



## Implementation of stunting prevention intervention policy in Penajam Paser Utara regency

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### ABSTRACT

Penajam Paser Utara Regency, one of the regencies in East Kalimantan, has implemented a stunting intervention program due to the high prevalence of stunting cases, which is currently at 24%. This research aims to investigate the implementation of stunting prevention intervention policy in Penajam Paser Utara Regency. The research design used is qualitative descriptive, employing data collection techniques such as observation, interviews, documentation, literature review, and analysis using an interactive model. The results of the study indicate that the intervention for stunting prevention in Penajam Paser Utara Regency involves several relevant government agencies (OPD) with roles corresponding to their respective tasks and functions. However, the implementation is primarily carried out through programs run by the Health Office, considering the program objectives, program funding/budget, program implementation timeline, and policy outputs.



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### ABSTRAK

Kabupaten Penajam Paser utara salah satu kabupaten di Kalimantan Timur memiliki program intervensi stunting dikarenakan kasus stunting yang masih tergolong tinggi yaitu prevalensi sebanyak 24%. Penelitian ini bertujuan untuk mengetahui implementasi kebijakan intervensi pencegahan stunting di Kabupaten Penajam Paser Utara. Jenis penelitian yang digunakan deskriptif kualitatif dengan teknik koleksi data melalui observasi, wawancara, dokumentasi dan studi kepustakaan serta teknik analisis menggunakan model interaktif. Hasil penelitian menunjukkan dalam mengintervensi pencegahan stunting di Kabupaten Penajam Paser Utara melibatkan beberapa OPD yang memiliki peran sesuai dengan tugas dan fungsi masing-masing namun dalam pelaksanaannya melalui program-program yang dijalankan oleh Dinas Kesehatan yang ditinjau dari tujuan, Pendanaan/Anggaran Program, Waktu Pelaksanaan Program dan Output Kebijakan



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## INTRODUCTION

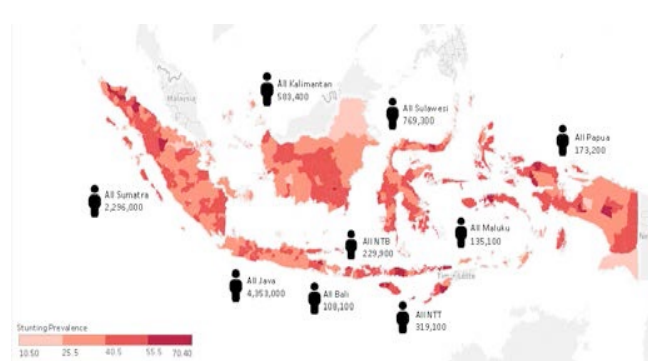
The government essentially provides services to the community. In this regard, the right to health is one of the ten rights that need attention in order to realize a just and prosperous society.

Health, which is one of the indicators of a country's success, as stated in Law No. 36 of 2009 on health, is a human right and one of the elements of well-being that must be realized in accordance with the ideals of the Indonesian nation as stated in Pancasila and the 1945 Constitution of the Republic of Indonesia.

Stunting is not a simple issue in Indonesia, but it is included in Indonesia's development priorities. According to Rikesdas in 2018, when one out of three children in Indonesia experiences stunting, the potential vulnerability of human resources competitiveness becomes a vulnerability for overall national competitiveness. The multidimensional complexity of the stunting problem makes it the responsibility of all parties to address stunting, including how science and technology contribute to its reduction.

In its development, based on data from the Ministry of National Development Planning/Bappenas in 2018, out of the 159 million stunted children worldwide, approximately 9 million of them live in Indonesia, making Indonesia one of the 17 countries facing a double burden of nutrition problems (Global Nutrition Report, 2014).

Stunting is prevalent across all regions of Indonesia and the world, regardless of income groups. According to research by the Coordinator of the National Team for Accelerating Poverty Reduction, stunting can also hinder economic growth and reduce labor market productivity, resulting in an 11% decrease in Gross Domestic Product (GDP) and a 20% reduction in adult workers' income. Moreover, stunting can contribute to the widening of inequality, reducing 10% of total lifelong income and causing intergenerational poverty.



