EFFECTIVENESS OF STUNTING PREVENTION PROGRAM AT BAJA HEALTH CENTER IN TANGERANG CITY

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ABSTRACT
Stunting is a form of growth and developmental failure that causes linear growth disorders in toddlers due to the accumulation of nutritional deficiencies over a long period, starting from pregnancy to 24 months of age. The problem of malnutrition in Indonesia is a health issue that has not been fully addressed by the government. This can be seen from survey and research data such as the Basic Health Research (2018), which states that the prevalence of stunting (very short) in Indonesia is 19.3%, higher than in 2013 (19.2%) and 2007 (18%). Although many stunting prevention programs have been implemented by various parties and the health sector, these efforts have not effectively reduced the target number of stunting cases at the national level, posing a challenge for the health sector in preventing stunting cases. This research adopts a descriptive qualitative study design, where researchers aim to assess the effectiveness of the stunting prevention program in the working area of Baja Tangerang Health Center with three informants. Data collection techniques include interviewing related parties, observation, and documentation, with data analyzed by combining information from various existing sources. Health Center Baja has handled 2 children with malnutrition and 7 children with stunting. The results indicate that preventive measures must continue to be improved by meeting nutritional needs during pregnancy, monitoring child growth and development, and maintaining environmental hygiene. Integrated and multisectoral programs are needed to increase family income and prevent premature births (babies born not full term) to overcome the incidence of stunting in toddlers.

Keywords: Stunting, Prevention Program, Health Center Baja Tangerang City

ABSTRAK

Kata Kunci: Stunting, Program Pencegahan, Puskesmas Baja Kota Tangerang
INTRODUCTION

Good nutrition is the primary requirement for health and has a significant impact on the quality of human resources (1). The issue of nutrition in infants and toddlers remains a major problem in the population, with malnutrition being one of the key concerns. Nutrition plays a crucial role in social and economic development (2), making it essential to reduce undernutrition in infants and children to support the achievement of Sustainable Development Goals (SDGs), particularly those related to ending hunger, ensuring food security, improving nutrition, and promoting sustainable agriculture (3).

Stunting is a prevalent health problem in many developing countries, including Indonesia. It arises due to chronic malnutrition, caused by prolonged inadequate nutritional intake, leading to growth disorders in children, resulting in lower or shorter height than their age standards (4). Stunting poses significant nutritional challenges with wide-ranging impacts on social and economic aspects of society (5). Stunted toddlers are at risk of physical and cognitive impairment, metabolic disorders that may lead to degenerative diseases, and impaired socio-emotional development (6,7). Furthermore, children experiencing growth delays due to poor diet and repeated infections are more susceptible to illness and mortality, placing an economic burden on families and society (3).

The causes of stunting can be grouped into three levels, namely the community, household (family), and individual levels. At the household (family) level, inadequate food quality and quantity, income level, inadequate parenting of children's meals, and inadequate basic health services are factors that cause stunting, where these factors occur due to factors at the community level (8). The consequences of micronutrient deficiencies during childhood are devastating. Pure protein deficiency in severe stages can lead to kwashiorokor in children under five years old. Protein deficiency is also often found together with energy deficiency leading to a condition called marasmus. Protein itself has many functions, including forming new body tissues during growth and development, maintaining body tissues, repairing and replacing damaged or dead tissues, and providing amino acids needed to form digestive and metabolic enzymes (9).

Malnutrition in Indonesia remains a health problem that the government has yet to fully address. This is evident from survey and research data, such as the Basic Health Research (2018), which indicates that the prevalence of severe stunting (very short) in Indonesia is 19.3%, higher than the rates in 2013 (19.2%) and 2007 (18%). According to the Ministry of Health's Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in Indonesia is projected to reach 21.6% by 2022. In Banten Province, the prevalence of stunting among children under five is 20%, ranking second only to West Java Province at 20.5%. However, in Tangerang City, the prevalence of stunting among children under five is 11.5%, which is relatively lower compared to other cities in the region. Despite the decrease from the national target, the government remains determined to make more drastic efforts to achieve the target stunting prevalence rate of 14% by 2024 (10).
According to Minister of Health Regulation No. 75/2014, a Health Center is a health service facility that organizes public health efforts and provides first-level individual health services. It prioritizes promotive and preventive efforts to achieve the highest degree of public health in its working area, serving patients with various health problems, including nutritional issues. The high incidence of nutrition and nutrition-related diseases in the community requires comprehensive treatment. However, due to various limiting factors, the handling of these problems has not been optimal. One of the contributing factors is that health workers, including nutritionists, do not fully adhere to their main duties and functions. Additionally, the inadequate availability of resources, including personnel, negatively impacts the success of the malnutrition prevention program. This phenomenon will significantly influence the success of health and nutrition development in Indonesia (11).

