

# The Role of the Health Department in Stunting Prevention in Muaro Jambi Regency

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## Abstract

*The government has set a target of reducing stunting in 2024 to 14%. On August 9, 2017 at a follow-up Ministerial Meeting, the Vice President decided on the Five Pillars of Stunting Prevention by implementing convergence (Ministry of Health of the Republic of Indonesia, 2021). This study aims to determine the role of the Muaro Jambi District Health Office in preventing stunting. The method in this research is qualitative, by conducting in-depth interviews with informants (Indepth interviews). The informants in this study were the head of the health office, the secretary of the district health office and the head of family health at the muaro jambi district health office as well as several heads of public health centers and the person in charge of the stunting program at the health center in the muaro jambi district. The conclusion of this study is that the role of the Health Office greatly influences the achievement of stunting reduction activities because the health department is the OPD that directly implements the recovery program (Sensitive Nutrition and Specific Nutrition) through the puskesmas. For the implementation of stunting reduction and prevention, it is necessary to plan activities to be carried out so that it requires funding that is supported by the local government. This stunting prevention activity is carried out continuously, not only when the stunting locus occurs, but on an ongoing basis so that the role of the health department in monitoring the results of activities carried out by the puskesmas continues to be carried out. The health department's programs in the context of prevention can continue to be implemented, such as giving PMT to infants and toddlers as well as pregnant women.*

## Keywords

stunting; prevention; role of the health service



## I. Introduction

Stunting is one of the nutritional problems facing the world, especially in poor and developing countries (UNICEF, 2013). In 2017, Asia occupied the highest number of stunting children under five in the world at 55%, followed by Africa at 39%. Of the 83.6 million stunted children under five in Asia, the lowest proportion is in Central Asia (0.9%), while the highest proportion is in South Asia (58.7%). Indonesia itself is included in the third country with the highest prevalence in the Southeast Asia region, which is 30.8%, based on the prevalence of stunting under five collected by the World Health Organization (WHO) (Kemenkes RI, 2018).

The government has set a target to reduce stunting by 2024 to 14%. On August 9, 2017 in a follow-up Ministerial Meeting, the Vice President decided on the Five Pillars of Stunting Prevention, namely: 1) Commitment and vision of the country's highest leadership; 2) National campaigns that focus on understanding behavior change, political commitment, and accountability; 3) Convergence, coordination, and consolidation of

national, regional, and community programs; 4) Encouraging food and nutrition security policies; and 5) Monitoring and evaluation. In addition, the Ministry/Agency responsible for accelerating stunting prevention efforts, priority areas and strategies for accelerating stunting prevention, as well as preparing a stunting national campaign strategy. Determination of priority districts/cities to accelerate stunting prevention is divided into several stages. The first phase in 2018, the government focused on implementing interventions in 100 districts/cities. The second phase in 2019, the implementation of the intervention was expanded to 160 districts/cities. In the third stage (2020-2023), the activities will be gradually expanded to all districts/cities (Khairuzzaman, 2019).

Tackling stunting requires cross-sectoral collaboration and is carried out comprehensively (Surya, 2019). Policies and regulations that exist at the central level, must also be followed up with follow-up at the local level to the village level and involve not only the health sector but also other related sectors. The community-based response system needs to be improved again, because the high awareness of the community on the importance of balanced nutrition, sanitation and environmental hygiene is a big capital to reduce stunting rates. One of the policies referred to in stunting prevention in Indonesia is Stunting convergence. Convergence is defined as an intervention approach that is carried out in a coordinated, integrated, and jointly targeted manner in geographic areas and priority households to prevent stunting.

Convergence is carried out starting from the planning, budgeting, implementation, to monitoring and evaluation stages. Convergence efforts in the 3rd pillar for *stunting* are an intervention approach that is carried out in a coordinated, integrated, and joint manner. These efforts should involve cross-sectoral planning, implementation and monitoring of activities. Local governments are responsible for ensuring that cross-sectoral interventions for *stunting* can be implemented effectively at the provincial, district/city and village levels.

