



Implementation Performance of Specific and Sensitive Nutrition Interventions for Stunting Control in Kupang Regency, Indonesia: A Cross-Sectional Study

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ABSTRACT

Background: Stunting remains a significant public health concern in East Nusa Tenggara Province, particularly in Kupang Regency. Despite nationally mandated specific and sensitive nutrition interventions, evidence on local implementation performance is limited. This study assessed the implementation status of stunting control programs in Kupang Regency. **Methods:** A cross-sectional study was conducted among 88 mothers of children who received stunting interventions. Data were collected using structured questionnaires and interviews covering 15 specific and 12 sensitive nutrition indicators. Implementation performance was measured using mean percentage scores. Data were analyzed descriptively (frequency, percentage, and mean). **Results:** Specific nutrition interventions achieved a mean implementation score of 68.40% across 15 indicators, indicating incomplete coverage of targeted services. Sensitive nutrition interventions showed a comparable mean score of 68.65% across 12 indicators, reflecting suboptimal multisectoral integration at the household level. **Conclusion:** The implementation of stunting control programs in Kupang Regency remains suboptimal across both intervention domains. Strengthening coordination, service delivery, and community-based nutrition education is essential to improve program performance and accelerate stunting reduction.



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INTRODUCTION

Stunting remains a critical constraint to human capital development and a major obstacle to achieving Sustainable Development Goal (SDG) 2, which targets the elimination of all forms of malnutrition by 2030 (Weiland et al., 2021). Beyond impaired linear growth, stunting produces long-term cognitive deficits and reduced economic productivity, reinforcing intergenerational cycles of poverty (García Cruz et al., 2017). Although Indonesia has reduced national stunting prevalence from 30.8% in 2018 to 21.50% in 2023 (National Health Survey 2023), regional disparities persist, indicating uneven policy implementation and variable local system capacity (Kustanto et al., 2024).

East Nusa Tenggara (NTT) Province remains among the highest-burden regions, with a prevalence of 37.8% in 2021 (Central Statistics Agency, 2024). Empirical evidence highlights the multifactorial determinants of stunting in NTT, including inadequate nutrition, infectious diseases, poor sanitation, limited clean water access, and socioeconomic vulnerability (Salesman

et al., 2021; Widiyanto et al., 2019; Zogara & Pantaleon, 2020). Structural factors such as maternal education, household economic status, and limited health service access further compound the risk (Rustam et al., 2023). These findings suggest that effective stunting reduction requires not only sound policy design but also strong local implementation capacity.

Kupang Regency presents a distinct local governance context within NTT. Although recent data reported a stunting rate of 12.23% based on 3,872 child measurements in 2023 (BPS NTT, 2024), persistent household-level determinants—including recurrent infections, inadequate dietary intake, sanitation deficits, and socioeconomic constraints—continue to pose challenges (Landi et al., 2023; Salesman, 2020). From a public policy perspective, variations in frontline service delivery, intersectoral coordination, and community engagement may influence program performance at the local level (Kumanireng & Triputro, 2021).

The Government of Indonesia has adopted integrated stunting reduction strategies combining specific nutrition interventions (e.g., supplementation and maternal–child health services) and sensitive interventions (e.g., sanitation, education, and social protection) through multisectoral coordination mechanisms (Bappenas, 2024; Lailiyah, 2023). However, policy implementation theory emphasizes that the success of such complex interventions depends on local administrative capacity, resource allocation, and household-level uptake. Despite national commitment, no prior study has systematically evaluated the implementation performance of both specific and sensitive nutrition interventions at the family level in Kupang Regency.

Therefore, this study aimed to assess the implementation performance of specific and sensitive nutrition intervention programs for stunting control at the household level in Kupang Regency, East Nusa Tenggara, to provide evidence for strengthening local policy execution and program accountability.

METHODS

This study used a descriptive cross-sectional observational design to assess the implementation performance of stunting intervention programs at a single point in time. Data were obtained from both secondary sources (Kupang Regency Health Center and Health Office records) and primary data collected between September and October 2024. The study population consisted of families with children under five who received specific and sensitive nutrition interventions in the Takari Health Center area, Kupang Regency. Using purposive sampling, a total of 88 respondents were included in the study.

Primary data were obtained through structured questionnaires and guided interviews with mothers of under-five children, supported by confirmation from community leaders where necessary. The research instrument was adapted from Febria et al. (2023) and consisted of 15 indicators for specific nutrition interventions (including service coverage, service quality, and utilization) and 12 indicators for sensitive nutrition interventions (including access to services, resource utilization, education, and behavioral practices).

Each indicator was scored using a binary system (1 = implemented/achieved; 0 = not implemented/not achieved). Domain scores were calculated by summing the achieved indicator scores and dividing them by the total possible score, then converting the result into percentages. Implementation performance was categorized using the following interpretation scale: >75% = good, 60–75% = moderate, and <60% = poor. Data were analyzed descriptively using frequencies, percentages, and mean domain scores.