Health Center Baja Tangerang City is an integrated Health Service Center that provides services to the community with various health facilities and prevention programs for various health problems, including malnutrition prevention and stunting programs. The center's working area is located on Jalan Baja, in Cibodas Baru Urban Village, Cibodas Subdistrict, south of Tangerang City. It covers an area of 992.10 km², situated at an altitude of 14 meters above sea level, and is approximately 6 km away from the center of Tangerang City. The working area of this Health Center includes three villages: Cibodas Baru, Uwang Jaya, and Jati Uwung. In implementing health programs, Health Center Baja Tangerang City is supported by health cadres from each village, including health cadres, posyandu (integrated health posts), Posbindu PTM (Non-Communicable Disease Monitoring Post), and Posbindu elderly (Elderly Health Monitoring Post), who actively participate in community health initiatives.

Nutrition programs implemented in the area of Health Center Baja Tangerang City include the provision of Vitamin A, blood supplement tablets supplementation for adolescent girls, tracking cases of malnutrition, nutrition and health interventions (nutrition services), and preventive efforts to overcome malnutrition, including stunting prevention programs and the establishment of nutrition posts and nutrition clinics. These efforts align with the program issued by the Tangerang City Office, where the Laksa Gurih program serves as an innovation to reduce the number of malnutrition cases in Tangerang City. The Laksa Gurih innovation aims to enhance the quality of assistance for malnourished toddlers, thus supporting the acceleration of improving their nutritional status. Under this innovation, every time a malnourished toddler is identified, health workers and one cadre provide immediate assistance until the toddler's nutritional status improves. As a result of this program, the number of malnourished toddlers decreased from 162 in 2017 to 33 by the end of 2021. This innovative approach involves not only health workers but also community cadres who have received training in Malnutrition Management. Their active involvement plays a crucial role in the success of the program's implementation and ensuring comprehensive care and support for malnourished children in the community.
The success of the Stunting Prevention Program is undoubtedly influenced by various interrelated factors, ensuring that health programs are implemented coherently without overlapping. Community support is also crucial as the primary focus in reducing stunting cases and addressing other nutritional issues. In this case, the author seeks to determine the effectiveness of the implemented program in reducing stunting cases in the area and identify the factors that can influence the success of the stunting prevention program at Health Center Baja Tangerang City.

METHOD

This research is a descriptive qualitative study aimed at assessing the effectiveness of the stunting prevention program in the working area of the Baja Health Center, Tangerang City. The participants and informants involved in this study are individuals related to the stunting prevention program at the Baja Health Center in Tangerang City. The relevant parties include:

1. Person in Charge of the Nutrition Program at Baja Health Center in Tangerang City
2. Representatives of Health Cadres in the Working Area of Baja Health Center in Tangerang City.
3. Community Representatives involved in the Nutrition Program at the Baja Health Center in Tangerang City.

Figure 1. Research framework

Based on the conceptual framework provided, the researcher has formulated a list of questions for each variable to be studied. The questions are as follows:

1. How effectively is the Nutrition program or stunting prevention program socialized to related parties at the Baja Health Center in Tangerang City?
2. What are the specific objectives of the stunting prevention program at the Baja Health Center in Tangerang City?
3. Are there any innovative approaches in the stunting prevention programs that actively involve the community? If so, please explain what programs are implemented and how they involve the community.
4. How does the cooperation mechanism work for implementing the stunting prevention program with related cross-sectors or other relevant stakeholders?

5. Is the nutrition program adequately monitored and evaluated? What is the mechanism for monitoring and evaluating the effectiveness of the program?

6. Is the nutrition program consistently implemented every year? How does the Health Center determine the priorities for the nutrition program?

7. What human resources are involved in the implementation of the nutrition program at the Baja Health Center in Tangerang City? How are they organized and managed to carry out the program effectively?

