



Nosiale Pale Program for Stunting Prevention in Palu city

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INFO ARTICLE

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ABSTRACT

The prevalence of stunting exhibits a declining trend, yet it surpasses the WHO-established standard of under 20%. The 2022 target aims for a reduction to 18%, followed by a 2024 target of 12% or below the national prevalence of 14%. According to data from the Community Based Nutrition Recording and Reporting (e-PPBGM), 1,221 out of 22,400 toddlers in Palu City were identified as stunted. This study seeks to elucidate strategies for stunting prevention in Palu City and analyze factors supporting or impeding these efforts. Employing a qualitative method, data collection involves observation, interviews, and documentation studies. The Miles and Huberman model guides data analysis through stages of collection, reduction, presentation, and verification. Interviews target the Department of Health, Health Workers, and the Community. Findings underscore the collaborative initiatives undertaken by the Palu City government to prevent and address stunting, employing the "gotong royong" concept involving various stakeholders due to the communal nature of the stunting issue. "Gotong royong," a deeply rooted local culture, has been incorporated into the program to expedite stunting intervention. The Nosiala Pale program emerges as a crucial action in stunting prevention and management, aligning with Palu City government's policy to alleviate stunting.



INTRODUCTION

Stunting, or short stature, is a condition of growth impairment in children under five years old. This condition results from suboptimal nutritional intake during the early stages of birth (Desa, Tertinggal, and Indonesia 2017). Toddlers with suboptimal height may experience nutritional deficiencies influenced by various factors. Nutrient deficiencies in children can lead to inhibited growth, hindered development of motor skills, and poor bone development due to insufficient intake of essential nutrients such as protein, fats, calcium, iron, vitamin D, and others (Lee et al. 2012).

Various factors contribute to the nutritional status of toddlers, including the child's age, maternal education, and socioeconomic conditions (Ningsih, Hardjito, and Yanuarini 2022). Parenting practices such as exclusive breastfeeding and complementary feeding (MPASI) also play a crucial role (Lestari et al. 2022). The COVID-19 pandemic has further exacerbated these issues, and a study has found a relationship between parental caregiving practices and nutritional status during this period (Ningsih and Ismail 2021). Maternal nutrition during the first 1,000 days of a child's life is crucial, with a focus on pregnancy, breastfeeding, introduction of solid foods, and transitioning to family eating patterns (Likhar and Patil 2022).

Stunting in toddlers, often caused by chronic malnutrition, has significant long-term consequences for both individuals and societies. It is closely linked to food insecurity (Sihite 2022) and is more prevalent among children of less educated mothers (Azizah, Nurmala, and Devy 2022). The effects of stunting can include impaired cognitive development, reduced economic productivity, and poor maternal reproductive outcomes (Dewey and Begum 2011). Furthermore, stunting is a marker for a range of developmental issues, indicating the need for a holistic approach to addressing malnutrition (Schmidt 2014). These findings underscore the importance of early intervention and comprehensive strategies to combat stunting and its associated challenges.

The region of Kota Palu, particularly in the Tatanga Subdistrict, has become the district with the highest prevalence of stunting among toddlers in Kota Palu. Addressing stunting is crucial as it pertains to the quality of human resources. Stunting in children reflects a condition of growth failure in toddlers. Stunting itself is a condition of growth failure in children under five years old due to chronic nutritional deficiencies and recurrent infections, primarily during the First 1000 Days of Life period. In Kota Palu, the prevalence of stunting in 2021 was 23.9%. Although the prevalence of stunting tends to decrease, this figure still exceeds the standard set by the WHO, which is below 20%. The target for 2022 is to reduce it to 18%, and the 2024 target is further reduced to 12% or below the national prevalence rate of 14%. According to electronic data from the Community-Based Nutrition Recording and Reporting, 1,221 toddlers in Kota Palu were affected by stunting out of a total of 22,400 toddlers.

The Palu City Government employs a local wisdom approach known as "nosiala pale" or mutual cooperation to reduce the percentage of stunting. The Nosiala Pale initiative, encapsulated in 11 innovative actions, aims to decrease the prevalence of child stunting in the area. The Palu City Government adopts a collaborative scheme, known as gotong royong, as a commitment to addressing stunting in the region. This is crucial because if not addressed seriously, the impacts can affect the growth and development of children and the quality of Human Resources (HR) for future generations. Gotong royong is a deeply ingrained local culture within the community, and it has been integrated into the accelerated stunting intervention program. This implies the need for collaboration across sectors, as stunting is a complex issue that cannot be adequately addressed solely through a health perspective.

