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# Effectiveness of Family Assistance Team Strategies in Reducing Stunting Risk Outcomes

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## Abstract

This study examines the impact of the Family Assistance Team's strategy on stunting reduction efforts. The research investigates five key variables: the team's work plan, coordination, reporting, evaluation, and support for families at risk of stunting. The findings indicate that all five variables have a significant and positive effect, both individually and collectively, on reducing stunting rates. Among them, the work plan was identified as the most dominant factor. The study emphasizes the importance of improving planning strategies, enhancing coordination mechanisms, strengthening reporting accuracy, conducting regular evaluations, and delivering personalized support. The results contribute valuable insights into optimizing stunting prevention programs and advancing sustainable public health outcomes.

**Keywords: Stunting Reduction, Family Assistance Team, Work Plan, Coordination, Evaluation, Public Health Strategy.**

## Introduction

This study examines the initiatives aimed at accelerating the reduction of stunting in Metro City, a persistent public health issue that continues to be a national priority in Indonesia. Stunting, defined as impaired growth and development resulting from prolonged malnutrition, is a key target in the country's strategy to enhance the quality of human resources (Budiastutik & Nugraheni, 2018). Although various prevention programs have been implemented over the past five years, stunting remains a significant concern in Metro City. To address this, specific priority areas for stunting prevention and intervention have been established through a mayoral decree. Encouragingly, data from 2020 to 2023 show a substantial decline in the prevalence of stunting, reflecting progress in these targeted efforts.

One of the newly implemented strategies to combat stunting adopts a family-centered approach by providing direct support to families at risk (Saleh *et al.*, 2021). This initiative targets key vulnerable groups, including prospective couples, pregnant

women, breastfeeding mothers, postpartum mothers, and children under the age of five (Wahyuningsih *et al.*, 2022). The support is carried out by the Family Assistance Team, which comprises midwives, health cadres, and family planning cadres (Martha *et al.*, 2020). These teams play a vital role in connecting families with healthcare services while also serving as educators, raising awareness and promoting preventive measures to reduce stunting within the community (Siregar *et al.*, 2022).

Previous studies have examined the role of the Family Assistance Team in stunting prevention; however, they have not thoroughly explored the operational mechanisms behind their work (Fristiwi *et al.*, 2023). Therefore, this study aims to investigate the impact of the Family Assistance Team's strategies on reducing stunting in Metro City. Several challenges have been identified in this context, including the need to accurately identify risk factors specific to the local population, ensure efficient allocation of resources, strengthen inter-agency coordination, improve the quality and accessibility of support services, maintain accurate data reporting, conduct effective program evaluations, and enhance community participation (Mediani *et al.*, 2022).

Building on previous research, this study aims to provide deeper insights by thoroughly examining the operational mechanisms of the Family Assistance Team in fulfilling its roles and responsibilities. By gaining a more comprehensive understanding of this strategy, the study is expected to contribute to improving the effectiveness and long-term sustainability of stunting reduction efforts in Metro City.

## Literature Review

### a. Reduction of Stunting

Stunting is defined by Apriliani *et al* (2023), as a physical growth disorder marked by a slower-than-normal growth rate, primarily caused by prolonged nutritional imbalances. Expanding on this, Herawati & Sunjaya (2022) explain that stunting commonly referred to as short stature or growth faltering is a condition affecting children under the age of five, resulting from chronic malnutrition and repeated infections. This condition is especially critical during the first 1,000 days of life, spanning from conception to 23 months of age, a period vital for optimal growth and development. A child is considered stunted when their height or length is more

than two standard deviations below the median for their age, based on standardized growth charts.

Efforts to reduce stunting are implemented through two primary types of interventions. The first involves specific nutrition interventions that directly address the immediate causes of stunting, while the second focuses on nutrition-sensitive interventions aimed at tackling the underlying and indirect factors (Bhutta *et al.*, 2020). These core strategies are supported by several critical components, including strong political commitment, the establishment of clear and enforceable regulations, effective cross-sectoral collaboration among regional government agencies, and the enhancement of human resource capacity in stunting prevention and management. To ensure sustainable and impactful outcomes, an integrated approach is essential beginning with the fulfillment of key enabling conditions that support coordinated and comprehensive implementation (Mbuya & Humphrey, 2016).

