

THE IMPLEMENTATION OF STUNTING HANDLING POLICY IN GORONTALO REGENCY LIMBOTO HEALTH CENTER

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ABSTRACT

This research aims to 1) know the implementation of stunting handling policies in Gorontalo Regency Limboto Health Center. 2) know the factors that affect the implementation of stunting handling policies in Gorontalo Regency Limboto Health Center.

The results showed that 1) Implementation of stunting treatment policies in Limboto Health Center Gorontalo regency has been going well, specific nutritional intervention activities with the target of pregnant women, specific nutritional intervention activities with the target of breastfeeding mothers and children under 6 months of age, Specific nutritional intervention activities with the target of breastfeeding mothers and children aged over 6 to 23 and sensitive nutrition intervention activities with community targets, in handling Stunting in Limboto Health Center Gorontalo regency have all gone well. 2) Human resources in terms of quantity that needs to be addressed are the number of human resources available, it is necessary to add human resources so that there is no double position and the quality of human resources quality is good in accordance with their respective competencies. The obstacle is that cross-program communication is not optimal because sometimes there are village midwives who are not present for communication to break up and affect the acceleration of stunting handling. In addition, there are differences in the number of stunting data in each village. Sometimes the overall number of stunting sufferers is not known by midwives as the person in charge of the village. The solution is to improve more effective communication related to handling stunting to be an inhibitory factor in implementation, while disposition and bureaucratic structure become factors supporting the implementation of stunting handling policies in Gorontalo Regency Limboto Health Center.

Keywords: Implementation, Policy, Handling stunting

INTRODUCTION

The problem of stunting is part of the world's problems in terms of nutrition, more specifically in poor countries and developing countries [10]. Data on the prevalence of stunting for children under five, compiled by the World Health Organization (WHO) shows that

Indonesia is listed in the three countries with the highest stunting problem in the Asian Zone after Timor Leste (50.5%) and India (38.4%) which is 36.4 % (Ministry of Health Information and Data Center, 2018) [6]. The stunting rate in Indonesia is still above 20% or not below

the standard from the World Health Organization, which is below 20%. Research conducted by the Nutritional Status of Toddlers in Indonesia (SSGBI) in 34 provinces in Indonesia at 2019 showed that the stunting rate in toddlers reached 27.67%. Based on data from the Gorontalo Provincial Health Office through out the electronic application of community-based nutrition recording and reporting, the stunting prevalence value in Gorontalo in 2020 was 11.1% or 5,693 children from the measured number of 51,515 children (Gorontalo Provincial Health Office, 2020) The problem of stunting is also experienced by local governments, including Gorontalo Regency.

The problem of stunting is also experienced by local governments, including Gorontalo Regency. The problem of stunting in the Gorontalo Regency area, based on the results of research observations, it is known that in 2017 there were 822 stunting sufferers, in 2018 there were 1,453 stunting sufferers and 244 children under five were in the Limboto Health Center area and in 2019 there were 1,417 stunting sufferers and 132 of them. are in the Limboto Health Center area and in 2020 there are 1029 stunting sufferers and 95 of them are in the Limboto Health Center area. This figure is a number that is classified as high so that it becomes the homework of the Gorontalo Regency government, especially the Puskesmas to reduce it.

Stunting is a global problem because it has an impact on increasing the risk of illness and increasing mortality, has an impact on suboptimal brain development, stunted motor development and mental growth (Unicef, 2013). Other impacts caused by the stunting problem were stated by several previous research results such as decreased student academic

achievement (Picauly, 2013), the risk of obesity (Timaheus, 2012) being susceptible to disease (Unicef Indonesia, 2013). Stunting is a picture of the poor quality of human resources that has an impact on the development of the nation's potential (Unicef Indonesia, 2013) [10].

