Mapping of Community Empowerment in Prevention Stunting in Kabupaten Wonogiri Through "Sego Sak Ceting"

Lilyk Eka Suranny¹, Fitriana Christi Maharani²

¹Bappeda dan Litbang Kabupaten Wonogiri, Indonesia
²Universitas Bina Nusantara, Indonesia

Email: lilykekasuranny@gmail.com, fitrianchristi@gmail.com

Abstract. The prevalence of stunting in Kabupaten Wonogiri is still quite high. The factors that cause stunting include the lack of food availability in the household and the mother's knowledge of good nutrition during pregnancy and child birth. One of the stunting prevention programs in Kabupaten Wonogiri is through community empowerment known as "Sego Sak Ceting" (Sesarenagan Wargo Beraksi Cegah Stunting). This activity was initiated by Puskesmas Giriwoyo I, Kabupaten Wonogiri. Sego Sak Ceting program is focused on improving household food availability as well as increasing maternal knowledge about good nutrition during pregnancy and childbirth. The objectives of this study were (1) to determine the stages of community empowerment activities through Sego Sak Ceting and (2) to analyze the effectiveness of the program in the context of reducing stunting in Kabupaten Wonogiri. The data collection was conducted by doing observation, interviews, and literature study, and the data analysis was the qualitative descriptive analysis. The results showed that the stages of community empowerment activities through Sego Sak Ceting, namely socialization of the program to the target community; implementation of activities as well as monitoring and evaluation of the implementation of activities. Community empowerment through Sego Sak Ceting has succeeded in: (1) reducing the percentage of pregnant women with Chronic Energy Deficiency (CED) from 9.5% to 5.42%; (2) reducing the percentage of Low Birth Weight (LBW) from 5.2% to 3%; (3) increasing the percentage of participation of pregnant women in the class of pregnant women from 82.48% to 85.10%; (4) increasing the percentage of attendance of mothers with toddlersto Posyandu/Integrated Healthcare Center from 82.48% to 85.10%. Sego Sak Ceting can improve the awareness and knowledge of society that handling and preventing the stunting is responsible for local government, corporation, and society.

Keywords: empowerment, stunting, Sego Sak Ceting

1. Introduction

Stunting is one of the most crucial nutritional problems, especially in developing countries such as Indonesia. Stunting is defined as a form of growth and development failure that causes linear growth disorders in toddlers due to the accumulation of nutritional deficiencies that lasts for a long time, at least in the first 1000 days of life [1]. Malnutrition during early childhood growth and development can hinder physical and mental development, and can even cause death. Stunted children are at risk of intellectual decline, decreased productivity, and may be at risk of experiencing degenerative diseases in the future. Referring to the World Health Organization, stunting can cause suboptimal cognitive, motor, and verbal development as well as an increased risk of obesity and other degenerative diseases. This can lead to an increase in the incidence of morbidity and mortality [2]. It
was further explained that toddlers who have a suboptimal level of intelligence caused by stunting will hamper economic growth, increase poverty, and increase inequality in a country [3]. Stunting is also an issue that is currently a concern in Indonesia because it can directly affect the quality of Indonesia's human resources. The burden of stunted children in Indonesia in 2018 ranked second in Southeast Asia with a stunting prevalence rate that is almost the same as in Cambodia. In fact, the prevalence of stunting in Indonesia is higher than in neighboring countries, such as the Philippines and Vietnam, which have almost the same per capita income as Indonesia [4].

![Figure 1](image1.png)

**Figure 1.** Stunting Prevalence: Indonesia vs Southeast Asian countries

Kabupaten Wonogiri has a stunting prevalence above the average of Central Java Province. In 2018, the stunting prevalence in Kabupaten Wonogiri was 28.31% while the average stunting prevalence in Central Java was 24.43%. Based on Figure 2, the highest stunting prevalence was Kabupaten Magelang at 39.23% and the lowest stunting prevalence was Surakarta at 6.56%. Based on Keputusan Menteri Perencanaan Pembangunan Nasional/Kepala Badan Perencanaan Pembangunan Nasional Nomor Kep.10/M.PPN/HK/02/2021 regarding the determination of the expansion of districts/cities that will become the focus of integrated stunting reduction interventions in 2021, Kabupaten Wonogiri is one of the locations included in the list of intervention focus locations, and has become a concern at the national level.

