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ANALYSIS OF STRATEGIES TO REDUCE STUNTING RATES IN SOUTHEAST ACEH REGENCY IN 2021

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Abstract

Stunting is a condition of growth failure in toddlers due to chronic malnutrition, especially during the First 1,000 Days of Life (HPK). Stunting affects brain growth and development. Stunted children also have a higher risk of suffering from chronic diseases in adulthood. In fact, stunting and malnutrition are estimated to contribute to a 2-3% reduction in Gross Domestic Product (GDP) annually. Based on the results of the 2021 Indonesian Nutritional Status Survey (SSGI) conducted by the Ministry of Health, the prevalence of stunting in Indonesia in 2021 was 24.4%, a 6.4% decrease from 30.8% in 2018 and indicating that the prevalence of stunting in toddlers in Indonesia is still high above the WHO limit (20%). In 2015, Indonesia ranked second after Laos in terms of the number of stunted children. Basic Health Research (Riskesdas) data shows that the prevalence of stunting in toddlers in 2018 reached 30.8 percent, meaning that one in three toddlers experienced stunting. Indonesia itself, he said, is the country with the second-highest burden of stunting in children in Southeast Asia and the fifth in the world. The government has a target to reduce the prevalence to 14% by 2024. This means that Indonesia must reduce the prevalence by 10.4% in the next 2.5 years, which of course is a challenge for all parties to achieve. To achieve the government's target, of course, there must be support from every region, both provincial and district, and so on. From the 2021 Indonesian Nutrition Status Study (SSGI) data, Aceh ranks third highest after East Nusa Tenggara (NTT) and West Sulawesi in first and second place. Gayo Lues Regency is the area with the highest stunting prevalence, 42.9 percent, followed by Subulussalam City at 41.8 percent. Meanwhile, Banda Aceh City (23.4%) and Sabang City (23.8%) are the areas with the lowest prevalence. Based on the 2021 Indonesian Nutritional Status Study (SSGI) conducted by the Aceh National Population and Family Planning Agency (BKKBN), Southeast Aceh Regency's stunting rate was 34.1 percent, placing it in the top eight among districts/cities in Aceh. This figure still exceeds the Aceh provincial average of 33.2 percent.

Keywords : Analysis, Strategy, Stunting, Aceh Tenggara , Year 2021

INTRODUCTION

According to the 2021 Indonesian Nutritional Status Study (SSGI), Aceh ranks third highest after East Nusa Tenggara (NTT) and West Sulawesi in first and second place. Gayo Lues Regency has the highest stunting prevalence at 42.9 percent, followed by Subulussalam City at 41.8 percent. Meanwhile, Banda Aceh City (23.4%) and Sabang City (23.8%) have the lowest prevalence. Based on the results of the 2021 Indonesian Nutritional Status Study (SSGI) conducted by the Aceh National Population and Family Planning Agency (BKKBN), Southeast Aceh Regency's stunting rate was 34.1 percent, placing it in the top 8 among districts / cities in Aceh . This figure

still exceeds the average figure of Aceh province which is only 33.2 percent. Based on PK21 data, there are 25,733 children in Southeast Aceh at risk of stunting and 4,743 children not at risk of stunting. While the data in 2022 published in the online media Serambinews dated September 3, 2022, there are 5,582 pregnant women and among them there are 33 pregnant women in a condition of chronic energy deficiency (KEK). While the number of babies in Southeast Aceh at the moment 18,290 and 1,504 babies among them are stunted. Therefore, this study aims to analyze the strategy of the Southeast Aceh district government through the Southeast Aceh District Population Control and Family Planning Office in reducing stunting rates in Southeast Aceh District.

RESEARCH METHODS

1. This research uses a qualitative approach. A qualitative approach was chosen because this study seeks to understand and describe the process and dynamics of collaboration that occurs in the implementation of the Southeast Aceh Regency government's strategy to reduce stunting rates. This research is descriptive. According to Juliansyah Noor (2011), descriptive research attempts to describe a phenomenon, event, or occurrence that is currently occurring. Descriptive research focuses on actual problems as they exist, without providing special treatment during the research process.
2. The method in this analysis uses the Desk Study method, namely a method of collecting data and information through examination and analysis of data and information using secondary data, in the form of internal/external company documents, laws and regulations, reports, statistical data, literature studies, maps and so on.
3. Data Type
Because the descriptive method used is what is needed, primary data and secondary data are needed.
 - a. Primary data is data obtained directly from research subjects using measurement tools or direct data collection on subjects as a source of information obtained, especially regarding strategies for reducing stunting rates in Southeast Aceh Regency and collaborative governance.
 - b. Secondary data is data obtained through other parties and not directly from the research subjects. This data can be in the form of other supporting literature such as books, mass media, the internet, archives, documents, and so on related to stunting reduction in Southeast Aceh Regency.
4. Data Collection Techniques
To collect data in this study, the author used the following data collection tools:
 - a. Literature study (desk research); this study uses literature study to gather secondary data on several issues, namely the One Million Homes Program and the actors involved in the One Million Homes Program. The sources are various textbooks; laws and regulations; previous studies/research results; mass media information, and various other relevant documents. As mentioned in the data types above, the data to be collected in this literature study are:
 1. Programs created by central and regional governments, programs created by developers and other stakeholders
 2. Collaboration documents created
 3. Other data collected regarding the stunting reduction strategy program in Southeast Aceh Regency