To overcome the stunting problem, various policies and regulations have been issued by the government, including: National Long-Term Development Plan (RPJPN) 2005–2025, Medium-Term Development Plan (RPJM) 2015-2019, National Action Plan for Food and Nutrition 2011-2015, Law (UU) No. 36/2009 on Health, Government Regulation (PP) No.33/2012 on Exclusive Breastfeeding, Presidential Regulation (Perpres) No. 42/2013 concerning the National Movement for the Acceleration of Nutrition Improvement, Decree of the Minister of Health (Kepmenkes) No. 450/Menkes/SK/IV/2004 concerning Exclusive Breastfeeding (ASI) for Babies in Indonesia, Minister of Health Regulation (Permenkes) No.15/2013 concerning Procedures for Provision of Special Facilities for Breastfeeding and/or Expressing Mother's Milk. Regulation of the Minister of Health No.3/2014 concerning Community-Based Total Sanitation (STBM). Minister of Health Regulation No.23/2014 on Efforts to Improve Nutrition. Policy Framework for the National Movement for the Acceleration of Nutrition for the First Thousand Days of Life (1000 HPK Movement), 2013, First Day of Life (1000 HPK Movement). The local government has done the same thing. Efforts made by the government, especially the Limboto Health Center, Gorontalo Regency in the handling of stunting, it is guided by the Regent of Gorontalo Regency Regulation No. 02 of 2019 concerning the handling of stunting

[13] with reference to the Decree of the Minister of Empowerment of State Apparatus and Bureaucratic Reform No.15 of 2014 and Regulation of the Minister of Health No.4 of 2019 concerning Health Minimum Service Standard [12].

With reference to the Decree of the Minister of Empowerment of State Apparatus and Bureaucratic Reform No. 15 of 2014 and Regulation of the Minister of Health No. 4 of 2019 concerning Minimum Health Service Standards; including; 1) act quickly and accurately, meaning that in an effort to deal with stunting, trained nutrition workers must act according to the standard procedures for nutrition services and professional codes of ethics, 2) Institutional strengthening and cooperation; it means that stunting handling efforts can not only be carried out in a sectoral manner, but requires support from other sectors and programs, 3) Transparency, meaning the principle that determines that in all matters relating to stunting handling must be carried out openly, 4) Culturally sensitive, meaning the principle of which determines that in all matters relating to stunting management must pay attention to the socio-cultural nutrition of the local area; and 5) Accountability, meaning the principle that determines that everything related to stunting must be carried out with full responsibility. The Gorontalo Regency Government through the Gorontalo Regency Regent Regulation No. 02 of 2019 concerning the handling of stunting, which is used as the principles in handling stunting.

Based on data, the stunting rate in the Limboto Health Center working area in 2018 was 224 children, in 2019 as many as 132 children and in 2020 as many as 95 children. Although there has been a decrease in the number of figures, in

general the working area of the Limboto Health Center is still relatively large compared to other Health Center areas in Gorontalo Regency.

In Gorontalo Regency itself, based on the results of initial research observations, descriptions of the causes of stunting problems include: 1) Low nutritional intake in the first 1,000 days of life, from fetus to baby aged two years due to ignorance, inability, purchasing power and tradition. which has been passed down from generation to generation, 2) Poor sanitation facilities, lack of access to clean water and lack of environmental hygiene such as inadequate sanitation, no family latrines (defecation behind the house or garden), the condition of the house is far from clean with a sufficient number of residents many, 3) Poor maternal health conditions such as infectious diseases; TB, 4) the pregnancy rate in adolescent women is quite high and very risky because there will be competition for nutrition between the mother's body which is still in the growth stage and the unborn baby. 5) Wrong parenting pattern, due to RT problems often being the trigger, parents remarry so that children are entrusted to the family, 6) parents' education level, lack of knowledge of adequate nutritious food for pregnancy and or for child growth at the community level so that influence on feeding patterns for infants and children, 7) socio-economic community, having parents who only work odd jobs with a large number of families so that the need for food is not sufficient for growth and development.

RESEARCH METHODS

The research approach used by this researcher is a descriptive approach

method. The methods used include observation (observation), interviews (direct interviews), and documentation.

