

Original Research

Analysis of The Implementation of Countermeasure Policies Against Stunting



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Article Info	Abstract
Article history: Received: 5 October 2023 Accepted: 22 April 2024	<p><i>Introduction:</i> Stunting is a major nutrition problem worldwide, especially in poor and developing countries. This problem leads to children's suboptimal brain, mental, and cognitive development. The stunting rate globally was 32.6% in 2000, and by 2017, around 150.8 million people were suffering from malnutrition and stunting. This research aims to determine the implementation of stunting prevention policies in the Puskesmas (Public Health Centre) Blang Cut working area.</p> <p><i>Methods:</i> The research used a qualitative method with a descriptive approach to analyze the implementation of countermeasure policies to reduce stunting. The Health Belief Model was used as the theoretical framework. The methodological orientation of this research was discourse analysis. The study used an interview guide and a voice recorder to collect information from 9 informants.</p> <p><i>Results:</i> Puskesmas Blang Cut has implemented several countermeasure policies to reduce stunting. These include increasing awareness about the importance of proper nutrition and hygiene, training healthcare workers on stunting prevention, and monitoring children's growth regularly. Implementing these policies has led to a significant reduction in the prevalence of stunting. However, some challenges still need to be addressed, such as increasing access to healthcare services and improving the quality of healthcare facilities.</p> <p><i>Conclusion:</i> Communication factors related to implementing Countermeasure Policies in Stunting Reduction have been running well. The puskesmas has carried out all stunting reduction program activities, but the more dominant one is the Supplementary Feeding Program for those affected by stunting.</p>
Keywords: communication, growth disorders, malnutrition, policy, stunting	

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INTRODUCTION

According to the Sustainable Development Goals (SDGs), children's health is a vital and valuable asset for a nation. The second point is explained to end hunger and all forms of malnutrition by 2030 and to achieve food security [1]. According to the United Nations International Child Emergency Fund (UNICEF), in 2020, Indonesia ranked 115 out of 151 countries in the world with a high level of stunting prevalence. According to the World Health Organization (WHO), more than 22.2% of toddlers in the world (150 million) are stunted, but the prevalence has not reached the threshold set by WHO, which is 20% [2].

The Asian continent, based on 2020 data sourced from the Joint Child Malnutrition Estimates, contributed 55% of the proportion of stunted toddlers in the world. A 55% proportion of toddlers come from South Asia, with a prevalence of 30.7%. Then followed by Southeast Asia with a prevalence of 27.4%, West Asia with a prevalence of 13.9%, Central Asia with 10.0% and East Asia with a prevalence of 4.9% [3]. Based on data from the Asia Development Bank, stunting in Southeast Asia is highest in Timor Leste, with a prevalence of 48.8%. Indonesia is second, with a prevalence of 31.8%, and the third is Laos, with a prevalence of 30.2%. Meanwhile, the country in Southeast Asia with the lowest prevalence of stunting is Singapore, with a prevalence of 2.8% [4].

Indonesia is a country that currently has many health problems. Part of the child's health condition that is currently a major concern that needs to be improved by public

authorities is the growth and development of the child. Many formative problems occur in youngsters, such as stunting. Stunting is the direct development in youngsters that is improper or stunted development described by substandard mind and mental advancement that is part of the health problems seen on the planet, especially in poor and agrarian countries. In addition, constant unhealthiness during the most basic growth and development period early in life, explained by protein energy and micronutrient deficiencies that interfere with ideal development, is also responsible for about 35% of deaths in children under five in general [5].

Cases of stunting or inability to grow and develop in toddlers in Indonesia are still high and have not shown significant improvement. The World Health Association (WHO) places Indonesia as the third country with the highest increase in cases in Asia. Based on the Essential Health Exploration information (2019), the stunting rate in Indonesia reached 30.8 percent. Meanwhile, the WHO focuses on stunting rates, which should not exceed 20%. There are two reasons for the high number of stunting cases in Indonesia. First of all, some unacceptable parenting designs are concerned with receiving food. Breastfeeding self-efficacy in breastfeeding mothers influences the mother's ability to breastfeed successfully. Self-efficacy in breastfeeding can influence commitment to breastfeeding, the mother's resilience in overcoming obstacles that arise during breastfeeding, and the mother's focus on the positives or negatives of breastfeeding [6]. Secondly, the financial

circumstances of guardians who belong to the disadvantaged group [7].