![Figure 2](image2.png)

**Figure 2.** Stunting prevalence in districts/cities in Central Java 2018  
Source: Pergub Jawa Tengah Nomor 61 tahun 2019

Stunting in toddlers is caused by many factors, which could be due to lack of nutritional intake, infectious diseases, maternal factors, genetic factors, exclusive breastfeeding, food availability, socio-economic factors, education level, knowledge of maternal nutrition, and environmental factors [4]. The same thing was also conveyed by another researcher [5], that maternal health factors during
pregnancy, parenting, health condition, frequency of infectious diseases, socioeconomic status, and environmental conditions can cause stunting. Research in Nepal shows that babies with Low Birth Weight (LBW) have a high risk of stunting [6]. Nutrition is one of the factors that can cause stunting. Nutritional deficiencies during pregnancy can cause babies born with LBW which gives them the risk to be stunted. If this problem is not addressed immediately, it will affect productivity and quality of life. Most cases of stunting that occur in the community are caused by low nutritional intake in toddlers due to a lack of attention and knowledge of mothers. In an effort to prevent stunting and raise toddlers who have healthy and high-quality life an active role inside the community is needed in order to monitor nutritional status and provide nutritious food to toddlers, as well as fulfilling nutrition for pregnant women.

In several previous studies, they empowered the community to prevent stunting by providing assistance and socialization to pregnant women as their target group community. They provide knowledge related to adequate nutrition during pregnancy for pregnant women and give training for public health cadres. The understanding of cadres in determining the growth status of toddlers in Kelurahan Bagan Deli, Kecamatan Medan Belawan was initially not optimal. After some training, the understanding of health cadres in monitoring and assessing the growth of toddlers finally increased [7]. The same thing was conveyed by other researcher [8] that empowering community health cadres is the key to strengthening the health service system in rural areas. Community-based postnatal growth recording conducted by health cadres is very important, especially to distinguish between rural and urban communities in terms of factors that affect health development (e.g., maternal nutrition and infection or environmental factors such as sanitation). The condition of the COVID-19 pandemic will have an impact on the sustainability of the recurring stunting prevention program. Besides discussing the form of the prevention program, this study will also provide recommendations for the sustainability of the stunting prevention program during the COVID-19 pandemic. Hopefully, this study will also provide new insight that can be useful especially for stunting prevention in Kabupaten Wonogiri, so the innovation program can continue to run even with limited conditions in this pandemic era.

Tackling and preventing stunting is not only the government’s responsibility but in this case, it can be done through collaboration between local governments and the community. The community empowerment approach is carried out as a breakthrough that directly impacts the target. A research defined the community empowerment approach as one form of development that allowed people to become independent in meeting their needs [9]. Humans as an individual and groups have the right to participate in social decisions concerning their communities. One of the pilot projects for community empowerment in dealing with stunting in Kabupaten Wonogiri is known as “Sego Sak Ceting” (Sesareangan Wargo Beraksi Cegah Stunting). This activity was initiated by Puskesmas (Pusat Kesehatan Masyarakat) Giriwoyo I, Kabupaten Wonogiri. Puskesmas itself is a community’s health service unit that is located in every kecamatan. The objectives of this study were: (1) to determine the stages of community empowerment activities through Sego SakCeting and (2) to analyze the effectiveness of the program in the context of preventing stunting in Kabupaten Wonogiri.