Research at the Limboto Health Center, Gorontalo Regency, with a period of approximately 2 months from November to December 2021.

This research focuses on:

1. How are the implementation of the Stunting handling policy at the Limboto Health Center, Gorontalo Regency, with sub-focuses including:
 - a. Specific nutrition intervention activities targeting pregnant women,
 - b. Specific nutrition intervention activities targeting breastfeeding mothers and children under 6 months of age,
 - c. Specific nutrition intervention activities targeting breastfeeding mothers and children aged 6 to 23 months,
 - d. Sensitive nutrition intervention activities targeting the community
2. What factors influence the implementation of stunting handling policies at the Limboto Health Center, Gorontalo Regency, with sub-focuses including:
 - a. Communication
 - b. Human Resources
 - c. Disposition
 - d. Bureaucratic Structure

This data was obtained from the results of direct interviews in the field with

personnel who handle and are involved in stunting prevention activities.

This data is obtained from the results of the study of various books, journals or libraries related to stunting prevention.

Observation is done by observing the stages of activities or mechanisms being implemented.

Primary data collection through interviews or interviews. Data analysis process steps:

Collecting data by interview

Summarizing data and marking data, selecting data, and making data groupings

Compile data and present it in the form of a short description or narrative by connecting data categories.

The data that has been presented is then connected with previous research and studied so that conclusions are obtained which are new theories.

To test the validity of the data, triangulation techniques are used, namely by collecting various data and then connecting or comparing them with other data sources so that conclusions can be drawn from the comparison of the data.

RESEARCH RESULTS

The handling of stunting is stated in the Gorontalo Regency Regent Regulation No. 02 of 2019 concerning the handling of stunting [13]. The informants consisted of 1 head of the puskesmas, 4 nutrition program managers, 2 medical record officers, 3 other health workers (midwives and nurses), and 5 parents of stunting sufferers.

Implementation of stunting management policies at the Limboto Health Center, Gorontalo Regency.

The planning and implementation of stunting handling policies at the Limboto Health Center is good, implemented by program managers in accordance with existing SOPs, and all activities related to stunting handling have been included in the Health Center budgeting.

Specific nutrition intervention activities targeting pregnant women in handling stunting at the Limboto Health Center, Gorontalo Regency

Specific nutrition activities targeted for pregnant women have been intervening, the form of activities carried out in the form of integrated Community Service Center for infants under five and pregnant women, conducting counseling and counseling on the importance of exclusive breastfeeding, giving Fe tablets (adding blood), ANC (Antenatal Care) examinations for pregnant women, giving PMT for pregnant women who are SEZ and the implementation of classes for pregnant women in every urban village or meetings of pregnant women at the Health Center held by midwives.

Specific nutrition intervention activities targeting breastfeeding mothers and children under 6 months of age in handling stunting at the Limboto Health Center, Gorontalo Regency.

The activities carried out were integrated Community Service Center, class activities for infants and toddlers in 14 sub-districts, counseling and counseling to breastfeeding mothers about the importance of exclusive breastfeeding until the age of 6 months

and the introduction of IMD when the newborn was born.

Specific nutrition intervention activities targeting breastfeeding mothers and children aged over 6 to 23 months in handling stunting at the Limboto Health Center, Gorontalo Regency.

The activities are good and in accordance with budget planning. Activities carried out are in the form of Infant and Child Feeding (PMBA), integrated Community Service Center which includes monitoring the growth and development of infants and toddlers, conducting counseling so that children must continue to be breastfed until the age of 2 years and must be given complementary foods for breastfeeding, conduct counseling, give capsules Vitamin A and immunization.

Sensitive nutrition intervention activities targeting the community, in handling stunting at the Limboto Health Center, Gorontalo Regency

The activities carried out include providing education to the community related to nutrition in the community through Nutrition Center activities involving cross-sectoral involvement in the form of providing clean water, providing rice assistance for the poor. This is in accordance with the results of observations by researchers in the field that the activity in the form of POS Nutrition is a community empowerment activity by involving community.

