

QUALITATIVE STUDY: IMPLEMENTATION OF THE STUNTING REDUCTION PROGRAM POLICY AT THE ENREKANG DISTRICT HEALTH OFFICE

Puput Putri^{1*}, Nuristha Febrianti², Hardianti³

¹ Department of Health Administration, Widya Nusantara University

^{2,3} Department of Nutrition, Widya Nusantara University

**Corresponding Author E-mail:*

Puput@uwn.ac.id

ABSTRACT

Background: Stunting is a condition of stunted growth in young children caused by chronic malnutrition, particularly during the first 1,000 Days of Life (TDL). Stunting (short stature in children) is a critical nutritional issue, especially in poor and developing countries. The impacts of stunting on children include lower intelligence (IQ) and weakened immune systems, which make children more susceptible to various illnesses.

Methods: This study uses a descriptive qualitative design. The sample consists of 7 individuals involved in the stunting reduction program, selected purposively. Data was collected through semi-structured, in-depth interviews conducted directly.

Results: The results of this study show that the communication of the stunting reduction program policy implementation is functioning well. Information from policymakers to policy implementers has been delivered clearly and consistently. In terms of the quantity of human resources at the district level, it is considered adequate; however, some regional organizations, particularly in the health sector (nutrition staff), still face limitations. There are also constraints related to funding and facilities in the health sector that support field measurements, which affects the optimal implementation of the stunting reduction program. The attitude/disposition of commitment and support from the Regional Government, relevant OPDs (Regional Work Units), and village governments in implementing the stunting reduction program is considered good but not yet optimal in fulfilling duties and responsibilities for accelerating stunting reduction. As for the bureaucracy structure, the implementation of the stunting reduction program is progressing adequately, with the program's mechanisms aligning with Presidential Regulation Number 72 of 2021 on Accelerating Stunting Reduction, and the organizational structure has been established with clear division of tasks.

Conclusion: The Nutrition Health Officers at the Health Office serve as accelerators in the process of analyzing and implementing appropriate interventions in Enrekang District. Programs in the form of education, community service, and supplementation are the most important factors chosen by the Enrekang District Health Office.

Keyword: Policy Implementation, Program, Stunting

INTRODUCTION

Stunting is a form of impaired growth in children caused by prolonged malnutrition, making it a chronic nutritional issue affecting developing countries, including Indonesia. Children under the age of two are a key focus for assessing early stunting occurrences and targeting improvements in their nutritional status. This is because, at this age, children are less exposed to various external factors such as food intake that affect their growth. During this period, children experience rapid growth, enter the golden age of development, and undergo maturation and increased functionality of their organs. Stunting is defined as a failure to grow in young children due to chronic malnutrition, particularly during the first 1,000 Days of Life (TDL). A child is classified as stunted if their height-for-age is below the national standard or if their Z-Score for height-for-age is < -2 SD. Stunting represents a failure in growth and development due to inadequate nutritional intake in young children. To this day, stunting remains a global health issue, particularly in developing and low-income countries [1]. Stunting in children (height-for-age impairment) is an indicator of chronic malnutrition and results from insufficient energy and nutrient intake. Stunting has severe consequences for future physical and mental development. The WHO target is to reduce the prevalence of stunting by 40% by 2025 [2]. The factors influencing stunting include direct factors, indirect factors, and root causes [3].

Preventing and addressing stunting requires a holistic and integrated approach. Presidential Regulation Number 42 of 2013 is one of the strategies in Scaling Up Nutrition (SUN), involving various sectors that must be managed with strong coordination from the central to the local levels. Dissemination of information and advocacy to stakeholders and other actors across sectors at the same level is necessary, along with efforts for training and education for structural personnel to effectively explain and empower communities to improve nutritional status. Furthermore, an important intervention is strengthening the first 1,000 Days of Life (TDL) by integrating it into social and cultural practices, and providing brief courses in knowledge and education to mothers before pregnancy or as pre-marital preparation [4].

Enrekang District is one of the regions with a high prevalence of stunting, ranking 6th with a stunting rate of 39.6%. However, in 2019, according to data from the Ministry of Health, the stunting rate in Enrekang District increased to 45.8%, making it the district with the highest number of stunting cases in South Sulawesi. Additionally, data from the Enrekang Health Office shows that the stunting rate among children under five in Enrekang District is 24.5%, or approximately 3,771 out of 15,405 children. The four sub-districts with the highest stunting rates in Enrekang are Buntu Batu at 44.3%, Baraka at 42.9%, Malua at 35.5%, and Maiwa at 30.6%. The village of Bone-Bone in Baraka Sub-district has one of the highest stunting rates, reaching 61.29%. Therefore, it can be said that Enrekang District has the highest prevalence of stunting in South Sulawesi.