2. Data and Methods

This research was conducted in Kabupaten Wonogiri, precisely in Kecamatan Giriwoyo (Figure 3). The reason for choosing the location was because UPTD Puskesmas Giriwoyo I is the initiator as well as the chosen pilot project of the “Sego Sak Ceting” program. In this study, the data was collected by doing observation, interviews, and literature study. While for the data analysis, the study used qualitative descriptive analysis to describe the stages carried out in the context of community empowerment through Sego Sak Ceting and to analyze the effectiveness of the program implementation.
The indicators used to determine the effectiveness of the program are the improvement of food availability (with indicators of the percentage of pregnant women with chronic energy deficiency and the percentage of LBW) and the percentage of maternal nutrition knowledge (the percentage of pregnant women participation in pregnant women’s class and the percentage of toddlers’ mother participation to Posyandu). For additional information, Posyandu (Pos Pelayanan Terpadu) is a term for integrated healthcare center in Indonesia.

3. Results and Discussion

3.1 Community empowerment through Sego Sak Ceting

Sego Sak Ceting is an innovation in the health sector carried out in the context of preventing stunting in Kabupaten Wonogiri. This program began in 2019 with the locus activity of the Puskesmas Giriwoyo I work area. The goal to be achieved through the Sego Sak Ceting program is to eliminate all forms of malnutrition, including stunted toddlers, and to fulfill the nutritional needs of adolescent girls, pregnant, and lactating mothers. The program was initiated by Puskesmas Giriwoyo I, Kecamatan Giriwoyo, Kabupaten Wonogiri which became a strategic step of community empowerment as the target of the activity. The program focused on improving household food availability and increasing maternal knowledge about good nutrition during pregnancy and childbirth. The activities are the cultivation of catfish, fruit, and vegetables in the form of community empowerment to ensure sufficient and consistent food availability. Those activities were chosen as the main activity because it is sustainable and easy to implement by the community.

In order to realize Sego Sak Ceting program, there are few main steps that become the procedure for implementing the activity program, which are as follows:

3.1.1 Screening Stage

The screening stage is divided into two activities: (a) raising commitment and cooperation; (b) socialization activities.

a. Raising commitment and cooperation

The initial step taken in this activity is to build commitment and collaboration between various elements. The commitment raising was carried out by covering stakeholders across programs, sectors, businesses, and the community by health service unit Giriwoyo I. The presence and collaboration between local government, businesses, and the community will greatly affect the success of this innovation program. The Sego Sak Ceting program cannot be separated from the active involvement of several stakeholders who actively engaged in designing, implementing, evaluating, and ensuring
the sustainability of the program. In order to mobilize and optimize existing resources, collaboration is carried out among various cross-sectoral stakeholders. The next step is to set various regulations such as planning, budgeting, managing staff, and infrastructure to ensure the sustainability of resource support for the implementation of community empowerment activities through Sego Sak Ceting. The role of each stakeholder obtained from cross-sectoral meetings can be described as follows (Table 1):

**Table 1. The role of stakeholders in Sego Sak Ceting program**

| No. | Stakeholders                        | Role                                                                 |
|-----|-------------------------------------|----------------------------------------------------------------------|
| 1.  | Regent of Wonogiri                  | Provide commitment support and direction                            |
| 2.  | Public Health Office                | Provide guidance, direction, and evaluation                         |
| 3.  | Sub-District Head                   | Provide guidance, direction, and evaluation                         |
| 4.  | Head of Sector Police               | Provide physical and technical assistance                          |
| 5.  | Military District Command           | Provide physical and technical assistance                          |
| 6.  | Public Health Center                | Coordinate activities                                               |
| 7.  | Health of District Welfare          | Carry out program monitoring and evaluation                         |
| 8.  | Fishery Department                 | Provide technical guidance and assistance for catfish seeds and/or feed |
| 9.  | Department of Agriculture           | Provide technical guidance and assistance with fruit/vegetable seeds |
| 10. | Family Welfare Empowerment          | Encourage pregnant women to check their pregnancies to health service facilities, attend classes for pregnant women and Posyandu, monitor program continuity |
| 11. | Family Planning Service            | Encourage other Posyandu for program replication                    |
| 12. | Health Service Unit of Giriwoyo     | Provide financial assistance                                        |
|     | District                            |                                                                      |
| 13. | BPR BKK                             | Provide financial assistance                                        |
| 14. | Headman                             | Support the allocation of funds and encourage community participation |

Source: primary data, processed.