- b. Observation

According to Creswell (2009), qualitative observation is an observation where researchers go directly into the field to observe the behavior and activities of individuals at

the research location . This technique is crucial in this study because it allows them to observe the collaboration process and the roles of each actor in the stunting reduction program in Southeast Aceh Regency. Researchers will go directly to the location of the Southeast Aceh Regency government's Strategic Program to observe the situation and conditions on the ground. The results of the observations are expected to help provide a more comprehensive explanation of the collaborative stunting reduction strategy program in Southeast Aceh Regency.

5. Data Analysis Techniques

This research is descriptive analysis in nature by describing and writing down the condition of an object in terms of quality. The analysis discussion is carried out systematically by collecting all the data, then selecting data that is relevant to this discussion.

RESULTS AND DISCUSSION

A. TOTAL POPULATION OF CHILDREN IN SOUTHEASTERN ACEH

In Southeast Aceh Regency there are 9,881 males aged 0 to 4 years and there are 9,437 women aged 0 to 4 years, so the number of children who need attention in 2021 is 19,318 people.



Source : BPS Southeast Aceh Regency 2021

B. POPULATION DISTRIBUTION OF ACAEH TENGGARA

The population distribution in Southeast Aceh Regency is not evenly distributed across the districts. The most densely populated district is Babussalam District, which serves as the capital of Southeast Aceh Regency, the center of government, and the economic center. Babussalam District has the smallest area, at 9.48 km², with a population of 29,996. Meanwhile, the least populous district is Tanoh Alas District, with a population of 4,898. This is because Tanoh Alas is the district with the fewest villages, with 14.

Subdistrict	Population Density per km2 by District		
	2019	2020	2021
Lawe Alas	18.45	16.15	16.43
Babul Rahmah	10.80	10.78	10.94
Tanoh Alas	130.52	123.75	126.56
Lawe Sigala- gala	280.49	286.66	289.85
Prosperous Babul	183.81	180.87	183.04
Semadam	299.07	308.26	312.87
Leuser	36.16	32.87	33.84
Bambel	746.27	824.85	839.53
Tusam Hill	229.34	284.70	289.06
Lawe Well	221.26	208.41	209.98
Babusslam	3146.41	3130.38	3164.14
Lawe Bulan	377.46	458.78	466.77
Badr	168.68	155.74	157.57
Darul Hasanah	10.57	11.12	11.34
Ketambe	40.60	42.69	43.11
See Pokhkisen	113.10	121.30	123.14
Southeast Aceh	51.04	52.06	52.83
Source : Central Statistics Agency of Southeast Aceh Regency 2021			
Source Url : https://acehtenggarakab.bps.go.id/indicator/12/122/1/kepadatan-penduduk-per-km2-menurut-kecamatan.html			
Access Time: July 25, 2022, 12:24 pm			

C. HUMAN DEVELOPMENT INDEX (HDI)

IPM	Human Development Index		
	2019	2020	2021
Southeast Aceh Regency	69.36	69.37	69.44
Source : Central Statistics Agency of Aceh Province			
Source Url : https://acehtenggarakab.bps.go.id/indicator/26/68/1/indeks-kembangmanusia.html			
Access Time: July 25, 2022, 12:50 pm			

The data above shows that there has been an increase in the Human Development Index over the past three years, albeit only slightly. Referring to the national HDI, Southeast Aceh's HDI is in the Medium HDI position, at 50-80 percent, as the Human Development Index remains at 69.

D. HEALTH BUDGET OF SOUTHEAST ACEH DISTRICT

Family Planning Operational Assistance Fund of ± Rp. 5.97 billion and Health Operational Assistance Fund of ± Rp. 17.67 billion

