

Supporting And Inhibiting Factors of The Acceleration of Stunting Reduce and Stunting Prevention Policy in Penajam Paser Utara Regency

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Abstract. Stunting is a condition of failure to thrive caused by nutritional problems. Indonesia has set a strategy for accelerating stunting reduction that focuses on several priority areas for the highest stunting cases, including East Kalimantan, which is ranked the 14th highest stunting case. This study aims to determine the supporting and inhibiting factors in the policy to accelerate the decline and prevent stunting prevention in North Penajam Paser Regency. The type of research used is descriptive qualitative with data collection techniques through observation, interviews, documentation and literature studies as well as analytical techniques using interactive models. Based on the results of the study, it was found that the supporting factors were the support from the government and the private sector through the corporate social responsibility (CSR) program, the support for increasing the capacity of human resources, the availability of operational support facilities and infrastructure and the placement of Posyandu officers and cadres in each village/kelurahan was adequate and the inhibiting factors were: lack of coordination between stakeholders causing cross-sectoral egos, inadequate budgets, public perception of stunting which is considered normal because children are in healthy condition, training is only carried out for community cadres, the COVID-19 pandemic has resulted in schools closing and health facilities being limited.

Keywords: Factors; Policies; Reduction and Prevention; Stunting

INTRODUCTION

Stunting is a condition of failure to thrive in children under five years old (infants under five years old) due to chronic malnutrition so that children are too short for their age. Malnutrition occurs since the baby is in the womb and in the early days after the baby is born, however, the stunting condition only appears after the baby is 2 years old. Short toddlers (stunted) and very short severely stunted are toddlers with body length PB/U) or height (TB/U according to age compared to the 2006 WHO-MGRS (Multicentre Growth Reference Study) standard (WHO, 2021).

The government in order to accelerate the reduction in the number of stunting cases in Indonesia has established the National Strategy for the Acceleration of Stunting Prevention which consists of five pillars of stunting prevention, namely: (1) leadership commitment and vision; (2) national campaigns and behavior change communication; (3) convergence of central, regional, and village programs (4) food and nutrition security (5) monitoring and evaluation.

There are various efforts to handle stunting problems that are holistic and integrated in accordance with Presidential

Regulation No. 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement that the government is responsible for increasing public knowledge and awareness of the importance of nutrition and its effect on improving nutritional status. The National Movement for the Acceleration of Nutrition Improvement is intended to accelerate the improvement of nutrition for priority communities in the first thousand days of life. At the policy level, the government pays great attention to stunting prevention. The stunting prevention indicators and targets have been included as national development targets and are contained in the 2015-2019 National Medium-Term Development Plan (RPJMN).

In 2017 East Kalimantan was classified as high in chronic nutrition problems which reached a percentage of 30.6%. This is because fetal growth during the first two years of life is less than optimal, besides that related to parenting, nutritional intake and also disease are factors in the high number of stunting cases in East Kalimantan so that it ranks 14th lowest with a prevalence of 24% and ranks 3rd lowest in cases of very thin toddlers. and thin (Saragih, 2019).

(Bappenas, 2021) writes that the prevalence of stunting in Indonesia is still relatively high compared to the tolerance standard set by WHO (World Health Organization). This is supported by a survey of

Indonesia's nutritional status with a percentage of 27.76% recorded by the Ministry of Health.

North Penajam Paser Regency is a district that is included in 100 regencies/cities with a relatively high stunting rate (in terms of prevalence or number of stunting cases) where since 2013 the prevalence has found a percentage of 34.63% with a population of 156 thousand people and is known to be the poverty rate in 2013. 2016 at 7.49% the accumulation reached 12 thousand people (Balikpapan Pos, 2020).

Based on data reported by the Head of the North Penajam Paser District Health Office in 2019, there were 5,705 children aged 0-5 years in North Penajam Paser Regency, there were 414 children belonging to the stunting category or below average height standards which were spread in several sub-districts, namely sub-districts. Penajam, Waru, Babulu and Sepaku (Balikpapan Pos, 2020).

The high number of stunting cases in North Penajam Paser Regency is certainly accompanied by various factors in the implementation process of stunting prevention intervention policies that make the stunting reduction rate in North Penajam Paser Regency not optimal.

Based on the above problems, the authors are interested in conducting a more in-depth study of the implementation and perspective of stunting intervention policies in North Penajam Paser Regency, with the title: "Supporting and Inhibiting Factors of Policy

for Accelerating the Reduction and Prevention of Stunting in North Penajam Paser Regency".