**Figure 1 Stunting in Indonesia**  
Source: World Bank Publication, 2017

In Figure 1 above, we can understand that stunting in Indonesia is not only experienced by poor and underprivileged households/families, as stunting also affects households/families that are not poor or are above the 40% threshold of social and economic well-being.

Therefore, the government consistently intervenes to reduce the impact of chronic malnutrition, which results in failure to achieve normal height in infants, or stunting. This is because the first thousand days of life greatly influence a child's growth and development, including their emotional, social, and physical abilities, as well as their readiness to

learn, innovate, and compete. This program is crucial to improve the future quality of Indonesian children as an investment in human resources, as stated in the President's speech at the RAPBN 2018 Plenary Meeting on August 16, 2017.

The problem of chronic malnutrition (stunting) remains high in East Kalimantan, reaching 30.6% in 2017. This nutritional problem is caused by suboptimal fetal growth in infants during their first two years of life. Issues related to nutrition intake, parenting patterns, and high disease exposure contribute to the increasing prevalence of stunting in East Kalimantan. In terms of stunting cases, East Kalimantan ranks 14th lowest with a prevalence of 24%. These stunting cases have resulted in East Kalimantan being ranked 3rd lowest in terms of severely underweight and underweight toddlers. (Source: <http://kaltim.prokal.co/read/news/350279-masih-fokus-pencegahan-stunting.html>, accessed on Saturday, June 7, 2019, at 08:01 WITA).

Stunting occurs almost evenly across every region of East Kalimantan. Until 2019, the stunting phenomenon in East Kalimantan shows that Penajam Paser Utara is the only district in East Kalimantan that focuses on stunting prevention intervention programs carried out by the central government, local government, private sector, and communities, in line with the high prevalence.

Penajam Paser Utara is one of the districts in East Kalimantan listed in the policy intervention for stunting prevention in the top 100 districts/cities with relatively high stunting rates (in terms of prevalence or number of stunting cases). Penajam Paser Utara, with a population of 156,000 people, has had a consistently high prevalence since 2013, reaching 34.63%. It is known that the number of stunted children in 2013 was 59.65% with a poverty rate of 7.49% in 2016, based on an accumulated population of 12,000 people. (Source: <http://balikpapan.prokal.co/read/news/243233-dinkes-ppu-temukan-414-kasus-stunting.html>, accessed on June 11, 2019, at 13:26 WITA).

Therefore, the author is interested in conducting further research on the implementation and policy perspectives of stunting intervention in Penajam Paser Utara Regency, with the title: "Implementation of Stunting Intervention Policy in Penajam Paser Utara Regency."

## THEORETICAL REVIEW

### Public Policy

Public policy, according to Pressman and Wildavsky (in Winarno, 2007:17), defines public policy as a hypothesis that contains initial conditions and predictable consequences.

According to Eyestone (in Agustino, 2008:6), public policy is defined as the "relationship between the government unit and its environment."

Meanwhile, Dye (in Islamy, 2009:19) defines public policy as "whatever the government chooses to do or not to do."

Therefore, from the above opinions, it can be concluded that public policy is the decision or series of actions taken or not taken by the government, aimed at solving public problems or for public interests.

### Implementation of Public Policy

Winarno, Budi (2012:147) states that the implementation of policy, seen in a broader sense, is a stage

of the policy process immediately after the enactment of laws.

Furthermore, Abidin (in Tahir, Arifin, 2015:57) states that the implementation steps in the policy process can be equated with the function of actuating in the management function series.

In addition, Ripley and Franklin (in Winarno, Budi, 2012:148) argue that implementation is what happens after the enactment of laws that authorize programs, policies, benefits, or tangible outputs. The term implementation applies to a group.

Van Meter and Van Horn (in Winarno, Budi, 2012:149) define the implementation of policy as actions taken by individuals (or groups) from both government and private sectors that are directed towards achieving the goals set in previous policy decisions.

Based on several perspectives on policy implementation, it can be understood that the implementation process is not only about the behavior of administrative bodies responsible for implementing programs and generating compliance among target groups but also involves networks of political, economic, and social forces that directly or indirectly influence the behavior of all parties involved, ultimately affecting both the expected and unexpected impacts.