b. **Socialization of Sego Sak Ceting program**

The socialization to the target was carried out by Giriwoyo District, Field Instructor of Family Planning Program, and Health Service Unit Giriwoyo 1. Socialization was carried out by providing information related to the causes of stunting, prevention ways, and treatments. This study also conveys Sego Sak Ceting program in the form of assistance for catfish cultivation and the optimization of the home yard for planting fruits and vegetables. The objective of catfish cultivation is to help meet protein needs for pregnant women and toddlers in an easy way. In addition, assistance and the introduction of adequate nutritional content for pregnant women and toddlers in the first 1000 days are also included in this program. Educational socialization of Posyandu and pregnancy class or mothers with toddlers are also carried out by Puskesmas Giriwoyo 1, PLKB, and PKK. The socialization of pregnant women aims to increase the activity of pregnant women who attends Posyandu, pregnancy class, and parenting classes. These programs hopefully can increase mothers' understanding of nutrition, also the influence of nutrients on nutritional status and health.
Misknowledge about nutrition can lead to the lack of effort in maintaining a balance between needs and consumption, thus causing nutritional problems in toddlers.

3.1.2 Activity Implementation Stage

In Sego Sak Ceting program, resource support is very important for the implementation and sustainability of the program. Resources that support the implementation of this program are divided into 5 groups: human resources, methods, funds, infrastructure, and natural resources. The resources needed are very simple and easy to obtain, as illustrated in Table 2.

Table 2. Sego Sak Ceting program resources

| No. | Resources             | Condition                                                                                     |
|-----|-----------------------|-----------------------------------------------------------------------------------------------|
| 1.  | Human resources       | ● Support and direction by Bupati Wonogiri                                                      |
|     |                       | ● Availability of doctors in every district                                                    |
|     |                       | ● Availability of nutrition officers in each district                                           |
|     |                       | ● Availability of midwives in every village or village                                         |
|     |                       | ● Availability of Posyandu cadres in every neighborhood unit                                   |
|     |                       | ● The existence of Dinas Perikanan in each district                                             |
|     |                       | ● The existence of Dinas Pertanian in each district                                             |
|     |                       | ● The existence of entrepreneurs in each district                                              |
| 2.  | Methods               | ● Culture of ‘gotong royong’                                                                   |
|     |                       | ● Culture of empathy                                                                          |
|     |                       | ● Loka Karya Mini Lintas Sektoral in Health Service Unit                                        |
|     |                       | ● Village Development Plan Deliberation in village level                                        |
| 3.  | Funds                 | ● Village fund                                                                                 |
|     |                       | ● Funds from business, cross-sectoral, and community.                                           |
| 4.  | Infrastructure        | Catfish seeds, catfish feed, plant seeds, organic fertilizers, cement, sand, concrete, PVC pipes, polybags, ram, and wood. |
| 5.  | Natural Resources     | ● Spacious and fertile land                                                                    |
|     |                       | ● The local potential of fruit and vegetable crops                                              |
|     |                       | ● Catfish maintenance is relatively easy and inexpensive but has a lot of nutrients             |

Source: primary data, processed.

The stages of implementing the activity are done by providing assistance by making catfish ponds, providing fruit and vegetable seeds for target communities. Some of the activities carried out in these activities are:

a. Preparation of tools and materials by business, banking sector, and UPK kecamatan;
b. Catfish ponds construction by TNI (Tentara Nasional Indonesia), POLRI (Polisi Republik Indonesia), and the community;
c. Provision of catfish seeds by Balai Benih Ikan (BBI);
d. Provision of fruit and vegetable seeds by Dinas Pertanian;
e. Socialization of catfish cultivation and home yard optimization by BBI, Dinas Pertanian, and PKK.

Catfish cultivation assistance for targeted communities was started from 4 ponds in 2019 and currently, there are 74 points spread across targeted locations, in each Posyandu and pregnant women house. This activity began with aid funds coordinated by Puskesmas Giriwoyo I and now starting to be implemented by several villages in Kecamatan Giriwoyo using the allocation of village funds for catfish cultivation. This is a form of a collaborative effort between various parties in order to prevent stunting through community empowerment. In this case, the community is not only an object but also
acts as a subject who takes a role in the success of Sego Sak Ceting program. The replication of the program began to be carried out outside Kecamatan Giriwoyo, including Kecamatan Giritontro and Kecamatan Batuwarno. It is marked by a Memorandum of Understanding (MoU) for the replication of the innovation program.

