**Original Research Article**

**Implementation of Stunting Management Policy in Gorontalo Regency, Indonesia**

**Abstract**

This study aims to evaluate the implementation of stunting prevention policies in Gorontalo Regency, emphasizing the strategic role of family independence and nutrition education as determinants of policy success. A case study design conducted in Gorontalo Regency used a qualitative approach. Data were collected from key informants directly involved in policy implementation, including health department officials, medical staff, Posyandu cadres, and beneficiaries. Data collection techniques were conducted triangulate through in-depth interviews, participatory observation, and document analysis, then analyzed interactively based on the Miles and Huberman model. The research findings indicate that policy implementation still faces structural and cultural challenges, marked by the absence of Standard Operating Procedures (SOPs), weak inter-sectoral coordination, and inadequate implementation capacity, particularly at the village level. Additionally, low nutrition literacy and family economic capacity further hinder program effectiveness. Despite formal regulations and resources from various sectors, no integrated digital information system supports monitoring and coordination. This study concludes that the policy has not been able to transform planning into collaborative action with significant impact. Therefore, three main strategies are recommended: institutional strengthening through SOPs and performance-based incentives, digitalization of nutrition information systems, and empowerment of village implementers through modular training and a work ethic approach. These findings significantly enrich the public policy literature and can serve as a reference for contextual policies in other rural areas facing similar issues.

***Keywords: Stunting, Management, Family, Gorontalo, Policy, Implementation***

**INTRODUCTION**

Public health quality is one of the main pillars of national development because it is the foundation for improving productivity and human resource capacity. Countries that can guarantee the health of their citizens will have a comparative advantage in human development, which ultimately supports social resilience and global competitiveness. In Indonesia, the ambitious vision of achieving ‘Indonesia Emas 2045’ faces serious challenges, one of which is stunting. According to the World Health Organization (2020), stunting is a condition where a child’s height-for-age is below -2 standard deviations from the median of the WHO growth curve, resulting from chronic malnutrition during the first 1,000 days of life (HPK), and is irreversible.

The stunting problem in Indonesia remains at crisis levels. Data from the World Health Organization (2020) shows that 149.2 million children under five worldwide are stunted, with 6.3 million of them in Indonesia. According to the Indonesian Nutrition Status Survey (SSGI), the national stunting prevalence rate is 21.6%, making Indonesia the second-highest country in Southeast Asia and the fifth-highest globally (Ministry of Health, 2022). In Gorontalo Province, stunting was recorded at 23.8% in 2022, a decrease from 34.89% in 2019. However, this figure remains above the national average and shows significant fluctuations yearly, with a reduction of only 2.5% between 2022 and 2024.

Although various national and regional policies are in place, such as Presidential Regulation No. 72 of 2021 on Accelerating Stunting Reduction and the previous Presidential Regulation No. 42 of 2013, implementation at the regional level still faces challenges. In Gorontalo Regency, regulations have been issued through Regent Regulation No. 2 of 2019, which outlines three main strategies: Family Independence, the Healthy Living Community Movement (Germas), and the 1000 Days of Life Movement. However, empirical data shows that the effectiveness of these strategies has not been maximized. This is reflected in the high prevalence of stunting despite the formal implementation of regulations.

Failure to implement policies indicates weaknesses in formulation but often lies in the execution. Implementation is defined as achieving policy objectives (Oktasari, 2015; Grindle, 1980). In this context, it is essential to assess whether the implementing agencies in the field can transform policies into concrete actions that directly impact the target community.

Various studies indicate that the success of stunting prevention policies is highly dependent on implementation factors. Nugroho (2022), in his research in Bandung Regency, emphasizes the importance of local commitment, regular budget allocation, and cross-sectoral coordination. He also highlights the need to integrate nutrition data systems such as e-Human Development Worker. Pratiwi (2023), in a case study in Batam City, found that policy communication, resource availability, and bureaucratic characteristics are key determinants of implementation success. In West Kalimantan, Pranaka (2022) emphasizes the importance of community leader involvement and spatial data harmonization as primary supporting factors. These findings align with global literature emphasizing the importance of strengthening cross-sectoral coordination systems, community empowerment, and implementer accountability (Victora et al., 2021). This indicates the need for a systemic and integrated approach to ensure policies are effective and achieve their objectives.

