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Implementation to accelerate stunting reduction in Sinjai District

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ABSTRACT

Stunting is one of the main problems in the health sector. Indonesia is ranked fourth in the world and second in Southeast Asia as the country with the most stunting cases. Data from the 2019 Indonesian Toddler Nutritional Status (SSGBI) survey shows that the stunting prevalence rate in Indonesia reached 27.7% (WHO threshold of 20%). This indicates that one in four children under five in Indonesia is stunted. Children who suffer from stunting may never reach their full genetic height Children who suffer from stunting and/or wasting also suffer from weakened immunity, increased risk of death and death, and are vulnerable to long-term developmental delays. Stunting is an indicator of chronic malnutrition which is associated with negative impacts on health and cognition during childhood and continuing into adulthood. In 2020, 149 million children experienced stunting. As in previous years, the rate of decline is so slow that the global target of reducing the number of stunted children under 5 years old to 100 million by 2025 will not be achieved. Only 25% of countries can meet the UN Sustainable Development Goal (SDG) target for stunting by 2020, with the largest proportion being in the WHO region of Asia compared to less than 10% in Africa. However, for many low- and middle-income countries (LMICs) with fragile economies and majority vulnerable populations, whatever progress has been made in addressing the immediate and underlying causes of stunting, such as access to adequate nutrition for women and their babies, will have a detrimental impact

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1. INTRODUCTION

Sinjai Regent's Regulation Number 40 of 2021 concerning the prevention and handling of stunting in the region states that stunting is a problem of chronic malnutrition caused by a lack of nutritional intake over a long period, which can result in impaired physical growth in children with a height lower or shorter than their age standard, affecting the development of brain tissue and intelligence so that it has an impact on the quality of human resources with a high prevalence of stunting can hamper efforts to improve public health and hinder the realization of healthy, intelligent and productive human resources. The high incidence of stunting is a concern for the government (Nurlaela Sari et al., 2023; Ramadhan et al., 2021).

The still high prevalence of stunting in Indonesia shows that efforts to control stunting cases are still less than optimal. The stunting problem that occurs in Sinjai Regency, especially Balangnipa Village, is the second highest sub-district in Sinjai Regency that experiences stunting

cases, stunting cases in Sinjai Regency reached 29.4% (Sinjai Regency Government, 2022). Referring to the results of national health research conducted in 2022, the incidence of stunting reached 29.4% (SSGI). The condition of stunting prevalence has decreased based on data in 2021, namely 30.1 percent and in 2020 at 34.8 percent.

Based on data in 2019, There were 5,075 cases of stunting that occurred in toddlers in Sinjai district. Meanwhile onIn 2018, there were 6,751 toddlers stunting in Sinjai district. Since 2016 until 2019, there was a decline around one percent of stunting cases in Sinjai district (sugawaid, n.d.).

Stunting is defined as a marker of chronic malnutrition. Stunting is not a synonym for malnutrition. For example, many stunted children in Indonesia and Guatemala, countries with a high prevalence of stunting, appear to be well-nourished, some are even obese, so there is no convincing evidence of malnutrition. This research wants to know how many children who experience stunting in Indonesia, especially Sinjai Regency, South Sulawesi, experience malnutrition, and what replacement measures can answer this question. However, it is important to note that malnutrition can be caused by micronutrient deficiencies, despite adequate energy intake and body weight status. In addition, some ethnic populations in low-income countries are short due to genetic causes. Stunting and wasting are the result of poor nutritional intake and/or disease. Children who suffer from stunting may never reach their full genetic height. Children who suffer from stunting and/or wasting also suffer from weakened immunity, increased risk of death and death, and are vulnerable to long-term developmental delays (Marni & Ratnasari, 2021; Prendergast & Humphrey, 2014; Rahmawati et al., 2020)