3.1.3 Monitoring and evaluation stage

The third stage in the Sego Sak Ceting program is monitoring and evaluating the implementation of activities. There are 5 indicator advantages of the Sego Sak Centing activity program compared to supplementary feeding activities (Table 3). The monitoring and evaluation stage is carried out periodically every semester by public health office and district government (Figure 2 and Table 4). To date, four evaluations have been carried out internally by health service unit of giriwoyo district and externally by governance district, which aim to ensure that the innovation program is still running, beneficial, and has a direct impact on pregnant women, infants, and toddlers. The innovation program has advantages over another stunting prevention program which provides additional food for infants, toddlers, and pregnant women. In the long term, community empowerment through Sego Sak Ceting is able to bring community to become empowered and independent by using very less effort, affordable, and minimum area of land.

Based on the results of Monitoring and Evaluation in semester 2 of 2020 by Dinas Kesehatan Kabupaten Wonogiri and Pemerintah Kecamatan Giriwoyo, the planned target has been realized there are several factors that drive the success of Sego Sak Ceting innovation program including planning, teamwork, projects, systems, and internal environmental factors, as follows (Table 5).

![Figure 4. Wonogiri Administration Map](image-url)
Table 3. Advantages of the Sego Sak Ceting Activity Program compared to Supplementary Feeding Activities

| Indicator                          | Additional Feeding | Sego Sak Ceting Innovation |
|------------------------------------|--------------------|----------------------------|
| Objective                          | Toddler, Pregnant Woman | Toddler, Pregnant Woman     |
| Usage time                         | Incidental on budget | Any time                   |
| Empowerment                        | Passive suggestion  | Targets are actively involved in sustainability efforts |
| Financing                          | Government (Regional Revenues and Expenditures Budget, State Budget) | ‘Gotong royong’             |
| Continuity                         | Depending on budget | Affordable and easy to implement by target |
| Sustainability during a pandemic   | Constrained by health protocols, it is not recommended to give supplementary feeding and consumption at out Integrated Healthcare Center | Can still run during the pandemic |

Table 4. Results of evaluation monitoring and follow-up plans

| Indicator                                           | Target | Realization | Follow up Plan                                          |
|-----------------------------------------------------|--------|-------------|--------------------------------------------------------|
| Pregnant women with chronic energy deficiency       | 0%     | 5.4%        | Socialization about the ideal age of pregnancy and pregnancy interval |
| LBW infants                                         | 3.85%  | 3%          | Socialization about the ideal age of pregnancy         |
| The participation rate of pregnant women in the pregnancy class | 100%   | 100%        | Maintained                                              |
| The number of mothers with toddlers who attended Posyandu | 86%    | 85.10%      | Involving cross-sectors and cross-programs in pursuing mothers with toddlers to visit Posyandu |

3.2 The effectiveness of Sego Sak Ceting program

The Sego Sak Ceting program has been designed to ensure its sustainability as a stunting prevention program in Kabupaten Wonogiri. To maintain the sustainability of this program, several breakthroughs or strategies have been made. The strategies are divided into three: institutional strategies, social strategies, and managerial strategies as follows:

1. Institutional Strategy, carried out by establishing regulations, the stipulation of head sub-district decree No. 14 of the year 2019 concerning at health service unit by stunting prevention team. This strategy is used as a guideline and reference in the implementation of program activities.
2. Social Strategy, carried out by developing various collaborations (Table 6).
3. Managerial Strategy, implemented by improving the quality of management (Table 7)

