Implementation of The Stunting Reduction Policy

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Abstract

This paper will examine the elements that influence the execution of stunting prevention policies in Sumedang Regency, using a case study of integrated stunting prevention policies in the region. The Sumedang Regency Government is implementing an integrated stunting prevention policy in an effort to reduce stunting in the regency beginning in 2023. This research employs qualitative research methodologies, with data collected through in-depth interviews, observations, and documents. The purposive sample strategy was employed to recruit informants. The research findings revealed that resources, disposition, and bureaucratic structure all have an impact on the success of integrated stunting prevention programs in Sumedang Regency. Meanwhile, communication considerations have not had a significant impact on the success of adopting integrated stunting prevention programs in Sumedang Regency.

Keywords: Sumedang, Policy Implementation, Stunting

Introduction

Indonesia has a somewhat high frequency of stunting when compared to other middle-income countries. According to the Indonesian Toddler Nutrition Status Survey data, the prevalence of stunting in Indonesia will fall from 21.8% to 19.5% by 2022 (Ministry of Health, 2023). However, this figure exceeds the World Health Organization's maximum tolerance for stunting. The WHO targets a stunting rate of no more than 18% (Sari, 2021). Meanwhile, the World Bank reported that during its expansion phase, the Indonesian workforce faced 54% stunting (Sari et al., 2022). Stunting prevention and control in Indonesia have been planned from 2018.

Toddler stunting is influenced by a variety of variables, including direct ones such as food consumption and infectious illnesses, as well as indirect factors like as nutrition awareness, parental education, food distribution, and family size (Suprayogi et al. 2021). Aside from these elements, many other factors impact nutritional circumstances, such as socioeconomic status, family demographic data (number of family members, child birth spacing), education, environmental health, and so on (Suryanto, 2021). Family socioeconomic position, such as parental income, education level, and number of family members, might be indirectly connected to stunting (Kurhayadi, 2020).

Second, bad parenting habits, a lack of healthy food consumption, and inadequate health-care facilities. The findings of study done in Pandeglang Regency on stunting prevention in the new adaption phase of the New Normal demonstrate that these variables contribute to Pandeglang's high stunting rates. With this knowledge in mind, the local government has developed programs to reduce the prevalence of stunting, including child welfare and protection, referral health, health promotion and community empowerment, mineral water and environmental health, and community nutrition improvement programs. (Superyogi, 2022).

Third, the Regional Government's stunting reduction methods and approaches are not yet successful. This is shown by the continued high frequency of stunting in numerous parts of Indonesia. The stunting prevalence rate in North Sulawesi, for example, is 25.5%. Although this figure is lower than the national figure (30.8%), it is still unsafe because it has not yet reached the WHO-recommended stunting rate of 20%. According to North Sulawesi Health Office statistics from 2018, Sangihe Islands Regency (35%), East Bolaang Mangondow (32.4%), Bolaang Mangondow (30.6%), and Manado City (28%) outperformed the province. Previous research found that the prevalence of stunting in one of the districts in North Sulawesi, specifically in Bolaang Mongondow District, is still quite high, this is due to parenting patterns where feeding habits, parenting habits, hygiene habits, and habits of getting health services are still lacking (Suprayogi et al. al., 2022), Muntoi Village, West Passi District, Bolaang Mongodow Regency shows that community knowledge about stunting prevention is.

In 2014, the government enlisted the help of several multi-sectoral organizations, including 23 technical ministries and local governments, to combat and prevent stunting. However, differences between provinces remain large, and the average reduction in stunting in Indonesia has yet to meet the WHO target of no more than 18%. Based on this issue, the government published a policy in 2020 that determined the selection of priority locations for stunting interventions at the district/district level based on a variety of variables, including the number of stunted toddlers, stunting prevalence, and poverty levels. The intervention locus for reducing stunting has been identified in 100 regencies/districts and will continue to expand each year (Sari et al., 2021). Sumedang Regency, one of West Java Province's regencies, is also dealing with stunting issues. According to data from the West Java Provincial Health Service, the number of stunting patients in West Java province in 2020 was 5.4%.

Since adopting the strategy to accelerate integrated stunting prevention, the prevalence of stunting in Sumedang Regency has decreased during the previous three years, from 2021 to 2023. Based on the rationale provided above, the purpose of this research is to determine what factors influence the successful implementation of policies to accelerate stunting prevention in Sumedang Regency. The policy's concern is very complex, namely improving the quality of human resources; therefore, research is required to determine whether the policy of accelerating stunting prevention in Sumedang Regency has succeeded in reducing the stunting rate in accordance with the policy's initial objectives.

Methods

This study was conducted utilizing qualitative research and a case study research style. This study employs a case study approach because, according to Kushendar (2021), this approach is used to investigate and comprehend an event or problem that has occurred by gathering various types of information, which is then processed to obtain a solution so that the problems revealed can be addressed.

Primary data is collected from observations, interviews, recordings, and photographs of several informants chosen by the researcher. Meanwhile, secondary data is literature from prior research sourced from published reports and papers pertinent to the research, such as posyandu cadre reports. Primary data is obtained through observation and in-depth interviews.