Government Regulation No. 39 of 2006 states that monitoring is an activity of observing a situation or condition, including certain behaviors or activities, aiming that all input data and information obtained from these observations become the basis. Monitoring is needed to run a program or activity to improve work plans and take immediate corrective action against some deviations. Therefore, monitoring is required to run the stunting prevention program. The steps in monitoring a program are determining the objectives of the program, determining the target of the program, determining work planning, determining the monitoring criteria used, collecting data, analyzing data, and determining conclusions and recommendations for the program to run well [8].

Stunting programs and programs related to it tend to remain the same type of activities according to the directions and instructions of the Health Department. However, the activity program runs more regularly than before 2018, such as community-based total sanitation counseling to national stunting priority village communities, washing hands with soap, stopping open defecation, checking the quality of drinking water and food, and building latrines every two weeks with alternating themes [9].

METHODS

Study Design

The study used a qualitative method with a descriptive approach by analyzing the

implementation of countermeasure policies in reducing stunting. The Health Belief Model was used as the theoretical framework. The methodological orientation of this research is discourse analysis. The study focuses on analyzing human resources and the implementation of informative communication applied by healthcare professionals related to government policies aimed at reducing stunting [10].

Participant Selections

The study used a purposive sampling method to recruit participants. Participants were approached face-to-face. The sample consisted of 9 participants. No one refused to participate or dropped out. Informants from the general public were coded "PS1, PS2,..." and so on in order. Meanwhile, informants from the government, whether community health center officers or people in charge of stunting prevention programs, were given the code "DS1, DS2," and so on in the following order.

Setting

Data was collected in the Blang Cut Puskesmas working area. To highlight the important characteristics of the sample in this study, the research considered providing information on diversity and representative aspects. Each participant in the study was selected with diversity and represented each aspect that wanted to be explored.

Data Collection

According to Miles and Huberman, qualitative

data analysis consists of three activities that co-occur: Data reduction, data presentation, and conclusion drawing and verification. Audio recording was used for data collection. Field notes were taken during and after the interview. Individual interviews typically lasted approximately 20 to 30 minutes per session. Efforts were made to ensure participants had enough time to share their experiences and opinions without feeling rushed. The chosen durations aimed to understand the issues addressed in this study thoroughly. This study monitored saturation by continually comparing new data with existing findings. Monitoring the amount of data on stunting incidents in the working area of the Puskesmas Blang Cut, monitoring the proportion of policies that have been implemented compared to planning, analyzing the quality of stunting prevention policy data, including checking whether the data is complete, accurate and relevant if deficiencies are found in the quality of the data then revisions are carried out more in-depth and targeted interview techniques, deleting irrelevant data, and seeking additional data sources from other informants and monitoring the suitability of the collected data to the research objectives. Finally, information about data saturation and monitoring results must be communicated regularly to the team or relevant stakeholders in this research as informants.

As the study progressed, it became evident that new interviews or focus group sessions did not yield substantially new insights, indicating saturation had been achieved. The decision to conclude data collection was made when no new themes or

information emerged from successive interviews or sessions. This iterative process ensured that the data collected reached saturation point, indicating a thorough exploration of the research questions.

This research has passed the ethical clearance Ref. 012/KEPK/UNPRI/I/2024.

RESULTS

Researchers determine themes from interview results. Themes were determined by policies.

Communication

This section discusses the programs carried out by Puskesmas Blang Cut to reduce stunting and the sources of information that influence informants' knowledge of the programs carried out by Puskesmas Blang Cut. All main informants said that the more dominant puskesmas program in reducing stunting is Supplementary Feeding (PMT).