The effectiveness of the Sego Sak Ceting program is measured through several indicators. Indicators used to determine the effectiveness of the program are the improvement of food availability and the percentage of maternal nutrition knowledge. By December 2020, this innovation program has been running for 20 months and resulting in the following achievements (Table 8).
Table 5. Factors driving Sego Sak Ceting success

| No. | Factor            | Goal                                                                 | Efforts made                                                                 |
|-----|-------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1.  | Planning          | Compilation and implementation of program plans to achieve successful innovation | Setting program plans and implementing them with relevant cross-sector in a timely manner and on target |
| 2.  | Teamwork          | Solid and active                                                     | Routine coordination                                                         |
| 3.  | Project           | 1. Availability of catfish ponds and fruit/vegetable plants           | 1. Coordinating related parties for infrastructure assistance and try to allocate village funds for the program |
|     |                   | 2. Increased mothers knowledge                                       | 2. Increasing participation of toddlers' mothers and providing counseling at Posyandu |
|     |                   |                                                                      | 3. Organizing a pregnancy class                                               |
| 4.  | System            | Established regulations and institutions                              | Establishing innovation regulations, along with the support of the Puskesmas team for the implementation |
| 5.  | Internal Environment | Health service unit Objective                                      | 1. Cross-program cooperation                                                  |
|     |                   |                                                                      | 2. Providing education to families as the supporter of the program            |

Table 6. Social Strategy in the Sego Sak Ceting Program

| No. | Activity                                                                 | Execution time     |
|-----|--------------------------------------------------------------------------|--------------------|
| 1.  | Cross-Sector Meeting in district level                                   | Three months       |
| 2.  | Advocacy across programs, across sectors at village level in the health sector | Once (PraMusrenbangdes) |
| 3.  | Posyandu guidance                                                        | Per month          |
| 4.  | Pregnancy class                                                          | Per month          |
| 5.  | Parenting class                                                          | Per month          |
| 6.  | Posyandu cadre counseling                                                | Per month          |
| 7.  | Home visit for pregnant women with chronic energy deficiency conditions  | Incidental         |
| 8.  | Home visits for babies with LBW                                          | Incidental         |

Before the pandemic, Sego Sak Ceting's innovation activities went well and received support from various parties. But during the pandemic, the innovation program experienced several obstacles due to the refocusing of village funds for COVID-19, the reluctance of toddlers' mothers to visit Posyandu, and several targets who were unable to buy catfish seeds and feed because they were
affected by the pandemic. In order to maintain the sustainability of this program, it is necessary to adopt new habits and implement health protocols. Steps for the sustainability of the program during the COVID-19 pandemic (Table 9). Sego Sak Ceting is very easy to be replicated in other areas because it utilizes the potential of local resources. Catfish cultivation initially comes from public awareness in meeting the protein needs at pregnant women’s houses, with low costs, easy maintenance, and does not require such spacious area so it can be developed anywhere.

Table 7. Managerial Strategy in the Sego Sak Ceting Program

| No  | Activity                                      | Execution time |
|-----|-----------------------------------------------|----------------|
| 1.  | Technical guidance for Integrated Healthcare Center cadres | Once a year |
| 2.  | Training for nutrition workers on supplementary feeding | Once a year |
| 3.  | Training for midwives on complementary feeding  | Once a year |
| 4.  | Internal and external monitoring and evaluation | Twice a year |

Table 8. Indicators of the effectiveness of the Sego Sak Ceting innovation program in Kecamatan Giriwoyo, Kabupaten Wonogiri

| Indicator                                      | Before Innovation | After Innovation |
|------------------------------------------------|-------------------|------------------|
| Pregnant women with chronic energy deficiency conditions | 9.5%              | 5.4%             |
| LBW                                            | 5.3%              | 3%               |
| Participation rate in pregnancy class          | 80%               | 100%             |
| Presence rate of mothers with toddlers who attended Posyandu | 82.48%            | 85.10%           |