E. HEALTH MAINTENANCE INSURANCE PARTICIPANTS

KODE	KECAMATAN	JUMLAH PRIBADI DALAM KELUARGA	MELIKI JAMINAN KESEHATAN						JUMLAH MELIKI JAMINAN KESEHATAN		TIDAK MELIKI JAMINAN KESEHATAN	
			JENIS			NON JENIS			JUMLAH	%	JUMLAH	%
			BPJS - PUS JAMKESMAS JAMKESDA		BPJS - NON PUS		JUMLAH	%				
			JUMLAH	%	JUMLAH	%			JUMLAH	%		
01	LAWE ALAS	13,605	11,701	87.10	1,724	12.83	9	0.07	13,434	98.74	171	1.26
02	LAWE SIGALA-GALA	15,687	12,023	78.69	3,244	21.23	12	0.08	15,279	97.40	408	2.60
03	BAMBEL	12,610	10,614	85.30	1,822	14.64	7	0.06	12,443	98.88	167	1.32
04	BABUSSALAM	21,916	17,393	79.51	4,439	20.29	42	0.19	21,874	99.81	42	0.19
05	BADAR	9,809	7,477	76.63	2,271	23.28	9	0.09	9,757	99.47	52	0.53
06	BABUL MAKMUR	10,120	9,429	95.12	488	4.72	16	0.16	9,913	97.95	207	2.05
07	DARUL HASANAH	8,303	6,492	78.40	1,779	21.48	10	0.12	8,281	99.74	22	0.28
08	LAWE BULAN	11,189	8,950	82.47	1,888	17.38	16	0.15	10,852	97.16	317	2.84
09	BUKIT TUSAM	6,397	5,416	86.09	864	13.73	11	0.17	6,291	98.34	106	1.66
10	SEMADAM	9,571	8,982	95.10	461	4.88	2	0.02	9,445	98.68	126	1.32
11	BABUL RAHMAH	6,186	5,419	89.29	632	10.41	18	0.30	6,089	98.11	117	1.89
12	KETAMBE	4,474	4,279	95.94	181	4.06	0	0.00	4,480	99.89	14	0.31
13	DELENG POHKHISEN	6,688	5,857	88.11	774	11.64	16	0.24	6,647	99.39	41	0.61
14	LAWE SUMUR	6,247	5,131	83.79	989	16.15	4	0.07	6,124	98.03	123	1.97
15	TANOAH ALAS	3,762	3,539	95.34	172	4.63	1	0.03	3,712	98.67	50	1.33
16	LEUSER	4,672	4,346	93.64	60	1.36	0	0.00	4,406	94.31	266	5.69
JUMLAH TOTAL		151,216	127,048	86.27	21,786	14.61	173	0.12	148,987	98.53	2,229	1.47

Sumber: Pendataan Keluarga; Tanggal dan Jam laporan diambil/download

Source: Data PK21 BKKBN Republic of Indonesia

F. HEALTH SERVICES FOR PREGNANT WOMEN

NO.	SUBDISTRICT	NUMBER OF FAMILY	PUS HAMIL
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
01	TAKE ALAS	3,642	158
02	LAWE SIGALA- GALA	3,914	167
03	BAMBEL	3,320	100
04	BABUSSALAM	5,920	157
05	BADAR	2,412	110
06	BABUL PROSPEROUS	2,323	107
07	DARUL HASANAH	2,331	128
08	LAWE BULAN	2,801	142
09	TUSAM HILL	1,612	46
10	SEMADAM	2,458	164
11	BABUL RAHMAH	1,790	90
12	KETAMBE	1,449	59
13	SEE THE FACTS	1,645	61
14	LAWE SUMUR	1,535	105
15	TANOAH ALAS	936	68
16	LEUSER	1,059	52
AMOUNT		39,147	1,714

From the data above, there are 1,714 pregnant women who must become service centers and the highest sub-district is Lawe Sigala-gala Sub-district in 2021.

G. PERCENTAGE OF PREGNANT WOMEN TAKING BLOOD - ENHANCING PILLS

CAKUPAN IBU HAMIL YANG MENDAPAT TABLET FE3 (90 TABLET) KABUPATEN/KOTA TAHUN 2021



The data above can be concluded that Southeast Aceh is the second lowest region in providing blood-boosting pills for pregnant women with a figure of 64%.

H. FAMILY PLANNING PARTICIPANT SERVICES

Sub-district	NUMBER MESSAGE AND USIA SUBUR NUMBER OF ELIGIBLE COUPLES	NUMBER OF FAMILY PLANNING PROGRAM PARTICIPANTS BY TYPE OF CONTRACEPTION PROGRAM PARTICIPANTS BY TYPES OF CONTRACEPTION			
		INTRODUCTION AND DEVICE (IUD)	METHOD OPERATIVE WOMAN (MOW) TUBECTOMY	MALE OPERATIVE METHOD (MOP) VASECTOMY	CONDOM
(1)	(2)	(3)	(4)	(5)	(6)
TAKE ALAS	2 638	190	30	19	110
BABUL RAHMAH	1 451	193	26	–	104
TANOHALAS	872	66	22	–	15
LAWESIGALAGALA	3 117	103	100	1	306
BABUL PROSPEROUS	1 737	52	135	–	21
SEMADAM	1 623	30	40	–	50
LEUSER	1 231	17	25	–	92
BAMBEL	1 964	91	11	2	25
TUSAM HILL	1 336	55	–	–	14
LAWESUMUR	1 317	47	26	2	40
BABUSSALAM	3 075	107	35	6	76
LAWEBULAN	2 260	80	82	2	45
BADAR	1 713	69	122	1	67
DARUL HASANAH	1 561	24	29	14	26
KETAMBE	1 322	32	26	11	32
LOOK POKHKISEN	1 126	107	47	–	51
SOUTHEAST ACEH	28 343	1 263	756	58	1 074

