



# Stunting Prevention Program of West Sumbawa Regency Health Office: A Qualitative Study in West Nusa Tenggara, Indonesia

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## Abstract

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**BACKGROUND:** Indonesia has included stunting in one of the Sustainable Development Goals targets. Stunting is a chronic undernutrition status during growth and development since early life which is caused by multidimensional factors. Prevalence of stunting rate in West Nusa Tenggara (NTB) remains high.

**AIM:** This study aimed to determine the implementing process to stunting prevention program in West Sumbawa's Public Health Office, NTB Province, Indonesia.

**METHODS:** This was qualitative research design using case studies where the researcher carefully investigated a program, event, activity, process, or group of individuals. The population in this study were all staff of the West Sumbawa's public health office, health facilities, and pregnant women in West Sumbawa Regency (KSB), NTB with purposive sampling. The data analysis was thematic analysis with the Colaizzi method.

**RESULTS:** Stunting Prevention Programs in 2019, there were 11 priority programs that were approved by the Government and Regional Apparatus Organization outpatient department of KSB, five priority programs for the locus stunting in Maluku district and 10 recommendation programs through the APBDes in KSB, and the flagship program in KSB was the Hearth. Based on local food (Kelor), the implementation of two programs from five priority programs in Mantun Village did not successful like optimizing parenting classes and alert village forums had less success as the inhibiting factors being the lack of participation of community human resources. The achievement of stunting prevalence reduction in KSB in 2018–2020 decreasing from 32.6% to 12.3% in NTB Province.

**CONCLUSION:** Program launched by West Sumbawa's Public Health Office in 2019 has been running and implemented with several important notes related to community participation and monitoring from agencies related to the program that has been launched by the government KSB.

## Introduction

Stunting is a chronic undernutrition status during growth and development since early life. This situation is represented by the z-score of height based on age (TB/U) <-2 standard deviations based on growth standards. Stunting can be diagnosed through the anthropometric index of height according to the age which reflects linear growth. Stunting can be diagnosed pre and post delivery with with indications of long-term malnutrition, resulting from inadequate nutrition [1]. Indonesia is one of the countries experiencing a double nutritional burden. Although there has been a decline in the prevalence of stunting from 37.2% in 2013 to 30.8% in 2018, this figure is quite high. With the prevalence of stunting which is relatively high, the government certainly does not stand still and must move quickly [2].

The Ministry of Health of the Republic of Indonesia targets the stunting rate due to malnutrition in Indonesia to drop to a level of 28% by the end of 2019. The prevalence of stunting under five in 2019 decreased compared to 2018, from 30.8% to 27.7%

with 28 out of 100 toddlers experiencing stunting. The prevalence of stunting under five in Indonesia is still high when compared to other middle-income countries. At present, the government has mapped 160 regencies or cities targeting the program, which has a higher stunting rate [3]. National stunting prevalence reduction target of 19% by 2024 [4].

The stunting rate of West Nusa Tenggara (NTB) Province is still above the national figure of 29.6%. The prevalence of under-five tengkes or stunting due to chronic malnutrition in NTB is still high, the stunting rate in NTB is 33%. This figure means that one in three children under five in NTB is short in stature below the average age due to chronic malnutrition. NTB has developed four strategies and a number of integrated stunting action programs, namely, increasing human resources, improving the quality of PMBA, improving nutrition education, and strengthening nutrition interventions at public health center and Integrated Healthcare Center [3].

West Sumbawa Regency (KSB) Nutritional Status of Toddlers, the classification of nutritional status is stunting 19.11%, very short 5.49%, and

short 13.62%. Addressing the problem of stunting is a common concern, the management strategy for short children is to improve the amount and bioavailability of micronutrients in the diet by increasing the consumption of animal-sourced foods instead of increasing energy intake [3]. KSB is one of the districts in NTB that has a low reflective number of stunting prevalence rates. The prevalence rate of stunting reduction was achieved with the cooperation of many stakeholders, including the local government, the health office, health centers, and Integrated Healthcare Center Cadres [5].

## Methods

This type of research is qualitative research with a research design using case studies where researchers carefully assess a program, event, activity, process, or group of individuals. Qualitative research methods are research aimed at examining objects with natural conditions, where the researcher is the key instrument, data collection techniques are carried out by data triangulation, inductive data analysis with qualitative research results emphasizes meaning rather than generalizations [6]. The research design uses a case study where this type of research researchers carefully investigates a program, event, activity, process, or group of individuals [7]. The number of samples was four informants until they reached the data saturation point or saturation. The proportional sampling method was chosen to avoid bias from respondents who did not meet the criteria [8].

## Results

Table 1 showed that the Stunting Prevalence status during 2013-2019 in Indonesia. The latest prevalence in 2013 was 37.2%. However, this prevalence was decreasing up to 10% in 2019 with 27.7%.

West Sumbawa Health Service Program in dealing with stunting events in KSB in 2019 West Sumbawa Health Office in 2019 is generally prioritized in the KSB area based on the action plan for acceleration of stunting reduction [9]. Together with the KSB OPD, 11 priority programs have been set between others as follows: ANC, TTD, and Vit A Programs, campaign for giving iron tablets to young women, activating BKB.

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parenting classes, equitable BNPT assistance for families of 1000 HPK poor groups, increasing Integrated Health Center visits, increasing class participation for pregnant women, equitable social assistance for poor groups with toddlers, KRPL Program, allocation of village funds for stunting prevention and reduction. The five priority programs recommended for UPTD Maluku Health Center in Lokus Stunting Village are Mantun Village, Maluku District with a stunting prevalence of 22.95% in 2018 as follows: Increasing Integrated Health Center visits, optimizing pregnant women's participation in pregnant women classes, optimizing parenting classes, and activate BKB.