At the implementation stage, convergence is directed at efforts to carry out specific and sensitive nutrition interventions jointly and in an integrated manner at the location by synchronizing program activities from each mutually agreed sector, including encouraging the use of village funds to accelerate *stunting* and mobilize Development Cadres. Human (KPM) (TNP2K RI, 2018). The Health Office (Dinkes) has the main task and authority in the health sector, playing an important role in efforts to accelerate stunting prevention at the district/city level, primarily related to various specific nutrition interventions. In implementing specific nutrition interventions, the Health Office must ensure that budget allocations for programs/activities related to priority interventions for priority targets are met. Furthermore, supporting interventions can be carried out if priority interventions have been met. For certain areas, such as endemic, food insecure, or disaster-affected areas, it is necessary to prioritize interventions that are appropriate to their conditions. Provincial and district/city health offices need to carry out a number of roles in accordance with the stages of planning, implementation, and monitoring and evaluation (TNP2K RI, 2018).

## II. Research Method

Qualitative method with a descriptive type of research. By conducting in-depth direct *interviews* with informants selected by *purposive sampling* astunting in Muaro Jambi district, among others:

- a. Head of Muaro Jambi District Health Office as the decision maker to make decisions
- b. Secretary of Muaro Jambi District Health Office as the person responsible for determining human resources, facilities and infrastructure owned in stunting prevention
- c. Head In the field of Family Health (Kesga) the Health Office of Muaro Jambi Regency plays an important role in planning in terms of funding needed in the implementation of stunting prevention.
- d. The head of the planning section of the Muaro Jambi District Health Office has a role in coordinating with the puskesmas in terms of implementing stunting prevention activities.
- e. The Head of Health and Referral Services (Yankes) of the Muaro Jambi District Health Office plays a role in implementing the referral of stunting children to health facilities for monitoring.
- f. The head of the Puskesmas, two Puskesmas are the implementers of the program activities that will be carried out in the prevention of stunting. The head of the puskesmas who will be the informant is the head of the puskesmas whose work area has the highest and lowest stunting cases.
- g. The person in charge of the stunting program at the Puskesmas is the program activity executor who is responsible for the direct implementation of the activity. The research was conducted at the Health Office of Muaro Jambi Regency and was carried out in March 2022.

## III. Results and Discussion

### 3.1 Results

Human Resources (HR) is the most important component in a company or organization to run the business it does. Organization must have a goal to be achieved by the organizational members (Niati et al., 2021). Development is a change towards improvement. Changes towards improvement require the mobilization of all human resources and reason to realize what is aspired (Shah et al, 2020). The development of human resources is a process of changing the human resources who belong to an organization, from one situation to another, which is better to prepare a future responsibility in achieving organizational goals (Werdhiastutie et al, 2020).

From the results of research that has been carried out on informants to determine the role of the health office in preventing stunting in Muaro Jambi district in accordance with the specific objectives of this research from input components including resources Human resources, funds and infrastructure, the results obtained are human resources that are directly involved in stunting reduction activities in Muaro Jambi district at the health office, which is not sufficient, from the component Funds in a budgetary manner have been provided by the regional and central governments but the budget provided for its use not biased at any time and following the instructions from the Ministry of Health by using a special application so that the funds that have been budgeted cannot be used directly. Thus, the implementation of activities is hampered. This can be seen from the program activities specifically designed to reduce stunting which cannot be carried out immediately. This was conveyed directly by respondents who had been interviewed in a mandala, the planning

section also stated that there was a special application for stunting program activities provided by the center (KEMENKES) so that the required funds were arranged per menu of activities and needs. The next input component is facilities and equipment. The infrastructure provided for stunting reduction in muaro jambi district is also not adequate. The measurement of children still uses the old weighing tools and measuring tools commonly used in posyandu and has not used anthropometry. So the results obtained are still questionable. The procurement of these suggestions and infrastructure has been made in the budget provided but cannot be used because there are constrained rules that must be followed, according to the planning section a number of funds have been budgeted for the purchase of anthropometry in the menu provided in the application, but from the existing system the menu not verified and still waiting (pending).