Although many studies have discussed the implementation of stunting policies, most focus on urban areas with relatively better health infrastructure. Empirical studies on policy implementation in rural areas like Gorontalo Regency are still minimal. However, Gorontalo is the most populous region in its province and has had the highest stunting rates over the past few years. In addition, variables such as family independence and nutrition education are often positioned as supporting factors rather than as key instruments in policy evaluation. This study attempts to fill this gap by exploring the strategic role of family independence and nutrition education in successfully implementing stunting prevention policies.

This study uses Van Meter and Van Horn’s (1975) policy implementation theory as its conceptual basis. It covers six main variables: (1) policy standards and objectives; (2) resources; (3) inter-organizational communication; (4) characteristics of implementing agents; (5) social, political, and economic conditions; and (6) policy implementers’ dispositions. This framework strengthens the understanding of implementation dynamics in the field. The framework from Keban (2008) is also used to broaden the scope of analysis, highlighting the dimensions of policy and public management, particularly in the role of bureaucracy in the effectiveness of public policy implementation. The novelty of this study lies in its dual focus on institutional and behavioral aspects of policy implementation. This research offers a more holistic and contextual approach to evaluating policy success by linking structural and cultural aspects.

This study aims to evaluate the implementation of stunting prevention policies in Gorontalo Regency. Theoretically, this research contributes to the public policy literature by applying a policy implementation analysis model in a local context that has not been extensively studied. Practically, the findings of this study can serve as a reference for local and national policymakers in designing more effective and contextual strategies. These findings also have the potential to be used as a replication model for other rural areas facing similar problems, thereby providing long-term benefits for stunting reduction efforts in Indonesia as a whole.

**METHODOLOGY**

This study was conducted in Gorontalo Regency, Indonesia, using a qualitative approach. A qualitative approach was used to explore the meanings, perceptions, and experiences of informants, as well as to gain an in-depth understanding of the dynamics of policy implementation (Denzin & Lincoln, 2011). The type of research used was a case study. A case study comprehensively explores the policy implementation process, challenges, and community responses (Yin, 2018).

This study selected informants purposively based on their direct involvement in implementing stunting policies. Key informants include officials from the Gorontalo District Health Office, health workers (doctors, midwives, nutritionists, posyandu cadres), parents of toddlers at risk of stunting, and community leaders such as village heads and religious leaders. The characteristics of the informants reflect technocratic and socio-cultural perspectives on stunting policies (Patton, 2015).

Data collection techniques involved triangulation of three primary methods: in-depth interviews, participatory observation, and document analysis (Creswell, 2014). Data analysis used the cyclical and interactive model of Miles and Huberman (1994), including data reduction, data presentation, and conclusion drawing. Data interpretation was conducted from the beginning by identifying patterns, cause-and-effect relationships, and confirmation between categories.

**RESULTS AND DISCUSSION**

The data is presented in the table below based on the research through in-depth interviews.