RESEARCH METHODS

The method used is a type of descriptive qualitative research, namely the type of research that describes an object of research based on existing factors. This aims to find out what are the supporting and inhibiting factors for the acceleration of stunting reduction and prevention policies in North Penajam Paser Regency.

By using data collection techniques, namely: (1) Library and Document Research, (2) Field Work Research, collecting data by conducting observations, interviews and documentation. This study uses an interactive model of qualitative data analysis techniques. According to (Miles, 2014) there are three flows that occur simultaneously, namely Data Condensation), Data Presentation, and Drawing Conclusions and Verification.

DISCUSSION

Based on the results of the study, the high prevalence of stunting in North Penajam Paser Regency, the prevalence of stunting is still quite high. This makes the determination of loci increasing from year to year until 2021 where in 2019 the number of locus villages was 10 villages with a stunting prevalence of 103 people, in 2020 the number of loci villages increased by 12 villages with a stunting prevalence of 378 people, and in 2021 the

number of locus villages has increased to 15 villages with a total stunting prevalence of 363 people and until 2022 there has not been a significant decrease so that it needs special attention, this is evidenced by the following table :

Table 1.1 Stunting Data as of February 2022 from E-PPGBM Application Withdrawal

PUSKESMAS (Village)	Percentage (%) Stunting
Babulu	9,3
Gunung Intan	11,7
Sebakung Jaya	16,3
Waru	21,2
Penajam	19,2
Petung	5,4
Sotek	8,0
Sepaku I	17,2
Sepaku III	16,5
Maridan	19,4
Semol II	6,1
Amount	13,6

Sources : Health Office Penajam Paser Utara Regency, 2022

In table 1.1 above, the prevalence of stunting in North Penajam Paser Regency is still relatively high, where Waru Village occupies the highest percentage of stunting cases, which is 21.2%.

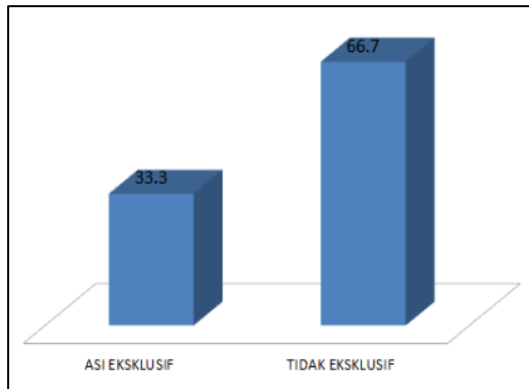
Therefore, the North Penajam Paser Regent issued Regent Regulation Number 34 of 2019 concerning the Acceleration of Stunting Reduction and Prevention so that the implementation of the intervention is expected to run optimally.

In contrast to the results of previous studies related to the number of stunting cases in Donowarih Village, the low number of stunting cases in Donowarih Village affects

the presence or absence of policies, so that Donowarih Village does not yet have a specific policy related to stunting (Rahman., Dkk 2021).

Then, breastfeeding status also affects the high number of stunting cases in North Penajam Paser Regency, where exclusive breastfeeding is less than non-exclusive breastfeeding so that it affects the growth and development of HPK babies. This can be proven by the following diagram:

Chart 1.1 Breastfeeding Status



Sources : Health Office Penajam Paser Utara Regency, 2022

In graph 1.1 above, we can see that the percentage of exclusive breastfeeding is 33.3%. while non-exclusive breastfeeding has a percentage of 66.7%. This proves that non-exclusive breastfeeding is higher.

The North Penajam Paser District Health Office in handling stunting uses intervention guidelines and through some of these intervention efforts, involving several OPDs formed into the District KP2S Team by implementing sensitive interventions, and the nutritional health sector implementing specific

interventions, where in the course of the Penajam Paser District Health Office North and other OPDs rely on the guidelines for the convergence of stunting prevention programs/activities from the TNP2K (National Team for the Acceleration of Poverty Reduction).

Based on the results of previous research related to the prevention of stunting reduction acceleration in Blora Regency, referring to the guidelines for implementing integrated stunting reduction interventions in districts/cities issued by the ministry/Bappenas (Probohastuti & Rengga, 2019).

BAPPEDA (Regional Development Planning Agency) which is the leading sector in stunting prevention interventions, the Health Service, Public Works Service, Education Office, Food Security Service, Community and Village Empowerment Service and other OPDs. The program that has been implemented is the handling of 1000 HPK (First day of life). This intervention is also applied to people who are teenagers, namely by giving blood-added tablets by conducting socialization to schools, as well as promoting stunting prevention.