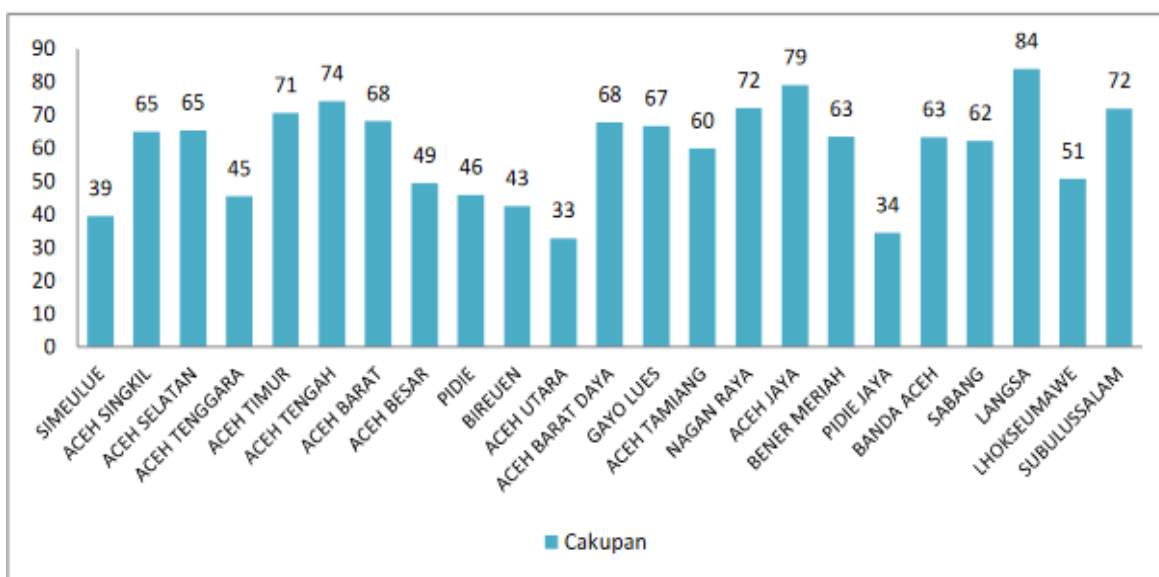
Subdistrict	Number of Family Planning Program Participants by Type of Contraception			
	Implan Implants	Injection	Pil	Total number
(1)	(7)	(8)	(9)	(10)
Lawe Alas	150	1 338	239	2 076
Babul Rahmah	308	492	288	1 411
Tanoh Alas	89	317	40	549
Lawe Sigala- gala	255	1 139	625	2 529
Babul Makmur	211	545	69	1 033
Semadam	241	718	111	1 190
Leuser	199	490	151	974
Bambel	87	766	91	1 073
Tusam Hill	75	463	125	732
Lawe Well	123	591	126	955
Babussalam	129	1 232	182	1 767
Lawe Bulan	136	1 238	366	1 949
Badr	136	913	245	1 553
Darul Hasanah	121	844	225	1 283
Ketambe	166	590	236	1 093
See Pokhkisen	133	533	173	994
Southeast Aceh	2 559	12 209	3 292	21 161

No.	EYES N	JUM LAH PUS PERT TO KB MODERN	FAMILY PARENTAL SERVICE PLACE									
			RS PEMERINTAH/TNI/POLRI	RS SWASTA	PUSKESMAS/CLINIC/TNI/POLRI	KLINIK SWASTA	RACKT EK DOCTER R	put TU/PUS LIN G/BIDAN DESA	PRAKTIK MANDIRI BIDAN	MOBIL AL SO LA YAN DN KB	TOK O BATA/AP OTIK	LAI NNY A
01	TAKE ALAS	1,467	68	47	537	180	17	300	295	15	7	1
02	TAKE THE SIGNAL-GALA	1,466	178	61	505	227	4	169	255	23	42	2
03	BAMBE L	1,505	51	2	644	30	16	459	244	4	55	0
04	GREETINGS FROM THE GRAND FATHER	1,772	217	27	387	191	34	277	579	15	33	12
05	BADAR	1,041	78	12	164	33	14	317	346	16	48	13
06	BABUL MAKMUR	799	107	34	207	92	4	166	162	15	12	0
07	DARYL HASANAH	1,373	15	5	976	50	6	280	24	11	3	3
08	LAWEBULAN	1,280	73	9	325	148	4	338	350	20	4	9
09	TUSAMBUCKET	925	9	21	124	219	7	296	188	16	45	0
10	SEMADAM	947	53	12	374	242	7	134	82	19	24	0
11	BABUL RAHMAH	790	35	3	456	32	0	86	174	1	3	0
12	CRABBE	210	28	3	146	4	2	21	6	0	0	0
13	DELENG POKHKICE	629	32	9	216	51	5	95	210	8	3	0