Table 1. Summary research data

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| --- | --- | --- |
| No | Aspects | Interview Content |
| 1 | Policy Standards and Objectives | - The stunting policy is already in place in Regent Regulation No. 2 of 2019 on Stunting Management in Gorontalo District. This policy serves as the legal basis for implementing the stunting management program in Gorontalo District, which regulates the implementation of specific and sensitive nutritional interventions and cross-sectoral coordination. – However, no standard operating procedures or guidelines for coordination and communication among field-level or village-level elements exist. |
| 2 | Resources | Resources come from local government agencies, village meetings, and corporate social responsibility (CSR) initiatives from the private sector. However, there are still challenges in optimizing digital information and ensuring the sustainability of external funding. |
| 3 | Inter-Organisational Relations | Coordination is not yet effective and remains formal. Stunting is viewed as a sectoral health issue, with rigid and passive communication from agencies outside the health sector. The quantity and quality of Community Health Workers (KPM) still need to be optimized. |
| 4 | Characteristics of Implementing Agencies | - Weak implementation capacity, sectoral understanding at the technical agency level, limited human resource competence at the village level, no technical guidelines, and persistent sectoral perspectives. |
| 5 | Social, Political and Economic Conditions | - Weak economy, low literacy, low family participation, low access to information, and political dynamics, but government support continues |
| 6 | Attitudes of Implementers | - There is uneven understanding and commitment among implementers; not all implementers feel a sense of ownership. Incentives and rewards are not yet optimal. Communication between sectors is effective, especially at the field implementation level. |

**1. Policy Standards and Targets**

The implementation of stunting prevention policies in Gorontalo Regency has been legally legitimized through Regent Regulation No. 2 of 2019. However, its effectiveness has not been optimally reflected due to the absence of technical documents in Standard Operating Procedures (SOPs) and technical coordination guidelines between implementing lines. The absence of these operational tools indicates weak institutional capacity and opens the door to fragmentation among implementing sectors. This contrasts with East Nusa Tenggara Province, which has developed an e-PPGBM system to support cross-sectoral integration in nutrition recording and reporting (Fitriani et al., 2020).

International studies confirm that the existence of nationally standardized technical instruments can strengthen policy implementation accountability. For example, Vietnam and Thailand have each implemented national monitoring systems and village-based SOPs to optimize institutional responses to nutrition issues (UNICEF, 2019; WHO, 2018). Therefore, the absence of SOPs in Gorontalo, despite an integration structure down to the village level, reflects a disconnect between policy formulation and its application in the field. The effectiveness of public policy implementation is theoretically determined by explicit procedural instruments (Dye, 2017). Without SOPs, implementers risk running programs based on their subjective perceptions, which can create inconsistencies and inefficiencies.

**2. RESOURCES**

Funding for the stunting reduction acceleration program in Gorontalo Regency shows a multilateral pattern sourced from Regional Apparatus Organisations (OPD), Corporate Social Responsibility (CSR), and village deliberations. This approach reflects the pluralism of resources that enables cross-sector participation in supporting public health interventions. However, the effectiveness of this approach is still hindered by two main issues: the low sustainability of external funding and the limited utilization of integrated digital information systems. These two elements are crucial prerequisites for ensuring the continuity of evidence-based programs and resource allocation and monitoring efficiency.

Best practices from other regions offer important lessons for the Gorontalo context. Central Java Province, for example, demonstrates the effectiveness of strengthening information systems through implementing the Integrated Nutrition Information System, supported by consistent allocation of the provincial budget and the active involvement of Posyandu cadres in the digital monitoring process (Ministry of Health, 2021). At the international level, a study from Bangladesh highlights the success of community-based interventions supported by mobile health technology and grant funding from international donors (Ahmed et al., 2016). Similar findings are also shown by a study in the Philippines, which emphasizes that the success of multisectoral programs is highly dependent on a strong information system and long-term funding that is not solely reliant on temporary grants (Asian Development Bank [ADB], 2020).

Meanwhile, the village development approach in Indonesia still faces challenges in fiscal capacity disparities between regions and high dependence on central government transfers. This leads to structural weaknesses in implementing community-based programs, including stunting. Resource distribution efforts will be inefficient without a solid management information system that supports cross-sector interoperability. Therefore, systemic transformation is needed through social sector governance reforms that emphasise two main pillars: first, strengthening local fiscal capacity to ensure long-term funding autonomy, and second, digitizing information systems to improve accountability, transparency, and the effectiveness of community-based interventions. In this context, Gorontalo needs to adopt an integrative approach combining information technology, fiscal governance, and community participation as the foundation for sustainable social development.