Madeceng Program Implemented by PKK (Family Welfare Empowerment) In the Acceleration of Stunting Reduction, the community empowerment process can be realized using several approaches as follows: a) Enabling, namely creating a situation that supports the emergence of potential in society so that it can be recognized, identified and developed optimally and sustainably; b) Strengthening (Empowering), which is meant by strengthening, is strengthening carried out on aspects of insight, knowledge and skills of a target community group in overcoming problems that arise in society and influencing the interests of community members; c)Protection, namely protection for target community groups so that they are not oppressed in obtaining various sources of decent community livelihoods, protection against exploitative practices from powerful groups towards community groups that are vulnerable or weak in terms of asset ownership and access; d) Supporting, what is meant by support is the existence of mentoring efforts to provide guidance in the form of support to target community groups so that they are able to carry out their social and life functions more optimally; e) Maintenance, which is defined as maintenance, namely ensuring that conducive conditions continue so that there is balance and harmony in society in the distribution of power between existing groups in reaching various sources of livelihood and optimizing their potential.

Stunting is linear growth failure in childhood, the most common form of malnutrition globally. Debate continues regarding whether children who become stunted before 24 months of age can catch up in growth and cognitive function later in life. Physical and neurocognitive damage accompanying growth disorders is potentially irreversible, a significant obstacle to human development (Soliman et al., 2021) The pathogenesis of stunting children in lipid synthesis can cause barriers to the myelination of the nervous system, which impacts the cognitively impaired. In protein synthesis, it causes interference with chondrocyte proliferation in growth plates which has an impact on slowing long bone growth. Besides that, it also inhibits skeletal muscle growth, which impacts muscular atrophy. Disorders of hematopoiesis and iron metabolism can lead to anemia. Immune dysfunction results in recurrent infections. Meanwhile, autophagy causes disruption of cellular growth in the small intestine, resulting in environmental enteric dysfunction and reduced organ size, resulting in wasting (Soliman et al., 2021). Research (Bhutta et al., 2020; Mulyaningsih et al., 2021) shows that the likelihood of stunting in children varies significantly.

The challenge faced in the madeceng program which is managed by the PKK (Family Welfare Empowerment) is the existence of PMT (Providing Additional Food) but in practice there are still many people who do not comply with consuming this additional food, due to several factors, one of which is incompatibility in consumption so that one of several interventions that must

be carried out in handling stunting in Sinjai district is increasing nutrition for the community with sufficient nutritional food so that the stunting rate can decrease.

Stunting is still a global public health problem, one in three children is stunted (Choliq et al., 2020). Children whose height exceeds two standard deviations below the median of the World Health Organization's (WHO) child growth criteria are considered stunted—globally, 149.2 million children under five suffered stunting in 2020. (UNICEF/WHO/WORLD BANK, 2021) In Indonesia, the prevalence of stunting in 2018 was 30.8% (Riskesdas) 2018.; 2019) Compared with 2013, this number has declined but is still above the World Health Organization (WHO) 's cut-off values for stunting. The Government of Indonesia committed to reducing the prevalence of stunting by 14% in 2024 (Presidential Decree No. 72/2021 on the acceleration of stunting reduction). Stunting prevalence reduction also became the goal of the Global Nutrition Target for 2025 (WHO, U.2014). And the key indicator number 2.2 of the Sustainable Development Goal (Loewe & Rippin, 2015). Countries that have achieved substantial reductions in stunting prevalence over the past 30 years are geographically dispersed among several regions around the world. Trends in the prevalence of stunting in a sample of the 13 best-performing countries globally were selected in consultation with experts. Although the baseline prevalence and rate of decline of stunting varied for each of these countries over the period examined, one consistent pattern emerged that characterized some of the best performers: an initial period of stagnation followed by a consistent decline (Vaivada et al., 2020). The community is not yet aware of stunting as a problem compared to other malnutrition problems. Globally, policies aimed at reducing the incidence of stunting are focused on the first 1000 days, known as Scaling Up Nutrition. (Anggraini & Apriza, 2021) Failure to reach one's growth potential is caused by chronic malnutrition and recurrent illness during childhood. It reflects the cumulative effects of chronic malnutrition over the first 1000 days of life. It is also associated with less education, poverty, less health, and more susceptibility to infectious diseases and indicates a poor quality of life that negatively impacts a nation's human capital (Anggraini & Apriza, 2021). In the humanitarian context, programs usually focus on wasting treatment and reducing the risk of acute mortality, whereas in the context of stable development, policies, and programs are more often focused on preventing stunting and reducing the associated long-term developmental deficit (Thurstans et al., 2022).