Erlanda & Rahmadanik (2023), identifies several key indicators essential for reducing stunting. The first is parental perception of child growth, which reflects how parents or guardians perceive their children's physical development. This indicator highlights the importance of parental awareness regarding proper nutrition, healthy dietary practices, and adequate healthcare as preventive measures against stunting. The second indicator is access to health and nutrition services, which assesses the extent to which families can obtain quality healthcare and nutritional support for their children. This includes both physical and financial access to health facilities, immunization services, routine child health check-ups, and relevant nutrition programs. The third indicator is parental compliance with child nutrition and health practices, which evaluates the degree to which parents adhere to recommended health guidelines. This involves practices such as providing balanced meals, exclusive breastfeeding for the first six months, timely and appropriate introduction of complementary foods, and seeking medical attention when health issues arise.

**b. Family Assistance Team Work Plan**

Melisa *et al.*, (2022), a work plan is an ongoing process that extends beyond its initial formulation. Once a plan is established, it must be followed by the implementation of the corresponding planning documents. A comprehensive work plan requires the careful selection of activities and informed decision-making about

what needs to be done, when it should be done, how it will be carried out, and who will be responsible for each task (Prasetyo *et al.*, 2023).

Melisa *et al.*, (2022), several key indicators are essential for evaluating the effectiveness of a work plan. The first is the number of plans developed, which measures how many work plans have been successfully formulated by a team or organization within a given timeframe. This indicator reflects the team's initiative and commitment to systematically plan actions aimed at achieving specific objectives. The second is the level of clarity, which assesses how clearly the work plan articulates its goals, strategies, operational procedures, and resource allocation. A clear and structured plan enables team members to understand their responsibilities and the steps required, thereby reducing the likelihood of confusion or miscommunication during implementation. The third indicator is implementation, which evaluates the extent to which planned activities are executed as intended. This measure highlights how well the organization translates its plans into practical action and ensures alignment with established goals.

**c. Coordination of the Family Companion Team**

Erlyn *et al.*, (2021) Coordination refers to the process of organizing and aligning various activities, efforts, or components involved in a particular action or operation. It entails managing resources, information, and interactions among different parties or units to achieve predetermined goals in an efficient and effective manner. Coordination is the process of integrating goals and activities within an organization to ensure alignment in achieving its established objectives. It involves managers overseeing and synchronizing the organization's human and other resources to optimize performance. The strength of an organization largely depends on its ability to effectively organize and utilize its various resources to accomplish its goals.

Pradila *et al.*, (2023), coordination within the Family Assistance Team can be assessed through two key indicators. The first is member participation, which reflects the degree of involvement and contribution by team members in various activities, discussions, and decision-making processes related to stunting prevention. A high level of participation demonstrates strong commitment and a willingness to play an active role in achieving collective goals. The second indicator is collaboration in

stunting prevention activities, which evaluates how well team members work together in planning, organizing, and implementing initiatives. Effective collaboration ensures that each member operates in a coordinated and supportive manner, contributing to a unified and comprehensive effort to reduce stunting.

**d. Reporting on Work Implementation**

According to Herlianti (2022), reporting on work implementation involves systematically documenting and communicating information about the activities or tasks completed within a defined time period. Building on this, (Melisa *et al.*, 2022) emphasizes that the main objective of such reporting is to present a clear and accurate account of the progress achieved, milestones reached, and challenges encountered throughout the implementation of a specific program or project.