METHOD

The research design employed in this study is descriptive. According to Sugiyono (2013), descriptive research aims to systematically create a factual, actual, and accurate depiction of a specific population. Descriptive research seeks to portray, record, analyze, and interpret the current conditions, essentially aiming to obtain information about the present and explore the relationships among existing subjects. The research is based on a qualitative approach. According to Sugiyono, qualitative research is a method used to investigate



natural object conditions, where the researcher serves as the key instrument, data analysis is inductive, and the results of qualitative research emphasize meaning rather than generalization.

Descriptive research, as outlined by Kramer ((1985), is a valuable tool for exploring and gaining familiarity with a phenomenon. It involves observation, description, and analysis, and is often the first step in developing new knowledge. This method is particularly useful in fields such as education, nutrition, epidemiology, and the behavioral sciences, where it can be used to solve problems and improve practices (Koh et al. 2000). Descriptive studies are also important in design research, where they can help in formulating success criteria and validating design methods and tools (Blessing, Chakrabarti, and Wallace 1998). However, it's important to note that descriptive studies have limitations, such as the need for clear and specific definitions, and the potential for overstepping the data (Grimes and Schulz 2002).

Qualitative research, as highlighted by Agius (2013), is a valuable tool for understanding social phenomena in natural settings, emphasizing the importance of individual experiences and meanings. This approach, as further expounded by Maanen (1979), involves the use of interpretive techniques to explore the meaning of social phenomena, often through in vivo data collection. Grossoehme (2014) underscores the humanistic and exploratory nature of qualitative research, which prioritizes understanding over generalization. Sutton (1993) adds to this by discussing the theoretical foundations of qualitative research, including the consideration of context, the range of knowledge that can be gained, the diversity of social settings, and the challenge of conveying research results. These insights collectively underscore the significance of qualitative research in capturing nuanced insights and uncovering underlying meanings and relationships within a studied context.

RESULT

In the National Medium-Term Development Plan 2019-2024, one of the key priorities for national development is to realize a high-quality and competitive Human Resources (HR). It is widely acknowledged that HR serves as a nation's asset in achieving inclusive and equitable national development in Indonesia. One of the indicators related to the creation of high-quality HR is the attainment of targets in the health sector, with a reduction in the prevalence of stunting in Indonesia being a significant indicator. The issue of stunting in Indonesia has garnered special attention from the President, leading to the establishment of the National Strategy for Accelerating the Reduction of Stunting in Indonesia (Teja 2022). This strategy involves various stakeholders, including the government, private sector, academia, the community, philanthropy, and mass media, all under the coordination of the Vice President. This reflects the government's high commitment to comprehensively address the issue of stunting.

The formation of this strategy is crucial because it emphasizes the need for cross-sector collaboration, recognizing that stunting is not merely a health issue. The President has set a target for 2024 to reduce the prevalence of stunting to 14%, a goal higher than the 19% targeted by Bappenas. The World Health Organization (WHO) defines stunting as a condition in children under five years old where their height is disproportionate to their age. According to Rejeki & Pramutama (2022), based on their study, genetic factors contribute only 15% to the causes of stunting, while issues related to nutritional intake, growth hormones, and recurring illnesses are dominant determinants.

The short-term impacts of stunting include a weakened immune system in children, making them susceptible to diseases. In the long term, stunting can lead to reduced cognitive and motor development in children. If left unaddressed, this situation will ultimately affect the future quality of Indonesia's human resources. Therefore, the Indonesian government is obligated to invest in nutrition for its population. According to reports from the Copenhagen Consensus Centre and the Global Nutrition Report 2014, a \$1 investment in nutrition can yield \$30 in health, education, and economic productivity improvements. Investing in nutritional improvements can help break the cycle of poverty and boost the country's GDP by up to 3% per year.

