

STUNTING HANDLING IN PEKALONGAN CITY FOR FULFILLMENT CHILDREN WELFARE

Yuniarti, Suryani, Dewi Nugraheni Restu Mastuti

Pekalongan University, Indonesia

yuniartiunikal@gmail.com

Abstract

The Indonesian government's policy on stunting has not shown optimal results, this can be seen from the 2018 Riskesdas (Basic Health Research) data, the prevalence of stunting under five was 29.9% from 32.8%. In the 2013 Riskesdas, the high stunting rate in Indonesia, which is 29.9%, places Indonesia as the country with the third largest proportion of stunting in the world, far below the WHO target of below 20%. This research is a qualitative research, collecting data using structured and unstructured interview techniques. Data collection was carried out through in-depth interviews with research informants to obtain information related to the implementation of stunting management. Setono, Krapyak, Klego, Jenggog and Pringrejo sub-districts carry out specific nutrition interventions and nutrition-sensitive interventions synergistically between the kelurahan, puskesmas, posyandu and the community. Specific nutrition interventions and sensitive nutrition interventions were mostly carried out in the form of fulfilling nutrition activities, exclusive breastfeeding, basic immunization, improving environmental sanitation and KIE counseling on stunting prevention. Specific nutrition interventions and sensitive nutrition interventions are a form of fulfilling the child's right to a prosperous and healthy life (the right to child welfare).

Keywords: stunting, handling, welfare

INTRODUCTION

The Government of Indonesia's policy in handling stunting has not shown optimal results, this can be seen from the data from Riskesdas (Basic Health Research) in 2018 the prevalence of stunting under five was 29.9% from 32.8% in Riskesdas 2013. The handling of stunting also still faces other challenges, namely decreased the proportion of children aged 12-23 months who received IDL (Complete Basic Immunization) by 57.9% in 2018 from 59.2% in 2013. On the other hand there was an increase in the proportion of children who did not receive immunization from 8.7% in 2013, an increase to 9.2% in 2018. The still high stunting rate in Indonesia, namely 29.9%, places Indonesia as the country with the third largest proportion of stunting in the world, far below the WHO target of below 20% (Satriawan, 2018, Kartasurya and Suyatno, 2020). Data from the

Indonesian Nutrition Status Survey (SSGI) for 2021, revealed that the prevalence rate of stunting in Central Java, in 2020 reached 27.7% and is currently at 20.9%. The number of stunting cases in Pekalongan City is still considered quite high, namely 20.9% and the target in 2024 the stunting rate will drop to 12%.

Stunting is a multidimensional problem, so its handling must be multifactorial. In its implementation, it is necessary to have special rules governing stunting. with legal content, namely first, the rights and obligations of children with stunting; second, the responsibility of the central government and regional governments; third, the rights and obligations of parents; fourth, the professionalism of health services in the prevention and treatment of stunting; fifth, community participation; sixth, facilities and infrastructure; fifth, supervision; sixth, legal

sanctions for executors, the community, and parents who neglect their obligations resulting in children's rights not being fulfilled. Legal sanctions are very urgent to exist in a rule, because sanctions are a coercive tool so that a rule can be implemented so as to guarantee legal certainty and provide benefits.

RESEARCH METHOD

This research is a qualitative research, collecting data using structured and unstructured interview techniques as well as normative studies on stunting policies (Maxwell and Reybold, 2015). Data collection was carried out through in-depth interviews with research informants to obtain information related to the implementation of stunting management. This research was carried out in Pekalongan City which included the Health Service, the P2KB Social Service, the Pekalongan City Stunting Acceleration Task Force, the sub-district to the sub-district. The selection of informants is grouped into 3 (three) levels, namely the policy level which includes the Head of the Task Force for the Acceleration of Reduction. The second level is the district and puskesmas, the third level is the village. Research informants involved in this study consisted of main informants as the main source of data and information and triangulation informants as informants who provided data and information to test the validity and reliability of research data

FINDINGS AND DISCUSSIONS

Stunting is of concern to the Government because it determines the quality of Indonesia's human resources in the future. Stunting conditions occur due to low nutritional *intake* over a long period of time so that children fail to grow and experience shortness (dwarfing) of the normal age limit. In the national strategy for accelerating stunting prevention there are 5 (five) main pillars of prevention, namely, vision and

leadership commitment, national campaigns focusing on changing behavior of political commitment and accountability, convergence of coordination and consolidation of regional and community national programs, promoting 'food nutritional security' *policies* and evaluation monitoring (Wulandari, 2019) .

Based on data from the Pekalongan City Health Office in 2022 the results of identifying and mapping the stunting problem using the focus group discussion (FGD) method with the village community consisting of elements from the Setono Village, Posyandu cadres, Head of RT, Head of RW and community representatives. The results of the FGD as formulated 4 (four) basic problems of stunting in Setono Village, namely: community knowledge about stunting is still limited, provision of supplementary food and complementary breastfeeding is not of good quality and meets the standard of infant/toddler nutritional needs, failure of exclusive breastfeeding for 6 months and basic immunization coverage complete has not reached the target.