Syahrinullah (2024), outlines several key indicators of effective work implementation reporting, including the quantity of reports produced, the clarity of the information conveyed, and the timeliness of their submission. The number of reports prepared by the Family Assistance Team within a given reporting period whether monthly or quarterly serves as a measure of the team's activity level and dedication to documenting progress. The clarity of each report, reflected in the detailed descriptions of activities undertaken, accomplishments achieved, challenges encountered, and recommendations proposed, indicates the overall quality and thoroughness of the reporting process. Moreover, the promptness with which these reports are completed and submitted after the end of the reporting cycle illustrates the team’s operational efficiency and their capacity to deliver accurate and timely information to relevant stakeholders.

**e. Evaluation of the Family Companion Team**

The evaluation of the Family Assistance Team plays a vital role within the program management cycle, as it contributes to enhancing both the effectiveness and the overall impact of stunting prevention efforts. Through the systematic identification of strengths and weaknesses, along with the development of actionable recommendations, the evaluation process supports the Family Assistance Team in continuously adapting to emerging challenges. This ongoing improvement ultimately helps strengthen the quality of services delivered to families who are vulnerable to stunting.

Melisa *et al.*, (2022) outlines two key indicators for evaluating the performance of the Family Assistance Team: the achievement of predetermined targets and the improvement of family conditions. The first indicator assesses the degree to which the Family Assistance Team fulfills its established objectives within a defined time period. The second focuses on the effectiveness of the team's support in enhancing the well-being of the families they serve. This includes measurable outcomes such as improved child nutrition, adoption of healthier dietary and lifestyle habits, increased access to healthcare services, and overall advancements in the families' socio-economic status.

**f. Implementation of Family Companion Team Assistance**

According to Lisnarini *et al.*, (2022), the implementation phase of the Family Assistance Team involves direct engagement with families vulnerable to stunting. During this phase, the team provides essential guidance, support, and services aimed at enhancing children's nutritional status and preventing stunting. Family Assistance Team members play an active role in various interventions that empower families to achieve better health and nutrition outcomes (Barusman, 2019).

According to Ipa *et al.*, (2023), the implementation of support activities by the Family Assistance Team can be evaluated through several key indicators. The first indicator is the number of support sessions carried out within a specific period such as weekly or monthly which indicates the level of engagement and interaction between the Family Assistance Team and the families they serve. The second indicator involves the duration of each session, reflecting the amount of time dedicated to activities such as counseling, discussions, monitoring, evaluations, and other relevant services. This measure is essential for assessing both the efficiency and the depth of the support provided. The third indicator emphasizes the outcomes of the assistance, particularly in terms of increased knowledge and behavioral changes among the families. This includes improved understanding of nutrition, health, and healthy living practices, along with the adoption of behaviors such as healthy eating, effective child care, and other actions that contribute to overall family well-being.