Improved parental education is also a strong predictor of better child growth. Stunting not only interferes with physical growth but also other growth such as mental, cognitive, and intellectual children (Rochmatun Hasanah et al., 2023). Of the underlying determinants of stunting, better access to maternal health services, including optimal antenatal care and deliveries in health facilities or with trained midwives, all contribute to a substantial increase in child growth. However, the magnitude of the variation explained by each differs substantially between countries (Santos Silva & Klasen, 2021). The direct effect of changes in several maternal characteristics predicts a reduction in stunting, including parity, interval between pregnancies, maternal height, household socio-economic status, sanitation conditions, and family planning. Women's empowerment is related to reducing stunting, including the life expectancy ratio. Women's empowerment that is not supported by a favorable local cultural environment is a contributing factor to stunting. Women's empowerment is useful for fulfilling health, and socio-economic rights related to education level and employment. Pregnant women with low education and income levels may experience greater difficulties in providing adequate nutritious food from various types of food. Culture includes the level of knowledge, behavioral patterns, and attitudes that are customary to local traditions (Benedict, 2019). For example, the influence of cultural prohibitions on the consumption of certain diets or foods in pregnant women can cause the fetus to become malnourished and put the baby at greater risk of stunting. The Government of Indonesia has been focused on stunting prevention. Three considerations for stunting prevention include improving diet, parenting patterns, sanitation, and access to clean water. Often non-health problems are the root of the stunting problem, be it economic, political, social, cultural, poverty, lack of women's empowerment, and environmental degradation problems (Sulistiyono & Jaenudin, 2018). Stunting prevention is a strategic government program that requires multisectoral cooperation at the center, regions, and villages. Stunting is a priority problem for the Government as evidenced by the issuance of Presidential Regulation Number 72 of 2021 concerning the Acceleration of Reducing Stunting. This is important

to prepare for from now on to create a healthy, intelligent, and productive golden generation. Indonesia 2045, as well as to achieve sustainable development goals (Tinov et al., 2023).

Stunting is a multisector problem that requires strong leadership from central, regional, and village governments. Ensuring that every household and village in all districts/cities has access to a core service package is key to reducing stunting in Indonesia. Provincial governments carry out local government tasks, such as providing technical support and monitoring. Regency and city governments also assist in making regional policies and setting targets for accelerating stunting reduction to support national targets (Indra & Khoirunurrofik, 2022).

In 2019, the Special Region of Yogyakarta (DIY) became the province with the best handling of stunting in Indonesia. The Special Index for Handling Stunting (IKPS) which obtained points of 79.94 is proof of this. Sleman Regency, one of the districts in DIY, also shows a positive trend in reducing stunting rates every year. Stunting prevention must be carried out. This effort will be effective if the sub-district government as supervisor of village government administration has a high commitment to overcoming stunting because its prevalence in rural areas is higher than in urban areas. Apart from that, the existence of public health services in each sub-district is the main driver for preventing stunting at the sub-district level (Nugroho et al., 2021). Based on data from the 2022 SSGI Indonesian Nutrition Status Survey, stunting data in Sinjai Regency is at 29.1 percent. Therefore, he hopes that the stunting rate can continue to decline in line with the central government's target of up to 14 percent. Things that have been done include caring for pregnant women and toddlers to reduce stunting and malnutrition, socializing prevention, and increasing public knowledge in preventing and handling stunting in children.

