. This adaptive approach enabled the program to address local conditions more effectively. Similar observations were reported by Sa'adah, Hakim, and Febriantin (2025), who emphasized the importance of responsive public service delivery in achieving health policy objectives.

Interviews with mothers participating in the program revealed that positive interactions with cadres and counselors increased trust in government interventions. Respondents explained that supportive attitudes encouraged them to participate more actively in educational activities and child growth monitoring sessions. Constructive relationships between implementers and beneficiaries contributed to sustained engagement in program activities. This finding aligns with conclusions drawn by Anwika, Komar, Suryadi, and Sudiapermana (2024) regarding the role of family assistance approaches in strengthening community participation.

The study also found that bureaucratic structures facilitated program implementation by clarifying responsibilities among stakeholders. Informants explained that organizational procedures provided guidance regarding planning, implementation, monitoring, and reporting activities. Clear role distribution reduced administrative confusion and strengthened coordination among implementing actors. Such institutional arrangements are consistent with recommendations for effective stunting governance (Lestari et al., 2024).

The organizational structure identified during the study is presented in the following table.

Table 3. Institutional Actors and Their Roles in Stunting Prevention Programs

Institutional Actor	Primary Responsibility	Contribution to Program
Health Department	Policy coordination	Strategic supervision
Family Planning Counselors	Program assistance	Community guidance
BKB Cadres	Field implementation	Family engagement
Posyandu Personnel	Health monitoring	Growth assessment
Beneficiary Families	Program participation	Behavioral adaptation

Table Table 3 illustrates the distribution of responsibilities among actors involved in program implementation. The organizational framework created opportunities for collaboration and strengthened accountability across different levels of implementation. Informants reported that clearly

defined duties improved operational efficiency and facilitated program monitoring. Institutional clarity is widely recognized as a factor supporting policy implementation effectiveness (Siregar, 2024).

The analysis indicates that coordination mechanisms functioned relatively effectively within the existing bureaucratic structure. Regular meetings enabled stakeholders to discuss implementation progress, identify challenges, and formulate corrective actions. Communication among implementing actors reduced duplication of activities and improved service integration. Similar coordination patterns have been highlighted in studies examining collaborative approaches to stunting reduction (Firmansyah, 2024).

Evidence from interviews suggests that bureaucratic procedures also contributed to maintaining program consistency across villages. Standard operating procedures provided a framework for delivering services and conducting monitoring activities. Implementers reported that procedural guidance supported accountability while maintaining flexibility in responding to local conditions. Such findings correspond with broader discussions regarding institutional governance in public health programs (Yuda, 2023).

The findings further reveal that positive implementer dispositions strengthened the effectiveness of bureaucratic arrangements. Commitment and initiative among counselors and cadres enabled organizational structures to function more efficiently in practice. Informants emphasized that procedural frameworks alone would not guarantee successful implementation without dedicated personnel. This observation reflects arguments presented by Handayani, Pardi, and Mutmainnah concerning the importance of human commitment in accelerating stunting reduction initiatives.

Program effectiveness was also reflected in reported improvements in parental awareness and participation. Beneficiaries described increased understanding of nutritional practices, child development monitoring, and preventive health behaviors. Although stunting reduction is influenced by multiple factors, respondents perceived the program as contributing positively to household-level behavioral change. Burah, Reski, Wahyuningrum, and Cahyono (2024) similarly found that educational interventions can strengthen knowledge and attitudes associated with child health outcomes.

The evidence suggests that the interaction between implementer commitment and bureaucratic structure played a critical role in supporting the implementation of the Toddler Family Development Program. Positive dispositions encouraged active engagement with communities, while organizational arrangements provided procedural stability and accountability. These complementary factors enhanced program effectiveness despite resource-related constraints identified in earlier findings. The results reinforce the argument that successful stunting reduction requires not only adequate resources but also committed implementers and well-functioning institutional structures.

CONCLUSION

This study demonstrates that the implementation of the Toddler Family Development Program (BKB) by the Lingga Regency Health Department in East Lingga Subdistrict has generally contributed to efforts aimed at reducing stunting rates through family-centered interventions and community-based assistance. The dimensions of communication, disposition, and bureaucratic structure functioned relatively effectively in supporting program implementation. Communication activities conducted through counseling sessions, home visits, Posyandu services, and stakeholder coordination improved parental awareness regarding child nutrition and development. Positive attitudes among implementers, combined with clear organizational responsibilities and coordination mechanisms, strengthened community participation and facilitated the delivery of program services to beneficiary families.

The findings also reveal that resource availability remains the primary challenge affecting program effectiveness. Limitations in the number of active cadres, uneven distribution of counseling personnel, and inadequate supporting facilities reduced the intensity and coverage of assistance provided to families. Despite these constraints, collaboration among implementing actors enabled the program to continue operating and maintain its contribution to stunting prevention efforts. Strengthening human resources, expanding institutional support, improving infrastructure, and enhancing the capacity of community-based health services are necessary to increase the effectiveness and sustainability of the BKB Program in accelerating stunting reduction and improving child welfare outcomes in Lingga Regency.