Variables and Data Analysis

This study assessed the implementation performance of stunting intervention programs across three domains: specific nutrition interventions, sensitive nutrition interventions, and stunting management at the family level. Each indicator within the domains was scored and aggregated into a percentage value ranging from 0 to 100 by dividing the total achieved score by the maximum possible score and multiplying by 100.

Domain-level scores were categorized using a predefined interpretation scale (>75% = good, 60–75% = moderate, <60% = poor). Data were tabulated and analyzed using descriptive statistical methods, including frequencies, percentages, and mean scores. The final results are presented as cumulative domain percentages to reflect the level of program implementation in the study area.

Results of the Validity and Reliability Test of the Questionnaire

Validity and Reliability Tests are carried out using the Pearson correlation. Fifteen (15) questions related to specific nutrition interventions and twelve (12) questions related to sensitive nutrition interventions. The results of the validity test showed that each item in this question was valid and met the reliability, namely the questionnaire for specific nutrition interventions (0.844) and sensitive nutrition interventions (0.672) using the standard value (Cronbach alpha >0.6) (Dekking et al., 2005; Istyastono, 2020).

Ethical Clearance

This research has obtained ethical approval from the Ethics Committee of the Kupang Ministry of Health Polytechnic, with number LB.02.03/1/0248/2024, as well as a research permit from the Kupang Regency Health Office, with number 074/634/DPM-PTSP/IX/2024. This shows that research is conducted in compliance with ethical princip

RESULTS

This section provides a detailed analysis of the findings concerning the implementation of stunting intervention programs in Kupang Regency. The discussion centers on the performance of specific and sensitive nutrition interventions, as well as factors influencing stunting management at the household level. As presented in Table 1, all respondents were female, consistent with the study criteria targeting mothers participating in stunting intervention programs. The mean age of respondents was 33.02 ± 7.93 years. The majority (63.60%) were housewives, and most families had more than two children.

Table 1. Demographic Charactersitics

Socio-Demographic Characteristics	Category	n	%
Gender	Male	0	0.0
	Female	88	100.0
Age Group (years)	≤ 30	33	37.50
	31–40	45	51.10
	> 40	10	11.40
	Mean ± SD	33.02 ± 7.93	
Education Level	Elementary School	2	2.30
	Junior High School	2	2.30
	Senior High School	58	65.90
	Bachelor Degree	26	29.50
Occupation	Civil Servant	3	3.40
	Teacher	12	13.60
	Housewife	56	63.60
	Farmer	17	19.30

Table 2 presents the domain-level assessment of specific nutrition interventions based on responses from 88 participating mothers. The evaluation incorporated fifteen predefined indicators representing coverage, service delivery, and utilization components. The composite implementation score reached 68.40%, placing the program within the moderate performance category. This finding suggests that while several intervention components are functioning, substantial gaps remain in achieving comprehensive and fully integrated service delivery at the household level.

Table 2. Implementation of Specific Nutrition Interventions

Specific Nutrition Interventions	n	%
Food availability to prevent chronic protein deficiency	56	63.60
Iron supplementation (blood booster tablets)	80	90.90
Adequate iodine intake	73	73.86
Anthelmintic prophylaxis	36	40.91
Malaria education, screening, prevention, and treatment	47	53.41
Early initiation of breastfeeding and colostrum	68	77.27
Exclusive breastfeeding (0–6 months)	67	76.14
Continued breastfeeding up to 23 months	59	67.05
Complementary feeding (7–23 months)	68	77.27
Education on sanitation and hygiene	25	28.41
Zinc supplementation	56	63.64
Consumption of iron-rich foods	68	77.27
Malaria prevention practices	76	86.36
Complete and periodic immunization	81	92.05
Prevention and treatment of diarrhea	51	57.95
(Mean ± SD)		68.40%

Table 3 presents the domain-level assessment of sensitive nutrition interventions based on responses from 88 participating mothers. The evaluation incorporated twelve predefined indicators reflecting access, resource utilization, education, and household-level practices. The aggregated domain score reached 68.65%, indicating a moderate level of implementation performance. This result suggests that although several components have been implemented, gaps remain in achieving comprehensive multisectoral support at the household level.

Table 3. Implementation of Sensitive Nutrition Interventions

Sensitive Nutrition Interventions	n	%
Access to safe and adequate drinking water	71	80.70
Availability of improved sanitation facilities	77	87.50
Utilization of fortified food products	69	78.40
Access to family planning services	54	61.40
Coverage of National Health Insurance (KIS)	62	70.50
Access to free maternal health services	69	78.40
Participation in parenting education programs	52	59.10
Exposure to early childhood education programs	55	62.50
Access to child nutrition education	63	71.60
Exposure to reproductive health education	42	47.70
Receipt of social protection assistance	49	55.70
Household food and nutrition security status	62	70.50
(Mean ± SD)	—	68.65%

Table 4 shows an assessment of stunting conditions in each family based on eight parameters.