Sinjai Regency is part of the administrative region of South Sulawesi Province. The topography is divided into two parts: lowlands and highlands. In Sinjai Regency, the frequency of stunting reached 1,414 in 2020 (Bahri, 2020). The Sinjai Regency Government, South Sulawesi, has made various efforts to combat malnutrition among toddlers. The Sinjai Regency Government, for example, inspired the MADECENG (Village Community Preventing Stunting) innovation, namely the activity of providing additional food carried out collaboratively by elements of the village community to meet the nutritional needs of stunted toddlers and pregnant women with Chronic Energy. Stunting is not hereditary so it can be prevented. Fulfillment of optimal nutrition during the 1,000 HPK period starting from pregnant women until children aged 2 years is an investment in preventing stunting. Efforts that can be made to accelerate stunting prevention are through specific nutritional interventions and sensitive nutritional interventions.

Sustainable Development Goals (SDGs) is a sustainable development program that aims to improve the welfare of the global community and preserve nature, as well as becoming a reference in the global development framework. One of the Sustainable Development Goals (SDGs) that must be met is eliminating hunger, ensuring food security and adequate nutrition, and improving sustainable agriculture. Nutrition is currently one of the crucial problems in Indonesia. This is proven by the importance of treating stunting in childhood. This is in line with the SDGs objectives related to Presidential Regulation Number 59 of 2017 concerning Implementing the Achievement of Sustainable Development Goals, as a follow-up to the agreement on Transforming Our World: The 2030 Agenda for Sustainable Development (Sukanti & Faidati, 2021) services depend on the accuracy of the title, extracting from it keywords useful in cross-referencing and computer searching. An improperly titled paper may never reach the audience for which it was intended, so be specific (Winarno, 2017).

2. RESEARCH METHOD

The approach used for this research is qualitative. Stated that in qualitative research data collection is not guided by theory but is guided by facts found by researchers during field research. Therefore, the data analysis carried out is inductive based on facts found during research. This research uses a qualitative approach with descriptive methods, where the aim is to describe social situations. This research aims to explain events in the social environment. According to Nazir (1988:63), the descriptive method is a method for researching the status of a group of people, an object, a condition, a system of thought, or a class of events in the present. This descriptive research aims to create systematic, factual, and accurate descriptions, images, or paintings regarding the facts,

properties, and relationships between the phenomena being investigated. By using this method we will provide a clear and systematic description of the facts in the field. Through a case, collecting existing data, clarifying, and then analyzing the problem by connecting existing theories to solve a problem appropriately.

The selection of informants in this research is completely determined by the researcher, the number of which depends on the research objectives and resources. The selection of informants in this research were PMD (Dinas Pemberdayaan Masyarakat dan Desa), Health Office, Pemberdayaan perempuan, Village, Bappeda, PKK (Pemberdayaan Kesejahteraan Keluarga) and Community.

The method used to obtain data for this research is field research. The author used two methods to collect data in this field study, including: a) Observation. Researchers will be better able to understand the context of the data in the social situation as a whole by conducting fieldwork, allowing for the creation of a holistic or holistic perspective. Observation, or careful documentation of the phenomenon under investigation. Researchers are involved with the daily activities of people who are observed or used as a source of research data. This means that researchers are directly involved in the task of collecting the required data, and data obtained through participatory methods will be more thorough, precise and accurate. and to know the level of meaning of each behavior or symptom that appears. b) Depth Interview, or in-depth interview. In particular, face-to-face debriefing to obtain verbal statements from informants. This type of interview aims to obtain information from the informant directly through an exchange of questions and answers. Interviews were conducted in depth, meaning that the emphasis of the problem in this research and the interview criteria did not deviate. c) Documentation, a type of data source that is often used in qualitative research. Especially if the target of the study produces background or a number of previous events that are closely related to the current event being investigated. Research traditionally uses documentation methods as a data source. Because in many cases documentation is a source of data that can be used to test, interpret, and even predict things or events. d) Research data archives and various verbal statements from sources captured by researchers become documentation used by researchers. To produce research authenticity, these records do not need to be informed in advance if necessary. If researchers feel necessary, they can use cell phones, digital cameras, or portable video recorders as tools for this documentation strategy. Secondary data that complements or supports the findings of interviews and field observations is collected using the results of this documentation. Documented information can also be used as information to recall specifics and descriptions.