Based on data from the Pekalongan City Health Office in 2022 the results of identification and mapping of stunting problems using the *focus group discussion* (FGD) method with the village community consisting of the head of the Krapyak Health Center, Lurah, Head of Promkes Krapyak Kelurahan, Posyandu cadres, Head of RT, Head of RW. Based on the results of the FGD, the determinants of stunting were formulated, both close and moderate determinants, namely knowledge about stunting and its prevention, parenting patterns, eating patterns and economic factors (purchasing power of nutritious food).

Based on data from the Pekalongan City Health Office in 2022, the results of identifying problems through FGDs in the Jenggol Subdistrict formulated the determinants of stunting, including environmental sanitation, clean water

sources, adequacy of nutrition, parenting styles and knowledge about stunting. A description of some of the determinants of the basic problem of stunting, including environmental sanitation, clean water sources, adequate nutrition, upbringing and knowledge in the Jenggol Village

Pringrejo Village's efforts to deal with stunting are carried out through two approaches, namely counseling and education regarding stunting as well as activities to improve environmental sanitation and provide clean water to prevent infants and children from experiencing diarrhea. Based on data from the Pekalongan City Health Office in 2022 the results of identifying stunting problems in the Klego Village are infectious diseases, exclusive breastfeeding, parenting patterns and food intake.

Every child has the right to good health services, the right to food (nutritional intake), the right to welfare. This right is recognized in laws and regulations, namely the 1945 Constitution of the Republic of Indonesia, Law Number 4 of 1979 concerning Child Welfare, Law Number 23 of 2002 concerning Child Protection, Law Number 36 of 2009 concerning Health, Law Number 36 of 2009 concerning Health, Law the Food Law, and even regulated in Law Number 39 of 1999 concerning Human Rights.

The pillars of vision and leadership commitment involve the government, private sector, donors, civil society, individuals and community groups. The pillars of convergence, coordination and consolidation from the center to the regions and between ministries/agencies have not gone well.

There are several laws that explicitly mandate both parents, the state and society to pay attention to the welfare of children from the time they are in the womb until the child is born and reaches adulthood. This confirms that the issue of health and welfare of children to be able to grow and develop in a healthy body and soul as well as being socially

healthy is a serious concern for the state. The state's attention to the growth and development of children is also a form of the seriousness of the state and the state's awareness that human resources are a national asset for the development of the nation.

Mothers of toddlers who have toddlers and stunted toddlers mostly come from underprivileged families and have lower middle education. This situation causes mothers to have limited access to information about stunting. Socialization and KIE on stunting have been carried out by the puskesmas through posyandu and sub-district cadres which are still limited and not yet intensively implemented. The management of stunting in Krapyak Village is more oriented towards education and promotion of behavior change regarding parenting patterns and the provision of nutritious food for toddlers and the importance of complete basic immunization to prevent the risk of stunting.

CONCLUSIONS

Setono, Krapyak, Klego, Jenggol and Pringrejo sub-districts carry out specific nutrition interventions and sensitive nutrition interventions synergistically between the kelurahan, puskesmas, posyandu and the community. Specific nutrition interventions and sensitive nutrition interventions were mostly carried out in the form of fulfilling nutrition activities, exclusive breastfeeding, basic immunization, improving environmental sanitation and KIE counseling on stunting prevention. Specific nutrition interventions and sensitive nutrition interventions are a form of fulfilling the child's right to a prosperous and healthy life (the right to child welfare).

REFERENCES

- Carter, N. *et al.* (2014) 'The use of triangulation in qualitative research', *Oncology Nursing Forum*, 41(5), pp. 545–547. doi: 10.1188/14.ONF.545-

- 547.
- Kartasurya, MI and Suyatno, S. (2020) *Organizing Stunting Actions in Grassroots Communities, Panceranaka*
- Maxwell, JA and Reybold, LE (2015) 'Qualitative Research', in *International Encyclopedia of the Social & Behavioral Sciences: Second Edition*. doi: 10.1016/B978-0-08-097086-8.10558-6.
- Wulandari, RS (2019) 'Implementation of Stunting Prevention Policies in the City of West Bandung', *Social and Political Journal*, XXIV(2), pp. 102–109. Buse, Mays & Gill, Making Health Policy Understanding Health Policy https://inilahkesmas.files.wordpress.com/2011/12/making-healthpolicy_book.pdf
- Ismail Nawawi, 2009, Public Policy: Theory and Practice Advocacy Strategy Analysis, Surabaya, PMN
- Joko Widodo, 2009, Public Policy Analysis Concepts and Applications of Public Policy Process Analysis, Malang, Bayu Media Publishing
- Mada Sutapa, 2005, Education Policy Analysis (An Introduction), Department of Educational Administration, Faculty of Education, Yogyakarta State University
- Nugroho, Ryant, 2012, Public Policy: Policy Dynamics, Policy Analysis, Policy Management, Jakarta, Elex Media Komputindo
- Roy GA Massei, 2009, Process, Implementation, Analysis and Research Center for Research and Development of Health Systems and Policy Health System Research Bulletin – Volume 12 Number 4 October 2009: 409–417 <http://download.portalgaruda.org/article.php?article=80681&val=4892>
- Solahudin Kusumanegara, 2010, Models and Actors in the Public Policy Process, Yogyakarta, IKAP