## Research Framework

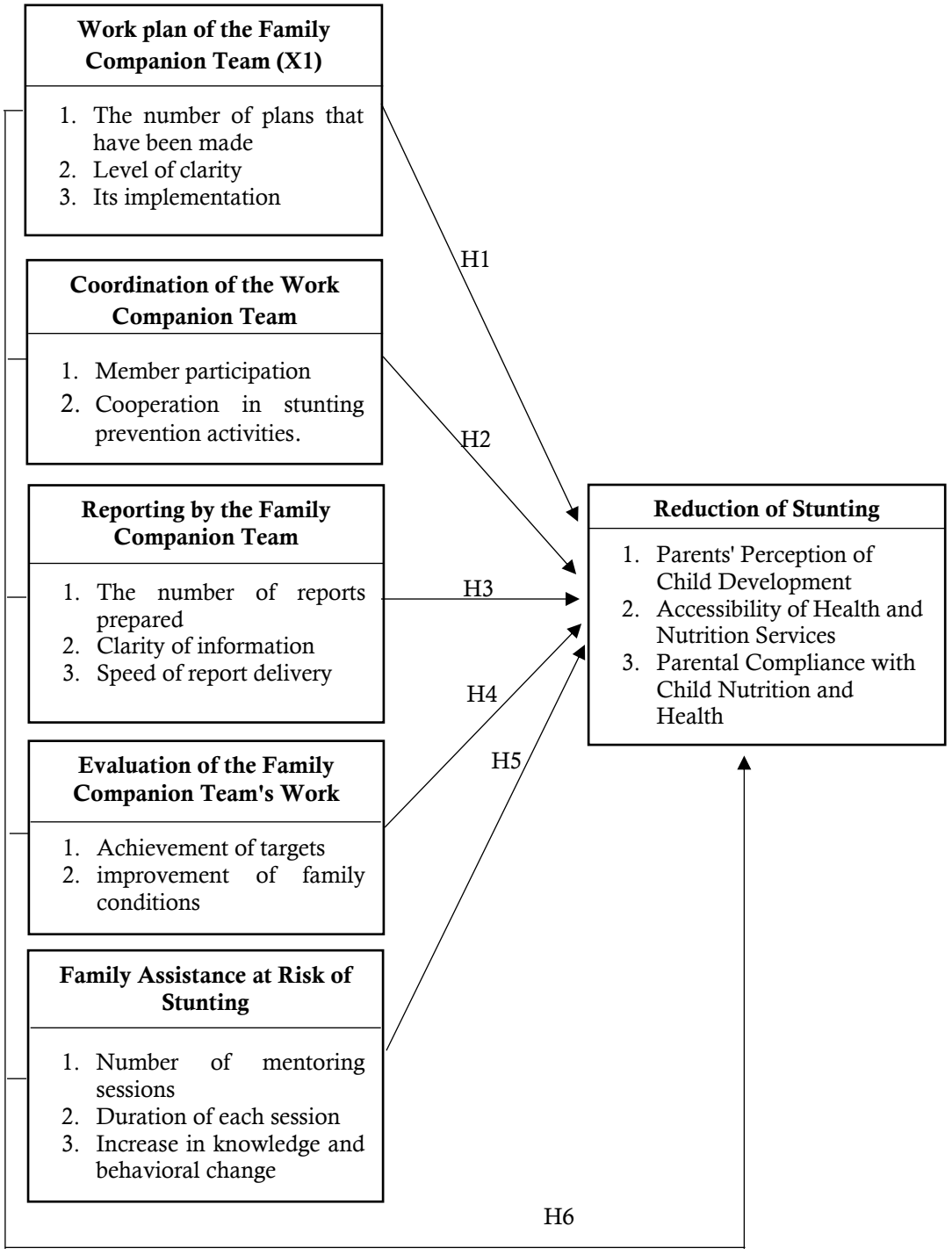


**Figure 1. Framework**

## Methodology

This study adopts a quantitative research design, where data are collected in numerical form and analyzed using statistical techniques to test hypotheses and

theories. The conclusions are based on the probability of error in rejecting the null hypothesis, allowing the researcher to assess the significance of the relationships between variables. As stated by Allen *et al.*, (2020) a population refers to a generalization area composed of objects or subjects with specific qualities and characteristics. In this study, the population consists of 130 Family Assistance Teams located in Metro City. A sample, according to Daniel (2016), is a subset of the population that accurately reflects its characteristics. Sampling must be conducted carefully to ensure representativeness. When the population is fewer than 100 individuals, the entire population should be used as the sample. However, if it exceeds 100, a sample of 10–15% or 20–25% may be selected, depending on the researcher's available resources such as time, energy, funding, the size of the study area, and the level of risk associated with the research. For studies with higher risk, a larger sample size is recommended to improve reliability. Based on these considerations, this study uses a sample of 30 individuals selected from the Family Assistance Teams.

## Result And Discussion

This study conducted instrument testing through both validity and reliability analyses to ensure the accuracy and consistency of the measurement tools. The validity and reliability tests were applied to six items for the Family Assistance Teams Work Plan variable (X1), four items for Family Assistance Teams Coordination (X2), six items for Family Assistance Teams Reporting (X3), four items for Family Assistance Teams Work Evaluation (X4), six items for Family Assistance for Stunting Risk (X5), and six items for Stunting Reduction (Y). Validity was assessed by comparing the correlation coefficient of each statement item (r-count) with the critical value (r-table) at a degree of freedom (df) of 30 and a 95% confidence level, yielding a threshold of 0.361. Reliability was measured by comparing the Cronbach's alpha value of each variable against the acceptable standard. The detailed results of both validity and reliability testing are presented in the following section.