The results of the research from the components of the process which include planning and policies at the health office and health centers, it was found that the planning for stunting reduction activities had been carried out at the health office and puskesmas. From the results of interviews with the head of the puskesmas and the person in charge of the program at the puskesmas, it was found that the proposed activity plan (RUK) for the puskesmas had been made. This activity uses the Non-Physical Budget from the

Health Operational Assistance (BOK). In the RUK BOK of the puskesmas, all activities to be carried out in the context of reducing stunting in the working area of the puskesmas have been approved by the health office. So the activity can be carried out. In the planning of the puskesmas, stunting reduction activities are more focused on health promotion activities and monitoring of children experiencing stunting, which were conveyed during interviews by the program person in charge. Promotion strategy is a concept that is close to communication science. In the promotion, there are various forms of communication learned in communication science such as advertising, publicity, communication from mouth to mouth, personal sales, and direct marketing (Amin, 2019).

Another component of the process, namely a policy in this regard for the puskesmas has been made, the policy for the head of the puskesmas regarding stunting reduction activities in the work area of the puskesmas. The policy of the head of the puskesmas is stated in the Decree of the program holder, while the policy of the head of the region regarding the handling of stunting reduction in convergence has not yet been issued by the district government of Muaro Jambi. The decision letter for the convergence of stunting reduction was made by Bappeda, this was conveyed by the respondents during in-depth interviews.

The results of the research from the output component in this case the evaluation of the activities carried out clearly have not been carried out because the activity process has not been carried out. However, for puskesmas, program evaluations related to stunting implementation in the previous year have been carried out and all programs that have been made in the 2021 RUK have been implemented.

### **3.2 Discussion**

Based on the results of research that has been carried out regarding the role of the health department in preventing stunting in Muaro Jambi district, it was obtained as follows:

#### **Input (Man, Money, Materials, Methods)**

Based on the results of the study for the Man component (human) in this study was not sufficient. Where the implementation of stunting reduction program activities is not only focused on certain personnel, but many professions are involved in implementing

stunting reduction in health centers, stunting activities involve nutritionists and midwives as well as community participation (cadres). OPDs that can support the implementation of an integrated and integrated program, of course this is done in stages and requires intense cooperation in program implementation. (Hermawati and Sastrawan, 2020).

Budgeting or funding is also included in the input component, which is an important thing in the implementation of stunting reduction. There are many stunting problems related to global and national commitments so that many launches central budget. So far, the district government's budget allocation is more than focused on physical activities in the form of drugs, consumables and equipment, soil, rehabilitation and construction of health facilities. (Sugianto, Made Agus1, Rumiati, I Gusti Ayu Ngurah LitaPegram, 2020).

#### IV. Conclusion

From this research it can be concluded:

- a. The health office plays a very important role in stunting prevention because program activities carried out in the prevention of stunting related to sensitive nutrition and specific nutrition must be carried out even though it is no longer a stunting locus.
- b. Budget planning for stunting prevention programs must remain in so that the programs that have been made continue to run so that sufferers stunting can monitor their health and nutrition.
- c. The Health Office pays attention to the personnel involved in stunting prevention from other OPDs such as from the DPPKB which involves toddler development cadres so that monitoring of stunting patients can be carried out optimally.

#### Suggestion

Suggestions that can be given from this research are:

1. Funds for activities and advice needed for stunting prevention set every year.
2. Giving honors to staff who help monitor stunting sufferers (TKS staff) puskesmas.
3. The provision of additional food for stunting sufferers is still carried out

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