### Policy Implementation Process

This process involves allocative actions, which are actions that utilize resources such as money, time, personnel, and equipment. In the process of policy implementation, it can be categorized into "Policy Inputs and Policy Process" (Dunn in Tachjan, 2006). Where resources input is referred to as "policy inputs," and administrative and organizational activities that transform policy inputs into policy outcomes (outputs) and impacts (impact) are referred to as the "Policy Process." Based on the above description, it can be stated that the function and purpose of implementation are to establish a relationship that enables the goals and targets of public policy to be realized as outcomes of government activities. Implementation can be referred to as a "policy delivery system." In other words, it is a system for delivering/implementing policies. As a system, implementation consists of elements and activities directed towards achieving the desired goals and targets.

### Management of Policy Implementation Activities

In line with that, Nugroho (in Tahir, Arifin, 2015:58) explains that the management of policy implementation activities can be arranged sequentially through the following stages:

1. Strategy implementation (pre-implementation), which involves adjusting structure and strategy, institutionalizing the strategy, and operating the strategy.
2. Organizing, which includes organizational design and structure, job division and job design, integration and coordination, recruitment and placement of human resources, authority and responsibility, delegation, organizational capacity development, and human resource capacity development, and organizational culture.
3. Leadership movement, which includes leadership effectiveness, motivation, ethics, quality, teamwork, organizational communication, and negotiation.

4. Control, which includes control design, management information systems, budget/financial control, and audit.

The core description of policy implementation is how the policies created are aligned with the available resources. Additionally, it is essential to consider the need for guidelines that can direct the implementation process and allow autonomous decision-making within the boundaries of authority when facing specific situations.

### Stunting

Stunting or chronic malnutrition is another form of growth failure. Chronic malnutrition is a long-standing condition, unlike acute malnutrition. Children with stunting often appear to have a normal and proportionate body, but their height is shorter than the normal height for their age. Stunting is a cumulative process caused by inadequate nutrient intake, repeated infection, or both. Stunting can also occur before birth due to severe malnutrition during pregnancy, extremely poor feeding practices, low-quality food, and frequent infections, all of which can hinder growth (UNICEF, 2009).

### Causes, Impacts, and Handling of Stunting

Stunting can occur as a result of nutritional deficiencies, especially during the first 1000 Days of Life (the first two years). The main cause of stunting in children is inadequate nutrient intake.

It is known that stunting is caused by multidimensional factors, with interventions during the first 1000 Days of Life being crucial. The causes of stunting are influenced by various factors, including the following:

1. Poor caregiving practices.
  - a. Lack of knowledge about health and nutrition before and during pregnancy.
  - b. 60% of infants aged 0-6 months do not receive exclusive breastfeeding.
  - c. 2 out of 3 children aged 0-24 months do not receive complementary feeding.
2. Limited access to quality health services, including ANC (Ante Natal Care), Post Natal Care, and early childhood learning.
  - a. 1 out of 3 children aged 3-6 years are not enrolled in Early Childhood Education.
  - b. 2 out of 3 pregnant women do not consume adequate iron supplements.
  - c. Decrease in child attendance at integrated health posts (from 79% in 2007 to 64% in 2013).
  - d. Inadequate access to immunization services.
3. Limited access to nutritious food.
  - a. 1 out of 3 pregnant women have anemia.
  - b. Nutritious food is expensive.
4. Limited access to clean water and sanitation.
  - a. 1 out of 5 households still practice open defecation.
  - b. 1 out of 3 households does not have access to clean drinking water.



**Figure 2 Impacts of Stunting**  
 Source: Ministry of Health, Stunting Village Pocket Book Document (2018:8)

From the above Figure 1.2, it is explained that the long-term and medium-term impacts of stunting include the following:

1. In the short term, it disrupts brain development, intelligence, physical growth, and metabolic disorders in the body.
2. In the long term, it leads to decreased cognitive abilities and learning achievements, weakened immune system leading to frequent illness, and a high risk of developing diseases such as diabetes, obesity, cardiovascular diseases, cancer, stroke, and disabilities in old age.

Therefore, it can be concluded that all these impacts will decrease the quality of Indonesia's resources and national competitiveness.

### Policy Interventions for Handling Stunting

The foundation for long-term food and nutrition programs at the national level is strong. It is formulated in Law No. 17 of 2007 concerning the National Long-Term Development Plan (RPJPN) for the years 2005–2025. The multi-sectoral approach to food and nutrition development stated in the law clearly encompasses production, processing, distribution, and consumption of food with sufficient, balanced, and guaranteed nutritional content.