What are the puskesmas programs to reduce stunting?

"The provision of PMT by the village, but at our puskesmas there is PMT for stunting and malnutrition" (PS1).

"There is supplementary food. The last supplementary food I saw was the provision of eggs and milk" (PS2)

"provision of PMT"(PS3)

"There is a provision of PMT"(PS4)

"and provision of PMT"(PS5)

"some give porridge, sometimes milk, changing it" (PS6)

From the results of preliminary interviews, it can be concluded that all main informants said that the program in reducing stunting in the Blang Cut Health Center work area was more dominant, namely Providing Supplementary Food (PMT), and supported by one Triangulation Informant who said the program carried out by the puskesmas in reducing stunting was providing additional food A. And other informants also mentioned that apart from providing extra food, parenting patterns also improved sanitation, this can be seen from the answer:

"The Health Office for the reduction and prevention of stunting is more in the 1000 days of life. However, we are not only in the first 1000 days of life. Moreover, we also focus on adolescent girls by giving blood supplement tablets to adolescent girls aged 12-18 years." (DS2)

"There are three things that can be done to prevent stunting, namely improving diet, parenting patterns, and sanitation and access to clean water" (D3)

In addition, one triangulation informant said that the stunting reduction program is more focused on the 1000 days of life, yet for now, it is focused on adolescent girls aged 12-18 years with the provision of blood supplement tablets.

Does the puskesmas ever provide information about stunting?

"Yes, we often conduct socialization and information to the village community about stunting issues" (PS1).

"Yes, always, we convey information about stunting to the village community"(PS2)

"Yes, often" (PS3)

"Yes, there is immunization time at the posyandu"(PS4)

"Yes, ever"(PS5)

"Once, at that time, someone said that the water in the house must be clean" (PS6)

All main informants said that the puskesmas had provided information about stunting, which was supported by triangulation informants who said they had also provided details on stunting and even conducted counseling in places where there was stunting data.

"Yes, often, the implementation of this puskesmas is that we conduct counseling to places where there is stunting data" (DS1).

"There has been both direct socialization and letters in places with stunting cases" (DS2).

In addition, one triangulation informant said that village officials were also conveyed socialization during the lockdown. This can be seen from the informant's statement when answering the researcher's questions.

When did the implementation of the stunting reduction program start?

"If the post is every one month, two times, then for tracking, we go down four times a year" (PS1)

"Every one month, two times" (PS2)

"Twice a month, posyandu is held" (PS3)

"Every one month, two times" (PS4)

"Every one month, two times" (PS5)

"At Posyandu" (PS6)

All main informants said that the stunting reduction program activities were carried out at the posyandu once a month, and they were supported by triangulation informants who said that the program had been implemented since 2020.

"Starting from 2020 yesterday until now and continuing this stunting handling activity" (DS1)

"It has been running since 2020 when cases of children with nutritional problems were found" (DS2).

"Already from 2020" (DS3)

What obstacles are there in the implementation of the stunting reduction program?

"For the obstacles, it's just that people rarely go to the posyandu, and sometimes when we visit their homes, they refuse to have their children's health monitored" (PS1).

"Mothers who rarely bring their children to the posyandu, and also every time a home visit is made many refuse to be monitored for their health unless we say there is food then they come to the posyandu" (PS2)

"do not want their children to be brought to the posyandu to be monitored, and if a visit is made to the house, many immediately close the house because they do not want their children to be monitored for their health" (PS3)

"while many other mothers still do not want to bring their children to the posyandu to monitor their health and if health workers come to the house there are still many who refuse because for them their children are healthy only" (PS4)

Then, proceed to the next question regarding the obstacles to implementing the stunting reduction program. The four main informants said that many mothers did not want to bring their children to the posyandu

to monitor their health, and when the puskesmas visited their homes, many still refused to monitor their children's health.

"The obstacle is that sometimes they are not there when we go to the place concerned. Because our community, on average, has sedentary jobs and rarely goes to the posyandu with their children, so that's what sometimes can't be monitored for the growth of their children" (DS1).