### Validity Test

The results of the validity test for the Family Assistance Teams Work Plan variable are detailed in the table below.

**Table 1. Testing the Validity of the Family Companion Team Work Plan Variable (X1)**

| Statement Item | r-table | r-count | Description |
|---|---|---|---|
| 1 | 0.361 | 0.781 | Valid |
| 2 | 0.361 | 0.635 | Valid |
| 3 | 0.361 | 0.844 | Valid |
| 4 | 0.361 | 0.606 | Valid |
| 5 | 0.361 | 0.549 | Valid |
| 6 | 0.361 | 0.667 | Valid |

Source: Data Processed, 2024

As shown in Table 1, all 6 items related to the Family Assistance Team Work Plan variable (X1) are considered valid, as their calculated correlation coefficients (r-count) exceed the critical value from the r-table. Following this, the results of the validity test for the Family Assistance Team Coordination variable (X2) are detailed below.

**Table 2. Validity Test of the Family Companion Team Coordination Variable (X2)**

| Statement Item | r-table | r-count | Description |
|---|---|---|---|
| 1 | 0.361 | 0.474 | Valid |
| 2 | 0.361 | 0.649 | Valid |
| 3 | 0.361 | 0.831 | Valid |
| 4 | 0.361 | 0.480 | Valid |

Source: Data Processed, 2024

As shown in Table 2, all 4 items related to the Family Assistance Team Work Plan variable (X2) are considered valid, as their calculated correlation coefficients (r-count) exceed the critical value from the r-table. Following this, the results of the validity test for the Reporting Team Coordination variable (X3) are detailed below.

**Table 3. Validity Test of the Family Companion Team Reporting Variable (X3)**

| Statement Item | r-table | r-count | Description |
|---|---|---|---|
| 1 | 0.361 | 0.665 | Valid |
| 2 | 0.361 | 0.687 | Valid |
| 3 | 0.361 | 0.834 | Valid |
| 4 | 0.361 | 0.635 | Valid |
| 5 | 0.361 | 0.688 | Valid |
| 6 | 0.361 | 0.694 | Valid |

Source: Data Processed, 2024

As shown in Table 3, all 6 items related to the Family Companion Team Reporting Variable (X3) are considered valid, as their calculated correlation coefficients (r-count) exceed the critical value from the r-table. Following this, the results of the validity test for the Evaluation of the Family Assistance Team variable (X4) are detailed below.

**Table 4. Validity Test of Family Companion Team Work Evaluation Variables (X4)**

| Statement Item | r-table | r-count | Description |
|---|---|---|---|
| 1 | 0.361 | 0.872 | Valid |
| 2 | 0.361 | 0.665 | Valid |
| 3 | 0.361 | 0.808 | Valid |
| 4 | 0.361 | 0.769 | Valid |

Source: Data Processed, 2024

As shown in Table 4, all 4 items related to the Family Companion Team Work Evaluation Variable (X4) are considered valid, as their calculated correlation coefficients (r-count) exceed the critical value from the r-table. Following this, the results of the validity test for the Evaluation of the Family Assistance Team variable (X4) are detailed below.

**Table 5. Validity Test of the Family Assistance Variable for Stunting Risk by the Family Assistance Team (X5)**

| Statement Item | r-table | r-count | Description |
|---|---|---|---|
| 1 | 0.361 | 0.731 | Valid |
| 2 | 0.361 | 0.740 | Valid |
| 3 | 0.361 | 0.904 | Valid |
| 4 | 0.361 | 0.904 | Valid |
| 5 | 0.361 | 0.795 | Valid |
| 6 | 0.361 | 0.853 | Valid |

Source: Data Processed, 2024

As shown in Table 5, all 6 items related to the Family Assistance Variable for Stunting Risk by the Family Assistance Team (X5) are considered valid, as their calculated correlation coefficients (r-count) exceed the critical value from the r-table. Following this, the results of the validity test for the Reduction of Stunting (Y) are detailed below.