Resources

The human resources owned by the Limboto Health Center are of good quality according to their competence and quantity, although there are still double workloads because there are officers who

hold multiple positions, so it is necessary to increase the number of human resources considering the large number of targets in the work area of the Health Center.

Communication

The cross-program communication is not optimal because sometimes there are program managers or sub-district divisions who are not present so that communication breaks down and affects the acceleration of stunting handling. In addition, there are differences in the data on the number of stunting in each urban village. Sometimes the total number of stunting sufferers is not known by the midwife as the person in charge of the urban village.

Disposition

The attitude of the policy implementers so far has carried out their duties properly in accordance with existing procedures and with full responsibility, according to standards or SOPs. In field activities or at community homes, officers are always friendly when providing services.

Bureaucratic Structure

SOP (Standard Operation Procedure) is related to stunting handling have been carried out in accordance with existing procedures, following established paths or standards.

DISCUSSION

Implementation of stunting handling policies at the Limboto Health Center, Gorontalo Regency.

The implementation of stunting handling policies at the Limboto Health Center of Gorontalo Regency has been

going well, referring to the Gorontalo Regency Regent's regulation No. The Limboto Health Center has prioritized the implementation of programs in handling stunting properly [13].

The stunting handling policy at the Limboto Health Center starting from planning and implementation is good, implemented by the program manager in accordance with existing procedures, and all activities related to stunting handling have been included in the Health Center budget.

Specific nutrition intervention activities targeting pregnant women in handling stunting at the Limboto Health Center, Gorontalo Regency

Specific nutrition intervention activities targeting pregnant women in handling stunting at the Limboto Health Center, Gorontalo Regency have been carried out. The Limboto Public Health Center has carried out various forms of activities such as integrated Community Service Center for infants and pregnant women, providing counseling and counseling on the importance of exclusive breastfeeding, giving Fe tablets (add blood), ANC (Antenatal Care) examinations for pregnant women, giving PMT for pregnant women who are KEK. This can also be seen in the research results of Asyastami and Tarigan (2017) "Study of Policy and Management of Stunting Nutrition Problems in Indonesia" that mothers and prospective brides must be equipped with sufficient knowledge about nutrition and pregnancy, exclusive breastfeeding and healthy birth mothers [11].

In an effort to facilitate the service aspect for the community, the Limboto Health Center has made efforts to pick up the ball by holding classes for pregnant women in every urban village or meetings

of pregnant women at the Health Center held by midwives.

Specific nutrition intervention activities targeting breastfeeding mothers and children under 6 months of age in handling stunting at the Limboto Health Center, Gorontalo Regency.

The activities in handling stunting at the Limboto Health Center, Gorontalo Regency, have been carried out. Activities carried out in the form of integrated local community service center (Posyandu), class activities for infants and toddlers in 14 urban villages, counseling and counseling to breastfeeding mothers about the importance of exclusive breastfeeding until the age of 6 months and introduction of IMD when newborns are born. In line with Saputri's research (2019:152-168) that programs targeting Breastfeeding Mothers and Children aged 0-6 months, including encouraging IMD/Early Breastfeeding Initiation through breastfeeding colostrum and ensuring education to mothers to continue to give exclusive breastfeeding to their children. her toddler. Related activities include providing delivery assistance by health personnel, Early Initiation of Breastfeeding (IMD), promotion of exclusive breastfeeding (individual and group counseling), basic immunization, monitoring growth and development regularly every month, and proper handling of sick babies.

Specific nutrition intervention activities targeting breastfeeding mothers and children aged over 6 to 23 months in handling stunting at the

Limboto Health Center, Gorontalo Regency.

The Activities in handling stunting at the Limboto Health Center, Gorontalo Regency are good and in accordance with the budgeting plan. Activities carried out in the form of PMBA, integrated posyandu which include monitoring the growth and development of infants and toddlers, conducting counseling so that children must continue to be breastfed until the age of 2 years and must be given complementary foods to breast milk, conduct counseling, give Vitamin A capsules, weigh and be injected immunization.