Furthermore, a Village Level KP2S Team was also formed which includes elements of village health officers, village officials, human development cadres, village TP-PKK, and health cadres whose duties are to collect data, identify, and map stunting problems and improve nutrition in their area

and convey reports on data collection, identification and mapping of stunting problems and nutrition improvement to the village government for the village and the head of the lurah for the district and to the camat for the district.

Previous research related to the implementation of the convergence of stunting prevention policies in the city of Padang (Iqbal & Yusran, 2021) encountered several obstacles, namely the percentage of stunting was relatively small, then the form of cooperation between OPDs had not run optimally in the form of an integrated program.

In addition, previous studies have stated that socio-economic factors influence the reduction in stunting, including poverty, education levels, and low family income. (Latifa, 2018).

Based on the things above, in carrying out the stunting case handling program in North Penajam Paser Regency, it is certainly not easy. Coordination between OPDs in handling stunting cases is also needed so that with the various efforts made by the Health Office of North Penajam Paser Regency, of course there are driving factors and inhibiting factors that affect the prevention of stunting reduction in North Penajam Paser Regency.

Supporting factors

Support from Government and Private Through Corporate Social Responsibility (CSR) Program

The form of support provided by the private sector is PHKT Pertamina Hulu East Kalimantan to the North Penajam Paser Regency Health Office in an effort to reduce stunting in the form of anthropometric tools for Health Center and also get assistance such as providing training every year for KBM cadres in stunting handling. The Ministry of Health also provides support in the form of anthropometric tools. In addition, the Health Office will contract with CSR in providing additional food made from local ingredients where CSR prepares food ingredients and the Health Office will prepare menus according to nutritionist standards which will then be processed or distributed by PKK.

Support for Human Resources Capacity Building

The North Penajam Paser Regency Health Office also held training for KBM cadres and for PKK mobilizing teams at the sub-district and village levels on stunting interventions as well as food processing for children.

Availability of Operational Supporting Facilities and Infrastructure

Promotional car facilities are used to promote stunting management to disseminate information to schools from junior high school to high school. This is evidenced in the following figure:

Figure 1.2 Promotional Car for Stunting Prevention in North Penajam Paser Regency in 2022



Sources : Personal Documentation, 2022

The placement of Health Center officers and cadres in every village/district is adequate

The number of human resources who become Health Center officers and cadres is sufficient and is determined in every village/district in North Penajam Paser Regency, under the auspices of the Village Community Empowerment Service. It aims to conduct data collection and analysis efficiently.

Inhibiting factors

Lack of Coordination Between Stakeholders, Giving Rise To Cross-Sectoral Egos

This is due to personal interests that hinder coordination between stakeholders where the program should follow the guidelines but mix the program together with the agency's personal program so that it runs separately which results in program ego.

1. Insufficient Budget. In this case, the budget for the stunting prevention and reduction program in North Penajam Paser Regency is based on the APBN. This is due to the allocation of funds for handling the Covid-19 pandemic and vaccination.
2. People Who Think it's Normal for Stunting Because The Child is in a Healthy Condition. The public's view of healthy stunted children is difficult to avoid. Therefore, the Health Office focuses more on the 1000 HPK program so that it is easier to supervise and provide interventions even though not many are successful. For this reason, it is also important to supervise healthy children, whether they have obstacles or not.
3. Training is only carried out by community cadres but not technical personnel from the Health Office. The training was only conducted for community cadres, not medical personnel from the local Health Office. In fact, the position of community cadres is under the Village Community Empowerment Service so that there is no special coordinator appointed from the Health Office to be the coach and oversee the running of the program in each village/kelurahan on a massive scale.
4. Schools are Closed Due to the Covid-19 Pandemic. The Covid-19 pandemic has hampered the stunting reduction prevention promotion program and made schools closed where the activity carried out

socialization to schools to teenagers and even door to door in every house.

5. Inadequate health facilities. Measuring instruments in measuring nutritional status according to standards are not available (microtoise and infantometer) so they are less accurate. In addition, there is no special storage warehouse for PMT food at the puskesmas. This is due to the unavailability of a warehouse rental budget..

CONCLUSION

Based on the results of the study, the implementation of stunting prevention and reduction by involving several OPDs in North Penajam Paser Regency is influenced by several factors that support and hinder the implementation process, both from the aspect of human resources, society, and socio-economics.

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