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Stunting: A Serious Threat To The Nation's Future, Government's Role and Alternative Solutions

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Abstract: This study discusses the Jember District Government's policy in dealing with stunting in 2024, focusing on the role of the government, the programs implemented, the social problems that cause stunting, and the role of Integrated Healthcare Center (Posyandu) in reducing stunting rates in pregnant women. This study uses a literature review consisting of Google Scholar article reviews and relevant news. The results show that the government plays a significant role in handling stunting through various programs such as supplementary feeding, nutrition education, and child growth monitoring. Based on the evaluation, there is a decrease in the stunting index in Jember Regency, although there are still several obstacles that cause stunting to remain rampant. Social issues such as lack of public awareness, limited access to health services, and poverty are the main factors that hinder the reduction of stunting. Policy implementation refers to Presidential Regulation No. 72 of 2021, which emphasizes the importance of cross-sectoral cooperation and empowerment of Integrated Healthcare Center (Posyandu). Integrated Healthcare Center (Posyandu) plays an important role in managing pregnant women through routine check-up programs, provision of nutritional supplements, and health education. The study found that despite progress, improvements are still needed in terms of inter-sectoral coordination, resource allocation, and active community participation. The study concludes that the Jember District Health Office policy has shown positive results in reducing stunting, but still needs improvement in several aspects of implementation. Recommendations are given to strengthen cross-sector coordination, increase the health budget, and expand the scope of nutrition education for the community to achieve more optimal results.

Keywords: Health Policy, Stunting, Jember Regency, Public Policy Implementation, Integrated Healthcare Center (Posyandu), residential Regulation Number 72 Year 2021

Introduction

Stunting is a case of inadequate nutrition triggered by a lack of food intake in a long enough period of time to cause growth inhibition in children[1]. The condition where children have shorter bodies than other children's development is one of the long-term developmental barriers caused by stunting. Although malnutrition can occur in the womb and begin after birth, signs of stunting only appear when the child is 24 months old. Inadequate nutrition is essential for the classification of the Sustainable Development Goals (SDGs) which aim to eliminate all stunting by 2030, while the World Health Assembly (WHA) focuses on reducing the spread or number of stunting cases in Indonesia by [2]40% by 2025 to match the global target[3].

Stunting in Indonesia arises from a variety of aspects, including poor nutritional intake, unfavorable climate, poor maternal welfare, lack of nutritional understanding, and lack of public awareness. Financial factors are also influential, such as disparities in access to opportunities and resources. To overcome these barriers, an all-encompassing methodology is needed, including administrators (government), relevant stakeholders and communities[1]. The government has made important strides in addressing stunting, including providing Blood Additive Tablets (TTD) especially to adolescent girls through nutrition activity programs in schools, and complementary foods in the form of animal protein to children aged 6 to 24 months. In addition, to review the efficiency of the program and achieve positive data, body measurements of school adolescents were also implemented[4].

To address the problem of stunting, the Central and Local Governments are implementing a convergence of intervention activities, which consists of eight parts, such as: Activity 1: Recognizing the circulation of stunting, Activity 2: Increasing acceptance of quality food, etc[5]. Overall, stunting is a critical medical condition in Indonesia that is caused by various factors and requires a comprehensive methodology that links communities, stakeholders, as well as the relevant government. Efficient government mediation, for example, the provision of blood supplement tablets, nutritious food, as well as measurements to check the efficiency of the program, are essential in Indonesia's stunting response[5].

⁸ Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction is a strategic policy set by the Indonesian government to reduce stunting effectively and efficiently. Perpres No. 72 of 2021 expresses the strong commitment of the Indonesian government to reduce stunting, which has become one of the major health problems in the country. The government ensures an ambitious stunting reduction target that involves many parties and resources to achieve tangible or significant results. With Presidential Regulation No. 72 of 2021, it is hoped that stunting management in Indonesia, especially in regions such as Jember Regency, can be maximized and effective to achieve the stunting reduction target set by the government[6].

The purpose of this article is to analyze the Health Office's policy in dealing with stunting in 2024 with a focus on the role of the government, the programs run, the problems that cause stunting, and the role of Integrated Healthcare Center (Posyandu) in reducing stunting rates in pregnant women[7].

Methods

This exploration used a writing survey research strategy that accumulated information through a variety of sources, including diaries, reports and official records. The information collected was then examined to find out how the duties of public authorities, projects undertaken, changes in records that hindered, social issues that caused obstacles, and the Integrated Healthcare Center's duties in caring for pregnant women.