14	LAWE SUMUR	891	161	5	215	199	9	188	108	1	4	1
15	TANOHALAS	571	14	26	112	239	22	76	71	7	4	0
16	LEUSER	639	23	0	46	22	5	425	62	53	3	0
TOTAL NUMBER		16,305	1,142	276	5,434	1,959	156	3,627	3,156	224	290	41

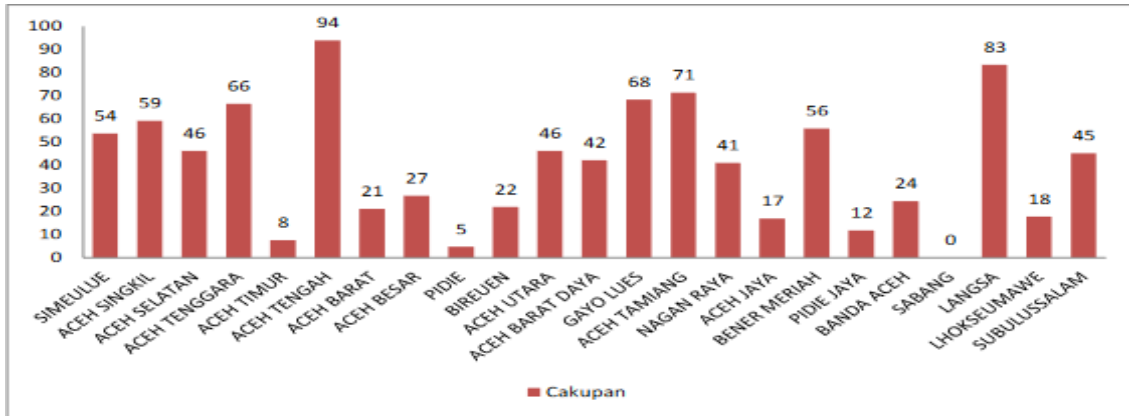
Of the 16 sub-districts in Southeast Aceh, there are 16,305 Modern KB participants and the most participants in the Modern KB program are the Babussalam sub-district with 1,772 people, which is the urban center area in Southeast Aceh Regency and Ketambe sub-district with 210 people, which is a border area between Southeast Aceh Regency and Gayo Lues Regency. KB Participant Services are mostly carried out at Community Health Centers or TNI/Polri Clinics with 5,434 visitors. This shows that awareness of KB in Southeast Aceh Regency is still mostly carried out by the middle to upper class, especially those living in urban areas.

I. COVERAGE OF BREASTFEEDING



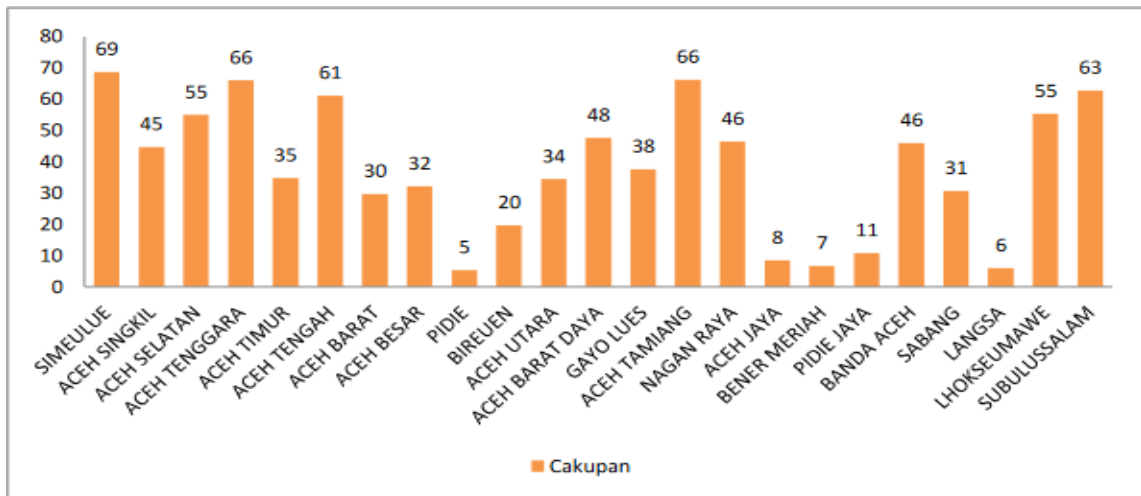
Breastfeeding coverage in Southeast Aceh is still relatively low, at only 45% throughout 2021. Although this coverage is not the lowest of all regions in Aceh Province. The lowest area in providing breastfeeding coverage is North Aceh at only 33% and the highest is Langsa City at 84%.