**Table 6. Validity Test of Stunting Reduction Variable (Y)**

| Statement Item | r-table | r-count | Description |
|---|---|---|---|
| 1 | 0.361 | 0.796 | Valid |
| 2 | 0.361 | 0.559 | Valid |
| 3 | 0.361 | 0.540 | Valid |
| 4 | 0.361 | 0.650 | Valid |
| 5 | 0.361 | 0.809 | Valid |
| 6 | 0.361 | 0.592 | Valid |

Source: Data Processed, 2024

As shown in Table 6, all 6 items related to the Stunting Reduction Variable (Y) are considered valid, as their calculated correlation coefficients (r-count) exceed the critical value from the r-table.

**Reliability Test**

The reliability of each variable was assessed by comparing the Cronbach's alpha values to the critical r-value (r-table) at a degree of freedom (df) of 30 and a 95% confidence level, which corresponds to a value of 0.361. The results of this comparison are summarized in the table below to illustrate the internal consistency of each variable.

**Table 7. Reliability Test of Research Variables**

| Variable | Alpha Value | r-Table | Description |
|---|---|---|---|
| X1 | 0.865 | 0.361 | Reliable |
| X2 | 0.770 | 0.361 | Reliable |
| X3 | 0.876 | 0.361 | Reliable |
| X4 | 0.891 | 0.361 | Reliable |
| X5 | 0.924 | 0.361 | Reliable |
| Y | 0.818 | 0.361 | Reliable |

Source: Data Processed, 2024

Based on Table 7, it can be concluded that all variables in this study are reliable, as the Cronbach's Alpha values for each variable exceed the critical r-value. This indicates that the measurement instruments used are consistent and dependable in assessing the intended constructs.

**Results of Multiple Linear Regression Analysis**

The multiple linear regression analysis was conducted to examine the significance of the simultaneous relationship among variables using the F-test. This test aims to verify the validity of the proposed hypotheses in estimating the value of the dependent variable. The results of the regression analysis are presented in the following table 8.

**Table 8. Multiple Linear Regression Equation Test**

Coefficients[a]

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | .577 | .539 | | 1.070 | .295 |
| | X1 | .486 | .123 | .346 | 3.939 | .026 |
| | X2 | .424 | .171 | .448 | 2.480 | .021 |
| | X3 | .479 | .191 | .378 | 2.508 | .017 |
| | X4 | .237 | .135 | .203 | 1.755 | .011 |
| | X5 | .300 | .160 | .285 | 1.875 | .041 |

a. Dependent Variable: Y

The multiple linear regression equation yields the value:

Y=0.577 + 0.486 X1 + 0.424 X2 + 0.479 X3 + 0.237 X4 + 0.300 X5 + et

a. The intercept value (a) of 0.577 indicates a positive constant. This means that if the variables Family Assistance Team Work Plan (X1), Coordination (X2), Reporting (X3), Performance Evaluation (X4), and Support for Families at Risk of Stunting (X5) are held at zero or remain unchanged, the dependent variable, Stunting Reduction (Y), will have a constant value of 0.577.
b. The regression coefficient (b) for the variable Family Assistance Team Work Plan (X1) is 0.486, indicating that for every one-unit increase in X1, the stunting reduction (Y) increases by 0.486 units, assuming all other variables remain constant.
c. The regression coefficient (b) for the variable Family Assistance Team Coordination (X2) is 0.424, which indicates that a one-unit increase in X2 will result in a 0.424-unit increase in stunting reduction, assuming all other variables remain constant.
d. The regression coefficient (b) for the variable Family Assistance Team Reporting (X3) is 0.479, indicating that a one-unit increase in X3 leads to a 0.479-unit increase in stunting reduction, assuming all other variables remain constant.
e. The regression coefficient (b) for the variable Family Assistance Team Performance Evaluation (X4) is 0.237, indicating that a one-unit increase in X4 will result in a 0.237-unit increase in stunting reduction, assuming all other variables remain constant.

f. The regression coefficient (b) for the variable Support for Families at Risk of Stunting (X5) is 0.300, indicating that a one-unit increase in X5 will lead to a 0.300-unit increase in stunting reduction, assuming all other variables remain constant.