**3. Inter-Organisational Relations**

Inter-agency coordination in Gorontalo Regency is still characterized by sectoral fragmentation and health agencies’ dominance of a mono-sectoral approach. This phenomenon illustrates a bureaucratic work pattern with a ‘silo mentality,’ in which agencies tend to operate within their respective sectoral boundaries without systemic synergy (Peters, 2015). Inter-sectoral communication is passive and bureaucratic, hindering the horizontal integration essential to multisectoral strategies.

In contrast, Chile Crece Contigo in Chile and the public service system in Colombia have successfully facilitated cross-sectoral work through a clear legal framework and inter-agency communication management system (Berlanga & Waldfogel, 2019; UNICEF, 2021). In Indonesia, the city of Makassar has demonstrated innovation through the ‘Smart Stunting’ dashboard system, which integrates cross-sectoral government agencies in real-time and is supported by the commitment of local leaders (Amiruddin et al., 2022). In this context, establishing multi-stakeholder coordination forums at the district level should be a priority as a technocratic instrument and as a platform capable of fostering trust, open communication, and collaborative leadership. An adaptive institutional approach—collaborative governance—requires transforming formal structures and the socio-political dynamics between actors, including strengthening a sense of collective responsibility in implementing public policy (Ansell & Gash, 2008).

**4. Characteristics of Implementing Agencies**

The institutional characteristics of implementing agencies at the village level in Gorontalo indicate low readiness. This is reflected in limited human resources, the absence of ongoing training, and the lack of technical and operational guidelines at the local level. The continued use of a sectoral approach exacerbates resistance to sector integration, which impacts innovation stagnation.

`As a reference, Sumedang Regency has implemented a digital-based cadre training system within the framework of Smart Governance, which has empirically improved the adaptive response of village officials (Hidayat & Prasetyo, 2021). In Ethiopia, a modular training approach through digital applications has also proven effective in reducing the prevalence of stunting (Workicho et al., 2021). This gap indicates the importance of designing interventions that are not only top-down but also systematically support technical and managerial capacity building at the implementation level.

The concept of ideal organizational capability involves three key elements: technical expertise, managerial competence, and social legitimacy. First, technical expertise within an organization encompasses the knowledge and skills required to complete tasks and address competitive challenges. This aligns with Hidayat et al.’s (2022) explanation that knowledge management capability is crucial in enhancing organizational performance. However, many villages in Indonesia still face human resource constraints and sectoral fragmentation in program planning, resulting in low efficiency and resistance to innovation. Unlike the approach in Rwanda, which combines systematic training with performance incentives for village cadres to support the public health agenda, village institutions in Indonesia are still lagging in developing similar mechanisms (OECD, 2018). This disparity is exacerbated by weak knowledge transfer and a lack of guidance from the district and village levels. Based on information from informants, education on stunting using a family-based approach needs to use language that is understandable to the target group. This is in line with the view of Resnicow et al. (1999) that communication approaches must be tailored to the level of community understanding, describing the practice of cultural tailoring, which has been proven to increase the effectiveness of health communication. Therefore, a modular training-based capacity-building strategy, accompanied by a continuous monitoring and evaluation system, is needed as part of a contextual and results-oriented local institutional reform agenda.

**5. Social, Political, and Economic Conditions**

The social conditions of the community, characterized by low literacy rates and weak family economic capacity, constitute significant structural barriers to the implementation of health programs, including interventions to combat stunting. As stated by informants, community participation in regular visits to Posyandu is very weak due to low health literacy and economic factors. Leaving work to attend Posyandu events is a difficult choice for the community. Therefore, in line with the perspective of Black et al. (2013), effective nutrition interventions must consider the target community's knowledge, attitudes, and practices.

On the other hand, weak family economics are a barrier to accessing health information.

Economic constraints in meeting children’s nutritional needs are determining factors that exacerbate stunting at the grassroots level. Improving nutritional knowledge, increasing access to nutritious food, and strengthening the role of families in preventing stunting are essential. Integrating these elements with family literacy and economic strategies can enhance the effectiveness of public health interventions (Wahyuni & Setiyawati, 2023). In addition to socio-economic factors, local political dynamics also play a crucial role in determining the direction and sustainability of development programs. On the other hand, unstable local political dynamics due to leadership changes contribute to policy disruptions and program discontinuity.