3. RESULTS AND DISCUSSIONS

Policy implementation is a crucial stage in the public policy process. A policy or program must be implemented to have the desired impact or goal. Policy implementation is seen in a broad sense as a public administration tool where all involved actors, organizations, procedures, techniques, and resources are organized together to implement policies to achieve the desired impact or goal. The policy implementation stage will not begin until the goals and targets are first determined by policy formulation (Pratiwi et al., 2019). Thus, the policy implementation stage and APBD funds are provided to finance the implementation of the policy. Policy implementation is a very important stage in the policy process, meaning that policy implementation determines the success of a policy process where policy objectives and impacts can be produced. According to Tachjan (2006:26) explains the elements of policy implementation that absolutely must exist, namely:

Implementing Element

One of the global problems that is currently quite worrying among the public, especially in the world of health, is stunting. Stunting is a condition of growth failure in children due to malnutrition for a long time, which is caused by many factors, including the mother's nutrition during pregnancy, the socio-economic conditions of the parents, lack of nutritional intake for the baby, and illness in the baby. This condition causes children to experience delays in development and are at risk of developing metabolic and degenerative diseases in the future. The Sinjai Regency Community Empowerment Service took part in the efforts to prevent stunting by holding Competency Improvement Training for PKK Group Leaders. For stunting convergence activities in

Sinjai Regency, Regent's Regulation No. 40 of 2021 has been established by establishing a Task Force team. Acceleration of Prevention and Handling of Stunting in Sinjai Regency which is coordinated by the Sinjai district health office. The role of the Health Service, which is an important part of community health services at the village level, is of particular concern which can represent the progress that has occurred in this stunting convergence activity. The readiness and commitment of the task force team and all policymakers at the Sinjai Regency level can strive to achieve the results of this prevention and treatment by achieving targets. The efforts made by the Sinjai Regency to date are to accelerate the reduction of stunting, it is necessary to increase the convergence or integration of programs or handling activities through optimal coordination and institutional strengthening of the officer unit in reducing and preventing stunting in the Sinjai Regency.

There is a Program Being Implemented

To reduce the stunting rate, the Sinjai district government issued an Integrated Stunting Reduction policy in the District/City which includes specific nutritional interventions and sensitive nutritional interventions. In each intervention, there are several activities carried out to overcome direct causes whose activities are in the health sector, and indirect causes whose intervention activities can cover outside the health sector. In this research, the author tends to analyze the implementation of sensitive nutrition intervention policies to reduce stunting which focuses on sensitive nutrition interventions, because this intervention can contribute more, namely 80% in reducing stunting and is related to indirect causes of stunting which covers the problems of many sectors, not only the health sector. This condition is to the conditions of the research locus, namely Sinjai Regency. Sensitive nutrition interventions include 4 (four) types of interventions where each type has a program or activity, namely:(1) Increased provision of drinking water and sanitation; a.Provide and ensure access to clean water,b. Provide and ensure access to sanitation (2) Increasing access and quality of nutrition and health services; a.Providing access to family health services Planning (KB), b. Providing National Health Insurance (JKN), c.Providing assistance to poor families (PKH), (3) Increased awareness, commitment, parenting practices, and maternal and child nutrition; a.Providing parenting education to parents,b.Providing community nutrition education,
c.Providing education on sexual and reproductive health and nutrition to adolescents,4. Increasing access to nutritional food, a.Carrying out food fortification b.Increasing food and nutritional security. Research (Komalasari et al., 2020) concluded that there was a relationship between exclusive breastfeeding status, maternal nutritional status, maternal education, and stunting incidence. However, BBLR does not show a significant relationship. Therefore, it is recommended that health workers increase health promotion regarding the prevention of stunting events.