In ensuring a guaranteed reduction in the prevalence of stunting among toddlers, the government has a foundation for food and nutrition programs established in Law No. 17 of 2007 concerning the National Long-



Term Development Plan for the period 2005-2025. Ensuring the availability of food, including its production, processing, distribution, and consumption with sufficient nutritional content, is expected to reduce the prevalence of malnutrition in stunted pockets within Indonesia. To support the reduction of stunting cases, cooperation involving all stakeholders is essential. Coordination and involvement of all relevant ministries are required to ensure easy access to good nutrition for children. The collective involvement of all elements of society is also necessary to improve the nutrition of Indonesian children. Equally important is the provision of intensive neonatal health services to pregnant women and encouraging mothers to provide exclusive breastfeeding. It is essential to understand that stunting cases are multidimensional and occur not only in children from low-income families but also in families above the 40% prosperity level (Kemenkes 2018).

This indicates that providing knowledge to pregnant and postpartum mothers about proper and diverse nutritional intake is a crucial effort. Pregnant and postpartum mothers require sufficient and varied nutritional intake. The limitation of maternal knowledge poses risks to the health and growth of children, both during pregnancy and in their development. Research consistently underscores the critical role of maternal nutrition in child health and development, particularly in preventing stunting (Daba et al. 2013; Elmukhsinur 2022; Young and Ramakrishnan 2020). However, this is often hindered by limited knowledge and resources, as seen in studies from Indonesia, Ethiopia, and Pakistan (Daba et al. 2013; Dykes et al. 2012; Elmukhsinur 2022). These findings underscore the need for targeted interventions to improve maternal nutrition knowledge and practices, particularly in low-resource settings.

Legal Basis for Addressing Stunting

In addressing stunting in Palu City, there are various legal foundations that serve as policy guidelines. The National Long-Term Development Plan 2005–2025, the Medium-Term Development Plan 2015-2019, and the National Action Plan for Food and Nutrition 2011-2015 are the main references in stunting mitigation efforts. Additionally, Law No. 36/2009 on Health provides a strong legal basis, along with Government Regulation (PP) No.33/2012 on Exclusive Breastfeeding and Presidential Regulation (Perpres) No. 42/2013 on the National Movement for Accelerating Nutrition Improvement.

Minister of Health Decree No. 450/Menkes/SK/ IV/2004, Minister of Health Regulation (Permenkes) No.15/2013, and Permenkes No.3/2014 on Community-Based Total Sanitation (STBM) guide the practices of breastfeeding and sanitation. Efforts to improve nutrition are regulated by Permenkes No.23/2014. The policy framework for the National Movement for Accelerating Nutrition Improvement in the First 1,000 Days of Life (Movement 1,000 HPK), 2013, serves as a strategic foundation in addressing stunting. Presidential Regulation No. 72 of 2021 on the acceleration of stunting reduction, Regional Regulation of Central Sulawesi Province No. 17 of 2021 concerning the Reduction of Maternal, Infant, and Stunting Mortality, and the Letter from the National Development Planning Agency No. KEP.10/M PPN/HK/02/2021 regarding the determination of the expansion of District/City Locations for integrated stunting reduction interventions in 2022 provide the latest legal basis to accelerate comprehensive stunting mitigation in Palu City.

DISCUSSION

The handling of stunting in Palu City is guided by several central government policies. The stunting mitigation process involves the collaboration of various local government organizations. In Palu City, the prevalence of stunting in 2021 was 23.9%. Although the prevalence of stunting is showing a decreasing trend, the figure still exceeds the standard set by the WHO, which is below 20%. The target for 2022 is set at 18%, and the 2024 target is further reduced to 12% or below the national prevalence rate of 14%. According to electronic data from the Community-Based Nutrition Recording and Reporting, 1,221 toddlers in Palu City were affected by stunting out of a total of 22,400 toddlers.

The Palu City Government in Central Sulawesi employs a local wisdom approach known as "nosiala pale" or collective collaboration, encapsulated in 11 innovative actions, to address the issue of stunting in children. This concept is implemented to reduce the prevalence of stunting in the younger generation. The Palu City



Government takes these steps as a tangible commitment to resolving the stunting problem, recognizing the serious impact it can have on the development of children and the quality of the Human Resources (HR) for future generations.

Collective collaboration, rooted in the strong local culture of gotong royong, forms the foundation for the accelerated stunting intervention program. This implies the need for cross-sector collaboration, as stunting is a complex issue that cannot be addressed solely from a health perspective. Out of 22,400 toddlers in Palu, 1,221 are classified as stunted, and immediate nutritional recovery steps are taken based on data from the Community-Based Nutrition Recording and Reporting electronic application.