Based on the results above, the most dominant regression coefficient is found in the variable Family Assistance Team Work Plan (X1), indicating that this variable contributes the most to influencing the reduction of stunting.

## Coefficient of Determination (R Square)

The simultaneous analysis of the coefficient of determination is used to assess the extent to which two or more independent variables (X) influence the dependent variable (Y). This analysis helps determine the percentage contribution of the independent variables in explaining variations in the dependent variable. The resulting coefficient of determination (R square) is presented in the following table.

**Table 9. Coefficient of Determination (R square)**

**Model Summary[b]**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .834[a] | .696 | .633 | .26555 |

a. Predicators: (Costant), X5, X4, X3, X2, X1
b. Dependet Variable: Y
Source: Data Processed, 2024

## Hypothesis Testing

### *T-test*

Partial hypothesis testing was conducted to examine the individual effects of variables X1, X2, X3, X4, and X5 on the dependent variable Y using the t-test. This test involves comparing the calculated t-value (t-count) with the critical t-value (t-table) at a 95% confidence level (α = 0.05). The decision rule is that if t-count > t-table, there is a significant effect; otherwise, if t-count < t-table, there is no significant effect. At a 95% significance level and degrees of freedom (df) of 30, the critical t-value is 1.670. The results of the partial hypothesis testing are presented as follows:

**Table 10. *T-test* Results**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | | |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | t | Sig. |
| 1 | (Costant) | .577 | .539 | | 1.070 | .295 |

| | | | | | |
|---|---|---|---|---|---|
| X1 | .486 | .123 | .346 | 3.939 | .026 |
| X2 | .424 | .171 | .448 | 2.480 | .021 |
| X3 | .479 | .191 | .378 | 2.508 | .017 |
| X4 | .237 | .135 | .203 | 1.755 | .011 |
| X5 | .300 | .160 | .285 | 1.875 | .041 |

a. Dependent Variable: Y
Source: Data Processed, 2024

The t-test is used to evaluate the significance of each regression coefficient associated with the independent variables (X1, X2, X3, X4, X5) in relation to the dependent variable (Y), which is stunting reduction. The following section presents the results and interpretation of the t-test for each independent variable.

a. Work Plan of the Family Companion Team (X1):

   The t-test results provide insight into the significance of the influence of the Family Assistance Team Work Plan on stunting reduction. If the test yields a statistically significant result (p-value < 0.05) and the t-value exceeds the critical value (3.939 > 1.697), it can be concluded that the work plan of the Family Assistance Team has a significant effect on reducing stunting.

b. Coordination of the Family Companion Team (X2):

   The t-test provides information on the statistical significance of the effect of the Family Assistance Team Work Plan on stunting reduction. If the calculated t-value exceeds the critical value (3.939 > 1.697) and the p-value is less than 0.05, it can be concluded that the work plan of the Family Assistance Team has a significant impact on reducing stunting.

c. Reporter of the Family Companion Team (X3):

   The t-test is used to evaluate the extent to which the *Family Assistance Team Reporting* influences stunting reduction. If the t-value exceeds the critical value (2.508 > 1.697) and the p-value is below 0.05, it can be concluded that the reporting activities of the Family Assistance Team have a significant effect on reducing stunting.

d. Evaluation of Family Companion Team Work (X4):

   The t-test for the Family Assistance Team Performance Evaluation is conducted to determine whether the team's performance evaluation significantly affects stunting reduction. If the calculated t-value is greater than the critical value (1.755 > 1.697) and the p-value is less than 0.05, it can be concluded that the

performance evaluation of the Family Assistance Team has a significant influence on reducing stunting.

e. Assistance for Families at Risk of Stunting (X5):

The t-test for this variable evaluates the extent to which support for families at risk of stunting affects stunting reduction. If the calculated t-value is greater than the critical value (1.875 > 1.697) and the p-value is less than 0.05, it can be concluded that family support for those at risk of stunting has a significant impact on reducing stunting.