Table 4. Household-Level Stunting-Related Conditions

Domain: Household Stunting-Related Conditions	n	%
History of maternal nutritional complications during pregnancy	18	20.50
Presence of multiple children under five years within the household	4	4.55
Absence of stunting classification among under-five children	5	5.68
Occurrence of illness among under-five children	14	15.90
Maternal protein deficiency during gestation	9	10.22
Adherence to recommended iron (Fe) supplementation during pregnancy	32	36.40
Utilization of adequately iodized salt at household level	71	80.70
Use of insecticide-treated mosquito nets (ITNs)	57	64.80

DISCUSSION

This study examined the implementation performance of specific and sensitive nutrition interventions in the Takari Health Center area, Kupang Regency. The composite scores for specific (68.40%) and sensitive (68.65%) nutrition domains indicate moderate implementation performance, both below the national benchmark for comprehensive intervention coverage ($\geq 75\%$) as outlined in Indonesia's SDG roadmap (Bappenas, 2024). These findings suggest that although intervention structures are established, implementation quality at the household level remains suboptimal.

In the specific nutrition domain, anthelmintic administration coverage was notably low (40.91%), representing a critical implementation gap. The absence of deworming has been associated with increased risk of nutritional deterioration and stunting (Salma et al., 2022). Soil-transmitted helminth infections impair nutrient absorption and are strongly linked to inadequate sanitation and hygiene conditions (Fauziah et al., 2022; Taylor-Robinson et al., 2019). Consistently, sanitation and hygiene education exposure in this study was limited (28.41%), reinforcing household vulnerability. Similar determinants have been reported in East Nusa Tenggara, where sanitation and environmental insecurity contribute significantly to stunting risk (Landi et al., 2023; Widiyanto et al., 2019).

Malaria-related education and preventive services reached only 53.41%, indicating suboptimal integration of infectious disease control within existing nutrition programming. In malaria-endemic regions, infection during pregnancy is associated with maternal anemia, placental insufficiency, low birth weight, and impaired fetal growth—conditions that substantially increase the risk of subsequent stunting (Jackson & Black, 2017; Keats et al., 2022). The moderate coverage observed in this study suggests that preventive counseling, early detection, and treatment services may not yet be systematically incorporated into maternal and child health interventions. In the context of East Nusa Tenggara, where malaria transmission remains a public health concern, insufficient coordination between nutrition services and malaria control programs may weaken the overall impact of stunting reduction strategies by failing to address infection-related growth determinants comprehensively.

Within the sensitive nutrition domain, parenting education (59.10%) and reproductive health education (47.70%) were below expected standards. Inadequate reproductive health knowledge during preconception and pregnancy increases vulnerability to adverse maternal and child outcomes (Andayani et al., 2024). Parenting practices are strongly associated with child nutritional status and developmental outcomes (Ningsi et al., 2023; Hura et al., 2024). These findings indicate that multisectoral strategies have yet to translate into sustained behavioral change at the household level (Rustam et al., 2023; Utari et al., 2023).

Iron supplementation adherence (36.40%) further reflects weaknesses in maternal nutrition compliance. Iron deficiency contributes to anemia and impaired cognitive and physical development, increasing long-term stunting risk (Santi et al., 2020). Strengthening maternal nutrition counseling and supplementation monitoring is therefore essential (Baharuddin & Kongkoli, 2023; Titimeidara & Hadikurniawati, 2021).

Collectively, the moderate implementation scores suggest that program constraints are concentrated in preventive outreach, behavioral change, and caregiver education rather than infrastructure availability alone. Strengthening community-based platforms such as Posyandu and improving cadre capacity may enhance local implementation fidelity (Kumanireng & Triputro, 2021). Digital health innovations, including mobile-based monitoring and targeted education tools, may further improve parental engagement and accountability (Nabilah Antikasari et al., 2023).

From a policy perspective, these findings underscore the need to shift emphasis from program availability to implementation quality and household-level uptake. Local governments should prioritize strengthening intersectoral coordination mechanisms, integrating infectious disease control with nutrition services, and institutionalizing structured monitoring systems aligned with national performance benchmarks. Targeted investments in caregiver education, reproductive health literacy, and micronutrient compliance monitoring are critical to bridging the

gap between national policy design and local execution. Such adjustments are essential to accelerate sustainable stunting reduction in Kupang Regency.

Study Limitations

This study has several limitations. The cross-sectional design limits causal inference between intervention domains and stunting-related conditions. The use of purposive sampling may introduce selection bias and limit representativeness. Additionally, the study was conducted within a single health center area, restricting generalizability to other regions of Kupang Regency. These limitations should be considered when interpreting the findings.

CONCLUSION

Specific and sensitive nutrition interventions in Kupang Regency achieved implementation scores of 68.40% and 68.65%, respectively, both categorized as moderate and below national coverage benchmarks. Persistent gaps in sanitation education, reproductive health awareness, deworming, and iron supplementation adherence indicate the need to strengthen household-level education, multisectoral coordination, and community-based delivery systems to improve implementation quality and accelerate sustainable stunting reduction.

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