Results and Discussion

In this part, the researcher offers the findings of a study of the variables influencing the policy of accelerating integrated stunting prevention in Sumedang City, as viewed through the lens of the Edward III policy's implementation indicators. The following are thorough study findings demonstrating that:

1. Communication.

Communication is essential in policy implementation because it allows people to understand the policy's substance, goals, direction, and target groups. In this study, communicators are defined as the Family Hope Program Support Team's policy stakeholders. Meanwhile, communicants are the target population for particular nutrition intervention services and the recipients of sensitive nutrition treatments. Communication in this research was evaluated based on transmission, clarity, and consistency.

a) Transmission

The transmission component necessitates the dissemination of convergence policies to expedite integrated stunting prevention in order to reduce stunting across all key stakeholders, including implementors, target groups, and stakeholders. The implementor has sent information in phases. Providing stunting training to the Family Assistance and Social Assistance Teams. The goal of this program is to raise awareness of stunting within the target demographic. Each subdistrict provides training for Family Assistance Teams. Meanwhile, the training is not open to all members of the social support team due to current quotas.

Community Health Center Midwives provide counseling to Cadres.

Sub-district counseling has been conducted on a regular basis. Midwives at Community Health Centers often deliver information regarding stunting, particularly now that it has become a staged routine practice.

Counseling by cadres for posyandu participants

Cadres' understanding of stunting is pretty widely known; yet, cadres continue to depend largely on health professionals when communicating, informing, and educating target communities about stunting. According to some of the cadre informants contacted, they were still unsure if a kid was stunted or not because of their modest height. This is because many cadres still do not have a Stunting Reduction Guidebook.

b. Clarity and Consistency

The term "clarity" refers to the clear communication of policies to implementers, target groups, and stakeholders. So that they understand the goals, objectives, and content of public policy in order to execute it effectively and efficiently. Meanwhile, consistency is required so that the policies adopted do not become ambiguous, causing misunderstanding among policy implementers, target groups, and stakeholders.

2. Resources.

Resources refer to all sources that may be utilized to aid in the effective implementation of policies. Resources are critical for executing policies and ensuring their effectiveness. Because without resources, policies drafted on paper may just become plans and never be implemented. In this study, resources include human resources, money, and facilities.

HR support is critical for program implementation. In terms of quality, dependable resources with adequate abilities in the area of work will contribute to the program's success. Meanwhile, the quantity will be determined by the number of actions that a policy/program must execute (Suprayogi, 2018).

In terms of quality, human resources for field health professionals match the capabilities required to deal with stunting. However, posyandu cadres should get frequent training, particularly on children at risk of stunting and how to treat it. According to field observations, some posyandu cadres remain perplexed regarding youngsters classified as stunting family companions. This is due to the fact that certain family support team members still have service areas that are either excessively big or include numerous locations. The number of family support teams is as follows:

3. Disposition

Based on research on implementor disposition, it can be concluded that implementor disposition factors influence the implementation of policies to accelerate stunting prevention in Sumedang City. This factor focuses on two things, namely honesty and commitment of the implementer.

In specific nutrition interventions, it was found that the implementor's honesty and commitment worked well. Regarding the honesty factor, the implementation of stunting prevention policies in the field can be said to be very good because the data recorded by cadres or midwives in terms of providing data on children at risk of stunting is an accurate and measurable process. Likewise with the commitment of implementers, namely midwives and posyandu cadres who have a high commitment. In terms of providing stunting data, they collect data manually, provide family assistance such as providing IEC to target groups and providing referrals and social assistance for children who fall into the stunting category.

In sensitive nutrition interventions, implementors have honesty and commitment in implementing integrated stunting prevention policies. The DINAS involved in the integrated stunting prevention policy work together to implement existing programs in each DINAS related to efforts to reduce stunting in Sumedang City.

4. Bureaucratic Structure

In this policy there are many actors, organizations and even different levels of government in its implementation. The implication is that there are diverse functions and wide spans of control, as well as complex work flows. There needs to be supervision (control) to ensure that the work sections/units and individuals are provided

The task is to carry out its obligations well in accordance with the established guidelines.

Convergence efforts to prevent stunting are an intervention approach that is carried out in a coordinated, integrated and joint manner. This effort must involve cross-sectors in planning, implementing and monitoring activities. Regional governments are responsible for ensuring that cross-

sector interventions to prevent stunting can be implemented effectively at the provincial, district/city and village levels.

Convergence efforts to accelerate stunting prevention are implemented following the regional development planning and budgeting cycle to ensure:

o Planning of stunting prevention activities is carried out based on data.

o Specific nutrition and nutrition sensitive interventions are allocated in planning and budgeting documents.

o Integrated monitoring and making adjustments to the implementation of programs/activities based on findings in the field to improve the quality and coverage of nutrition-specific and nutrition-sensitive interventions.

This policy is funded through the Regional Revenue and Expenditure Budget. To ensure that this strategy is effectively implemented in the community (Sari et al., 2021), the Sumedang Regency Government has budgeted incentives for field implementers. The Sumedang Regency Government pays each Posyandu cadre Rp. 450,000,- per month, minus taxes. The Sumedang Regency Government also provided operational incentives to the social support team. Apart from human resources and fiscal assistance, facilities play an important role in the success of policy implementation. According to the findings, health facilities at community health centers and posyandu are adequate (Suprayogi et al.,2022).

Conclusion

According to prior research and debates, the introduction of integrated stunting prevention measures in Sumedang Regency was successful in lowering stunting rates (Sari et al., 2022). Factors influencing the success of this implementation include improved communication, resources such as good human resources, budgets, and facilities, policy implementers with appropriate teams and commitment, and a bureaucratic structure that implements tiered coordination and conducts regular monitoring and evaluation (Sari et al., 2021). Although success has been achieved, additional focus is still required to improve communications, expand resources, and more effective monitoring to reach ideal results.

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