METHODS

Design

This research was conducted from May to July 2023 in Enrekang District. The study employs a quasi-qualitative research type to analyze the "Implementation of the Stunting Reduction Program Policy at the Enrekang District Health Office" using a case study approach. The aim is to explore through observation, in-depth interviews, and documentation, utilizing analysis methods focused

on communication components, resources, attitudes/dispositions, and bureaucratic structure. The research seeks to gather information based on facts in a systematic manner using a case study approach.

Settings and Participants

This research was conducted from May to July 2023 in Enrekang District. The study employs a quasi-qualitative research type to analyze the "Implementation of the Stunting Reduction Program Policy at the Enrekang District Health Office" using a case study approach. The aim is to explore through observation, in-depth interviews, and documentation, utilizing analysis methods focused on communication components, resources, attitudes/dispositions, and bureaucratic structure. The research seeks to gather information based on facts in a systematic manner using a case study approach.

Data Collection

Data collection in qualitative research can be carried out through both primary and secondary data methods. Primary data is obtained through in-depth interviews with participants. Before conducting the interviews, researchers explain the study to the participants and obtain their consent to participate, known as informed consent. The interviews are conducted face-to-face, lasting between 30 to 45 minutes, and are recorded using a voice recorder or audio recorder. Field notes are also taken to document events that occur during the interview process.

Research Ethics

This research has been approved by the Health Research Ethics Committee (KEPK) of the Faculty of Public Health, Hasanuddin University, with protocol number: 2523105014 and letter number: 1672/UN4.14.1/TP.01.02/2023.

RESULTS

Communication

Based on in-depth interviews with informants, it was stated that communication regarding the stunting reduction program in Enrekang District is ongoing. The policies established for the stunting program include: Enrekang Regent Decree No. 440/KEP/IX/2018 concerning the Community Care for Stunting Movement (GEMPITA). Enrekang Regent Decree No. 141/KEP/III/2022 concerning the Formation of the Stunting Reduction Acceleration Team for Enrekang District. Here is an excerpt from the interview:

"Among other things, our policies have led to the creation of several regent regulations, some of which are in the form of regional regulations and other forms of regulation. The policies we have adopted are exceptional because, in South Sulawesi, Enrekang is a key area for stunting prevention, including Bone. The Enrekang Regent Decree No. 440/KEP/IX/2018 on the Community Care for Stunting Movement (GEMPITA) and the establishment of the Stunting Reduction Acceleration Team (TPPS)."

According to the interview results, the informant also mentioned that the stunting program activities are carried out according to the standard operating procedures for the stunting program.

These procedures are implemented after the formation of the stunting coordination team and are socialized during the first coordination meeting with the Family Planning Office's responsible personnel. Technical guidance is provided during the implementation of the 8 convergence actions.

Resources

From the in-depth interviews, informants indicated that the human resources align with the Regent's Decree attachment, including the Head of the Health Office, the Community Health Division, the SDK Division, the P2P Division, and the Health Services Division. Among the Health Centers (Puskesmas), only 9 out of 13 have staff with a background in nutrition, and there are existing contracts with other personnel. Here is a quote from the interview:

"If the human resources in the health sector, specifically the Health Office staff, are the Head of the Office, the Community Health Division, the SDK Division, the P2P Division, and the Health Services Division, there are currently only 9 Puskesmas out of 13 that have staff with a background in nutrition. The remaining staff are midwives and nurses."

Based on this, one informant also confirmed that the availability of human resources is insufficient or inadequate, and some nutrition duties are being carried out by nurses/midwives. Here is a statement from the informant:

"The availability of human resources is not yet adequate, and perhaps the current staff need competency enhancement."

According to the in-depth interviews, it was stated that funds have been allocated but are still insufficient.

"There is already funding, and for the stunting program, there is a Budget for Operational Costs (BOK) from the central government. This funding is used to support family assistants, local evaluations, and audits."