RESULTS AND DISCUSSION

The research method used in this study is qualitative with a phenomenological approach. This approach aims to understand and explain a person's lived experiences and perceptions related to the nutrition program and stunting prevention activities at the Baja Health Center in Tangerang City. The researcher seeks to gain insights into how individuals involved in the program perceive and experience various aspects of the program, including their knowledge about Vitamin A administration, blood supplement tablets for adolescent girls, tracking malnutrition cases, nutrition and health interventions, and preventive efforts to overcome malnutrition, including stunting prevention programs and the provision of nutrition posts and clinics.

The phenomenological approach is suitable for this research as it allows the researcher to explore the subjective experiences and perspectives of the participants, such as the person in charge of the Nutrition Program, representatives of health cadres, and community representatives involved in the nutrition program at the Baja Health Center.

By using qualitative methods and the phenomenological approach, the researcher aims to provide a deeper understanding of how these individuals perceive and engage with the nutrition and stunting prevention programs, shedding light on their experiences and perspectives regarding the program's effectiveness and impact. This approach will provide valuable insights into the program's strengths, weaknesses, and areas for improvement, contributing to the overall knowledge and efforts to address malnutrition and stunting in the area.

Table 1. Recap of Data on Stunting, Stunted, and Nutritional Deficiencies in the Baja Health Center Area in 2022

<table>
<thead>
<tr>
<th>No</th>
<th>Urban village</th>
<th>Stunting</th>
<th>Stunted</th>
<th>Nutritional Deficiencies</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cibodas Baru</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Uwung Jaya</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>Jati Uwung</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>2</strong></td>
<td><strong>6</strong></td>
<td><strong>7</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Source: Baja Health Center
Program Socialization

Initially, some mothers of toddlers did not accept the fact that their children were stunted during the socialization process. However, after receiving explanations, they eventually realized that their babies' weight had not been increasing. For instance, Ms. Dewi, a participant in this study and a mother of a stunted baby, expressed her thoughts as follows:

"Yes, there was a counseling session. I became aware of stunting during the fasting month when a health officer suddenly visited our house and informed me that my child was stunted and experiencing malnutrition. At first, I felt angry and couldn't believe that my child was stunted and malnourished. However, the information came directly from the Health Center. The officer explained that my child's weight hadn't been increasing and suggested I get the child checked at the Health Center."

Ms. Dewi's statement about the Malnutrition Prevention Program's socialization aligns with the information provided by health cadre, Ms. Ratna Komala, who mentioned that health officers from the Health Center visited the urban village to conduct counseling sessions. Ms. Ratna Komala stated

"Yes, there were counseling sessions. They covered topics such as food for toddlers, hygiene practices, and malnutrition. Health officers from the Health Center came to our village to conduct these counseling sessions".

Program Objective

Knowledge about nutritional fulfilment during pregnancy including the mother's attitude in taking blood supplement tablets found that the informant knew about the importance of consuming nutritious food, but the nutritious food intended was only in the form of vegetables and did not consume a variety of nutritious foods. The Baja Health Center with the Nutrition Post aims to meet the necessary needs, following the health worker's quote:

"The purpose of this program is following the Health Center itself, one of which is to hold a nutrition post from 6 classes of 4 classes and there are several children who have been released and have improved nutritional status for average weight gain and nutritional status has improved. Like that. From the nutrition post alone, we will handle these toddlers and continue to educate their mothers so that they are not released again, their behaviour remains by what we still provide".

Community-based program innovation

The Nutrition Post at Health Center Baja has an innovation program called GASPOL, namely the movement to overcome stunting and wasting with nutrition posts and processed local food, as explained by the health worker, in the following quote:
"For Health Center Baja itself, our name GASPOL is the movement to overcome stunting and wasting with nutrition posts and processed local food, an innovation program from the Health Center. The flagship program and indeed one of the ways to reduce stunting cases, by educating mothers of toddlers and practicing how to feed them like that, then proceed to nutrition clinic visits every week and for 2 months we will provide high-protein PMT, namely eggs."