Results and Discussions

4 Stunting is one of the underlying signs of malnutrition found in children whose height is more limited than their age. Based on Basic Health Research (Riskesdas) data, stunting in Indonesia is now at an alarming level. In Jember Regency, the dominance of stunting is still quite high despite various mediations by the local government. Various factors contribute to the increase in stunting rates in Jember Regency, including environmental, social and economic factors. Poor access to health facility services, providing less nutritious food, and low intake of adequate nutrition and nutrients are often the main triggers[8].

Jember District Health Office Policy

The SDGs have set various indicators or targets that need to be realized by 2030, based on the reduction of stunting itself which is targeted to be reduced by 40% by 2025 and the existence of food security[9]. Therefore, the Indonesian Public Authority is also trying to reduce total stunting by 14% by 2024. The Child and Family Protection and Women's Empowerment Office is one of the government agencies of Jember Regency that was established by order of Mr. H. Hendy Siswanto in an effort to support the government to achieve the target of emphasizing the stunting rate as in Decree No. 188.45/61/1.12/2022 concerning the preparation of the Stunting Reduction Acceleration Team (TPPS) and commanded by the Deputy Regent. As part of this effort, a number of plans were made, such as dissemination (socialization) to adolescents and strengthening the Family Planning program, the Health Office also made efforts to reduce the stunting rate through a sensitive approach and a specific approach. The strategy is sought to reduce the stunting rate, implying that this strategy is in line with the targets and proportions of the policies made[10].

In addition to this policy, in overcoming this stunting case, the Jember Regency Government also has a commitment and strives and cooperates to reduce the quantity of stunting rates by issuing a policy in the form of Jember Regent Circular Letter Number 188.45/96/1.12/2019 regarding the List of Determination of Stunting Infants as Recipients of Regional Contribution Assistance (PBI-D) in 2019 and Jember Regent Circular Letter Number 188. 45/96/1.12/2019 Regarding the Local Coordination Team for Planning the Handling of Stunting Infants in Jember is one form of mediation implementation to reduce the level of stunting that has been implemented in Jember Regency under the auspices of the Ministry of National Planning which is assigned to carry out programs and budget planning related to reducing the level of stunting. Not only that, there is also the Provision of Additional Food Recovery (PMT-P) program that has been implemented at Puskesmas Sumberjambe and Tempurejo as regulated by the Ministry of Health through the Jember District Health Office.

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form of Jember Regent Circular Letter Number 188.45/96/1.12/2019 regarding the List of Determination of Stunting Infants as Recipients of Regional Contribution Assistance (PBI-D) in 2019 and Jember Regent Circular Letter Number 188. 45/96/1.12/2019 Regarding the Local Coordination Team for Planning the Handling of Stunting Infants in Jember is one form of mediation implementation to reduce the level of stunting that has been implemented in Jember Regency under the auspices of the Ministry of National Planning which is assigned to carry out programs and budget planning related to reducing the level of stunting. Not only that, there is also the Provision of Additional Food Recovery (PMT-P) program that has been implemented at Puskesmas Sumberjambe and Tempurejo as regulated by the Ministry of Health through the Jember District Health Office. [3]

Analysis of PMT-P and TPPS Policy Implementation with Van Meter and Van Horn Theory

Van Meter and Van Horn argue that policy implementation is an activity carried out by organizational implementers at the government and private levels that are carried out individually or side by side to realize the intended achievements. [11]The theory adopts a very significant top-down approach in observing the strategy to deal with stunting in Jember Regency. The theory is very supportive in understanding the implementation of the strategy from the central level to the local level, as well as examining the progress of the strategy in realizing the implementation of the strategy in reducing the stunting rate. Through a top-down approach, strategy implementation can be more organized and support the increased achievement of Sustainable Development Goals targets in relation to stunting control in Jember District[12].

To describe the Supplementary Feeding Recovery (PMT-P) strategy from the point of view of policy theory, it is necessary to analyze several significant elements that influence the implementation of the strategy. The following is a description of some of the main elements[13]:

1. Policy Objectives and Targets

The main objective of the PMT-P policy is to improve the nutritional status of young children suffering from malnutrition, undernutrition and stunting in order to reduce the prevalence of stunting in Jember District. This policy targets young children identified as malnourished by the Integrated Healthcare Center (Posyandu) based on their body weight and size[14].