Table 9. Steps for the sustainability of Sego Sak Ceting innovation program during the Covid-19 pandemic

| No. | Before Pandemic                                      | Problems during Pandemic                                                                 | Recommendation of Interventions for Program Sustainability |
|-----|------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1   | Replication by advocating at cross-sectoral meetings and Musrenbangdes (village-level meeting) | There are several villages that have not replicated the program because they are constrained by the refocusing of funds for COVID-19 | Advocating the villages that have budgeted and overseeing the budgeting in the following year |
| 2   | Education for mothers with toddlers is carried out directly at Posyandu | The reluctance of mothers with toddlers to come to out Integrated Healthcare Center, so socialization is not conveyed | Carrying out Integrated Healthcare Center service with health protocols |
| 3   | Sustainable purchase of seeds and feed by objective  | There are objectives that cannot afford to buy seeds and feed for the sustainability of the program | 1. Coordination across related sectors or businesses to provide seed and feed stimulants 2. Changing the management of the next catfish pond, which was originally managed by individuals to be managed by Posyandu |
4. Conclusion

Based on this study, several conclusions can be drawn. Stages of community empowerment activities through Sego Sak Ceting are socialization of the program to the targeted community, implementation of activities, monitoring, and evaluation of the implementation of activities. Community empowerment through Sego Sak Ceting succeeded in: (1) reducing the percentage of pregnant women from 9.5% to 5.42%; (2) reducing the percentage of Low Birth Weight (LBW) from 5.2% to 3%; (3) increasing the participation of pregnant women in pregnancy class from 82.48% to 85.10%; (4) increasing the percentage of mothers with toddlers who attended Posyandu from 82.48% to 85.10%. Sego Sak Ceting also increased public awareness and knowledge that the stunting issue is a shared responsibility between local governments, businesses, and the community.

Some suggestions for the Sego Sak Centing community and the government are to make replication of community empowerment through Sego Sak Ceting in other kecambatan in Kabupaten Wonogiri. Furthermore, budget collaboration needs to be done to help prevent and control stunting. It can come from the allocation of village funds, local governments, or the central government. Recommendations for action plans on the results of monitoring and evaluation can be used as a reference in improving program implementation, which will then be carried out with local governments, communities, private parties, and collaboration with academics for the sustainability and success of Sego Sak Ceting program.

5. Acknowledgments

We would like to thank the health workers of Puskesmas Giriwoyo I, Kabupaten Wonogiri, and all those who have contributed to the completion of this study.

6. References

[1] Kusumawardani L H, Rasdiyanah R, Jauhar M, Gusti I and Rohana A P D Community-Based Stunting Intervention Strategies: Literature Review Dunia Keperawatan J. Keperawatan dan Kesehat. 8 259–68
[2] Kementerian Kesehatan Republik Indonesia 2018 Situasi balita pendek (stunting) di Indonesia
[3] Sekretariat Wakil Presiden Republik Indonesia 2017 100 Kabupaten/kota prioritas untuk intervensi anak kerdil (stunting)
[4] Badan Perencanaan Pembangunan Nasional 2018 Pembangunan Gizi di Indonesia
[5] Ali Z, Saaka M, Adams A-G, Kamwinaaang S K and Abizari A R 2017 The effect of maternal and child factors on stunting, wasting and overweight among preschool children in Northern Ghana BMC Nutr. 3 1–13
[6] Paudel R, Pradhan B, Wagle R R, Pahari D P and Onta S R 2012 Risk factors for stunting among children: a community based case control study in Nepal Kathmandu Univ. Med. J. 10 18–24
[7] Siregar F A, Surdayati E and others 2020 Community Empowerment in The Prevention of Stunting for Children Under Five: by Optimizing the Role of Cadres, Health Education and Family Assistance Abdimas Talent. J. Pengabdi. Kpd. Masy. 5 503–8
[8] Sofiatin Y, Pusparani A, Judistiani T D, Rahmania A, Diana A and Alisjahbana A 2019 Maternal and environmental risk for faltered growth in the first 5 years for Tanjungsari children in West Java, Indonesia Asia Pac. J. Clin. Nutr. 28
[9] Asfi N and Wijaya H B 2015 Efektivitas Pemberdayaan Masyarakat Dalam Pengentasan Kemiskinan Pada Program Gerdu Kempling Di Kelurahan Kemijen Kota Semarang Tek. PWK (Perencanaan Wil. Kota) 4 253–68