The government launched the National Action Plan for Stunting Prevention in August 2017, which emphasizes the convergence of activities at the national, regional, and local levels to prioritize specific and sensitive nutrition interventions during the first 1,000 Days of Life until the age of 6. These activities were prioritized in 100 districts/cities in 2018. Various supportive policies include:

1. Presidential Regulation No. 42 of 2013 on Accelerating Nutrition Improvement.
2. Presidential Instruction No. 1 of 2017 on the healthy community movement.
3. Presidential Regulation No. 83 of 2017 on Strategic Food and Nutrition Policies.

WHO, in various publications, has announced that the leading cause of death worldwide, including in Asia and Indonesia, is Non-Communicable Diseases (NCDs). In Indonesia, the percentage of deaths due to communicable diseases decreased from 44.2% in 1995 to 28.1% in 2007. Meanwhile, during the same period, deaths due to NCDs increased by almost 50%, from 41.7% to 59.5% (Atmarita, 2010).

### METHODS

In this study, a qualitative descriptive research design was used, which aims to describe or depict the condition or research object (individuals, institutions, communities, etc.) based on the objectives, program funding/budget, program implementation timeline, and policy outputs. This type of research is used to analyze the implementation of stunting prevention intervention policies in Penajam Paser Utara District.

The data collection techniques used include:

1. Library and document research.
2. Fieldwork research, which involves data collection through observation, interviews, and documentation.

This research uses an interactive qualitative data analysis technique. According to Miles, Huberman, and Saldana (2014), there are three concurrent processes involved: data condensation, data display, and drawing conclusions and verification.

### RESULTS AND DISCUSSION

Based on the research results on stunting prevention intervention in North Penajam Paser District, it has become a national concern, requiring collaboration from various sectors, including the local government, provincial government, and even the central government. As a result, a convergence guide for accelerating stunting prevention programs/activities was issued by TNP2K (National Team for the Acceleration of Poverty Reduction).

#### Objectives of Stunting Prevention Intervention

Based on the research data, the prevalence of stunting is still relatively high. This can be seen from the data provided by the North Penajam Paser Health Department, where the number of focal villages has been increasing over the years. In 2019, there were 10 focal villages with a prevalence of stunting in 103 individuals. In 2020, the number of focal villages increased to 12, with a prevalence of stunting in 378 individuals. In 2021, there was a further increase to 15 focal villages, with a prevalence of stunting in 363 individuals. As of February 2022, there has not been a significant decrease in stunting prevalence, indicating the need for special attention. The data is summarized in Table 1.1, sourced from the E-PPGBM Application Withdrawal.

**Table 1 Stunting Data as of February 2022 from the E-PPGBM Application Withdrawal.**

Puskesmas (Village/Kelurahan)	Percentage (%) Stunting
Babulu	9,3
Gunung Intan	11,7
Sebakung Jaya	16,3
Waru	21,2
Penajam	19,2
Petung	5,4
Sotek	8,0
Sepaku I	17,2
Sepaku III	16,5
Maridan	19,4
Semol II	6,1
<b>Jumlah</b>	<b>13,6</b>

Source: North Penajam Paser District Health Office, 2022

Based on Table 1, it can be observed that the percentage of stunting in Penajam District, specifically in the Waru sub-district, is currently the highest, with a percentage of 21.2%.

The Health Office has implemented various efforts and programs to intervene and address stunting. These efforts involve multiple government sectors, including the local government, provincial government, and leading sectors such as the Regional Development Planning Agency (BAPPEDA). Other participating departments include the Health Office, Public Works Office, Education Office, Food Security Office, Community and Village Empowerment Office, and other relevant departments.

The prevention and management of stunting in North Penajam Paser District involve integrated specific and sensitive nutrition interventions. According to the convergence program guidelines, there are three groups of specific nutrition interventions implemented:

1. Priority Interventions: These interventions are identified as having the most impact on stunting prevention and are targeted to reach all priority targets.
2. Supportive Interventions: These interventions address nutrition and other health issues related to stunting and are implemented after the priority interventions are fulfilled.
3. Contextual Priority Interventions: These interventions are implemented based on specific conditions, including emergency and disaster situations (emergency nutrition programs).