All informants also mentioned that supportive facilities for stunting prevention face challenges, particularly with anthropometric equipment not meeting needs. Here is the interview excerpt:

"One of the issues is with anthropometric equipment. Although we have budgeted for anthropometric equipment this year, it is still limited and has not reached all villages."

Attitudes/Disposition

This section discusses the commitment, motivation, willingness, desire, and attitudes of policy implementers in executing the stunting reduction program in Enrekang Regency. Based on in-depth interviews, informants reported that the Regent is highly committed to reducing stunting. This commitment was formalized during the Rembuk Stunting 2022 event. Here is a quote from the interview:

"After the regional head learned that Enrekang Regency was identified as a priority area and has the highest prevalence, the Regent is very committed to reducing stunting."

"There is a commitment that was formalized at the Rembuk Stunting 2022 event."

This information is supported by statements from informants highlighting that the local government is very active and supportive of the stunting reduction program. Here is an excerpt from the interview:

"The local government, including the Regent, Deputy Regent, and heads of departments, is very supportive and committed to accelerating the reduction of stunting."

Bureaucratic Structure

Based on in-depth interviews with informants, the implementation of the stunting reduction policy in Enrekang Regency adheres to Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction. Here are key insights from the interviews, quotes from the interviews:

"There are no specific SOPs yet that regulate stunting prevention. The existing SOPs are only related to tracking stunting cases, with direct references to Presidential Regulation Number 72 of 2021."

"Currently, there are no specific SOPs for the convergence actions. We still refer to Presidential Regulation Number 72 of 2021 regarding the acceleration of stunting reduction and guidelines from the province."

The local government has established a clear division of work and responsibilities for all stakeholders involved in the stunting reduction program. The Tim Percepatan Penurunan Stunting (TPPS) at the district level has been formed based on the Regent's Decree regarding the Stunting Reduction Acceleration Team.

"Work division and responsibilities are clearly defined based on the Regent's Decree concerning the Stunting Reduction Acceleration Team, both at the district level. I hope all stakeholders will collaborate effectively, have a strong commitment, and help us achieve the target of reducing stunting prevalence to 14% by 2024."

DISCUSSION

Communication is one of the key variables and factors for creating effective policies [5]. Communication is the process of conveying a message from one person to another to influence behavior and actions, whether directly or indirectly [6]. In reducing stunting, effective coordination and communication among relevant Regional Government Organizations (OPDs) are essential. Interpersonal communication, combined with mass media campaigns, policy advocacy, community mobilization (such as Posyandu), and strategic use of data, has proven to be highly effective in significantly lowering stunting rates [7]. From the interviews conducted, it is evident that the communication involved in the implementation of the program is quite good but still needs to be optimized to ensure it reaches the community more effectively. Communication in the implementation of stunting mitigation policies in Enrekang Regency is functioning well, with information being conveyed through monthly meetings, socialization, and WhatsApp. The information from policy makers to policy implementers is clear and consistent, but coordination among OPDs still needs to be improved.

Human resources are crucial as they serve both as the subjects of policy implementation and as the objects of the policy itself [8]. Resources in the implementation of the stunting mitigation program at the Enrekang Regency Health Office, in terms of the quantity of human resources at

the district level, are considered to be adequate. However, there are still limitations in some regional government organizations, particularly in the health sector (nutrition staff), and the sector is perceived as lacking. Additionally, there are constraints related to funding and facilities in the health sector that support field measurements, leading to suboptimal implementation of the stunting mitigation policy in Enrekang Regency.

Funding is related to the adequacy of capital or investment in a program or policy to ensure its successful implementation. Without sufficient financial support, the policy will not effectively achieve its objectives and goals [9]. Based on in-depth interviews with informants, it was stated that funding has been allocated but is still insufficient. Further information from other informants indicated that there is no specific budget for stunting as all funds are allocated to the Family Planning Office. According to Mauldiana's research (2016), one of the factors hindering policy implementation is the lack of resources (funding), and adequate funding is required. Thus, while the availability of funds for implementing the stunting reduction program in Enrekang Regency is considered adequate, it is not yet fully met at the organizational level of field implementers. Facilities and infrastructure are critical factors affecting policy implementation. The provision of suitable facilities, such as buildings, land, and office equipment, supports the successful implementation of a program or policy. Based on in-depth interviews, all informants indicated that a significant challenge in stunting prevention implementation is the inadequacy of anthropometric tools. Proper facilities and infrastructure must be available to policy implementers to ensure that activities are conducted efficiently and effectively [10].