In line with Saputri's research (2019:152-168) that the Intervention Program is aimed at breastfeeding mothers and children aged 6-23 months, by encouraging continued breastfeeding until the age of 23 months accompanied by complementary feeding, providing worm medicine, providing supplementation zinc, fortify iron into food, provide protection against malaria, provide complete immunization, and prevent and treat diarrhea [7].

Sensitive nutrition intervention activities targeting the community, in handling stunting at the Limboto Health Center, Gorontalo Regency.

The results showed that sensitive nutrition intervention activities targeted at the community, in handling stunting at the Limboto Health Center, Gorontalo Regency had been carried out well. This is evidenced by the weight gain of stunted toddlers, the activities carried out include providing education to the community regarding nutrition in the community through POS Health activities involving cross-sectoral involvement in the form of

providing clean water, providing rice assistance for the poor.

In line with Saputri's research (2019:152-168) that the Intervention Program aimed at the general public includes access to clean water, health insurance, social security for the poor, and provision of community nutrition education [7].

Resources

The results of the study indicate that the human resources of the Limboto Health Center are of good quality according to their competence and quantity, although there are still double workloads because there are officers who hold multiple positions so it is necessary to increase the number of human resources considering the large number of targets in the working area of the health center. so that there is a need for Health Center Manpower Standards in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Health Centers [11].

The findings of this study, if associated with the theory of Edward III in (Tahir, 2014), the researcher can argue that the Limboto Health Center has paid attention to human resources in terms of quality, but not in terms of quantity.

Communication

The results showed that the communication pattern was carried out through stunting consultation activities at the village level involving cross-programme, quality meetings, monthly mini-workshops and cross-sectoral mini-workshops as well as stunting consultation meetings held in sub-districts with stunting cases. The problem is that cross-program communication is not optimal because sometimes there are

program managers or sub-district administrators who are not present, so that communication breaks down and affects the acceleration of stunting handling. In addition, there are differences in the data on the number of stunting in each urban village. Sometimes the total number of stunting sufferers is not known by the midwife as the person in charge of the village. The solution is to improve more effective communication related to stunting, as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Health Centers which states that a communication system is needed for relationships/communications within and outside the Health Center, in an effort to support its services [11].

Disposition

The results of the study indicate that the attitude of the policy implementers so far has carried out their duties properly in accordance with existing procedures and is full of responsibility, in accordance with the Standard Operating Procedures (SOP) for Handling Stunting at the Limboto Health Center. In field activities or to people's homes, officers are always friendly when providing services, as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Health Centers in the Implementation of health efforts that the Puskesmas organizes the first level of Community Health Efforts (UKM). The first level of Individual Health Efforts (UKP).

Bureaucratic Structure

The results showed that stunting management had been carried out in

accordance with the Standard Operating Procedure (SOP) for stunting at the Limboto Health Center. If there are problems, a quality meeting will be held that will produce solutions in handling stunting, the problem will be recorded in the register, then a home visit will be made, PMT will be given and then monitoring will be carried out. If the community does not come to the local Community Service Center, the health care workers will come to the house to weigh. This is in accordance with the Minimum Service Standards (SPM) of Gorontalo Regency in the Health sector in 2020.

CONCLUSION

- 1) Implementation of stunting handling policies at the Limboto Health Center Gorontalo Regency which refers to the Gorontalo Regency Regent Regulation No. 02 of 2019 concerning stunting handling has been going well, Specific nutrition intervention activities targeting pregnant women, specific nutrition intervention activities targeting breastfeeding mothers and children under 6 months of age, specific nutrition intervention activities targeting breastfeeding mothers and children aged over 6 to 23 and sensitive nutrition intervention activities targeting the community, in handling stunting at the Limboto Health Center, Gorontalo Regency, everything has gone well.
- 2) Human resources in terms of quantity and communication are the inhibiting factors for implementation, while the disposition and structure of the bureaucracy are supporting factors for implementing stunting handling policies at the Limboto Health Center, Gorontalo Regency.

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