The North Penajam Paser District Health Office focuses on specific interventions, accounting for 30% of the efforts,

while the remaining 70% are sensitive interventions, including parenting practices, environmental health, sanitation facilities, and clean water provision.

Funding for the Stunting Prevention Intervention Program in North Penajam Paser District relies solely on the central government budget (APBN). This is due to the current financial constraints faced by the district budget (APBD) caused by the allocation of funds for the two-year COVID-19 pandemic response. The Health Office adjusts its interventions based on the available budget and may receive assistance from other departments, particularly in relation to local food provision for pregnant women.

The program implementation timeline focuses on the sensitive interventions and nutrition health fields, particularly targeting the first 1,000 days of life (HPK). These interventions also extend to the adolescent population by providing iron supplementation tablets and conducting awareness campaigns and stunting prevention promotion in schools. The aim is to maximize interventions as early as possible to reduce the number of stunting cases and prevent congenital diseases in North Penajam Paser District.

In addition to the interventions for pregnant women under the 1,000 HPK program, the North Penajam Paser District Health Office distributes iron supplementation tablets to pregnant women. Each pregnant woman receives 90 tablets and undergoes six examinations to ensure they receive adequate healthcare according to the minimum service standards for pregnant women. This is evidenced by the following image:

**Number of Pregnant Women Receiving Iron Supplementation Tablets (IST) According to Health Centers in North Penajam Paser Utara District**

NO	SUBDISTRICT	PUBLIC HEALTH CENTER	NUMBER OF PREGNANT	TTB (90 TABLET)	
				AMOUNT	%
1	2	3	4	5	6
1	Penajam	Penajam	705	689	97,7
		Petung	464	501	108,0
		Sotek	221	195	88,2
2	Waru	Waru	326	325	99,7
3	Babulu	Babulu	361	357	98,9
		Sebakung Jaya	79	78	98,7
		Gunung Intan	140	123	87,9
4	Sepaku	Maridan	197	188	95,4
		Sepaku I	161	151	93,8
		Sepaku III	128	171	133,6
		Semoi II	73	91	124,7
<b>AMOUNT (REGENCY &amp; CITY)</b>			<b>2.855</b>	<b>2.869</b>	<b>100,5</b>

Source: North Penajam Paser Utara District Health Office

Furthermore, the Health Office also implements a local food provision program, which involves several stakeholders in supporting nutritional content to ensure not only parenting practices but also dietary patterns during pregnancy.

During the intervention activities, there has been an increasing enthusiasm among the community, especially pregnant women, to visit the integrated health posts, particularly in February and August, which are the months for Vitamin A distribution. This has greatly assisted the Health Office in collecting data from the community,

facilitating monitoring, and enabling specific interventions, especially in addressing stunting in every village and sub-district in North Penajam Paser Utara District.

In terms of community awareness campaigns, the Health Office has a Mobile Promotion Vehicle for Stunting Prevention. This program conducts routine school campaigns four times a year. However, due to the current COVID-19 pandemic, door-to-door activities are being carried out instead.

## Output of Stunting Prevention Intervention Policy in North Penajam Paser Utara District

The North Penajam Paser Utara District Health Office has made maximum efforts in implementing various interventions. In line with the President's instructions, the Health Office adjusts its intervention programs according to the available facilities and budget. This is due to the limited capacity and human resources of the Health Office itself in monitoring stunted children and providing supplementary food in each sub-district for direct assessment.

## CONCLUSIONS AND SUGGESTIONS

Stunting prevention and reduction interventions have been implemented involving multiple government departments, maximizing interventions not only in terms of health but also considering environmental health, parenting practices, and dietary patterns. Based on research results, the implementation of stunting prevention intervention policies in North Penajam Paser Utara District has been carried out effectively, utilizing various programs in accordance with the available facilities and budget.

## RECOMMENDATIONS

Propose a specific budget for the required facilities to ensure the effective implementation of the programs.

Strengthen cooperation and evaluation among various sectors to overcome interdepartmental conflicts and promote transparency.

Monitor interdepartmental programs in a coordinated manner to enhance the effectiveness of stunting prevention interventions.

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