Additionally, the program includes measures such as the consumption of iron supplements by pregnant women, adolescent girls, and women of childbearing age to prevent anemia. Advocacy for stunting literacy and family nutrition education is conducted through empowerment and the utilization of local wisdom, especially focusing on the first 1,000 days of life with an integrated family approach. The child's rights to receive exclusive breastfeeding and complete basic immunization are recognized as an integral part of the efforts to accelerate stunting intervention. Routine monitoring, measurement, and weighing of toddlers at Posyandu are also an inseparable part of these initiatives. Comprehensive efforts are also made to address cases of pregnant women experiencing chronic energy deficiency (CED) through nutritional fulfillment, including the alternating consumption of fish and eggs.

The Palu City government is actively engaged in efforts to prevent and reduce stunting by implementing a local wisdom approach, particularly through the spirit of community collaboration or "gotong royong." One of the primary initiatives is the innovative program known as NOSIALAPALE, encompassing various measures to decrease stunting rates. One of these measures involves a nutrition scheme for those of reproductive age, which requires screening, examinations, and health education before marriage. This reflects the Palu City government's commitment to actively involve the community in supporting stunting intervention and enhancing the health quality of future generations. This approach signifies a comprehensive and collaborative involvement to address the complexities of this health challenge.

Couples of Reproductive Age or prospective brides and grooms receiving health services at the community health center undergo a series of health examinations covering various aspects of their well-being. Firstly, they undergo weight and height measurements to monitor their physical condition. Next, a blood pressure check is conducted to monitor cardiovascular health. In addition, the examination involves a mental health assessment, evaluating issues such as anxiety, depression, or other mental health concerns.

A complete blood test, including blood type and blood sugar, is an integral part of this process. Tests for hepatitis, HIV, and syphilis are also performed to ensure a holistic health status. Prospective brides also receive the TT vaccine as a preventive measure against tetanus during pregnancy. All these examinations help the couples understand their health conditions before entering the pregnancy phase. Furthermore, they are provided with general health and reproductive health counseling. This counseling provides comprehensive information to support their understanding of overall health, especially related to pregnancy planning and necessary care. The entire series of examinations and counseling aims to provide optimal health protection and support for couples entering a new phase of life through marriage.

This program has two main targets, namely Couples of Reproductive Age and Prospective Brides and Grooms. In implementing this program, cross-sectoral collaboration is crucial, involving various agencies, including the Health Department and Community Health Centers responsible for screening prospective brides and grooms. The Department of Women Empowerment, Child Protection, Population Control, and Family Planning in Palu City offers counseling services, while the Religious Affairs Office provides family resilience guidance at the community level and issues a referral letter if the prospective bride or groom possesses a health certificate from the community health center.

The program also targets children aged 6 to 59 months, involving cross-sectoral collaboration with entities such as the Health Department, Education Department, Family Planning Department, cadres, and the Family Welfare Movement. Activities include deworming and vitamin A supplementation in February and August, the creation of regulations regarding the administration of vitamin A and deworming, socialization up



to the neighborhood level with the PKK, and the establishment of a Memorandum of Understanding (MOU) with the education department regarding the distribution of deworming medication and vitamin A at kindergartens/early childhood education centers.

Additionally, the program emphasizes environmental sanitation with access to clean water and proper sanitation facilities to meet health requirements. Activities within the scope of community-based sanitation include prohibiting open defecation, handwashing with soap, managing household drinking water and food, securing household liquid waste, and the obligation for pregnant women, adolescent girls, and women of reproductive age to consume iron supplementation tablets to prevent anemia.

Furthermore, the program also involves the distribution of iron supplementation tablets (IST) with policies such as establishing IST distribution once a week, MOUs with the education department regarding IST distribution in schools, IST socialization through mass and social media, IST distribution to schools in collaboration with the School Health Unit (SHU), regular hemoglobin screening every three months, and a coordinated Monday campaign for simultaneous IST consumption in schools.

The city of Palu, Central Sulawesi, has implemented a comprehensive program to address and reduce stunting, utilizing a cross-sectoral approach involving various government departments. This initiative encompasses a range of activities aimed at different target groups. One key aspect involves the Department of Health and Community Health Centers (CHC), focusing on the initiation of Sanitasi Total Berbasis Masyarakat (STBM) to promote community sanitation. The Public Works Department (PWD) plays a crucial role in providing clean water facilities and ensuring proper sanitation infrastructure. Additionally, the Department of Environment and Sanitation (DES) empowers and facilitates waste management, while the Department of Education collaborates with the health department to campaign for handwashing and coordinates relevant activities.