2. Resources

Budget:

The implementation of this policy requires sufficient budget allocation to provide additional nutrition to meet the nutritional needs of young children. The most common barrier is the limited budget, making it difficult to meet the needs of all target groups[15].

Facilities:

Facilities required include poshandu to distribute supplementary food and equipment to measure and assess the nutritional status of young children. In some areas, there are geographical restrictions that hinder access to Integrated Healthcare Center (Posyandu), leading to uneven distribution of supplementary food[16]

Manpower:

Program implementers include nutrition officers, midwives, and Integrated Healthcare Center (Posyandu) cadres who are trained in supplementary food education and distribution. Training

includes menu development and early childhood food processing, communication skills for behavior change (KPP)[17].

3. **Inter-organizational Communication and Activities**

Effective communication between health services, Community Health Clinic (Puskesmas) and Integrated Healthcare Center (Posyandu) administrators is essential to ensure the success of the program. Strategies implemented include emphasizing the importance of providing nutritious food to families with young children and providing regular consultation and training to program implementers.[18]

3. **Characteristics of Implementing Agents**

Implementing agents have good insight and knowledge about the importance of the PMT-P program. However, the challenge lies in the lack of consistency in program implementation and inconsistencies with official Ministry of Health guidelines[19].

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

The social and economic environment affects the implementation of the PMT-P policy. Hard-to-reach areas and poor economic conditions of families are often the main obstacles. In addition, consistent political support is needed to ensure program sustainability and adequate funding.

Based on the analysis above, the PMT-P policy has clear objectives and is supported by skilled human resources. However, to improve the effectiveness of this program, challenges related to physical resources, effective communication, and socio-economic and environmental conditions need to be addressed. The implementation of policy measures should be continuously evaluated and adjusted according to official guidelines and the specific needs of target groups. [2]

Based on the implementation theory described, the strategy analysis of the Jember District Stunting Acceleration Team (TPPS) can be conducted using the following five main components[20]:

1. **Aims and Objectives**

The policy objectives of the TPPS are: Accelerate the reduction of stunting in Jember District by strengthening collaboration across sectors and levels of government. By combining the resources and efforts of various stakeholders, we provide more structured and targeted interventions to address stunting. The main target groups of the TPPS are stunted children under five and pregnant women in areas with a high prevalence of stunting. Another goal is to increase the capacity of high-risk families and communities, health workers, and Integrated Healthcare Center (Posyandu) cadres[21].

2. **Resources (Budget, Facilities, and Manpower)**

Budget

The TPPS requires an appropriately estimated allocation from the APBN and APBD to fund the planned programs and interventions. These funds will be used for supplementary feeding, training, support activities, and monitoring and evaluation activities[22].

Facilities

Adequate infrastructure such as: community health centers (puskesmas), Integrated Healthcare Center (Posyandu) and other health service centers are essential. In addition, nutrition monitoring tools, supplementary food ingredients, and transportation options for distributing supplementary food should also be provided[23].

Workforce

The workforce consists of trained health workers such as doctors, midwives, nurses, nutritionists and Integrated Healthcare Center (Posyandu) administrators. Continuous training to improve skills and knowledge in managing stunting and implementing nutrition interventions[19].

3. **Inter-organizational Communication and Activities Related to Stunting Management**

Effective communication between the TPPS and boundary institutions such as the Health Office, Education Office, Social Affairs Office and non-governmental organizations is very important. Good inter-organizational communication is necessary to coordinate efforts and make the best use of available resources[19].

4. **Characteristics of Implementing Agents**

Implementing agents consist of individuals who are highly competent in the health and nutrition sectors. It is essential to fully understand the problem of stunting and effective interventions.

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

The level of public awareness of the importance of child nutrition and health has a significant influence on the success of the program and active support from local communities is essential for effective program implementation. Many vulnerable families have difficult economic situations that may limit their access to nutritious food. Economic aid or assistance programs for poor families can help support stunting reduction efforts[24].