Mantun Village Made ten Equitable Social Assistance Programs, especially for the poor with under five years old children. Ten program activities for preventing and reducing stunting allocated through the Village Budget of Mantun Village are as follows: PMT Recovery, Development of Maternal and Child Health Observer groups, Nutrition Demo for Pregnant Women, Monitoring of TTD drinking, Class for Pregnant Women. Classes for Mothers of Toddlers, Hearth for Babies and Toddlers with the use of local food, PMT counseling for Integrated Healthcare Center, Refreshing Integrated Healthcare Center Cadres, and Formation of standby village forums. The strategy in implementing the KSB Government Program issued a policy in the form of a Regent Decree and a Regent Regulation, which was followed up in making the Stakeholder Level Stunting Management Team then the Health Service and Public Health Center as well as Village Midwives and Integrated Healthcare Center Cadres, several strategies including the following: With Stakeholders (Regency Government, Health Office, District, Village Government of Stunting Locus, Village Midwife, Integrated Healthcare Center Cadre, and Target or beneficiaries of the program. Community Health Center and village midwife create groups using WhatsApp application in monitoring and notification. Moreover, Giving invitations on H-1 activities for program targets or beneficiaries and the Health Office has a flagship program, namely, Moringa local food-based nutrition post in a strategy to attract public interest in stunting awareness.

## Discussion

Benefits of implementing the stunting prevention program in West Sumbawa district, the KSB Government of West Sumbawa received an award as the most reflective district in reducing stunting prevalence rates in NTB Province. The Health Office is felt by other OPDs, Public health center, and community beneficiaries of the program and has excellent programs in stunting prevention. UPTD Maluku Health Center and Mantun Village (stunting locus) felt the benefits of Maluku

Health Center UPTD being the focus in handling stunting problems based on predetermined program priorities, knowing problems and program priorities in stunting prevention, public health center personnel became closer and aware of the importance of stunting prevention [9].

For Mantun Village as the Stunting Locus: Village Midwives and Integrated Healthcare Center Cadres are more focused on handling stunting problems based on the program priorities that have been determined, Village Midwives and Integrated Healthcare Center Cadres know the problems and program priorities in stunting prevention, Village Midwives, Cadres, and program beneficiaries get closeness and common principles in the handling of stunting [10]. For the community, public knowledge related to stunting is not common both in understanding stunting and the importance of stunting prevention programs for pregnant women and their children later, increasing public awareness regarding the dangers of ignoring stunting prevention programs, village midwives, and Integrated Healthcare Center Cadres, feeling the difference between before participating in stunting prevention programs because of the many programs that have entered the beneficiary community in KSB, knowing which programs should be obtained from the government which are indeed the rights of beneficiaries because previously most people did not know that these stunting prevention programs existed. In KSB, able to assess the implementation of stunting prevention programs provided by the government to beneficiaries, both maximum and lack of stunting prevention programs in KSB [11].

Human Resources (HR) involved in the Stunting Prevention Program based on Regional Apparatus Organizations, based on the Decree of the West Sumbawa Regent Number 20 of 2019 concerning the Establishment of a Team for the Acceleration of Prevention and Reduction of Stunting in KSB in 2019 HR involved from 21 OPD agencies of the Sumbawa Regency Government West which is directly fostered by the Regent of West Sumbawa. Human Resources (HR) based on educational (scientific) backgrounds include the following: Government such as the President, Governor, Regent, and Village Government, Doctors, Disciplines of public health sciences, Disciplines of nutrition experts, Disciplines of Midwifery, Health Administration and Increasing Integrated Health Center Cadres [12].

Integrated Stunting Reduction Intervention is a collaboration between OPD in KSB which supports the implementation of the West Sumbawa District Health Office Stunting prevention program in 2019. The Sumbawa Bawat District Health Service program researchers found factors that supported the implementation of the program from the District, Health Center, and Stunting Locus Levels, including the following: West Sumbawa District Government Policies in the form of Regent's Decree and Regulations

**Table 1 : Stunting prevalence 2013–2019 in Indonesia**

Year	Prevalence (%)
2013	37.20
2014	28.90
2015	29.00
2016	27.50
2017	29.60
2018	30.80
2019	27.70

Regent related to stunting program, Integrated Stunting Reduction Intervention Cooperation between OPD in KSB. Village Government Support Through APBDes, Community Health Center Officers as implementers and intermediaries for program implementation, village midwives as cadres as well as village communities, increasing Integrated Health Center Cadres as spearheads in program implementation, and fund support from the West Sumbawa district government and village funds (APBDes). Obstacles to the implementation of the stunting prevention program at the West Sumbawa District Health Office in 2019 include: Demographic factors with the composition of the majority of immigrants who often do not settle, participation in participating in the program, discipline in the process, and following the program. Then, the shortage of human resources who are aware of stunting is still lacking and many human resources are no longer living in Mantun Village as a stunting locus, so the program targets are always changing [9].

Exclusive breastfeeding is not the only factor contributing to stunting in children. Optimal complementary feeding practice should also be the focus of intervention. Improvement in nutritional status since the preconception and during the pregnancy and household economy status may reduce stunting problem in children [13].

## Conclusion

The implementation of the stunting prevention program in KSB is constrained by problems. The implementation of the stunting prevention program in KSB is experiencing problems with the lack of participation in the implementation in the field from the beneficiaries, both pregnant women and toddlers, as well as the lack of cooperation and community discipline in the process of receiving program benefits from the government. Stunting prevention programs have benefits that are felt directly by the beneficiary communities where the community, especially pregnant women and toddlers already know the problem of stunting, and are aware of the dangers that threaten so that they feel the difference before and after the program so that they know and are able to assess the stunting prevention program they feel as targets and beneficiaries.

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