J. COVERAGE OF HEALTH SERVICES FOR INFANTS/TODDLERS



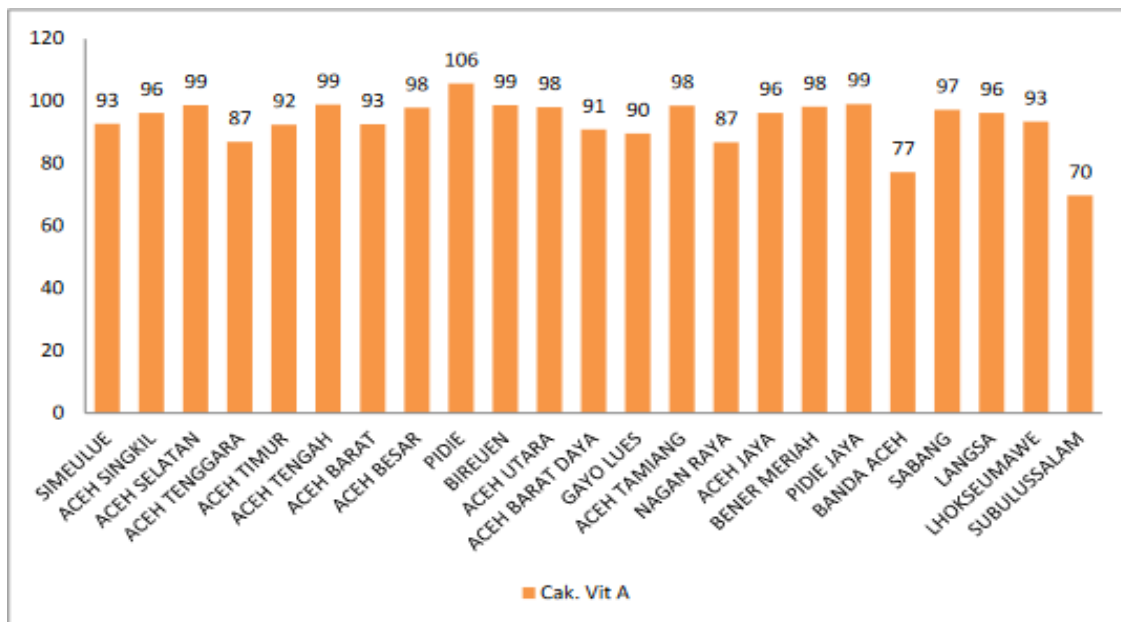
The graph above shows that Southeast Aceh Regency has a UCI village coverage of 8%. Although it is not the lowest area in the Regency in Aceh Province, of course this figure is still far from expectations. This is caused by public awareness of the importance of examinations for toddlers and providing immunizations for toddlers is still very low. Even though the integrated health post program continues to run in villages, the busyness and sincerity of parents make health workers from both the Health Office and the Community Health Center often complain about the number of participants who attend.

K. COVERAGE OF MEASLES/MR IMMUNIZATION IN INFANTS



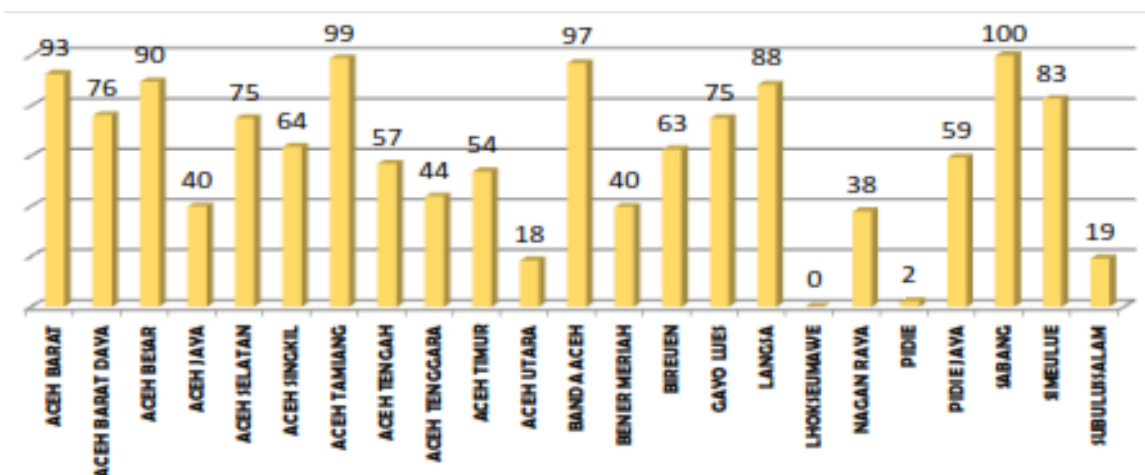
Services for toddlers also include Measles/MR Immunization for Babies. Measles is the main cause of death in toddlers. Therefore, measles prevention is an important factor in reducing toddler mortality.