The attitude, commitment, and support from the local government, relevant OPDs (Organisasi Perangkat Daerah or Regional Work Units), and village governments in implementing the stunting reduction program in Enrekang Regency are considered fairly good. The Regent is highly committed to reducing stunting, as evidenced by a formal commitment made during the Stunting Discussion Forum in 2022. However, the implementation of duties and responsibilities to expedite stunting reduction has not yet been maximized. The commitment of the regional leader as the main person responsible for handling stunting has led to the formation of a stunting reduction acceleration team involving various OPDs. This designated team is responsible for planning, implementing, monitoring, and evaluating integrated stunting reduction activities organized by the cross-sectoral OPDs. Standard Operating Procedures (SOPs) related to work processes and involved personnel play a crucial role. On one hand, SOPs can assist in policy implementation if they adapt to changes. On the other hand, if SOPs are not adaptable, they may hinder effective implementation. SOPs serve as guidelines for each implementer to ensure that policy execution stays aligned with the policy's objectives and goals [11].

A bureaucracy with an excessively long and fragmented structure tends to weaken oversight and lead to complex and convoluted procedures, which in turn causes organizational activities to become inflexible [12]. The bureaucracy structure and the implementation of the stunting prevention program are progressing quite well, with the stunting program mechanisms in Enrekang Regency functioning in accordance with Presidential Regulation No. 72 of 2021 on the Acceleration of Stunting Reduction. The organizational structure has been established with clear division of labor, but there are no specific Standard Operating Procedures (SOPs) governing the implementation of stunting convergence actions.

REFERENCES

- 1 R. A. S. AM, S. Suhartono, and N. Nurjazuli, "Risk factors for lead (Pb) and cadmium (Cd) exposure to stunting in toddlers: A systematic review," *J. Serambi Eng.*, vol. 8, no. 1, 2023.

- 2 S. H. Quamme and P. O. Iversen, "Prevalence of child stunting in Sub-Saharan Africa and its risk factors," *Clin. Nutr. Open Sci.*, vol. 42, pp. 49–61, 2022.
- 3 S. Novianti and A. Nurjaman, "The Relationship Of Environmental Factors And A History Of Diarrhea To The Incidence Of Stunting In Baduta Aged 6-23 Months," *Int J Heal Sci Med Res [Internet]*, vol. 1, no. 2, pp. 62–72, 2022.
- 4 R. I. Kemenkes, "Pokok-pokok renstra kemenkes 2020-2024," 2020.
- 5 I. H. Kusnadi and M. R. Baihaqi, "Implementasi Kebijakan Sistem Online Single Submission (OSS) Pada Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu (DPMPTSP) di Kabupaten Subang," *World Public Adm. J.*, 2020.
- 6 H. A. N. HANDOKO, "Perilaku organisasi," 2002.
- 7 Kementerian Kesehatan RI, "Profil Kesehatan Indonesia 2017," Jakarta, 2018.
- 8 A. Suryono, *Manajemen Sumberdaya Manusia: Etika dan Standar Profesional Sektor Publik*. Universitas Brawijaya Press, 2011.
- 9 R. Fitria, M. N. Ifansyah, and M. Y. Firdaus, "Implementasi Kebijakan Program Keluarga Harapan (Pkh) Dilihat Dari Aspek Sumber Daya (Studi Kasus Di Desa Mangkusip Kecamatan Tanta Kabupaten Tabalong)," *JAPB*, vol. 3, no. 2, pp. 545–558, 2020.
- 10 T. Mulyadi, I. Pranawukir, R. Sovianti, A. F. Mediwinata, A. Alfiyanto, and F. Hidayati, "Pelaksanaan Pemeliharaan Sarana dan Prasarana Pendidikan pada Madrasah Ibtidaiyah," *At-Tafkir*, vol. 15, no. 1, pp. 98–117, 2022.
- 11 P. Sukaesih Kurniati, "Implementasi Kebijakan Penataan Ruang Di Kota Bandung," *JIPSI-Jurnal Ilmu Polit. dan Komun. UNIKOM*, vol. 6, 2017.
- 12 N. R. Silmi, T. Nur, and D. Purwanti, "Implementasi kebijakan penurunan bencana daerah di Kota Sukabumi," *JOPPAS J. Public Policy Adm. Silampari*, vol. 1, no. 1, pp. 30–40, 2019.