**F-Test (Simultaneous)**

A simultaneous test was conducted to examine the influence of the *Family Assistance Team Work Plan* (X1), Coordination (X2), Reporting (X3), Performance Evaluation (X4), and Support for Families at Risk of Stunting (X5) on stunting reduction (Y). The analysis employed the F-test by comparing the calculated F-value (F-count) with the critical F-value (F-table). If F-count > F-table, it indicates a significant effect; otherwise, if F-count < F-table, no significant effect is present. Additionally, the significance level (p-value) is compared with the alpha level (0.05); if the p-value is less than 0.05, the alternative hypothesis ($H_a$) is accepted, and if it is greater than 0.05, the alternative hypothesis is rejected.

**Table 11. F-Test Result**

| Model | | Sum of Squares | df | Mean Square | F | Sig |
|---|---|---|---|---|---|---|
| 1 | Regression | 3.872 | 5 | .774 | 10.983 | .000[a] |
| | Residual | 1.692 | 24 | .071 | | |
| | Total | 5.565 | 29 | | | |

a. Predicators: (Constant), X5, X4, X3, X2, X1
b. Dependent Variable: Y
Source: Data Processed, 2024

Based on the table above, the simultaneous hypothesis testing was conducted to assess the combined effect of the *Family Assistance Team Work Plan* (X1), *Coordination* (X2), *Reporting* (X3), *Performance Evaluation* (X4), and *Support for Families at Risk of Stunting* (X5) on stunting reduction (Y). The results show that the calculated F-value is 10.983, while the critical F-value at a 5% significance level ($\alpha = 0.05$) with degrees of freedom (DF1 = 2, DF2 = 30) is 2.53. Since the calculated F-value (10.983) is greater than the critical value (2.53), and the significance level is 0.000 < 0.05, the

alternative hypothesis (Ha) is accepted. This indicates that variables X1 through X5 collectively have a significant effect on stunting reduction (Y).

## Conclusion and Implication

### Conclusion

Based on the findings of the study, it can be concluded that the Family Assistance Team Work Plan has a significant influence on stunting reduction in Kota Metro. In addition, the coordination carried out by the Family Assistance Team also contributes to efforts in reducing stunting. The reporting of work implementation by the team shows a significant impact on lowering stunting rates. Furthermore, the evaluation of work implementation indicates a positive influence on stunting reduction, as does the implementation of support for families at risk of stunting. Collectively, these five aspects Work Plan, Coordination, Reporting, Evaluation, and Support for At-Risk Families carried out by the Family Assistance Team, have been proven to jointly affect the reduction of stunting in Kota Metro.

### Implication

Based on the conclusions, several recommendations are proposed to strengthen the role of the Family Assistance Team in reducing stunting in Kota Metro. To enhance the effectiveness of the TPK Work Plan, focused training on strategic implementation and regular monitoring should be prioritized. Active participation in planning activities can be improved by establishing clear agendas, ensuring convenient scheduling, and fostering inclusive and participatory discussions. The quality and timeliness of reporting should be supported by implementing structured reporting mechanisms, enhancing staff capacity, and ensuring access to accurate data. In addition, routine evaluations and continuous training, in collaboration with relevant health institutions, are crucial for improving Family Assistance Team performance, particularly in promoting healthier family behaviors. To optimize support for families at risk of stunting, a more personalized and communicative approach is recommended. Lastly, broader community outreach, sustained mentoring efforts, and active collaboration with stakeholders are essential to increase parental awareness and compliance, thereby contributing to a more effective stunting reduction program in Kota Metro.

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