The activities carried out are not only carried out by the Health Service as a health service sector for communities at the village level, but can also be supported by the participation of all communities at the village level in the Sinjai Regency area as direct beneficiaries of health services, and the active role of regional revenue participation. in participating in activities to accelerate stunting reduction. Participation at the village level in the Sinjai Regency area in the stunting prevention process is as follows: (1) Development planning based on news circulating about stunting sufferers to get multi-sector support; (2) Increase the participation of women (especially pregnant women and the poor) in decision-making at village meetings in Sinjai district (3)Stunting prevention service activities at Posyandu, preschool and family groups together with all sectors Develop the potential for sustainable livelihoods, especially for poor households by assisting; 4. Optimizing village funds for activities to prevent and accelerate stunting reduction Adopt village and regional regulations related to village authority In this program, the innovation to reduce and prevent stunting in Sinjai District is to develop several things that have been initiated as follows: (1)Sawarga cart (Health Department), 2.Development of information technology-based applications (establishment of RW forums in all villages throughout Sinjai Regency); (3). Regional development planning to accelerate the reduction of stunting rates In implementing a. program some obstacles cause the program to be less than optimal and not have a significant impact. According to Bambang Sunggono (in Najib, 2012), namely: Contents of the policy, Information, Support, Potential sharing.

Target group or target group

In handling stunting in Sinjai Regency, there needs to be a target group to implement and maximize the program that has been prepared. In this case, efforts to maximize the program include: a) Government: Allocation of village funds for nutritional development in village communities to improve the nutritional status of the community, especially toddlers and pregnant women, to reduce stunting; b) Health workers: Strengthening the role of cadres in disseminating information regarding the importance of healthy lifestyles which include environmental health, reproductive health, and nutritious food intake to reduce stunting routinely and comprehensively. Strengthening the role of cadres in implementing community nutrition detection, especially regarding stunted toddlers, routinely aims to detect early the presence of stunted toddlers so that treatment can be carried out as early as possible; c) Public: Providing marriage preparation courses to prospective brides and grooms by providing material related to domestic life by resource persons who are experts in their fields, especially health and nutrition issues so that in the future they do not give birth to children with malnutrition (stunting).

4. CONCLUSION

Implementation of Health Service policies in handling stunting in Sinjai Regency is possible is said to be not optimal, because there still exists programs that have not yet been implemented and do not have a direct impact on the people of Sinjai Regency. Human Resources In implementing policies there has not been adequate quality, lack of support or participation community in implementing policies Sinjai Regency government. Public Sinjai also lacks awareness of the importance of life health such as environmental health, health, and nutritious food intake to reduce acceleration stunting.

Looking at the results of the research taken directly into the field and aligned with theory implementing policies so that they produce results conclusion that the program carried out by the Department of Health in dealing with stunting in Sinjai Regency is considered effective in dealing with problems stunting in Sinjai Regency. The researcher's suggestion given to this program to reduce stunting rates It is hoped that this will improve the quality quality of the Department of Health in dealing with stunting in the District Sinjai, which was previously good, has become very good Good. Apart from that, it is also hoped that there will be innovations in Health Service programs so that they can continue to provide benefits to society. A generation that grows optimally, not stunting has a better level of intelligence and will provide good competitiveness in the field of development and economy. Besides that, Optimal growth can reduce the burden of the risk of degenerative disease as a residual impact carried from the womb. Degenerative diseases such as diabetes, hypertension, heart disease, and kidney problems diseases that require high medical costs. Thus, if stunting growth can be prevented, it is hoped that economic growth will be greater well without the burden of treating the disease degenerative.

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