REFERENCES

Anwika, Y. M., Komar, O., Suryadi, A., & Sudiapermana, E. (2024). Toddlers Family Assistance Model: As An Effort To Stunting Prevention Education In Kuantan Singingi District, Indonesia. *Jurnal Penelitian Pendidikan IPA*, *10*(SpecialIssue), 595-603. 10.29303/jppipa.v10iSpecialIssue.8966

Burah, N., Reski, S., Wahyuningrum, D. R., & Cahyono, J. (2024). The effectiveness of nutrition education about stunting using video media on the knowledge and attitudes of mothers of toddlers. *Journal of Health and Nutrition Research*, *3*(1), 74-82. https://doi.org/10.56303/jhnresearch.v3i1.202

Dinas Kesehatan Pengendalian Penduduk dan Keluarga Berencana Kabupaten Lingga. (2026). *Data prevalensi stunting Kabupaten Lingga Tahun 2025*. Dinkes PPKB Kabupaten Lingga.

Dinas Kesehatan Pengendalian Penduduk dan Keluarga Berencana Kabupaten Lingga. (2024). *Laporan Kinerja Instansi Pemerintah (LKjIP) Dinas Kesehatan Pengendalian Penduduk dan Keluarga Berencana Kabupaten Lingga Tahun 2024*. Dinkes PPKB Kabupaten Lingga.

Firmansyah, A. (2024). *Jejaring Kebijakan dalam Program Penanganan Stunting di Desa Kudung Kecamatan Lingga Timur Kabupaten Lingga*.

Handayani, D. N., Pardi, B. S., & Mutmainnah, A. R. Lingga Village Government's Efforts to Accelerate Reducing Stunting Rates. 10.20414/komunitas.v16i1.9698

Lailiyah, K. (2023). Peran Badan Kependudukan dan Keluarga Berencana Nasional dalam percepatan penurunan stunting. *Mendapo, 2*.

Lestari, L. A., Helmyati, S., Lintang Kusuma, M. T. P., Rachmawati, Y. N., & Suryani, I. (2024). The Impact of the Family Quality Village Program on Accelerating Stunting Reduction Efforts in Sleman Regency. *Amerta Nutrition*, *8*(3), 389. 10.20473/amnt.v8i3.2024.389-397

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage Publications.

Nabila, S. (2024). Stunting dan upaya pencegahannya di Kabupaten Lingga. *Jurnal Empirika*.

Peraturan Bupati Lingga Nomor 123 Tahun 2022 tentang Percepatan Penurunan Stunting.

Peraturan Kepala Badan Kependudukan dan Keluarga Berencana Nasional Nomor 12 Tahun 2018 tentang Pengelolaan Bina Keluarga Balita (BKB).

Putra, R. D. (2023). *Implementasi Kebijakan Upaya Pencegahan dan Penurunan Stunting di Kabupaten Kolaka Provinsi Sulawesi Tenggara*.

Qomaruddin, & Sa'diyah, H. (2024). Kajian teoritis tentang teknik analisis data dalam penelitian kualitatif: Perspektif Spradley, Miles dan Huberman. *Journal of Management, Accounting and Administration, 1*(2), 77–84.

Rahayu, A., Yulidasari, F., Putri, A. O., & Anggraini, L. (2018). *Stunting dan Upaya Pencegahannya*. CV Mine.

Ramlan, N. (2025). Optimalisasi pemenuhan asupan gizi terpadu dalam meningkatkan kualitas sumber daya manusia. *Bappenas Working Papers, 8*(3), 361–384.

Sa'adah, F., Hakim, L., & Febriantin, K. (2025). Strategi Dinas Kesehatan dalam upaya mencapai target penurunan angka stunting di Kabupaten Bekasi Tahun 2024. *Jurnal Dinamika Pemerintahan*.

Siregar, I. M. S. (2024). Implementasi Peraturan Presiden Nomor 72 Tahun 2021 tentang percepatan penurunan stunting di Kecamatan Angkola Timur Kabupaten Tapanuli Selatan. *2*, 306–312.

Sugiyono. (2023). *Metode Penelitian Kualitatif*. Alfabeta.

Yanti, Susilawati, E., Alza, Y., & Santhariana, L. (2023). Pendampingan Tim Percepatan Penurunan Stunting melalui inisiasi dan implementasi DASHAT (Dapur Sehat Atasi Stunting) di Desa Pancuran Gading Kabupaten Kampar. *Jurnal Pengabdian Kesehatan, 1*(2), 86–93.

Yuda, A. P. (2023). Perkembangan program penanggulangan stunting di Indonesia. *Jurnal Epidemiologi Kesehatan Indonesia, 6*(2). https://doi.org/10.7454/epidkes.v6i2.6049