In order for the implementation of the TPPS policy in Jember District to be successful, these five key components need to be considered and optimized. Clarity of goals and objectives, availability of resources, effective communication, capacity and commitment of implementing actors, and support from the social, economic and political environment all contribute to reducing the prevalence of stunting in the region. [1]

Social Issues that Lead to Stunting

The social issues that cause stunting include several interrelated factors that affect children's nutritional status. Here are some of the main social issues that contribute to stunting:

- a. **Economic situation:** A family's financial constraints affect its ability to purchase nutritious food. Low-income households are often unable to supply enough nutritious food for their children, impacting their growth and development[16].
- b. **Lack of nutritional knowledge:** Many parents are not convinced of the importance of balanced nutrition for their children, especially during the first 1,000 days of life, which is a critical period in a child's development.
- c. **Mother's education:** Low maternal education often leads to low knowledge about child health and nutrition. Mothers with poor education often do not understand the importance of nutritious complementary foods and exclusive breastfeeding.
- d. **Environmental Hygiene and Cleanliness:** Poor sanitary conditions and an unhealthy environment can make children more vulnerable to infectious diseases. Repeated infections, especially diarrhea, can interfere with the absorption of nutrients and lead to stunted growth.
- e. **Early marriage:** The high rate of early marriage is also an important factor. Mothers who marry and become pregnant at a young age are often unable to provide adequate care for their children, both physically and mentally.

- f. Limited access to health services: Lack of access to adequate health services, including Integrated Healthcare Center (Posyandu), Community Health Clinic Puskesmas, and other health facilities, means that many families cannot access stunting prevention and treatment.

To address this issue, the government, health workers, communities, non-governmental organizations and others must work together to improve nutrition knowledge, improve economic conditions and provide better access to health services.

The Role of Integrated Healthcare Center (Posyandu) in Reducing Stunting Rates in Pregnant Women

The role of Integrated Healthcare Center (Posyandu) in overcoming stunting in pregnant women is very important and diverse, especially in areas with high stunting rates such as Jember District. Here are some of the main roles of Integrated Healthcare Center (Posyandu) in overcoming stunting in pregnant women:

- a. **Maternal and Child Health Monitoring:** Integrated Healthcare Center (Posyandu) allows pregnant women and children to monitor their growth and development. The monitoring includes activities such as measuring the child's weight, height, and head circumference. This information helps in early detection of stunting cases[15].
- b. **Counseling and Education:** Integrated Healthcare Center (Posyandu) educates pregnant women about the critical importance of nutrition during pregnancy and the first 1000 days of a child's life. This education includes the importance of exclusive breastfeeding, nutritious diet, and good hygiene.
- c. **Provision of Special Programs:** To provide additional education and support Integrated Healthcare Center (Posyandu) activities, special programs such as the Student Study Service (KKN) involving students from various universities will also be conducted. This program focuses on expanding mothers' knowledge on stunting prevention and preparing nutritious meals.
- d. **Community Participation and Engagement:** The Stunting Aware Integrated Healthcare Center (Posyandu) program engages various stakeholders, including village government and residents, to develop understanding of and contribute to stunting reduction efforts. This community participation also helps support pregnant women and families to practice healthy habits.
- e. **Collaboration with Health Professionals:** Integrated Healthcare Center (Posyandu) works closely with midwives, nutritionists and other health workers to ensure that pregnant women and children affected or at risk of stunting receive appropriate treatment. This collaboration includes the development of socialization materials and consultation on handling reported cases of stunting.

With these diverse roles, Integrated Healthcare Center (Posyandu) is at the forefront of stunting prevention and control efforts, with a particular focus on pregnancy and early life, which are critical periods for stunting interventions[25].

Conclusion

The strengths and weaknesses of the implementation of the two policies that have been mentioned in emphasizing stunting rates based on the theoretical analysis of Donald S. Van Meter and Carl E. Van Horn, among others: 1) Strengths of TPM-P and TPPS Policy Implementation, among others; TPM-P and TPPS policies have the power to increase public awareness of the importance of providing additional nutrition in

stunting cases; TPM-P and TPPS can increase community access to nutritious supplements and improve quality of life; this policy can also improve coordination between authorities and increase community participation in handling stunting. 2) The weaknesses of TPM-P and TPPS implementation include: the TPM-P and TPPS policies have weaknesses in terms of high implementation costs that can burden the government and the community; the implementation of TPM-P and TPPS may also face obstacles due to the lack of sufficient infrastructure and capital; this policy may also face obstacles due to the lack of public awareness of the importance of supplementary feeding for stunting patients.

Therefore, the strengths of TPM-P and TPPS implementation lie in their ability to increase community awareness, improve access to nutritional supplements, and enhance inter-agency coordination. On the other hand, the weaknesses of their implementation are high costs, lack of adequate infrastructure and resources, and lack of public awareness. The researcher hopes to assist all members of the public in compiling article material without violating copyright by presenting the above points and citing relevant sources from 2024 or earlier.

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