"For stunting, the obstacle is apart from socio-economics, because many work and do not care about the nutritional status of their children for funds as well" (DS2).

"The knowledge of parents who only think that stunting is caused by heredity and cannot be corrected" (DS3)

The obstacles were many mothers who did not want to bring their children to the posyandu to monitor their health. When there were visits from the puskesmas to their homes, many still refused to monitor their children's health and were supported by one triangulation informant who said that the obstacles to the implementation of the stunting reduction program were when the visit was not at home because of sedentary work and mothers who rarely brought their children to the posyandu made it difficult for health workers to monitor their children's growth.

What are the solutions to the obstacles in implementing the stunting reduction program?

"The solution is that yesterday we conducted sweeping at the homes of babies under five who did not attend the weighing after finishing posyandu" (PS1).

"The Last time we visited, we brought the head of the puskesmas and the doctor. In the past, we could bring village officials to involve the village head; they had to intervene" (PS2).

"Because mothers do not want to come to the posyandu to bring their children to be monitored, the puskesmas works with home visits" (PS3).

"From what I know, the puskesmas, assisted by cadres from the posyandu, have conducted counseling and monitoring at home" (PS4).

One triangulation informant said there are solutions to obstacles to implementing the stunting reduction program regarding funds.

"Yes, we cooperate across sectors as well as with the village and its posyandu cadres to counsel the community regarding the posyandu's importance in monitoring their children's growth. That's all we did yesterday" (DS1)

"The solution is with Dina's instructions and village funds; the village head is

expected to budget funds" (DS2).

"Continuous understanding is provided through socialization wherever and whenever" (DS3)

Resources

In this case, the first is human resources, whose sources are obtained directly from the Main Informant. Regarding how many human resources handle stunting at the Puskesmas Blang Cut in Lhokseumawe City, all the main informants said the number of human resources handling stunting.

How many human resources handle stunting at the puskesmas?

"I am the holder of the nutrition program, and the nurse is the assistant and the village midwife" (PS1).

"all sectors, ma'am" (PS2)

"one person" (PS3)

"As far as I know, there is only one person" (PS4)

"one person"(PS5)

"one person"(PS6)

All main informants said the number of human resources handling stunting at the puskesmas Blang Cut was only one person and was supported by triangulation informants who also said the number of human resources handling stunting at the puskesmas Blang Cut was only one person.

One triangulation informant said a doctor would be brought if a new home visit was done.

"If there is only one nutritionist from this puskesmas, the village midwife, midwife coordinator, immunization staff, if you make a new home visit to bring a doctor, there must also be a doctor if who knows there is an accompanying disease so it must be examined as well" (DS1).

"Nutrition workers, midwife coordinators, and all village midwives" (DS2).

"All sectors" (DS3)

What are the supporting facilities in the stunting reduction program?

"There are tools to measure height and weight, a nutritional status determination book, a KIA/KMS book, and stationery. And for PMT for toddlers, the equipment is sufficient" (PS1).

"Tools to measure height, weight scales, nutritional status determination books, MCH/CMS books. And PMT for toddlers, the facilities are sufficient, like the posyandu" (PS2)

"What I know is that there are tools for weighing and measuring height"(PS4)

"There are weight weighing and height measurement tools"(PS5)

"The weighing device is the same as

your height, ma'am, and then there is the contents of the book" (PS6)

The four main informants said the facilities supporting the stunting reduction program were height-measuring instruments and tools for weighing body weight. Completed and supported by all triangulation informants, the four main informants said the facilities for the stunting reduction program are height measuring instruments and tools for weighing body weight.

"There are tools too, tools for measuring height, weight, nutritional status determination books, KIA/KMS books, and stationery. And PMT for toddlers" (DS1)

"For supporting facilities, there is an anthropometric hit, which measures the height and weight of children" (DS2).

"Apart from going to the posyandu to measure the child's height and weight using scales and anthropometry, we also sometimes provide ultrasound for monitoring the baby in the womb" (DS3)

What is the budget source for the implementation of the stunting reduction program?