At the community level, subdistrict and Family Welfare Empowerment monitor the work of community health volunteers (kader) who assist in sanitation efforts. Furthermore, advocacy for stunting literacy involves regulatory measures, socialization campaigns, the establishment of local support teams at health centers and schools, and the organization of literacy competitions. The program extends its reach to adolescents, couples of reproductive age, and pregnant women. For this group, the involvement of the Health Department and Community Health Centers includes the provision of tablets and educational campaigns. The Education Department contributes to awareness campaigns, distribution, and oversight in schools. The Family Planning and Population Control Agency engages in distribution and education through Gender Ambassadors, while community health volunteers provide counseling and support for tablet consumption. The Family Welfare Empowerment conducts socialization and distribution activities for tablets among adolescent girls.

To ensure a balanced nutritional education within families, with a focus on the first one thousand days of life, the program implements regulations on utilizing household yards for local food sources. This involves socialization through Family Welfare Empowerment and Dasawisma, encouraging innovation in local food processing in neighborhoods, and organizing competitions promoting a healthy diet for toddlers. The target audience for this aspect includes adolescent girls, PUS, Women of Reproductive Age (WRA), prospective brides, pregnant women, and parents with toddlers. The program collaborates with various sectors, such as the Health Department in policy development, planning, coordination, and monitoring. Puskesmas encourages neighborhoods to become literacy hubs, providing reading corners. Bappeda coordinates and encourages PD, while the Library Department develops reading collections related to stunting. The Education Department is involved in regulation development and socialization. Lastly, the initiative emphasizes exclusive breastfeeding and complete basic immunizations. Regulatory measures, socialization up to the neighborhood level with the involvement of Family Welfare Empowerment, and monitoring and evaluating the implementation of the 10 steps to successful breastfeeding in hospitals are essential components of this program.

The target audience for this program is pregnant women and parents with toddlers. The program involves cross-sector collaboration, including:

1. The Health Department and Community Health Centers, in collaboration with Family Welfare Empowerment and neighborhood units, provide education on balanced nutrition with a 4-star menu



and "My Plate" content at integrated health posts. They also organize a healthy toddler competition with a 4-star menu.

2. The Agriculture Department promotes a sustainable household food program by utilizing yards as a source of family nutrition and income sustainability.
3. The Family Welfare Empowerment at the neighborhood level invites and educates the community about local food.

Additionally, the program engages other sectors such as education, agriculture, and the environment. It focuses on a balanced nutrition approach using local food and a 4-star menu. In its implementation, the program involves various stakeholders, including families, posyandu cadres, and support from various government agencies.

The main target of this program is pregnant women, toddlers, adolescent girls, and Women of Reproductive Age (WRA). To achieve this goal, the program involves various sectors in cross-sectoral collaboration, including the Health Department and Community Health Centers, the Agriculture Department, Cadres, the Family Welfare Movement (FWM), Sub-districts, Villages, and the Family Assistance Team. The Health Department and Community Health Centers are responsible for providing education and consultations on balanced nutrition, the benefits of pregnant women consuming and the processing of fish, chicken liver, and eggs alternately. In addition, the Agriculture Department plays a role in ensuring the availability of stocks of fish, chicken liver, and eggs in the market, as well as empowering the community to raise chickens and fish as local food sources. Cadres play a role in socializing and educating about the processing of local food sources, while the FWM socializes activities to prevent stunting involving ATIKA, sub-work unit 3, and educates pregnant women and toddlers to consume a Diverse, Nutritious, Balanced, and Safe (DNBS) diet.

Furthermore, the "NAKES NONGGAYA" program is aimed at optimizing public health services. This program involves the NAKES NONGGAYA team consisting of healthcare professionals, cadres, and local officials. This team provides health services with a focus on target visits, prioritizing toddlers, adolescent girls, WRA, and pregnant women. In its implementation, the Health Department and Community Health Centers carry out the socialization of the NAKES NONGGAYA program and provide health services according to the schedule. Sub-districts and Villages socialize this program, conduct target data collection, and coordinate with health centers to determine the schedule and location of services. Cadres assist in collecting data for targets who do not undergo examinations at health centers and record toddlers who do not attend posyandu visits. The Family Assistance Team plays a role in socializing NAKES NONGGAYA in the community and supporting the team in providing services. Through this cross-sector collaboration, the program aims to improve the health and well-being of pregnant women, toddlers, adolescent girls, and WRA in a holistic manner.