Lessons from countries such as Bangladesh and Kenya show that the success of interventions amid socio-economic constraints heavily depends on applying a community empowerment approach and adaptive, contextual risk communication strategies. In these two countries, participatory approaches and communication responsive to local dynamics have proven to strengthen community engagement and improve compliance with preventive health practices (World Bank, 2021). Therefore, to achieve sustainable and significant stunting intervention outcomes, it is necessary to integrate family literacy strategies, local economic strengthening, and policy stability across regimes as the foundation for sustainable and inclusive public health interventions.

**6. Attitude of Implementers**

Based on the data collection results, implementers’ attitudes show that their understanding and commitment are uneven, and not all implementers feel a sense of ownership. The lack of understanding between sectors and the weak sense of ownership towards the stunting program among implementers in Gorontalo are significant obstacles to implementing stunting policies. The low sense of ownership and the suboptimal incentive system cause implementers to lack initiative and tend to implement policies administratively only. This aligns with Osman’s (2005) statement in the context of his study in Bangladesh, which reported that the lack of local ownership of health sector programs resulted in poor implementation due to low commitment from policymakers and implementers.

As a best practice, Klaten Regency has implemented a reward system for villages that successfully reduce stunting rates, enhancing motivation and a sense of ownership toward the program (Utami & Rahayu, 2021). In Kenya, a performance-based incentive scheme also improved reporting accuracy and intervention responses (Mutisya et al., 2020). Therefore, Gorontalo must integrate fair and performance-based incentive approaches and strengthen implementers’ ownership as a pillar of effective and sustainable program governance. It is also important to strengthen work ethics that contribute to organizational performance by building trust and commitment, which are necessary for effective policy implementation (Langgeng & Wilasari, 2023).

Implementing structural and family-based stunting prevention policies in Gorontalo Regency reveals structural weaknesses and the complexity of family social aspects, which can be identified through an inductive approach, i.e., by examining empirical field data. First, the absence of standard operating procedures (SOPs) and weak coordination between sectors reflect the lack of implementation of integrative principles in public policy. Second, funding pluralism has not been accompanied by adequate information and fiscal management, reducing program efficiency—third, there is low community participation due to knowledge and economic aspects. Fourth, the suboptimal capacity of implementers in villages, sectoral resistance, and the lack of technology-based training indicate institutional stagnation. In summary, implementing this policy has not effectively transformed planning into adaptive and participatory practices. Policy evaluation requires improvements in three areas: (1) institutional strengthening with SOPs and performance-based incentives; (2) digitization of information systems to support cross-sectoral coordination; and (3) empowerment of local implementers with modular training and work ethic incentives. These reforms are important for building collaborative, standardized, evidence-based stunting governance.

**CONCLUSION**

This study concludes that the implementation of stunting prevention policies in Gorontalo Regency still faces significant structural and cultural obstacles. Although the policy has obtained formal legitimacy through local regulations, its implementation has not been optimal due to the absence of Standard Operating Procedures (SOPs), weak cross-sectoral coordination, limitations in the number and competence of implementers at the village level, and a lack of sense of ownership among implementers. On the other hand, socio-economic factors such as low family literacy and access to nutrition also undermine the effectiveness of the policy. The absence of an integrated digital information system further weakens program monitoring. As a result, this policy has not yet fully succeeded in transforming the planning vision into adaptive and effective collaborative action for the target community.

This study recommends three strategic steps: (1) institutional strengthening through the development of SOPs and performance-based incentive systems; (2) digitization of nutrition information systems and monitoring dashboards as a means of inter-sectoral coordination; and (3) empowerment of village implementers through technology-based modular training and work ethic incentives. These strategies are crucial for building standardized, participatory, and sustainable governance of stunting management.

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