"For the funds from the village, and the mayor's program only" (PS1)

"And funds from the village" (PS2)

"What I know is funds from the village"(PS3)

"Funds from the village"(PS4)

"Funds from the village government"(PS5)

"Funds from the village government"(PS6)

Regarding the source of the budget for implementing stunting prevention, all main informants said that village funds dominate the source of the budget for implementing stunting prevention.

"If from the puskesmas, we don't have a budget, but if there is a budget from the village, we work with cross-sectors because they have their budget" (DS1).

"If the health department's budget seems insufficient, the instructions of the village government, which requires the village head to budget a minimum of 25 million for one village, help" (DS2).

"There is a budget from the health office and the village" (DS3)

DISCUSSION

Communication

Communication is an important factor in determining the success of implementing a public policy. Communication activities are needed to ensure that the implementation follows the content of public policy.

Communication does play an important role in coordination and implementation in general. However, genuinely perfect communication is a complex condition to realize [11]. Communication is the most important thing in policy implementation. According to Nugroho (2020), communication is the only element that determines the success of a policy. The success of the policy depends on how the implementer knows the goals and objectives of the policy itself so that it can reduce the GAP [12].

No matter how clear and consistent the provisions or rules are and how accurate the delivery of these provisions and regulations is, if the policy implementers responsible for implementing the policy lack the resources to implement the policy that lacks the resources to do the work effectively, the policy implementation will not be effective. Resources are the second factor after communication that will influence the success of policy implementation. Policy resources are everything used to support implemented policies' success [11].

The description above is aligned with the opinion of Handyaningrat (2013), who stated that policy is: "General statements or notions that guide thinking in determining decisions whose function is to mark the environment in which they are made to assure that these decisions will be aligned the achievement of goals." Thus, it is necessary to have program clarity to implement a program so that it can be implemented optimally, while a program must be supported by the activeness of the implementers in implementing a policy so that the policy of a

program can be delivered evenly and thoroughly to the people who need it [3].

Resources

No matter how good the concept and objectives of a strategy and the will or disposition to do it earnestly, if considerable human resources do not support it, implementing an approach will not go well. Human resources have a significant impact on the progress of approach execution. Because with the accessibility of adequate human resources, it will work with the objectives of an approach that wants to be achieved. The resources in question start from human and non-human resources, the most important being ineffective policy implementation. Many programs fail to be implemented due to a lack of human resources or skills and knowledge of these human resources, so the implementation of a policy. [13].

Agustino stated, "Actions carried out either by individuals/officials or government or private groups directed at achieving the objectives outlined in the policy decision" [14]. Resources are aspects that significantly affect the course of policy implementation, and resources include human resources, infrastructure, and financial resources [14]. According to Apriyani, human resources are related to the training and development of implementing personnel [15].

Thus, implementing a program policy requires qualified resources to assist and implement it optimally. Facilities and infrastructure that can support the policy also need to be provided.

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With the many programs from the government to eradicate stunting cases in Indonesia, obstacles often occur during implementation, such as limited human resources, delays in disbursement of health operational assistance funds, and the lack of campaigns to introduce stunting programs to community nurses. Therefore, the government needs to carry out monitoring, evaluation, and action to eradicate obstacles to the stunting program in order to increase its effectiveness. That way, stunting cases in Indonesia can be reduced.

CONCLUSION

Communication factors related to the Implementation of Countermeasure Policies in Stunting Reduction in the Blang Cut Puskesmas Working Area have been running well, the puskesmas has carried out all stunting reduction program activities, but the more dominant one is the Supplementary Feeding Program (PMT) for those affected by stunting. The resource factor in implementing Countermeasure Policies in Reducing Stunting in the Puskesmas Blang Cut reveals that the human resources are sufficient to support countermeasure programs in reducing stunting, such as nutritionists, village midwives, coordinating midwives, and personnel immunization.

CONFLICT OF INTEREST

This research has no conflict of interest.

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