L. COVERAGE OF VITAMIN A SUPPLY FOR TODDLERS AGED 6-59 MONTHS



Then, the provision of Vitamin A to infants and toddlers in Southeast Aceh Regency continues to be encouraged as a commitment to services for mothers giving birth and infants or toddlers. The image above shows that Southeast Aceh Regency is at 87% in providing Vitamin A while the highest area is Pidie Regency at 106% and the lowest area is Subulussalam City.

M. PERCENTAGE OF DRINKING WATER FACILITIES MEET THE REQUIREMENTS IN 2021



From the picture above, it shows that Southeast Aceh Regency is at 44% with adequate drinking water facilities. The majority of Southeast Aceh residents currently no longer dig wells for access to drinking water. Most residents have to spend money to buy suitable drinking water from guaranteed springs such as Lawe Saras, Lawe Semung and Lawe Khutung Khampak springs. Usually, people buy the water for an average of IDR 3,000 per jerrycan which is delivered directly to their homes by service providers/water sellers. Although previously there was a Pamsimas program, the program was rarely successful in Southeast Aceh due to poor management and the habit of people who only want to receive results without any willingness to manage together because they are considered to have been funded by the government.

N. PK21 DATA ANALYSIS BASED ON MARRIAGE AGE CATEGORY

NO	SUBDISTRICT	TOO YOUNG (AGE WIFE <20 YEARS)	TOO OLD (AGE WIFE (35 YEARS OLD)	IS
01	TAKE ALAS	32	1,181	
02	LAWE SIGALA- GALA	33	1,414	
03	BAMBEL	29	1,203	
04	BABUSSALAM	34	2,225	
05	BADAR	23	959	
06	BABUL PROSPEROUS	13	957	
07	DARUL HASANAH	22	741	
08	LAWE BULAN	14	1,140	
09	TUSAM HILL	13	613	
10	SEMADAM	13	881	
11	BABUL RAHMAH	12	563	
12	KETAMBE	10	435	
13	SEE THE FACTS	14	588	
14	LAWE SUMUR	22	605	
15	TANOAH ALAS	17	311	
16	LEUSER	13	445	
	AMOUNT	314	14,261	

The data above shows that 314 women in Southeast Aceh are married too early, which increases the risk of stunting. Meanwhile, 14,261 women married after the age of 35.

O. PK21 DATA ANALYSIS BASED ON THE NUMBER OF PREGNANT WOMEN

NO.	SUBDISTRICT	NUMBER OF EXITS RGA	PUS HAMIL
1	2	3	4
01	TAKE ALAS	3,642	158
02	LAWE SIGALA- GALA	3,914	167
03	BAMBEL	3,320	100
04	BABUSSALAM	5,920	157
05	BADAR	2,412	110
06	BABUL PROSPEROUS	2,323	107
07	DARUL HASANAH	2,331	128
08	LAWE BULAN	2,801	142
09	TUSAM HILL	1,612	46
10	SEMADAM	2,458	164
11	BABUL RAHMAH	1,790	90
12	KETAMBE	1,449	59
13	SEE THE FACTS	1,645	61
14	LAWE SUMUR	1,535	105

15	TANO ALAS	936	68
16	LEUSER	1,059	52
AMOUNT		39,147	1,714

P. FAMILIES WITH ACCESS TO PROPER SANITATION (HEALTHY TOILETS)

Good sanitation is a crucial element in supporting human health. The term sanitation also refers to maintaining hygienic conditions through waste management and wastewater treatment. Sanitation is closely linked to environmental health, which in turn impacts public health. Poor sanitation negatively impacts many aspects of life, including a decline in the quality of the community's environment, contamination of drinking water sources, increased incidence of diarrhea, and the emergence of several diseases.

The definition of a household that has access to proper sanitation is if the sanitation facilities used meet health requirements, including being equipped with a gooseneck toilet or a plengsengan with a lid and having a final disposal site for feces (septic tank) or a wastewater treatment system (Spal), and also a defecation facility that is used individually or together.

Community Access to Proper Toilets in Southeast Aceh Actually, Almost All Villages Have Been Provided Except for Border Areas That Are Still Far From Standards Such as in Leuser District. Apart from that, on average, Proper Toilets/WCs Have Been Built But They Are Not Managed Well. So These WCs Are Damaged.