In support of the Nosalala Pale program, the Palu City Government has actively undertaken several strategic activities. Firstly, they initiated the Stunting Stimulus Package, where the Acceleration Movement for Stunting Reduction in Palu City allocated funds of RP 500,000 for each child identified as potentially experiencing stunting. Secondly, efforts to accelerate stunting reduction were carried out through the organization of a Stunting Forum (Rembuk Stunting), a participatory forum involving stakeholders with the theme "One Determination to Reduce Stunting in Palu City, Creating Smart and Characterized Zillennial Generation." Thirdly, the Palu City Government held a Consolidation and Reconciliation Work Meeting for the Palu City Stunting Reduction Acceleration Team, involving relevant local government agencies.

Furthermore, activities such as coordination meetings to align perceptions on stunting reduction and a Coordination Meeting to Improve the Effectiveness and Efficiency of Nutrition Problem Countermeasures in Palu City were implemented. The Palu City Government responded to the issue of stunting by establishing Nutrition Monitoring Houses in each neighborhood as a means of early monitoring and intervention. Additionally, they formed the Stunting Reduction Acceleration Team (SRAT) from the city level to the neighborhood level, totaling 55 SRAT, which play a role in stunting prevention and management efforts.

The program also involves the Socialization of Healthy Kitchens to Address Stunting (HKAS), aimed at providing understanding to the community about the importance of balanced nutrition. Finally, to support families in adopting a healthy lifestyle, the Palu City Government formed the Family Assistance Team (FAT)



consisting of Empowerment of Family Welfare (EFW) and Family Planning (FP) cadres, totaling 861 teams. This team, comprising one midwife, one EFW cadre, and one FP cadre for every 46 neighborhoods, aims to provide assistance and education to families regarding stunting prevention.

Challenges in addressing stunting in Palu City

The implementation of accelerated stunting prevention encounters several challenges involving program effectiveness, coordination, resource allocation, and advocacy. Firstly, there is a challenge regarding the suboptimal effectiveness of stunting prevention programs, which have not yet achieved optimal levels. Despite efforts made, evaluation and adjustments are still needed to ensure these programs can have a more significant impact on addressing the issue of stunting.

Secondly, coordination in implementing specific and sensitive nutritional interventions at all levels is still not optimal. This coordination includes aspects of planning, budgeting, implementation, as well as monitoring and program evaluation. Further steps are required to enhance synergy among stakeholders and ensure that each stage of nutritional intervention runs smoothly to achieve the goal of stunting prevention.

Lastly, other challenges involve the ineffectiveness and inefficiency in resource allocation and utilization. More targeted strategies are needed in resource management to yield maximum results. Additionally, there is a need to increase advocacy, campaigns, and dissemination related to stunting and its prevention efforts to raise awareness and active community engagement. By addressing these challenges, it is hoped that the efforts for accelerated stunting prevention can achieve better and sustainable outcomes.

CONCLUSION

The efforts to prevent and address stunting in Palu City are based on the concept of mutual cooperation, involving various stakeholders because stunting is considered a shared challenge that requires collective collaboration. Mutual cooperation, as a strong local cultural value, has been incorporated into the accelerated stunting management program, indicating the need for cross-sectoral collaboration. Stunting in Palu City is viewed as a complex issue, and therefore, its management cannot solely rely on the health sector. Based on data from the Community-Based Nutrition Recording and Reporting Electronic Application, out of a total of 22,400 toddlers with Weight-for-Age (WFA) in Palu, 1,221 toddlers are categorized as stunted, prompting immediate nutritional recovery measures.

The Nosiala Pale program, consisting of 11 steps, is an integral part of the stunting prevention and management initiative in Palu City. This program is designed to support the policy of the Palu City Government aimed at reducing the prevalence of stunting. By integrating various sectors and involving different programs, Nosiala Pale demonstrates a strong commitment to addressing the issue of stunting, creating positive impacts, and responding to the holistic health needs of the community.

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