Collaboration/cooperation of related sectors

Addressing the issue of stunting requires a collective commitment and collaboration among various sectors, including the government, social institutions, academia, and the mass media. The efforts made involve optimizing the Nutrition Post, focusing on enhancing facilities, service officers, service quality, and providing adequate human resources for posyandu (integrated health service post) cadres. Regional Apparatus Organizations (OPDs) and other agencies play a crucial role in revitalizing the Nutrition Post. The individuals in charge, along with all active stakeholders in combating stunting, work together to identify the underlying causes and risks and tailor appropriate solutions to meet the specific needs of the community. Health Center Baja actively engages its cadres in the Nutrition Post and health workers to oversee the program's implementation. As stated by Mrs. Dewi, a mother whose baby was affected by stunting:

"There is extensive involvement, including the village head and the village head's mother, who also assists, making it a community-wide effort. Yes, the program is closely monitored. Mrs. Arumi, the health worker, usually communicates through WhatsApp to keep track. The measurements and weighing are regularly conducted, and now my child's growth is almost back to normal. She turned two years old yesterday, and if I'm not mistaken, her height was measured at 77 cm."

Monitoring and Evaluation Program

To accelerate the reduction of stunting at Health Center Baja, health workers conduct continuous monitoring and evaluation of their activities, as stated in the following quote:

"Monitoring and evaluation are essential; we don't just complete the activity and stop there. We monitor the nutritional status of the toddlers continuously until there is improvement"

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Through these monitoring and evaluation activities, the aim is to measure the extent of program implementation, assess its effectiveness, and determine the level of convergence in addressing stunting.

Sustainability of health promotion programs

Program sustainability is of utmost importance. A program must not only be effective during its implementation but also sustainable to receive continuous support and resources, thus increasing its impact. While there may be examples of sustainable programs that lack evidence of their effectiveness,
health promotion programs require the ability to maintain and run effective initiatives (12). The Nutrition Post organized by Health Center Baja is held annually and regularly monitored. As expressed by a health worker:

"The stunting cases have decreased, but now with increased awareness and publicity about stunting, it appears that there are more visible cases. However, there may still be some hidden cases that were not previously known. Through this program, we aim to identify and address both visible and hidden cases, ensuring that all toddlers receive proper monitoring. In the past, when we worked alone, some toddlers were not adequately monitored due to limited human resources."

Human Resources involved

The success of accelerating stunting reduction greatly depends on program integration at the village level, as it is where cross-sector programs are implemented (13). The village head plays a crucial role in spearheading stunting reduction activities within the village. To ensure the effectiveness of stunting prevention efforts, coordination at the village level is essential, with a focus on targeting households through various activities, including the Nutrition Post (14).

Currently, the human resources available at Baja Health Center are sufficient, but there is a need for additional nutritionists and cadres who can actively monitor the progress of the program. The cooperation between cross-sector stakeholders, such as nutrition officers, village heads, village midwives, and village cadres, is vital to support the successful implementation of activities in the stunting reduction acceleration program (15,16). These activities include posyandu sessions, Supplementary Feeding (PMT) programs, and other initiatives aimed at reducing stunting cases.

All officers collaborate closely to determine the implementation of activities, guide the community towards mindset change, and increase knowledge about the significance of proper parenting and nutrition for children.

CONCLUSION AND SUGGESTIONS

Based on the research conducted, the following conclusions can be drawn that the stunting reduction acceleration program at Health Center Baja has shown to be quite effective. Several indicators support this conclusion. First, regarding tasks and functions: the implementation of the program's tasks and functions has been well-executed, particularly with the involvement of cadres in running the program. However, a challenge in this aspect is the limited number and capacity of PMT (Supplementary Feeding) cadres, which remains inadequate. Second, concerning the program planning and implementation: the plan for accelerating stunting reduction has been executed, especially in terms of routine activities and supplementary feeding. Low parental education is recognized as an obstacle to the program's success. Parental education influences their understanding of child-rearing practices,
including nutritional intake. Typically, parents with higher education have broader knowledge and insights, including proper parenting and providing adequate nutrition for their children. The level of parental knowledge, particularly mothers, about nutrition significantly impacts their behavior in meeting the nutritional needs during pregnancy, breastfeeding, and providing appropriate food for their children after birth. While PMT cadres are responsible for providing additional food to children under five three times a day for three months, the rest of the child's nutritional intake is regulated by parents, especially mothers.

Regarding the human resources involved, program integration at the village level serves as the forefront of success in accelerating stunting reduction, as cross-sector programs are primarily implemented at the village level. The village head assumes responsibility for driving stunting reduction activities in the village. Effective coordination at the village level and targeted interventions within households, such as through the Nutrition Post, are crucial to achieving successful stunting prevention.

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REFERENCES