Q. FAMILIES AT RISK OF STUNTING

NO	SUBDISTRICT	AT RISK OF STUNTING	NO AT RISK OF STUNTING	IS
01	TAKE ALAS	2,378	348	
02	LAWE SIGALA- GALA	2,374	314	
03	BAMBEL	1,987	593	
04	BABUSSALAM	3,634	719	
05	BADAR	1,606	431	
06	BABUL PROSPEROUS	1,679	121	
07	DARUL HASANAH	1,470	438	
08	LAWE BULAN	2,094	210	
09	TUSAM HILL	1,116	295	
10	SEMADAM	1,622	220	
11	BABUL RAHMAH	1,035	211	
12	KETAMBE	840	371	
13	SEE THE FACTS	1,057	141	
14	LAWE SUMUR	1,222	142	
15	TANO ALAS	685	166	
16	LEUSER	934	23	

	AMOUNT	25,733	4,743	
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The data above reveals that 25,733 people are at risk of stunting in Southeast Aceh. Budi Afrizal, SKM, MKM, Head of the Southeast Aceh Regency Education and Training Center (DPPKB), stated that the number of toddlers at risk of stunting in Southeast Aceh reached 34.1%. Meanwhile, 4,743 toddlers are not at risk of stunting, a figure the government must address.

To reduce stunting in Southeast Aceh, the Population and Family Planning Agency has established a Stunting Reduction Acceleration Team, comprising 1,488 people across 385 villages in Southeast Aceh. Three individuals per village are tasked with raising awareness about the risks of stunting, particularly among prospective brides, pregnant women, breastfeeding mothers, and children under 5.

Besides that, the role of universities is of course very strategic in breaking the chain of stunting in Southeast Aceh. Where there is cooperation between the local government especially the Population Control and Family Planning Office of Southeast Aceh Regency with universities can more easily socialize the risks of stunting for the younger generation and its impact on Indonesia's human resources in the future. So far, several universities have collaborated with the local government, especially with the Population Control and Family Planning Office of Southeast Aceh Regency, in the form of a Memorandum of Understanding (MoU). One of them is the signing of the MoU between Gunung Leuser University, Aceh, with the BKKBN of Aceh Province and also with the DPPKB of Southeast Aceh and the signing was also attended by students. The activity took place in 2021 with the hope that programs to reduce stunting rates could involve students in both academic and non-academic activities. In 2021, students

The Village Executive, funded by village funds and studying at Gunung Leuser University in Aceh, consists of 226 students, especially from the Faculty of Agriculture, who are promoting a program to utilize residents' empty land at their respective Community Service Lecture locations by planting vegetables and also working with residents to preserve the environment.

The Regional Government through the Population Control and Family Planning Office of Southeast Aceh Regency has so far continued to strive to reduce stunting rates in Southeast Aceh Regency. Among the steps that have been taken is the formation of teams in 385 villages, namely around 1,488 accompanying cadres spread across Southeast Aceh. In addition, in terms of budget sourced from village funds, there are also stunting reduction programs in each village as well as the integrated health post program.

Based on PK21 data, there are 314 women who married too young, namely under 20 years old and there are 14,261 women who married too old, namely over 35 years old. In order to prevent stunting, DPPKB Southeast Aceh has also trained 1,488 TPK who handle stunting in 385 villages from 16 sub-districts in Southeast Aceh Regency. Each TPK team comes from elements of PKK cadres, village midwives, and KB cadres. Drinking water facilities that meet the requirements are still very inadequate, based on data from the Aceh Provincial Health Office, it is stated that Southeast Aceh only 40% meet the requirements for drinking water facilities so it needs to be a concern considering that the people of Southeast Aceh currently have to buy jerry cans to get clean water, which is around Rp. 5,000 which is delivered directly to residents' homes by clean water sellers from Lawe Syaraf and the clean water source khutung khampak Lawe Sumur District. Based on PK21 data, there are 3,448 families who still do not have adequate primary drinking water resources, with the highest number in Babul Makmur District, namely 1,015 families, and the lowest in Tanoh Alas District, namely 4 families.

Public awareness of the importance of a clean environment and awareness of the dangers of stunting is still very low. The TPK team has not been able to work optimally because not all teams have adequate expertise. PAUD funds originating from Village funds for improving Early Childhood

Nutrition often do not meet the expectations of PAUD managers because there are frequent cuts. There are families who do not have inadequate toilets as many as 7,079 families with the highest distribution of Lawe Bulan District with 972 families and the lowest is Tanoh Alas District with 155 families. In addition, many toilets/toilets built by the local government or using village funds but are not managed and functioned properly. Many assistance for decent housing is not on target. Iron Supplement Tablets (TTD) and Supplementary Food Provision (PMT) Posyandu are not consumed optimally. Stunting is only familiar among health workers but not among community leaders.

CONCLUSION AND RECOMMENDATIONS

Based on PK21 data, there are 314 women who married too young, namely under 20 years old, and there are 14,261 women who married too old, namely over 35 years old. In order to prevent and reduce stunting rates, the Southeast Aceh DPPKB has also trained 1,488 TPK who handle stunting in 385 villages from 16 sub-districts in Southeast Aceh Regency. Each TPK team consists of elements of PKK cadres, village midwives, and family planning cadres.

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